



Perceptions and imagined performances of pregnancy, birth and parenting among voluntarily child-free individuals in Sweden

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ABSTRACT

Objective: Reasons to avoid pregnancy, birth and parenting among voluntarily child-free individuals remain largely unknown. The aim of this qualitative study is to better understand the perceptions and worries about pregnancy, birth and parenting among child-free individuals in Sweden.

Methods: A total of 23 individual interviews were conducted in 2020–2021, and data were evaluated in thematic network analysis.

Results: The organizing themes captured significant consequences and complications of pregnancy and birth perceived by child-free individuals and their various thoughts about their unsuitability for parenthood. Reproductive health was associated with fears of pregnancy, birth, chronic disease and mental illness and long-acting reproductive contraceptives, sterilisation and abortion were regarded as appropriate, sustainable ways to remain child-free.

Conclusion: Child-free individuals avoid exposure to pregnancy, birth and parenting due to fears, perceived risks, potential complications and their perceived unsuitability for parenthood. They greatly value and protect their healthy, unharmed bodies and emphasise sound family planning.

Introduction

A majority of people worldwide become parents. Not everyone who wants children becomes pregnant, however, and still others decide against having children and choose to be child-free. According to Blackstone and Stewart, there was an emergence of research in the 1970s that focused on voluntary childlessness; these studies were conducted across different disciplines and were tied to a variety of social processes, identities and methodological approaches [1]. Child-free adults—like adults with children—form lasting relationships with others to fulfil their emotional and sexual needs [2]. The most commonly cited reason for choosing not to bear or rear children was desire to maintain intimacy with one's partner [3,4]; many child-free women reported that they enjoyed higher levels of consensus and were better able to discuss and exchange ideas with partners [5]. In a later study, Blackstone explained that reproduction can be divided into two categories: biological (i.e., sexual) and social [2]; biological reproduction is associated with various biological processes, such as processes by which new human offspring are produced, and social reproduction refers to all non-biological roles, actions and responsibilities that are required to nurture a new-born

human and teach them to be participating, contributing members of society.

Very few studies have investigated child-free individuals in Nordic countries. In 2002, Swedish Statistics reported that women younger than 45 years of age and men younger than 55 years of age without children were more likely to live in the three largest cities in Sweden, Stockholm, Gothenburg and Malmö [6]. According to 2009 statistics, approximately 5 percent in women younger than 34 years of age and men younger than 36 years of age were voluntarily child-free [7]. When making decisions about family planning, whether formally or informally, societal norms and strong opinions as to the appropriate time and living situation to have children influence these plans; children themselves also play an important role in an individual's perception of growing up, personal maturity and family formation.

Voluntarily opting out of parenthood, or *being child-free*, is not a new phenomenon, but has existed for centuries [8,9]. Research has found that a growing number of people around the world are child-free [10]. In addition to personal choice, this is also due to significantly declining fertility rates in Europe and the United States [9,11], and because many postpone having children until they are older [12]; it should be noted

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that it is unclear whether these individuals are child-free, childless or planning to have children in the future [13]. Some studies have found that child-free women and men view life with children as being less desirable than life without children [14,15]; among these individuals, a desire for freedom was their strongest motive for remaining child-free [10]. By gender, women tend to have more positive attitudes related to being child-free and toward people living child-free lives than men, likely due to their heightened awareness of the physical, economic, societal and emotional demands and risks associated with parenthood that primarily affect women [12]. Moreover, women offer socially acceptable explanations, such as overpopulation, to justify their decision to be child-free more often than men [13].

Dykstra and Hegestad emphasised, however, that controversial life choices come at a cost, and abstaining from having children is particularly costly, at least from a societal perspective [16]. Child-free individuals must accept that others may not respect their choice, and they might be viewed as egoists and deviants, and remaining child-free requires the long-term use of safe sex practices and/or contraceptives. More knowledge and greater understanding about the reproductive health of child-free individuals would benefit reproductive healthcare providers and society in general. As such, the aim of this study is to clarify the perceptions of pregnancy, childbirth and parenting of child-free individuals in Sweden.

