

Bearing the Weight of Pronatal Marginalization

An Ethnographic Inquiry into the Manifestations of Marginalizing Lived Experiences of Childfree Women

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Abstract

Informed by childfree literature and pronatal discourses, this thesis explores the lived experiences of childfree women and how they experience marginalization. These instances of discrimination and stigmatisation are sustained by gendered norms and because performances of femininity are synonymized with motherhood. Therefore, people identifying with womanhood that do not opt for motherhood are subject to pronatal pressure and marginalization as they do not fulfill this gendered norm of femininity and therefore fall outside the norm of feminine gender performance. The structures in place such as healthcare institutions, cultural hegemonies, and subjective ascriptions to these gendered norms and pronatal pressures create a dissemination of pronatal discourse. The hegemonic, gendered, pronatal norms subscribed to and perpetuated by society marginalize women that fall out of this norm and lead childfree lives, and their day to day experiences reflect this struggle.

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Introduction

“Pronatalism is a word that undoubtedly most have never heard and a cultural force that most have never contemplated, yet this powerful force defines womanhood and shapes our assumptions of what a woman should be.”

- P. Vesper, 2008, p2

Today’s experience of living in society is overrun with norms and expectations that shape our lives from the beginning to the end. In the last number of decades, society is moving toward a more accepting and open view on individuality and outlying identities and lifestyles. However, the restraints on this acceptance lie in the deeply rooted and structurally reproduced traditional norms and expectations which continue to make individuals that fall outside of them experience marginalization and/or discrimination. As a cis-gendered white woman, I understand that I reap the privileges that come with the colour of my skin and the cis-normative presentation of my gender. I am aware that these are privileges that are structurally rooted and reproduced to favor people in my demographic.

With the understanding of some of the aspects of this privilege, I have also been able to observe and understand where other aspects of my identity put me in a marginalized or discriminated setting. My gender has, on a number of occasions, put me in compromising situations where I have had to fear for my safety or question the intentions of those around me. I have felt lesser than others in situations where, because I am a woman, I was not being heard. Although incomparable as visible identities, my childfreedom has also made me feel marginalized and outcast at times. This identity, although not present on a visible level, has many implications for women who pursue a childfree life.

Early in life, I began to notice the societal pressure of the expectation of motherhood that came hand-in-hand with being a woman. I have never been excited by motherhood. I am panic-inducingly mortified of anything relating to pregnancy/childbirth. However, I was told that something in me would one day snap and I would want the complete opposite. My childhood self assumed that when one becomes an adult, there would be this snap moment which would

bring productivity, responsibility, maturity, and for me as a woman, a desire for motherhood. With having adulthood passed me by almost five years now, I can safely say... there is no snap moment. It was an illusion I constructed based on the norms and expectations I saw performed by others in accordance to what was represented in all that I saw and was told.

This made me aware of how such societal norms and expectations influenced and informed my identity and understanding of the world. Today, I find this structurally imposed norm and expectation deeply hurtful and saddening for all the women who are also pursuing childfreedom and also for those who, because of the deep rootedness of this norm, do not realize or have the privilege to know that motherhood is and can be a completely voluntary and well informed choice.

Background of Childfree Discourse and its socio cultural Implications

“For years I was, at times, in debilitating pain which made me unable to go to work or take part in day to day activities. I felt like I was living my life around a disease rather than with it. So you can understand the absolute devastation of being denied a procedure that would finally give me my life back. I couldn’t believe some stranger that doesn’t even know me was making a decision about MY body and that I had to live in pain and suffering because of some future hypothetical baby on the grounds of ‘you might meet someone who will change my mind (Jenna).’ ”

Jenna’s case is one of many examples of how childfreedom stands in the way of women being able to pursue their desired lifestyles in ways relating to bodily autonomy, marginalization, and/or discrimination. Pronatal pressure is present and disseminated throughout society and causes childfree women to experience marginalization in many areas of life such as in healthcare, the workplace, and within family/social circles. As increasing numbers of women in western society have been expressing interest to be childfree (Gillespie, 2000), this leads to clashes between the socio-cultural understandings of femininity and womanhood and the reality of lived experience of childfree women.

Although, numbers of childfree people are increasing, persistent pronatal discourse heavily continues to permeate society (Gillespie, 2000). Because of this, childfree women continue to experience struggle and marginalization due to their childfree lifestyle (Gillespie, 2000). Gillespie (2000) notes that women's socio-cultural responsibilities are continuously shifting and transforming with the progression of various feminist agendas as well as women's increasing participation within the labor force. However, pronatal discourse and the transformations of society are not developing linearly which leaves women being expected to have (and if not have, at least want) it all: meaning a career *and* a family (Gillespie, 2000).

With clear dominant power structures inclined and favored towards pronatal norms, childfree women experience marginalization in many facets of life. The focal points of this thesis is on women's lived experiences of marginalization based on their childfree status as a result of pronatal pressures and ideologies. The aim being to explore how gendered, pronatal, socio-cultural expectations and norms shape and, in turn, lead to marginalization in childfree women's lives. These perspectives are important to explore in order to understand the lived experiences of childfree women's pursuit of enacting and negotiating their childfree identities in contexts where pronatal discourse is prevalent and/or marginalizing to them and their situation.

Pronatalism describes a phenomenon which is present globally, perpetuating the understanding that procreating is the norm (Moore and Geist-Martin, 2013). Pronatal forces stress the necessity and advantage of procreation while minimizing any disadvantages (Vesper, 2008). There is a 'motherhood mandate' where regardless of her other roles in life, a woman must be a mother (Vesper, 2008). Pronatal discourse reaches deep into the fabric of socio cultural norms and expectations to the extent that it informs public policy and informs institutional initiatives in order to perpetuate procreation while creating a counter-intuition against those who would oppose it (Vesper, 2008).

Use of Terminologies and Concepts

Childfree

The linguistic construction of voluntary childlessness/childfreedom is an important one to explain and use consistently when concerned with research focused on this area. Moore (2014) describes the use, discursive relevance, as well as the importance of distinguishing the imperative linguistic differentiation between vocabulary such as; childless, voluntarily childless, childfree, and voluntarily childfree. Moore (2014) elaborates on how the general orientation of mainstream society is of a pronatal nature which generally gives rise to stereotyping, prejudice and negative views towards childfreedom. Moore (2014) opts to use the term ‘childfree’.

This research will follow suit and adopt the term childfree in the main line of argumentation when referencing women who individually elect to lead lives without procreation. Language in itself can lead to assumptions and indirect stigmatization (Moore, 2014). Therefore, the term childless indirectly implies that there is an element missing in a person’s life which is not the idea that this paper implies or that research points to (i.e. Gillespie, 2000). Consequently, the phrase voluntarily childless has somewhat a more emancipated connotation with the implied notion that one elects to lead a life without children, however again, the presence of -less still points to the idea children are missing from a person’s life in a place they should be. Therefore, in the context and theoretical position of this paper, the term childfree will be used.

Pronatalism

“One way to view pronatalism is on the one hand, is a set of claims about who, and what, women are, and on the other, an implementation of policies to perpetuate said claims. Thus, fundamentally, pronatalism is a view, shaped by political, social, economic, and medical narratives, that motherhood is naturally synonymous with womanhood, and that female identity cannot be (and ought not be) extricated from its motherhood role...Practically pronatalism, then, is the official endorsement of women-as-mother—or of woman-as-essentially-mother—through various policies, programs, propaganda, and other means of social narrative-shaping (Gotlib, 2016, p330).”

Gotlib’s further describes that a dual element of pronatalism also includes the menacing and displeasing portrayal of childlessness. This is done through depicting various stigmas,

stereotypes, and assumptions about childless women, portraying them with extremely loaded and displeasing views such as; outcast, selfish, a failure, and spinster (Gotlib, 2016). However, it is necessary to point out that pronatalism is not an organized set of beliefs but rather a broadly spread and accepted set of behaviors and attitudes which imply the acceptability or deviance of an individual based on their procreative choices (Gotlib, 2016).

Woman

Additionally, this ethnography also focuses on women's childfree lived experiences. Linguistically, labels that we use for gender description hardly encompass the lived reality of *being* that gender and gendered embodiment and performativity is experienced and expressed differently by everyone. This ethnography was conducted in a neoliberalized, western country and on individuals with western centric backgrounds and/or experiences. All participants are English speaking and were observed or interacted with using English. English is a colonial language, with heavy implications of cis/hetero normative connotations in gendered language. With this in mind, this was not assumed to apply or generalize all women's experience as homogenized or equal. The presence of intersectionality and individuality of subjective experiences is applied and assumed. Additionally, due to the subjective nature of gender experience and identity, it is important to henceforth highlight that this study does not imply or assume that all women's experience of womanhood and femininity are generalizable and comparable.

With this being said, in the spaces this ethnography was conducted, there are undeniable privileges and implications for identifying and/or being perceived as a certain gender. Therefore, the distinction is made to focus on women because they experience the relevant gendered norms that are being studied. Furthermore, childfreedom has explicit links to biological processes in womb-bearing individuals which are, traditionally in society, seen as women. Thus, childfree stigma and marginalization is more prevalent in women (Moore and Geist-Martin, 2013). Therefore, cisgender women experience implicit assumptions on their individuality and identities based on gendered norms and performance. To consider the impacts of gendered norms on people with wombs who do not identify as women, or those without wombs who identify as

women is beyond the scope of this study. To conclude, this study uses the term ‘woman’ as a linguistic tool to include participants who identify with the term, in order to be able to inquire about their lived experiences through the lens of identifying as a childfree woman.

Existing Childfree Research Theory

Research on childfreedom among women is, thus far, rather limited. Only more recent studies are beginning to specifically focus on voluntary childlessness/childfreedom, whereas emerging studies and theory in the past focused heavily on medicalizing and problematizing childlessness in a context where it was an issue that needed a solution. This can be traced back to historical medical theory on female reproduction, that indicated that the ability to reproduce was the core of femininity and lack of reproduction, regardless of reason, needed to be ‘fixed’ (Young et al, 2018). An emerging researcher on childfreedom, Veevers (1973), looked at the societal dimension of childfreedom with her study *Voluntary childlessness: A neglected area of family study*. She established clearly the neglect and gap in knowledge in this area of research and unpacked the contexts, repercussions, and reasons for childfreedom in the USA.

An early observation was that the reality of lived experiences of parenthood and the hardships it may bring are not commonly known or discussed, yet the stigma of not having children is heavily widespread (Veevers, 1973). Additionally, childfree stigma was historically grounded in pronatal norms and socio cultural historical understandings of the need to procreate as per religious belief (Veevers, 1973). This research established the existence of socialized dimensions of childfreedom and the presence of pronatal pressure, and stigma inflicted on the childfree. However, research into the socio cultural contexts and lived experiences of these pronatal pressures and stigmas by childfree women has not been thoroughly or explicitly researched.

Veevers (1973) continues her research to touch on the underlying societal pressures to procreate. In Western societies, parenthood, socio culturally, is seen as a desirable achievement, with those without children being the outliers from the ‘mainstream’. Having children is seen as the ‘natural’ direction to pursue, while being without children is seen as irresponsible and negatively attributed (Veevers, 1973). Thus, the desire to become a parent is taken as an indicator for one’s

acceptance of their place in society as a man or woman, as well as one's expression and representation of their femininity/masculinity by pursuing a life choice that is socially respected and desirable (Veevers, 1973). Therefore, when one decides to remain childfree, they also continuously reject society's 'acceptable' definition of how these roles are to be performed (Veevers, 1973). This implies the notion that childfreedom in women is an identity which falls outside of the norm of gender performativity of people identifying as women.

This aspect of Veevers research was a defining point in childfree research as it began to tie together elements of structural and societal perpetuation of pronatally favoured norms and practices. She outlined the ways that pressures are applied and implicated, yet not how childfree women live and experience these in their day to day lives. Furthermore, Veevers (1973) arguments discussed and implied the deep rooted favourability and structural presence of pronatalism, yet did not explicitly point to how these play out in the lives of childfree women. This is where Moore (2014) tackled a significant element of power structures and institutional control through pronatal discourse. Moore (2014) describes how, historically, socio-cultural views of reproduction were seen in public policy and institutions. A significant demonstration of this is eugenics and how they were evident through the use of selective pronatalism and childfree discourses (Moore, 2014).

Moore (2014) describes how pronatalism was used as a tool to promote selective reproduction in societal demographics seen as (un)favorable. One example given is the negative views on poor Black women procreating in the US, with the view being that these people are of less value to society than their white peers. This is a clear example of institutionalized pronatalism being exerted on the population through structured norms and expectations (Moore, 2014). These ideas are consistent with socio-cultural norms which were not only perpetuated by dominating institutions and groups in power but also further reproduced by the population who's socio-cultural practices accepted and practiced those norms. This implies that gendered norms were used to create a selective and controlled version of pronatalism in order to achieve social control aligning with an institutionalized agenda of that control.

This element of structural and institutionalized pronatalism disseminating throughout society creates the base of understanding where pronatal stigma and pressure is not only stemming from, but how it is explicitly experienced by childfree women. This is an area that is still lacking and remains the focus of this ethnographic study. Having discussed the shortcomings of existing research clearly outlining a lack of qualitative, ethnographic research on the lived experiences of childfree women, this study aims to use this method to explore childfree women's lived experiences in the presence of pronatal marginalization.

Stepping into the Field

This research was conducted in an ethnographic style using semi-structured interviews and online community participant observation. The aim was to qualitatively extract and explore participants' lived experiences of childfreedom in a comfortable, ethical, and authentic setting. The following research question was used to guide the research process: *What kind of lived experiences of childfree women are manifesting as a result of marginalizing pronatal norms and discourse?* In the field this research question guided my focus on two, main central points of analysis: looking at the lived experiences of childfree women and their embeddedness within pronatalist discourse and/or norms.

This study uses multi-sited ethnography. This study follows the discourse of lived experiences of people who identify as childfree women and their manifestation in pronatal rhetoric. In this sense, this anthropological study does not follow a typical local cited element of anthropology. The research is intentionally not bound to a specific community of region or location-bound people or a specific cultural phenomenon or manifestation. Instead the focus is on following and studying individual women's childfree experiences. As outlined by Marcus (1995), multi-sited ethnography can be used to follow and understand discourse, life events, and/or stories not particularly centered in a specific locus due to the relevance of the rhetoric and discourse, rather than the specific community where this discourse/event/story may be occurring.

This method and approach was applied to this research because the value of data was placed on the lived experiences of childfree women and not the exact region or specific culture where they were experiencing these events. The reason for this is that the upbringing, culture, age, immigration, religion, and many other factors of childfree women's lives have an impact on the discourse and context of their experiences. However the context is not relevant to this study, the manifestations of the experiences are. Therefore, the contextualizing factors are not the focus; the individual feelings and perceptions of these experiences are the important factor in this research. Thus, contextualizing factors were not used to define or limit participant pools.

Methodology

This study was conducted by using three data collection methods; semi-structured interviews, online participant observation, and autoethnography. Participants for the interviews were gathered in an opportunity and snowball sampling manner where I made the effort to reach out to my own contacts. Interviewees were 18 women living and studying in the Netherlands between the ages of 19 and 26. Interviews were conducted in person, in a Covid-19 safe manner in accordance to, at the time, specific safety regulations. A few extra precautions were taken such as wearing masks and meeting outside (at a distance). Being able to meet in person allowed me and my participants to interact in a comfortable and personal manner, being able to see and react to each other in real time and I was able to pick up on body language nuances. My topic guide for the interviews allowed me to be able to remember the key points which I wanted to cover to ensure that the flow or topic of conversation did not divert into irrelevant discussions. The interviews lasted between 45 minutes to about 2 hours.

My approach was to include my own childfree anecdotes to assure my interviewees that I, too, have a vulnerable side which has been affected by childfreedom. The interview process was a very positive and exciting experience where participants were able to feel comfortable and relatable enough to me to give very personal and detailed accounts of their experiences. Therefore, for ethical reasons outlined further in *Ethics and Positionality*, I decided to do written, non-sequential follow up questions rather than interviews.

As for the online participant observation, I joined two childfree Facebook communities in October, 2020. With previous experience with these communities I identified the opportunity for this as a data collection opportunity. For the fieldwork period, I joined two more to be able to collect more data and slightly different types of data to pursue data saturation. Furthermore, each group has a slightly different aim, group rules and moderation, purpose, and demographic of users which was helpful to see different topics, themes, contexts, and styles of online childfree discussions. Data was collected by reporting on members' views, beliefs, and experiences shown through activity, discussions, responses, reactions, and interaction with myself, other posts, and other members.

Relevant data was also collected on the members' publicly accessible information within the group and on their public profiles in regards to any information that was relevant to contextualizing the experiences they shared in relation to childfreedom. For example, members' activity history in the group was cross referenced to determine if there were any previous posts which showed relevant gender norms or performances that they adhere to that may have been relevant to a newer post they made or experience they discussed.

Another element to this study is an autoethnographic approach. Being a woman in the childfree community, I took the opportunity to tell the stories from my own life experiences of childfreedom. This I did by reporting on specific experiences relevant to the existing topics that were first and foremost created around participants' stories. The addition of my experiences was to act as a supplementary filling of possible further insight into a topic or theme that has already come up or was also further told by other participants' experiences. I specifically included the use of auto ethnography in Chapter 4 when reporting on my personal interactions and experiences within the online childfree community.

Ethics and Positionality

The aim in terms of ethics for this study was to follow the most important and general

rule of anthropological research: to minimise as much possible harm to participants. Interviewed participants signed a consent form and were verbally briefed on the intent and aim of the research with room and allowance of further questions to myself, the researcher. They were also given my contact details and repeatedly reminded of the possibility of withdrawing from the study, as well as any further questions or desires for discussion/debriefing in the future. Some participants were mutual friends or acquaintances. However, this level of relation only ensured that I placed a heavier importance on the necessity for them to speak up if our relationship made them uncomfortable in this context. I also made it a point to ensure on my side that I would want to be made aware if they notice they are not comfortable with admitting their discomfort to deny participation or disclosure of information as to not interfere with our relationship.

Another ethical consideration and dilemma that occurred during the interview process, as mentioned earlier, had to do with follow up interviews. Due to the quality bonds and conversations that were had which made me feel reassured that participants felt comfortable in my presence and confided in me. Because of this I also felt responsible for being extra mindful of participants' feelings and wellbeing due to this closeness. Therefore, I felt that follow up interviews would be a large imposition on them, especially with Covid-19 measures still in place, one measure being limits on visitors. I did not want to take up their one allocated visitor opportunity for the day.

Another reason I decided against in-person follow up interviews was due to the quality of data I had already collected. I did not want to make them feel that they did not give me or open up to me enough, when their stories and accounts were already so personal. Lastly, almost all of my participants were under a stressful exam and thesis writing period made additionally straining due to the discomfort of education under Covid-19 restrictions. These are all elements and considerations I attempted to keep in mind throughout my involvement with interviewees and attempt to make adjustments based on these.

As for ethical considerations relating to online participant observation, I decided that informed consent from each person in online participant observation was not possible. First, I felt it would be extremely time consuming and not to mention unethical to be individually messaging group

members, especially because unsolicited messaging of group members is against the community rules and guidelines of all groups used for data collection. I decided to assume implicit consent by only collecting data that was publicly visible. This pertains to both the group posts/interaction and publicly visible profiles.

Therefore, I have decided that the ethics measures in place for this data collection method would be written notes on the relevant stories and lived experiences, anonymized immediately by paraphrasing these notes in order for the exact words to be untraceable on the internet. Furthermore, this also achieves a high level of confidentiality as also the names have been fully randomized and no one was present at the moment of the summarizing of the original posts. Lastly, the summaries do not point to which group they were taken from or what type of interaction it was. This level of anonymity and confidentiality would make it extremely difficult for even the researcher to recount which of the over 100 notes and summaries are traced to which individual. To further clarify, in pursuit of anonymization of all participants, all names used in this study are pseudonyms and not the real names of any participants.

Ethically, it is important to address the individual and contextual nature of lived experiences and stories collected. I would like to outline that in accordance with Haraway's (1991) concept of situated knowledge, throughout the research process, I have kept in mind that it is not possible to reproduce knowledge on a “view from above”. Knowledge is constantly produced and reproduced on a partially embodied perspective of a “view from somewhere” (Haraway, 1991). With this in mind, I guided my positionality with this perspective as well. My position as the researcher, being a part of the childfree community is also a compromising one. Mainly a concern of insider positionality was not to over-identify or “speak for” any of the subjects or participants of the study (Chavez, 2008). I made sure to situate my feelings and ground my arguments and analyses firmly in the experiences reported and not allow myself to base them off my personal views.

Otherwise, over-identification with subjects and participants creates a spokespersonship for the community as a whole which is not my aim or intent. I, hereby, address the highly individual case and contexts of each childfree woman part of this study and their individualities in their

lived experiences. Because the target research group of this study is women, I also understand that the meaning and embodiment of this term is highly variable for everyone. I did not attempt to make any assumptions and generalizations about participants' gender or sex apart from the information provided by them. My method of sampling interview subjects was by simply asking whether they identify as a woman as well as part of my topic guide asking a probing question on what being a woman means to them.

This way I can understand some nuances and gendered performances/norms that they identify with/practice as to not assume these for them. Also these questions aided me in my data analysis on topics pertaining to gender performativity and norms in relation to pronatalism. As for online participant observation, I would only observe participants that explicitly referred to themselves as women, and/or in their publicly accessible profile information they selected "woman" under the gender description section.

Another method through which insider bias has been mitigated was through the use of communication with my research supervisor. This was done through regular updates and information regarding data collection and personal feelings that developed during the time of data collection about the subjects and situations at hand. Furthermore, a positionality journal was kept by the researcher to consistently update and reflect in real time on topics or feelings regarding the researcher's personal code of ethics or any other subjects, reflections, and concerns regarding positionality.

Finally, with regards to the elements of autoethnographic data, I used my positionality and reflexivity journal to keep in touch with my code of ethics. I made sure to separate my time doing my external fieldwork and the participatory fieldwork. I aimed to put myself in an authentic headspace to interact and act within online childfree communities as I would in a non-fieldwork setting. Being part of the community for several months before the fieldwork period, allowed me to experience this situation before and hence, relate to the situation I had already experienced and allowed me to relive this. And finally, I continued to question my actions and intentions when interacting with online communities in order to stay true to my

initial and main ethical goal of mitigating as much harm as possible onto participants and others involved.

Outline

The structure of this thesis after this section follows four chapters detailing the findings and data analysis extracted from ethnographic fieldwork and a conclusion. In the first chapter I explore the marginalization of childfree women in healthcare with a focus on the presence of pronatal norms and pressures as represented through the women's lived experiences. These experiences represent a deep rooted structural pervasiveness of pronatalism with healthcare discourse which as shown through women's experiences, favor women's procreation over childfreedom. The second chapter looks at marginalization and discrimination of childfree women in the workplace. This chapter describes how childfree women's lived experiences reflect differential treatment and marginalization within their workplaces. These experiences are used to argue the connection between structurally applied gender performance and norms implicate the imposition of pronatal pressures and stigma which creates a marginalizing work environment for childfree women.

The third chapter discusses the presence of pronatalism in everyday life experiences of childfree women. This chapter does not focus on a specific context of experience as the other chapters do. Instead, data collection from many different contexts is put together to focus on how pronatal norms and pressure can be observed and understood through these individual, personal experiences. Lastly, the fourth chapter unpacks the discrimination and gatekeeping of childfree women among the childfree community. This chapter focuses specifically on online participant observation data as well as my own personal experience as a childfree woman using these platforms. These experiences reflect a highly exclusive environment dictated by the use of gatekeeping of individuals that do not fulfil a specific set of characteristics. This gatekeeping behavior is discussed in relation to subjectivity of individual childfree experiences. Furthermore this subjectivity is a base for marginalization and counter-discourse building and the othering of those who's narratives do not align with the dominant discourse favoured by the majority. Finally, the thesis concludes with the summarized arguments of the findings chapters and details

the contributions that this has made to the field as well as reflection on limitations and the bigger debate that is implicated by this research.

Chapter 1 - Childfree Marginalization in Healthcare

From a young age, I was lucky to have a good understanding and experience within the medical realm. I knew that bodies sometimes break and doctors are there to listen to what is wrong and fix what hurts. My few hospital visits were positive and only made me more sceptical as to why some people could possibly distrust doctors or even be afraid to get health check-ups. I saw it as childish, an irrational fear towards a system and people that, with years of knowledge and experience are, by oath, there to do all in their power to help.

It was only about two years ago that my idyllic façade of institutional medical care started to fall apart. After a course in medical anthropology, I learned, doctors are people too. Despite their supposedly ‘objective’ knowledge on the best ways to handle health issues, they are forced to make judgements that can potentially be influenced by their personal and larger, societal values and beliefs. Either way, I had yet to see this happen for myself and believed that these subjective decisions and judgments were relatively uncommon or only occurred in extreme or odd situations. I could not have been more naive and blindsighted.

The final blow to my dented respect and blind trust in the healthcare system finally shattered during a GP visit last year. I was aware after only a little bit of research that hesitancy to perform sterilization on very young women exists but I was sure that with expressing my determination I would easily come across as unyielding in taking no for an answer and after all, doctors are there to help realize our wishes regarding our bodily autonomy, no? People often request Lasik, plastic surgery, gender-affirming surgeries, and many others. In my mind sterilization was no different. It is a procedure that I knew could make my body work in a way that fits the lifestyle I want to lead and I want to make this happen. Feeling great comfort and trust in my very calm, nurturing,

and friendly General Practitioner I confided in her that I have never wanted children and even if I would change my mind, I would definitely opt for adoption. In short, I was asking for options in pursuing sterilization and guidance on how I can start the process to make this happen.

The way my GP looked at me was in sincere shock.

“Ohhh...Bela...but you are SO young” she sighed with a tone full of pity, as if she heard I had some horrid, terminal illness.

“I have never heard of any doctor sterilizing someone your age...I don't think that there is any way that I can help you, what if you get married and change your mind?” She said calmly, still with a look of condolence. I, in turn, was equally taken aback by her reaction. I felt a pit in my stomach because I could tell she was not keen on aiding my request, or on discussing this further. I had a sense of being looked-down-upon, disregarded, and felt that my bodily autonomy and maturity as a clear-minded adult was disrespected. I said goodbye to her and the nurse in the corner who stopped what she was doing to now also look blankly at my, undoubtedly to her, bizarre request. I bolted out of there with a speed that was reflective of how fast I wanted to be out of their presence and the now suddenly cold and unwelcoming office.

I, to this day, do not believe there is ‘nothing she could do’. I know that it is legal to get the procedure at my age in my current place of residence, the Netherlands. At the least, I was expecting to be pointed to some more resources on how these procedures work in the Netherlands, be told of the potential risks and side effects, or even be referred to a gynecologist who could give me a more knowledgeable and realistic run-down on my scenario. Leaving the office with none of these expectations met or even addressed had genuinely saddened me. I had never felt so small, insignificant, disregarded, and completely helpless. It has been painfully evident that I am completely dependent on the willingness of doctors to, simply, agree to permit me to receive the procedure.

After this revealing experience, I have become highly invested in understanding and educating myself on women's bodily autonomy and specifically childfree women's struggle to pursue and enact their bodily autonomy. After months of research, I've become part of several, large online communities where countless childfree women have expressed similar struggles in their

experiences with healthcare professionals and their bodily autonomy. Across the platforms I engaged with and the childfree women I spoke to, found that common experiences included the invalidation of their choices to be childfree, pronatal assumptions, especially of their potential future wants, and the frequent denial of procedures that affirm a childfree lifestyle and/or to favor their ability to procreate, in some cases causing bodily harm.

One story that stood out to me was one where a woman, Jenna (quoted in the introductory chapter), struggling with endometriosis, had tried to seek treatments to mitigate and ease her often debilitating symptoms. Through a post in an online childfree space, Jenna voices her frustration and exhaustion with a medical system that she describes to be stacked against her. She had been struggling with endometriosis for years with having taken various remedies and treatments that had not had a sufficiently effective outcome on her symptoms. Her condition makes it difficult to live her life normally, many days she has to resort to staying at home/in bed and simply waiting out the worst symptoms and waves of pain.

Naturally, Jenna had been seeking ways to mitigate her symptoms in pursuit of the ability to live a normal life and so after years of unsuccessful treatments, she had done her own research and decided to request more invasive and long-term solutions from her doctor. After her appointment, Jenna described what was a soul-crushing experience. She was told that there was no chance of receiving any of the procedures she mentioned as it would interfere with her chances of procreating, which as described by her doctor were upsettingly slim already and that he is unwilling to tamper with those chances. Her mentioning her childfree choice made no difference in his decision, imploring; ‘how will you give your husband children when he changes his mind to have a family?’

In a post on a childfree community online, Jenna was asking for advice and help on how to ‘deal with’ unyielding doctors, desperate to find a way to enact her bodily autonomy to pursue a ‘normal’ life without her debilitating symptoms. Her sadness and frustration were from the disrespect of her decisions over her own body as well as the doctor’s projection of the belief that she would ‘owe’ her husband children if he were to want them. Despite her decision against

having children, Jenna's pursuit of treatment for her debilitating condition was revoked to contain the slim chance of the possibility to procreate in the future for her husband.

Jenna's post gained significant traction and hundreds of comments were left with other childfree women empathizing with her situation. There was a highly common topic of discussion between childfree women who related to the situation of seeking procedures to affirm bodily autonomy yet were denied, disregarded, and/or invalidated by healthcare professionals on the grounds of their childfree choice being invalidated/unacknowledged. Almost all comments left by women who have tried to pursue sterilization showed some degree of experiences showing doctors' hesitancy, disregard, or invalidation of their childfree status and request for sterilization. Alexia, responded to Jenna by describing her struggle of being denied sterilization by over five doctors before finding one willing to perform it on her.

To this, Portia congratulated Alexia on her journey to finally being granted autonomy over her bodily choices, yet she herself has not had that luck yet. Portia, in addition to being denied sterilization, was also denied her alternative request asking for long-term birth control. Portia, describes in a frustrated and angry tone that according to her doctor, she is reaching the age barrier of having children and therefore, long-term birth control will only complicate the situation the moment comes that she changes her mind to have children before it is too late for her body to do so.

The lived experiences of Jenna, Alexia, and Portia have had with the healthcare system and healthcare professionals reflect androcentric and pronatal biases which marginalize, oppress, and/or discriminate against the bodily autonomy of childfree women. Theory on healthcare research and practice was, and still is, heavily focused on women's wombs and fetus rather than well being/wishes of the woman (Young et al, 2018). Young et al (2018) uses the example of endometriosis to draw attention to feminist theory and understanding the intersection between knowledge, gender, and power.

By looking at language that was used to construct meaning from interactions between women with endometriosis and medical practitioners, Young et al (2018) sought to find how historical

discourses of women's reproductive health were challenged or endorsed. The observed interactions saw medical practitioners seeing their analyses as providing answers to medical issues and medicine as influencing the body. Women were framed as reproductive vessels that have hysterical tendencies which is consistent with historical discourse of the perception of 'difficult' women and their perception of their own bodies (Young et al., 2018).

Women who have a stronger voice over their concerns or views of their bodily functions that may deviate from the practitioners' opinions, are framed as being 'difficult' and 'hysterical' (Young et al, 2018). Through Young et al's (2018) study we can understand that the heavy androcentric historical bias in the realm of medicine and medical practice is consistently prevalent today. As observed in Jenna's case, her medical concerns and desires to alleviate the symptoms of endometriosis, were brushed aside and disregarded in favor of potential procreation. This marginalizing bias shows clear androcentric, pronatal ideology being present in the medical realm with the essentialization of women's bodies to just their reproductive capacities. This can be harmful to the construction and perception of female identity as it is inherently pronatal, and through practices that represent these views, healthcare professionals communicate and (re)act as if women's worth is their reproductive systems and their realities of lived experiences and opinions do not matter and are simply acts of 'hysteria' or being 'difficult'.

Sterilization is currently the most common and effective form of long term birth control (Moore, 2020). However, women often report difficulty actually obtaining the procedure. The ideological and material restrictions that obstruct access to these procedures include physicians' personal pronatalist beliefs that childfree women will regret sterilization in cases such as when they mature or when they meet the 'right' partner (Moore, 2020). As described by Jenna, one of her doctor's responses to her request was on the grounds of giving her husband children, effectively taking away her bodily autonomy and placing it on an external, unknown factor over her reality of pain and discomfort. Research, however, has shown that childfree women, after sterilization, experience low levels of regret (Young et al, 2018).

This clarifies that the medical professionals' reluctance to perform the procedures is personal and/or industry bias based on pronatal ideologies and cannot be empirically founded. This is a

direct example of how pronatal, socio-cultural ideology has permeated into the medical realm to obstruct women pursuing, enacting, and realizing their childfreedom to the extent of their medical desires being disregarded and dismissed as unviable or based on pronatal bias. The pronatalist discourse as well as the perception that childbearing and rearing children is the moral, fulfilling norm within cultural ideology that is, as reported by childfree women, being evidently favored in healthcare.

The implication is that by pursuing sterilization prior to bearing children, women are giving up their reproductive body and moral, feminine obligation to bear children in accordance with gendered norms and performance (Gimenez, 2018). Constructing feminine identity mainly in relation to women's childbearing ability/capacity is clearly prevalent across most cultures (Venkatesan and Murali, 2019). With motherhood at the center of discursive formation of femininity and womanhood, the discourse of female identity has developed to inextricably link maternity and femininity. Women and their bodies are reduced to their reproductive abilities by socio cultural discourses which prioritize pronatalism and women's procreation (Venkatesan and Murali, 2019). Pronatalism can be an oppressive force which stigmatizes and chastises women who are childfree in their pursuit in enacting their bodily autonomy to lead their childfree lives.

In this sense, the medical gaze, as coined by Michel Foucault (1973), can also be seen reflected in childfree women's lived experiences of marginalization of bodily autonomy. The medical gaze is a term which refers to the separation of the personal identity of a patient from their physical body in order for the healthcare professionals to put the physiological lens into focus on treating the medical concern (Foucault, 1973).

Furthermore, theory and understanding of women's reproductive health and prenatal health is skewed in a pronatal, androcentric direction. It is seen to be healthcare's purpose to 'fix' broken bodies and a woman who does not procreate is seen as broken (Gimenez, 2018). This idea can also be traced to the history of medical views and knowledge production where women were seen as an extension of their womb (Young et al, 2018). In healthcare, women historically have been and continue to be framed as reproductive vessels at their own expense (pain/labour/bodily harm) and in favor of the fetus (Young et al, 2018). As illustrated by Jenna's example, her

struggle with endometriosis was brushed aside at her continued expense of experiencing debilitating pain to favor potential procreation against her wishes.

The medical knowledge assisting the healthcare decisions and doctors' agency over childfree women's bodies is informed by a medical gaze which has been influenced by androcentric, pronatal views. This helps to put cases such as Portia, Alexia, and Jenna's experience into perspective of the medical gaze that was exerted on them by their doctors. For example, Portia's experience shows that her doctor's use of the medical gaze ignored her long term choice of a childfree lifestyle and medicalized the lens through which he understood her reproductive capabilities.

Because of Portia's age, he did not want to interfere with the possibility of Portia making use of her womb while it still retains its ability to procreate. Portia's experience, she described, as largely frustrating and anger-inducing. The medical gaze enacted on her by her doctor has caused her to be unable to affirm her bodily autonomy in accordance with her childfree lifestyle. Portia's desire to pursue long term birth control and/or sterilization is inextricably linked to her individual identity as a childfree woman. By separating her identity and body, the agency of one or the other will be ignored.

Along with the fundamentally oppressive structural base of subjective biomedical 'knowledge' consisting of androcentric essentializations of female bodies, the healthcare professionals are also individuals with their own subjectivities based on pronatal ideologies from socio cultural discourse. Undeniably, the medical gaze can be a useful tool and also a coping mechanism for doctors to perform care and treatment on the physical body without the intrusive and possibly distracting input from personal identity of patients. Although its use is functional, it is simply a tool and not reflective of real human experience. The world is understood through our senses and subjective processing of our sensory input. Our lived experiences inform our identity and agency (Luhmann, 2006).

The medical gaze is therefore in a sense taking away agency from the patient and exerting agency solely on the physical body of the patient, effectively objectifying the person as a vessel

and not a subjective, opinionated, feeling being. When the intent of the medical gaze is to separate the identity of a patient from their body to enact agency solely over the physical being, the bodily autonomy of the patient to some degree must be ignored as bodily autonomy is reflective of our own personal agency over our bodies (Foucault, 1973). Therefore, in doctor's attempts to 'fix' or maintain the reproductive capabilities of childfree women, their bodily autonomy is effectively taken from them. The existence of the medical gaze is seen in the experiences of invalidation and dismissal of women's childfree choices and desired lifestyles by healthcare professionals. Childfree women's bodies are separated from their desire for a childfree lifestyle and the medical gaze continues to focus on their reproductive capabilities.

This can create a disconnect by causing childfree bodily autonomy to be seen as an issue that must be treated and not an inextricable part of personal choice and identity being enacted through bodily autonomy. As seen in Jenna's experience, her already struggling womb cannot guarantee the ability to procreate. Jenna's doctor, through the medical gaze, has effectively separated her personal views, desires, and identity in favor of preserving her womb for the sake of possible procreation. In the process of creating this separation by enacting the medical gaze, Jenna's doctor took away her bodily autonomy because his learned medical understanding informs him that a womb, as an organ, must be preserved to carry out its biologically-intended function. In the case of childfreedom, the medical gaze is always informed on the basis of pronatally informed knowledge as women's childfree bodily autonomy involves the use (or rather, disuse) of the womb.

The lack of use of the womb as described earlier, is also medicalized and therefore the woman's childfree choice as a whole is perceived through a medical gaze of repairing something that 'should be working'. Therefore, if doctors are to utilize the medical gaze then they will be ridding their patient of any personal identity. However, healthcare professionals themselves are subjective individuals and the presence of identity cannot completely be separated from their practice. Precisely because humans are subjective beings with identities, views, and beliefs, where the medical gaze cannot be applied, doctors can potentially fill in information or their own values in place of the patient through their subjective explanation of the patient's personal

identity. Subjectivity is important as it is seen as the basis of agency (Ortner, 2005). Therefore, in places where doctors cannot apply the medical gaze they may insert their subjective views.

For example, in Jenna's case the medical gaze was experienced after her uterus was being preserved to carry out its reproductive purpose, her doctor offered his own explanation as to why this can be personally useful to her, and it was that she can provide the means to have a family for her husband when he would ask of her to do so. Healthcare professionals' views and biases on subjects such as family values, birth control methods, and sterilization in pursuit of childfreedom can become influenced by the development of their individual consciousness of history and culture through personal experiences, events, and emotions (Luhmann, 2006). Jenna's experience reflects how her doctor had inserted his subjective explanation to why she should be preserving her reproductive capabilities.

The medical gaze attempts to distance personal identity and the physical body (Foucault, 1973). In reality this is not possible and therefore the attempt to do so by healthcare professionals causes the marginalization of childfree women's bodily autonomy. Furthermore, precisely because the personal and the physical cannot be separated, women experience dismissal and disregard for their childfree choice when doctors insert their subjective views on their reproductive abilities and lifestyle. These androcentric and pronatal norms are guided by socio cultural practices of gendered norms and performance which assume the inextricable link between womanhood and motherhood (Gimenez, 2018). This link as part of gender performance is assumed to apply to those who perform gendered norms attributed to women.

The pronatal norms and assumptions created and perpetuated to assume and impose motherhood in healthcare marginalize women who do not identify with this role seen as crucial to feminine identity. Childfree women's lived experiences show the struggle to pursue bodily autonomy in healthcare systems that problematize and, through the medical gaze, attempt to 'fix' their childfreedom. This being at the expense of their invalidation as childfree individuals and even bodily pain to attempt to pursue procreation. This pronatal pressure and presumptions of procreation have discriminatory and dismissing repercussions on their lived experiences also in other realms of life such as the workplace. In Chapter two, the differential treatment of childfree

women will be explored in relation to gendered norms and pronatal pressures created as a response to gender performativity.

Chapter 2 – Discrimination and Marginalization of Childfree Women in the Workplace

“After some time of finding other people’s tasks on my desk, I was exhausted from picking up their slack and coming home late almost every evening. I asked my boss why all these assignments were being reassigned to me.

‘Oh, since you’re not going anywhere this year, I told them when they’re on holiday, you would take their work, Alice. Besides, you don’t understand, we all have kids. Once you have your own, you’ll see the real meaning of ‘tired’...they really need the break (Alice).’

”

Alice confessed to her fellow childfree online community about her struggles with her unfair and, in her view, exploitative work environment, asking if any other childfree women are also experiencing the same injustices and struggles at work due to their childfreedom. The response to her post was overwhelmingly supportive with women sympathizing and some sharing their experiences with similar situations. Most comments included women sharing that they too have experienced the specific stereotype that they have ‘no right’ to feel tired since they do not have children. Josie went on to reply to Alice explaining that her boss has young children, and she is consistently dismissed by her. Josie has a very taxing job that involves a lot of manual labor and therefore, explained to Alice that she too, feels very hurt and devalued as a person and as an employee when her struggles and exhaustion are disregarded.

Alice’s post gained traction with many women chiming in to describe their individual work struggles resulting from their childfree status.

Polly, a young assistant working in the publishing industry, commented on Alice's experience comparing it to her 'toxic' work environment where she feels singled out, picked on, and taken advantage of due to her childfreedom. Polly is the only one in her department without children. Before she took the job she never thought that this would be something that would become an issue in the workplace. On a regular basis, informal chats with women in the office, their children come up almost every time. Polly is consistently reminded that her 'clock is ticking' and that 'you don't know unconditional love until you become a mother.'

Alice and Polly's lifestyle is clearly not respected by their colleagues and this makes them feel alone, disconnected, and dismissed. They both mention that they have expressed they are childfree to their colleagues but that it continuously is disregarded. Furthermore, this verbal dismissal is not the only way that Polly is singled out due to her childfree lifestyle. She empathizes on a deep level with Alice because her boss and colleagues exploit her time and work for various stereotypes that they impose on her because she does not have children. Polly's boss often asks her to stay back to do the work of other assistants who left early to take care of their children. Polly would be fine with taking on extra tasks at work if she was paid overtime, however, she is denied it.

Alice and Polly found they have many things in common with how they are being treated at work due to their childfree choice. Many of these similar experiences they shared became central to the generalized belief and idea assumed by their superiors and colleagues that they have a lot of free time and disposable income. This is why Alice was made to pick up slack for her colleagues while they were on holiday. Polly, on the other hand, had a more unfortunate occurrence when it comes to vacation time. During the last holiday season, Polly's boss notified her that he is giving some of her vacation allowance to another colleague because Polly 'never goes on vacation anyway' and her colleague just had a baby. 'Her family deserves to see the new member of the family on Thanksgiving! When you finally have a kid, we'll make sure you get to do the same.' This was the rationalization that was explained to Polly as to why she does not deserve her own share of vacation time. She felt outright violated and discriminated against by her workplace, singling her out and giving her unfair treatment solely based on her lifestyle of not choosing to have children. Alice, Polly, and several other women with similar experiences

shared amongst each other the mindset behind these unjust workplace treatments and rationalizations. They discussed the stereotypes that seem to be the reasons as to why their superiors and colleagues gave them such unfair treatment. Alice was quick to list that her top stereotypes that she encounters at work is that she ‘doesn’t know what tired is’ and that she ‘has so much extra time on her hands’. She and Polly agreed that this is something that parents believe because they are comparing their pre-parenting years to their lives as parents.

This, they reflected, is in no way generalizable to other people’s lives to assume that just because they do not have children, they have ‘extra’ time. They discussed the rudeness of creating such a blanket statement about someone’s life simply because it is different from theirs, especially in the workplace this seemed highly inappropriate to Alice and Polly. These comments and beliefs about their lifestyles leave Alice and Polly feeling not only out of place but also inadequate. This is because even though they are working more hours than their coworkers, they are made to feel that they in some way still do not have any right to complain or object to these circumstances due to their colleague’s beliefs that they have lots of free time and are not as ‘tired’ as those with children .

Polly disclosed that to her these stereotypes of childfree women having lots of time and money were very upsetting and personal. She revealed that she and her siblings have a set of medical issues that are highly costly to maintain. She admits that she probably has more disposable income than if she had a child however, due to her unstable medical condition, it is a necessity to have money aside for the next healthcare expense, which she is happy to occasionally help her siblings to cover if they happen to not have the means to cover it themselves. Polly feels stuck and uncomfortable because she wants to speak up for herself against her colleagues’ assumptions but does not want to reveal the nature of her situation.

These workplace struggles of childfree women demonstrate how gender performativity and pronatal discourse create the situations for these experiences and feelings. Gender identity and performance is crucial in understanding how this element influences and informs women’s lived experiences through their childfree status in a pronatal world. It is necessary to understand how women’s feminine identity manifests within pronatalism and the pressure this phenomenon

exerts on women. As outlined by Judith Butler (2011), there is an inherent assumption that there is a universal base for feminism which is found within women's identity. This is assumed to exist universally accompanying a notion where women's oppression is in the form of a hegemonic structure of masculine dominance. In line with this notion, femininity and female identity is assumed as a precursor to the existence of feminism in the first place. In the discussion of gender identity there is an underlying assumption that people can only be intelligible when being gendered and conforming to recognized standards of gendered intelligibility (Butler, 2011).

Identity can be seen as an ideal that is a normative feature of experience. Socio-cultural practices govern gender as well as culturally understood notions of gender identity (Butler, 2011). Butler (2011) argues that ideas in accordance to "continuity" and "coherence" are illogical features of identity and are instead socially imposed norms of the aforementioned intelligibility. Identity is assured by the stabilizing ideas of gendered practices as they are defined by socio-cultural norms. The way Butler (2011) arranges her argument shows that gender is a performative act which is created by the confines of socio-cultural norms and is simultaneously perpetuated by these norms. In the case of women's childfreedom in a pronatal society, socio-culturally assumed norms surrounding women include the idea that they are inherently destined to perform roles in society as (future) wives and mothers (Gimenez, 2018).

Butler's (2011) perspective on gender identity and gender performativity is one that is used to understand the socio-cultural norms and pressures that women feel imposed on them and the need to perform or conform to these within a pronatal setting. Childfree women do not fit the gender performative norm of being prenataally inclined and therefore, they experience marginalization in certain situations. The concept of gender identity is used as a lens through which we can understand the way that societal, pronatalist norms and pressures act as marginalizing factors and pressures in childfree women's lived experiences.

One such inherent assumption ascribed to women's identity is pronatal inclination or desire. Women are clearly seen by society as future mothers, and this is evident in the assumptions and comments that colleagues make about their childfree coworkers, despite their verbal expression of childfreedom. We can also see this in the previous chapter through healthcare professionals'

assumptions in medicalizing and problematizing women's decision not to use their procreative organs 'properly'.. Gender identity can also be seen as an ideal that is a normative feature of experience. Through this, socio-cultural practices and norms govern gender as well as culturally understood notions of gender identity (Butler, 2011). The practice of pronatal values is engrained with the central idea that women want to procreate and that being a woman means that your identity includes motherhood.

Polly's childfreedom is dismissed and her future motherhood is assumed when her vacation time is given to someone who has a child under the pretense that she will want and will receive that privilege once she satisfies her own pursuit of motherhood. Identity is assured by the stabilizing ideas of gendered practices as they are defined by socio-cultural norms. As argued by Butler (2011), gender is a performative act which is depicted through socio-cultural norms which is further reproduced by the enactment of these norms. This arrangement can describe how the pronatal pressure and assumptions from Alice and Polly's coworkers is continuous and persistent precisely due to the performativity of gender. Additionally, as part of these performative acts and gendered norms, Moore (2014) explains that there is an inextricable link between womanhood being attributed to heteronormative motherhood. Polly and Alice are women with attributes that fit the socio cultural norms of feminine gender performance. For example, Polly and Alice both use she/her pronouns, Polly has a husband, and Alice used to work in the beauty industry. These normatively feminine attributes fit into and perpetuate the socio culturally accepted gender performance of women . Therefore, if Polly and Alice fit several normative gender performative attributes, they are assumed to fit other norms as well such as desire for motherhood.

Alice and Polly have voiced their childfreedom to their coworkers. Their enactment of their gender performance through childfreedom is non-normative according to traditionally assumed gender performativity in women, as clearly voiced through disapproving and marginalizing behaviors from their colleagues. Therefore, it seems this outlying identity of their gender performance is overlooked and dismissed by their coworkers. When presented with a pronatal assumption or marginalization based on their future procreation, they did not oppose or refute it. This can be a result of many things such as intimidation or discomfort. Both Alice and Polly express that their superiors take part in marginalizing their childfreedom and induce pronatal

discourse and pressure. It can be difficult and uncomfortable to oppose or confront one's superior. Also, Polly mentioned that she would not want to expose her medical conditions in pursuit of validating and affirming her childfree lifestyle to her coworkers.

Polly and Alice's gendered subjectivities and identities are influencing their discrimination from their childfree colleagues. Because their unique gendered subjectivities of childfreedom are not aligned with the gendered performances that their colleagues are assuming of or imposing on them, this makes room for generalized assumptions and impositions. These gendered subjectivities are creating a disconnect between the meanings of what Polly and Alice's coworkers attribute to feminine identity and to Polly and Alice's lived realities of enacting and performing their gender identities.

The gendered norms that support pronatal views and identities to those who subscribe to it assume parenthood to be a highly taxing, selfless, and entitled task. This can be seen in the way that Alice's boss dismissed her 'tiredness' as invalid compared to someone with children. This perspective is also evident with the dismissive comments shared by Polly's colleagues referring to true happiness stemming from motherhood and comments assuming that childfree women have lots disposable time as opposed to those with children. Precisely because raising children is seen as a hugely time sensitive and valuable task, Polly's boss saw it as more valid and morally superior to give time off to a parent rather than a childfree person who doesn't have obligations of parenthood.

The presence of pronatal norms and normative procreational ideologies based on gendered expectations in society and culture serve as a consistent source of validation for those subscribing to such views. This creates a negative feedback loop where pronatal ideology fuels the marginalization of childfree discourse as it consistently falls outside the norm (Moore and Geist-Martin, 2013).

Furthermore, when childfree women enact their feminine identity in accordance with gendered norms without explicitly and continuously affirming and enacting their childfreedom, pronatal assumptions are generalized to match the other feminine performative traits and norms. As seen

in Alice and Polly's cases, the lack of consistent affirmation, enactment, and negotiation of their childfreedom allows their coworkers to impose their pronatal ideologies and continue to assume these about their identity. However, with that being said, childfree women do not owe their coworkers, or anyone for that matter, a negotiation, explanation, or validation of their childfree life or why they choose it.

Additionally, looking at the pervasiveness of pronatalism in society, the implication of motherhood is evident through gendered norms and practices. Feminist scholar and author, Martha Gimenez, outlines the ways in which pronatal pressure is prevalent in society and how it is reflected through socio-cultural norms. She describes how under pronatal pressure, certain socio-economic circumstances are responsible for some strata of women to 'fall into motherhood' (Gimenez, 2018). Gimenez's argument is based on socioeconomic factors implicating women to fall into motherhood. I coin my own term, the 'motherhook', to refer to the normalization of women being pronatally pressured into motherhood under pretenses of essentializing feminine traits as synonymous with motherhood.

This concept takes on the core of gendered norms, where specifically women in the workforce are subject to the motherhook. This results in a socio-cultural struggle between the women's double burden of having the need, assumption, and/or expectation to bear children, yet also sustain a career. These assumptions of a woman's reproductive duties seem to contradict the capitalist agenda of work and production (Gimenez, 2018).

Therefore, as long as neoliberal capitalist structures expect people to work *and* women to bear children, there is a discrepancy between the ability of a woman to do both, as socio-cultural and economic expectations demand. Furthermore, there arises a struggle for childfree women whose gender identity does not ascribe to motherhood, yet is continuously imposed and assumed in the workplace. Gimenez (2018) argues that the socio-cultural permeation of pronatalist ideology has been a core factor in women's setback in the workplace and society as they are first and foremost seen as (future) mothers. Women can expect to have marginalizing experiences in the workplace when ideas of what it means to be a woman in society and its structures continue to be laden with pronatal expectations and norms.

The workplace is a professional environment where it is unethical, not to mention illegal, to discriminate or give privilege based on lifestyle choices and individual identities. To impose pronatal views and assumptions is, to say at the least, unprofessional. However, taking away vacation time and refusing to allot overtime pay to childfree women is directly discriminatory behaviour fueled by pronatal assumptions and generalizations. These gendered, pronatal pressures are assumed due to the differences in individual gender performance between childfree women and their coworkers.

The identity upon which childfree women are compared and assumed to embody are not accurate depictions of their childfree identities and lived experiences. In creation and imposition of these inaccurate, pronatal views and assumptions, workplace dynamics are influenced at the expense of the marginalization of childfree women. These gendered, pronatal norms and assumptions are not only exclusive to the workplace. As explored in the next coming chapter, childfree women experience pronatal norms and pressures in their day to day lives as told by their lived experiences.

Chapter 3- Pronatal Norms as Experienced by Everyday Experiences of Childfree Women

Gladys told me her journey of coming to realize that she is childfree. At a young age, she developed a fear and anxiety towards big tasks and responsibilities. She also saw her own parents struggle with raising her and her sister which only solidified these fears. From and since her childhood, she already understood through her own family dynamics how serious raising children is and that it is not something cut out for her. This opinion has since not changed and as a young adult, Gladys very confidently and outspokenly leads a childfree life. Gladys told me that she feels power and pride in being able to have the option of childfreedom. She enjoys having the knowledge and power over her own bodily autonomy and lifestyle decisions that her parents probably did not have.

However, Gladys comes from a collectivist cultural background. Her family very much adheres to the collectivist ideologies of her culture which she does not necessarily fit into or align with in regard to her individual lifestyle and choices. She describes family visits and gatherings as very bittersweet. On one hand, she identifies with her culture and feels belonging to her heritage, but the cultural and social norms that her family adhere to sometimes make her feel like an outcast. Gladys' family often make it a point to ask, in her view, very personal questions about her dating life and plans for her future (family) life. Being in her twenties, Gladys is already seen as a soon-to-be bride and then soon-to-be mother. Her relatively serious relationship with her partner is seen simply as a clock ticking towards childbearing and family building.

Gladys describes this as being very emotionally and mentally straining as she has voiced many times that she does not plan to get married any time soon and does not plan to ever have children. The initial time that Gladys told her family of her childfree choice, their response was demeaning and dismissive, instantly creating assumptions that she was too young to know 'what she was talking about'.

"The older I'm getting, the more it seems like the topic of family and marriage is unavoidable and comes up more often. My family and I really butt heads about this. Most of the time it's in passing. Kind of in a tone saying: 'when you have children... you'll understand' or side comments like 'you'll be such a good mom!' Their assumptions of my [future] childbearing is becoming really hurtful because I've told them so many times that I'm childfree. At this point, the more they keep ignoring my choice, the more it feels like I, as myself, or an individual, don't matter to them. That really, I'm just a vessel for future nieces, nephews, cousins, and grandkids. That's what really hurts...the kind of constant invalidation and the knowledge that in their minds, everything I've said and opened up about being childfree is completely irrelevant (Gladys)."

Clearly, Gladys' individual and bodily autonomy are being disregarded and invalidated under pronatal presumptions and prejudices. Her mother describes to her that at her age she already had her sister and had married her father. Gladys explained to me how she can feel the pressure that

her family looks down on women without children. It makes her feel disheartened and sad to know that she is and will continue disappointing them in that regard.

“On one hand, they respect the fact that I want to find a career path and make my own money and they’re proud to have an educated daughter, but on the other hand, to them that’s just a means with which I will support my [assumed] children. I feel like they’re kind of terrified of me becoming one of those ‘career moms’, or worse, ‘career women’ without children. They definitely do not hide their disapproval over women not prioritizing family life and values. One of my cousins who went to an Ivy League school is pursuing her second doctorate now, she’s 29 and without a partner— that I know of, anyway, and they’ve said some really awful stuff about her. Our grandma has ranted to me about how she’s not a real woman. She says that a woman who is smart is still a girl until the day she has her first child, and that’s when your life ‘truly begins’. On the upside though, my cousin and I are very close, because clearly, we struggle with the same family issues (Gladys).”

Gladys’ recounting of these unpleasant, dismissive, and marginalizing experiences was deeply saddening from me but also in a way comforting as I felt relief to find myself relating to some of her sentiments and stories and feeling less alone in this. Gladys and I continued to discuss the different ways that we had experienced negative childfree stereotypes and dismissive assumptions about our bodily autonomies and desired futures. I shared a comment that had been directed at my aunt (32 years old) in my presence that ‘her biological clock is ticking’. When I attempted to voice my opinion on the matter, my views were shut down because I am ‘too young to know what I am talking about’.

Other experiences of dismissal that childfree women have discussed as well my own experiences often relate to external and intrinsic factors that will inevitably act on us to procreate. For example, I have also been told that if I get older and will not have children, then inevitably, my ‘feminine instinct’ and ‘biological wiring’ to want them will take over. Extensive discussions on this topic in an online commenting thread show similar experiences of devaluing life without children and presenting procreation as an unavoidable and imminent future for all women whether they are aware of it or not. These experiences referred to a women’s ‘duty’ and ‘natural

course of life' to produce heirs for the family as well as the desire being 'biologically' imminent. Cheryl explained her heavy discomfort with some groups of people from her religious circles who continue to impose motherhood on her.

They directly refer to her physical body in phrases such as her 'womb being intended for procreation by God'. She also describes feeling irrelevant as an individual human but rather 'like a walking uterus with the only intention of being utilized'. Cheryl not only sees this reduction of herself to her reproductive capabilities as grotesque but also finds offense in the further assumptions imposed on her, saying that one day she will want to do this either for her family, or for a man. She does not identify with these beliefs of her religion or the people that impose these views on her. Such comments make her angry as she believes that she does not owe anyone (including God) children, nor any explanation as to why she identifies with this direction of life. This essentialization and pronatal assumption of Cheryl's feminine identity makes her individuality feel dismissed and disregarded.

In my own experience of dismissive and hurtful assumptions about my childfreedom, the comments and prejudices are based upon pronatal presumptions and stereotypes about women and procreation. I have observed many pronatal assumptions and stereotypes, in both my experience, and those recounted from others such as Gladys and Cheryl. Through these observations and personal experiences I have understood that many stem from two main, pronatally skewed, suppositions of the pretense of femininity. These are the 'inherent' workings of 'feminine' biology, and the 'innate nature' of intrinsic desire for procreation dictated by feminine identity. For example, the assumption of a 'biological clock ticking' which will inevitably spark the 'innate need' to bear and nurture a child.

These are the two significant pronatal pretenses that I have observed (and/or experienced) under which many childfree stereotypes/prejudices manifest. As established previously, there is an inextricable link between femininity and motherhood (Gimenez, 2018). It seems that there is a socio cultural understanding of an innate feminine biology and nurturing traits which imply and justify the assumption that women's purpose is to procreate. Colloquially assumed gender identity, assumed, biology, and culturally ascribed characteristics point to the assumed inextricable link between womanhood and motherhood. The prime example of this being the

assumptions and pretenses that there is a ‘ticking’ biological clock that women will and must listen to which dictates their procreation rather than their individual, identity, and desire for motherhood.

Feminist scholar and author, Martha Gimenez, outlines the ways in which pronatal pressure is prevalent in society and how it is reflected through socio-cultural, gendered norms. She describes how under pronatal pressure, certain socio-economic circumstances are responsible for some strata of women to ‘fall into motherhood’ in part because of these norms as well as economic circumstances (Gimenez, 2018). The self-determination of childbearing is a privilege that only some women have the luxury of. Reproduction and parental roles of women are taken for granted in a pronatally oriented world which, therefore, implicitly determines that a woman's inherent role in society is to complete the socio-cultural expectations of motherhood. This is an example of hegemonic structure in place which makes procreation a default rather than a choice.

When looking at some of the pronatal assumptions and impositions described by myself, Gladys, and Cheryl, the implications of said assumptions include an underlying hesitancy toward motherhood. The idea being that a woman’s femininity or biology will take over to impose the desire of motherhood which inherently points to the initial desire of motherhood being absent. This further implies that women become pushed and pressured by their own bodies or ‘primal feminine instincts and identity’ to bear children rather than their own individual choice of motherhood. I argue that this echoes what Gimenez (2008) called ‘falling into motherhood’ based on both pronatal pressures and economic factors. I coin my own term, the ‘motherhook’, which refers to gendered, pronatal pressures implying the inevitable pursuit of motherhood in women through both the ‘biological intents’ of their bodies, and the ‘innate destiny’ of femininity linked to motherhood.

The motherhook is a pervasive element in pronatal norms and expectations which is dependent on women’s gendered identity and norms and is thus synonymous with it. With the assumption that people identify and presenting themselves as women comes the motherhook, which presents the underlying implication of inevitable procreation regardless of the woman’s individual identity with motherhood. As illustrated by Cheryl and Gladys’ experiences, the motherhook is imposed and assumed with their gender identity in both religious and family circles. Their

experience of the motherhook is uncomfortable and dismissive as their gender identity is essentialized and reduced to assumptions of procreation.

Childfree women experience dismissal and marginalization based on their status in their everyday lives due to their feminine identity not aligning with gendered expectations of procreation by omitting reproduction and motherhood from their feminine identity, thus falling into a socially unaccepted minority. The correlation between gendered norms/expectations and experiences of the motherhook was particularly clear among childfree women who ascribe to the gendered performances and norms aligned with femininity: being cisgender and heterosexual (or at least presenting so), using she/her pronouns, partaking in heteronormative romantic or sexual relationships, as well as feminine presentation. I argue that there is a disconnect between ‘checking many boxes’ as a woman presenting according to many feminine norms, yet not identifying or presenting with the (future) motherhood norm. Thus, when childfree women are caught on the motherhook, the experience feels marginalizing and oppressing as one’s identity is essentialized in a way that that inaccurately portrays the reality of that person’s gender identity.

In conclusion, the fact that many other gendered norms are met creates a baseline for disregarding, marginalizing, or dismissing the one norm which does not align with the others: motherhood. Under this argument, I am outlining that childfree women’s enactment of gender identity is respected in all forms except their rejection of procreation. Therefore, the motherhook is implicated and imposed by others onto their identity to conform it further into the traditional mold gender identity of women. As informed by my personal experiences and ethnographic data, we are women that make a choice like the choice that others make to *have* children; we simply choose the other direction.

The key difference between childfree women and mothers which clearly shows the heavy presence of the motherhook is, that those who choose motherhood are not marginalized, dismissed, and convinced to do otherwise¹ by people such as medical professionals, religious

¹ There, undoubtedly, are individual cases where women are not supported in childbearing such as young age/underage, accidental pregnancy, mature age, etc. Here I assume the case of women who are at a consensual, healthy childbearing age, and are making the choice of pursuing motherhood out of their own free will and desire.

groups, and family in the same way. In my final chapter, I will continue to explore the marginalization and discrimination of childfree women within the childfree community. This chapter will look into the presence of pronatalism in counter-discourse, imposed narratives, and gatekeeping within online childfree groups. This will be analysed through conceptualizations of subjectivity and the hegemonic norms which play into the creation of such discourses.

Chapter 4 - Discrimination of Childfree Women among the Childfree Community

My time in childfree online communities has been very eye-opening and eventful. As a childfree woman myself, I have had the opportunity to delve into the discourse and identity of childfree online communities. I've seen and experienced many eventful occurrences as a result of participating in and negotiating my own childfreedom and my childfree informed views on certain posts and topics. In the following chapter I will be reporting on my own experiences resulting from my active participation and use of auto ethnography, alongside participant observation within online childfree communities. With this I made an attempt to act on my own, authentic, personal views and narratives throughout my participation in these communities by participating with my individual beliefs and opinions in mind rather than those motivated by this research.

After being accepted into several childfree pages and groups, my instant observation was the difference in tone, discourse, and attitudes of the interactions and content within these groups. These groups range from focusing content about tokophobia², antinatalism³, memes, jokes, and even cats. Most of the time this content is related to topics on childfreedom and occasionally the content is not directly referring to childfree content. In this way, childfree people use many different ways of expressing their views, beliefs, and experiences. The views and opinions on the

² Tokophobia, in the childfree community, refers to the fear of pregnancy, childbirth, and any other physical elements related to conception and childbearing.

³ Antinatalism is the belief that it is unethical and immoral for humans to procreate. The pretenses, grounds for, and extents to which this applies varies widely within the childfree community.

definition of childfreedom also heavily varied between groups and individuals. I was surprised to see the heavy gatekeeping of the communities from members who did fit within that specific group's childfree identifying factors that would otherwise deny childfree status within that group. All group requirements of childfree identity include some element of declaration that in order to be approved to the group, you must agree to being childfree.

One group proclaimed that if I have children, or I currently wish to have any in the future, they discourage my participation in the group. However, another group went further to insert an extensive list of characteristics which if one possesses, explicitly disqualified them from entering the group. These included anyone who:

- Has children
- Is a step-parent (through marriage), or identifying with being a step-parent
- Is in/is willing to have intimate relationships with parents
- Has/will be a surrogate
- Has/will donate sperm/eggs
- Has/had custody or responsibility for the care of an underage person/relative
- Is open to adopt in the future
- Has/had foster children

This list surprised me greatly. I, personally, do not agree that being childfree means to disqualify everyone from this list, however, I happen to qualify for the group. I did experience some form of guilt upon entering this exclusive space because I did not agree with this level of gatekeeping. I was also surprised that there were some members of the community that were exclusionary to this degree. My previous experiences with online childfree communities were very accepting and open ones. Because of this, the highly exclusive demands of this group seemed out of place to me.

Once I was approved, I went on to make a post and call for admin response to help me understand the strict entry requirements and gatekeeping of the definition of childfreedom of this particular group. The response I received was from the creator of the group who explained very

bluntly to me that these were the parameters she has set for the group and that she believes these define childfreedom. She expressed “It is my group, I am the gatekeeper of childfreedom and if you do not agree with it, you can create your own group.”

That was my first interaction involving the gatekeeping of online childfree communities based on the definition of what characteristics constitute childfreedom. The next experience I had with members of the childfree community gatekeeping their group with the definition of childfreedom was in another group. This Facebook group did not have such explicitly outlined ‘requirements’ for childfreedom upon entry to the group, however, some of these ideas were present in other ways. One group member made a post mentioning that they struggle with spending time with her husband because he spends lots of time with his children (from a previous marriage). The replies and comments to this were heavily debating this woman’s ‘right’ and validity as a childfree person. My response to this was one of discomfort and unease because I did not agree with the comments that were placing judgment on many aspects of this woman's childfree identity and making large assumptions about her life through this judgment.

Many people seemed to argue or agree with the idea that marrying someone with children does not make you childfree because this makes you a step-parent or at the very least an influential figure in the children’s lives. The woman who made the post explained her situation that they got married when the children were teenagers and therefore, most of the child rearing was already done and now they are moving out of the house. She describes her relationship with the children as respectful and positive but very neutral and un-nurturing because she has never had the desire to be a part of their upbringing. This however, did not seem to phase the direction of the argument among the comments because the counter argument to this was that she is still an authority figure to them and could influence their upbringing without her knowing that she does.

To my surprise, after some time of this discussion taking place on the post of this woman, she was removed from the group by an admin that made the final decision that she indeed, is not childfree. Through the observation of this controversial debate, I was able to see the varied opinions of childfree individuals on their personal defining factors of childfreedom. I quickly became aware that the more exclusive views on childfree discourse extend also well beyond the

definition of childfreedom. Childfree online communities have different undertones of purpose, intent, and attitude to them.

In another page I occupied, I quickly noticed the extreme antinatalist approach that was present within the space and that there was a parent/child-resentful atmosphere. Parents and children were often referred to in rude and disrespectful terms which demonstrated their disgust towards procreation, depicting it as an animalistic or inhumane practice. For parents one of the main terms was ‘breeder(s)’; and for children some of the terms were too vile and aggressive for me to even be comfortable to report on in formal writing. I will use (in my view) the least aggressive term to illustrate the vocabulary used for children: crotch goblins⁴. Terms such as this and others are used in situations where they refer to children under custody of parents/guardians. The more repulsive and inhumane terms involve vulgar vocabulary that implies to various degrees and extents that children are ‘overgrown’ gametes and/or some type of pet.

The antinatalist views within this group were applied to each post and interaction. Content that is posted mostly involves ranting, complaining, or general voiced frustration towards topics of procreation. For example, one such post that I observed was a screen-shot of a Twitter post (tweet) where someone called for awareness of single parents in need of support, specifically single mothers during the covid-19 pandemic. The Twitter post advocated for communities to come together and check on and help support single mothers who are struggling mentally, physically, and/or financially due to layoffs, school closures, and social isolation. To me, this tweet seemed like a harmless reminder that unforeseen circumstances resulting from the pandemic that already impact everyone, may be impacting single mothers in more drastic ways because they are responsible with the highly taxing task of raising a child.

The group this tweet was shared with had a very different take on this. The person commented on the tweet in a very upset manner, particularly sharing their disapproval of entitling single women with children as immoral and insensitive. Part of the post expressed, “Just because they [single women] were stupid enough to have unsafe intercourse does not and should not entitle

⁴ The term goblin in this case is a reference to a small, primal, mythical creature often associated with evil, misfortune, and being visually unappealing.

them to anything more than the rest of society. If I would have wanted special treatment, I could have a kid too, it's not that hard. Don't expect everyone to jump through hoops just because you made a mistake that you can't undo."

This perspective of blaming single mothers for making 'mistakes' and implying regret was widely supported in the comments on this post. Group members went on to spread hateful opinions about single mothers which described them as uneducated, mentally impaired, selfish, welfare 'leeches'. The opinions shared in the comments implied that a single woman having a child is not a choice and by default a mistake. The views opposing procreation seemed so strong that it seems to be unfathomable to these childfree people that single women could actually desire to have a child intentionally, despite their current education or financial status. Also these views seemed to stem from the idea that these women are 'stupid' and careless to allow themselves to land in such a situation. This to me seems oblivious to the fact that there are structural socioeconomic processes which can cause a single woman to find herself in a situation where she is a single mother.

Childfreedom is a privilege to those with access to education and resources to practice safe sex (Gimenez, 2018). I decided to take it upon myself to point out some of my opposing views. I respectfully posted the following:

"I understand that this is a childfree group and we are all here because we do not want children and are privileged enough to have the means to make this lifestyle possible. But there are those who wish to have children, even single women in what you may perceive as disadvantageous situations. There are also single women who are not fortunate enough to put off or not have children for various reasons which are rooted in our socioeconomic system. For example, uneducated women living in poverty may not only not have the means or knowledge to be childfree but also not even be exposed to the fact that this is a realistic option. And again, single women can also have children out of their own free will just as we have the will to not have them. As for the Tweet and single mothers in a situation where they are in need of support. This has been a recurring issue for many demographics since the beginning of the [covid-19] pandemic such as people in poverty, with health impairments, the elderly, etc. Single mothers happen to be just another demographic that is being called to attention for support like the others

have been because there are structural barriers and issues for them to be able to have the same access to resources as opposed to more privileged demographics in society.”

After double checking that my comment was respectful and dignified, as to not spark further arguments, I posted my comment. I was happy to provide a slightly different lens to the overwhelmingly negative and hateful comments. I was hoping to show people with strong antinatal perspectives that there is another side to the same coin and there is discourse that exists outside of antinatal childfreedom. However, the response I received could not have been worse. I was called vulgar insults and a ‘mommy-sympathizer’. People were replying to me that they think I am an ‘imposter’ childfree person and am actually a mother because only a parent would make excuses for ‘breeders’. I was in shock, as I was reading through the large amounts of responses, I was suddenly unable to load the page. I had been removed from the group by an admin. This means that I can no longer even see my own comment or its responses.

This experience left me feeling quite hurt in the end. The vulgar names and comments were more surprising than hurtful but what upset me most was the lack of willingness that people had to have a polite and respectful discussion about the topic at hand. I was trying to put forth a perspective that would open up a respectful conversation and felt deeply disrespected and saddened when others were not even willing to engage with the points that I had brought up. I was excited to also be introduced to the opposing views of why and how antinatalist views manifest and inform such strong opinions.

Looking back at these experiences, I can see how there are infinite degrees to which childfree online communities are gate-kept based on personal characteristics/traits as well as even any comments remotely resembling pronatal views or tolerance. However, it makes me feel vulnerable and uncomfortable to know that my views on childfree discourse as well as overall parameters of intersectional understanding are not respected within the community. It seems unfortunate for a community that recognizes the marginalization of their own struggles with identity and circumstantial repercussions of their lifestyle to not be able to extend that compassion with people in other communities. Or for childfree people who have more unique intersectional attributes to their childfreedom.

Childfree people's gatekeeping biases and negative views on parents are an example of how through subjectivity, one acts on others while simultaneously being acted upon by their situated understandings of what childfreedom is and is not (Ortner, 2005). Pronatalist norms outline and constrain childfree discourse. Procreation and childfreedom are considered polar opposites and therefore, the parameter of each concept is constrained within the subjective perceptions of the other. This means that subjective beings can only experience procreation if there is childfreedom and vice versa. Without the possibility of childfreedom there would be no possibility to gatekeep or discriminate against childfree people because there would be no childfree discourse or subjective experiences with the phenomenon. Through this explanation I argue that there is a dialectical relationship between childfreedom and procreation.

Childfreedom remains as an outlier within society; pronatal ideology and procreation remain to be the dominant, hegemonic norms. Lears (1985) identifies the process of cultural hegemony as the mechanical seeming process of how "ruling groups impose a direction on social life; subordinates are manipulatively persuaded to board the 'dominant fundamental' express (Lears, 1985, 568)." The concept of cultural hegemony can be understood and applied to a wider range of historical and intellectual contexts. Within this concept and underlying notion, it is outlined that the dominating group does not maintain hegemony by solely creating an aura of authority but by creating and perpetuating legitimating ideologies in order to seek the consent of subordinating groups within the constraints of socio-cultural structures (Lears, 1985). Lears (1985) describes how dominant cultures of value, belief, norms, and prejudices are distributed by institutions seeking subordinating groups' consent.

Therefore, hegemonic and dominating authorities do not maintain pronatal hegemony by solely creating an aura of authority but by creating and perpetuating legitimating ideologies in order to seek the consent of subordinating groups within the constraints of socio-cultural structures (Lears, 1985). The degree to which individuals take pronatal discourse to define childfreedom varies by beliefs, values, and individual subjectivities of personal experiences and views. Subjectivity has a significant basis over agency (Ortner, 2005).

The subjective experiences that inform agency over childfree discourse are ones that are defined by pronatal ideology. For example, the individual experiences that shape understandings of childfreedom through an antinatal lens are the basis of agency over discrimination and marginalization of people and views that are not aligned with them. Even though antinatalism is, by definition, against procreation, it is still defined and constrained by it. Those with antinatal views can only produce antinatal discourse within the confines of pronatal norms and ideologies as well as subjectively based past experiences. For example, the post where single mothers were being disapproved of, many of the beliefs stemmed from the idea that single women did not initially want to procreate and that their pregnancy was a mistake. This shows how the subjectivity of antinatal belief is acting on the assumption that others cannot possibly willingly have a child.

The dialectical relationship between childfreedom and procreation allows the two phenomena and concepts to define each other which occurs individually. These concepts also tie in to the individual subjective identity of those who define it. This creates the existence of highly variable definitions and identifications of childfreedom which causes gatekeeping and discrimination of childfree people who do not 'fit' into the subjectively outlined requirements of those groups. Antinatal discourse further shows the pervasiveness of defensive counter-discourse and discriminatory behaviours illustrated in hateful comments towards single mothers which can only be created within the constraints of pronatalism.

Overall, the childfree community is a highly subjective place with infinite variabilities of identity with all the characteristics that come with childfreedom and pronatal discourse. This creates friction and clashing views among the people and discourses that oppose each other. This can cause direct discrimination and oppression of childfree members who can be removed or denied access to groups simple due to their difference in opinion or identity of childfreedom.

Conclusions

Studying, ethnographically, the lived experiences of childfree women allowed me to situate and understand my own position within the community and reflect on my feminine identity and childfreedom. Understanding how pronatalism and gendered norms and performativity influence childfree discourse has been very important for my own development but more importantly implicated and influenced the theory of childfree research. I believe that the value in focusing on the lived experiences of childfree women is to unveil and pinpoint the specific manifestations of marginalization and oppression of childfree women. Exploring and elucidating these experiences is essential in order to identify the socio cultural processes that fuel this marginalization.

Pronatalism has been illustrated through the lived experiences of childfree women and is clearly prevalent in many aspects of day to day life. These experiences reflect struggle, hardship, marginalization, and discrimination on the grounds of pursuing and enacting childfreedom. In healthcare, pronatal norms fueled by androcentric assumptions and subjectivities marginalize women who do not identify with this role, as it is seen as crucial to feminine identity. The lived experiences of childfree women illustrate their struggle to pursue bodily autonomy in healthcare systems that, through the medical gaze, attempts to ‘fix’ their childfreedom. This attempt at problematizing the lack of reproduction is at the expense of childfree women’s invalidation as individuals and even bodily pain to attempt to pursue procreation in cases where it is undesired.

This pronatal pressure and assumption of procreation in line with feminine gender identity also have discriminatory and dismissing repercussions on lived experiences in realms of life such as the workplace. I use the lens of the motherhook to argue that pronatal pressure essentializes feminine traits and identity to be synonymous with motherhood. The motherhook is subjected to female identities upon which childfree women are assumed to embody and continue to be compared to embodying traits of motherhood, which are not accurate depictions of their childfree identities and lived experiences.

In the creation and imposition of such inaccurate, pronatal views and assumptions, the workplace fosters the differential treatment of and discrimination against childfree women. The imposition of the motherhook in the workplace creates a disconnect between the reality of childfree women’s identities and the identities assumed and imposed on them by coworkers. When the

motherhood continues to be subjected in the workplace, childfree women are discriminated against because they are treated differently. This occurs through the assumptions by superiors and coworkers that their identity involves motherhood, when in reality, this is not the case and causes that treatment to be discriminatory.

Further illustration of the marginalization of childfree women can be observed in their day to day lives and interactions. Childfree women experience dismissive behaviour and attitudes toward childfreedom in society such as social, family, and religious circles. These interactions reflect pronatal assumptions and impositions on childfree women's feminine identity, further applying the motherhood. In this process, whereby socio cultural gender norms and performativity are perpetuated and imposed on childfree women, I argue that a gendered performativity is not only enacted, but also *imposed* to further reproduce gendered norms. This is a process that is seen in, for example, familial pronatal expectations in Gladys's experience, which actively pressure women towards procreation. This is the same process that simultaneously creates grounds for discrimination, invalidation, and marginalization of the women that defy these norms and pursue childfreedom.

Another area where childfree women are discriminated against is within the childfree community. The childfree community is a subjective place and therefore implies infinite variabilities of identifying with the different characteristics that come with childfree identity and pronatal discourse. This can create friction and conflicting views among the members, and produces discourses that directly oppose each other. The fundamental dialectical relationship between childfreedom and procreation means that these concepts are reliant on one another to define each other. The extent to which each childfree person subjectively defines these varies drastically. Therefore, this can cause discrimination, oppression, and gatekeeping of childfree members who can be removed or denied access to groups simply due to their difference in opinion or identity of these characteristics and definitions of childfreedom.

Implications on Childfree Theory

This research has several elements to add to and inform existing and future childfree theory, particularly in its reliance on ethnography and autoethnography. The focus of this study was on the lived experiences of childfree women and reporting on their marginalized experiences through the lens of pronatal gender norms. These experiences reveal the socio cultural practices and societal experiences that create marginalizing experiences for childfree women.

Furthermore, the focus on pronatalism and its presence in these gendered experiences enables us to understand the socio cultural processes and discourses that give rise to these marginalizing experiences. These can be further expanded on in future research because although this study has unveiled the nature of the manifested lived experiences of childfree women as a result of pronatalism, the socio cultural processes that are actively producing these discourses represents a further research opportunity.

Another element of this study that contributes to the academic debate of childfreedom is the participant observation of online childfree communities. This has proved to be an excellent way to gather data and understand discourse and counter discourse production among childfree people all around the world.

Limitations and Reflection

This study was conducted during the time of the Covid-19 pandemic and therefore, the opportunity to create more face-to-face childfree connections was not possible. I believe that creating focus groups or finding in-person childfree spaces would have been a great addition to this research. This was surely a missed opportunity for finding or even creating a space to personally interact with childfree communities. It would be deeply interesting to observe conversations and interactions of childfree communication in respect to community gatekeeping in person. This could be a great opportunity for exploring and facing counter-discourses head on without the possibility of opting out of interaction the way internet communication allows.

Additionally, the inclusion of autoethnography was a very enjoyable part of identifying and including my own experiences within the research. However, there were occasional struggles

with my individual experience being compromised at the expense of my constant exposure to the childfree community and its discourse.

Furthermore I would like to reflect on the use of multi sited ethnography. This approach proved to be a very useful method to explore childfree discourse. This is because it became very evident to me from my experience living in several different countries during my life that the presence of pronatalism and childfree discourse was clearly present in all these regions. Granted, the implications and cultural nuances of these discourses varied, however, this is not necessary to address when looking at lived experiences as a result of these discourses. This is one of the reasons I chose this method. Secondly, online participant observation would have been virtually impossible to do without the application of multi sited ethnography because tracing the region or country people on the internet are from is not only a violation of privacy but also almost impossible.

At times it was difficult to navigate and ground my own identity and beliefs. There were times when I was made to step out of my comfort zone and participate in rather difficult and/or uncomfortable online discussions and confrontations. However I was able to have a strong support system and remembered to ground myself or take a step back when necessary. I do, however, feel secure in the fact I have contributed to research on a community that I strongly identify with and want to provide support to. To other researchers pursuing studies within their own communities, I recommend doing so, though I caution them to keep a strong and grounded sense of their own positionality in mind all throughout the research process.

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