Methods

The present study followed a descriptive design, which involves conducting individual interviews. The first author (BH) contacted administrators of a Facebook group for child-free people and asked to invite group members to participate in a study on living a child-free life; after a discussion among these administrators, they approved this request. There were 1,079 members in the child-free group, and all members declared that they had actively chosen to be child-free and preferred to not have children in the future to be admitted; the purpose of this group was to provide a space to communicate with likeminded individuals. Members who wished to participate responded to BH to confirm their interest, and each informant signed a written consent form prior to participating.

BH conducted a total of 23 individual interviews via mobile phone between October 2020 and January 2021. The informants—21 women and two men—ranged from 26 to 53 years of age with a median age of 35 years; their marital statuses were single (*n* = 10), cohabiting with a partner (*n* = 8), living apart from a partner (*n* = 1), married (*n* = 3) and divorced (*n* = 1). While most of the informants were employed—often as teachers, personal or technical assistants, nurses and administrators—three were adult students and two received a disability pension. All had decided to be child-free 5–45 years ago, with a median of 15 years. By residence, the respondents resided in large cities (*n* = 8), cities (*n* = 7), towns (*n* = 2) and the countryside (*n* = 6); and they lived in different parts of Sweden (i.e., southern Sweden, *n* = 10; mid-Sweden, *n* = 10; northern Sweden, *n* = 3).

The duration of each interview ranged from 36 to 115 min (*M* = 64 min) for a total of 24.77 h, and each was audio-recorded with the informant’s permission. Prior to the start of each interview, the interviewer verified that the informant was alone in a disturbance-free room. The interviews were conducted following a semi-structured interview guide that began with the question, ‘Would you please tell me what in your life discourages you from becoming pregnant, giving birth and parenting a child?’ The interviews were transcribed verbatim prior to data analysis.

Efforts to recruit interviewees continued until no one else agreed to participate in the study, yielding 23 interviews; no more new data emerged after 22 interviews and a data saturation was achieved. The thematic network analysis method was used to assess the participants’ responses [17]. For additional details, please see the [supplementary material](#) in the interview guide manual.

Ethical considerations

This study was approved by the Regional Ethics Committee (Dnr: 2020–02867), and ethical considerations were made throughout the study. Each informant was provided with oral and written information about the study and signed an informed consent form. Participation in the study was voluntary, and each informant had the opportunity to ask questions before and after their interview.

Data analysis

A thematic network analysis was conducted to systematize, organize and describe the study findings. Interpretation was used during this analysis to elicit abstract themes [17]. Each study author then separately analysed the data on an inductive basis according to Attride-Stirling’s thematic networks analysis model [17], which divides themes derived from a thematic networks analysis into three levels: basic, organising and global [17]. Both authors individually read the transcribed material several times to gain an overall understanding of the content. Meaningful text segments (i.e., sentences) were then organized into the aforementioned three levels; basic themes were merged to form organising themes, then organising themes were grouped together into global themes. Finally, patterns were interpreted and clarified with verbatim quotes and the gender and age of the participant and are presented below in the Results section. The study authors discussed and revised all analytical decisions until consensual validation was achieved; see [Table 1](#) for the analytical scheme.

Results

The informants generously shared their perceptions and imagined performances of reproduction, reproductive health and parenting. The conversations assumed a natural flow, and the informants generally showed interest and pride in sharing their perspectives. A thematic network was developed, and nine basic themes emerged, from which the following two organising themes were created: ‘Relationships with

Table 1
Example sentences, basic themes, organizing themes and global theme.

Sentence	Basic theme	Organizing theme	Global theme
I’m happy to keep my body as it is, and I don’t want to expose my body for pregnancy and giving birth	Body awareness		
Long-acting reproductive contraceptives are good alternatives, but sterilization is the ultimate in child-free life	Contraception ensures security		
I spend a few hours yearly with other people’s children, but I get tired quickly and have poor patience, and no desire for own children	Various connections with and feelings toward children	Fears about and resistance to reproduction	The choice to remain child-free is based on a desire to avoid reproduction-related risks, feelings of being unsuitable for parenthood and valuing the benefits of an independent lifestyle and an unharmed body
I don’t want children and I will not regret this decision later in life	Never regret being child-free later in life	Relationships with children and consequences of having them	

children and the consequences of having them'; and 'Fears about and resistance to reproduction' (see Fig. 1). Together, these organizing themes constituted one global theme: 'The choice to remain child-free is based on a desire to avoid reproduction-related risks, feelings of being unsuitable for parenthood and valuing the benefits of an independent lifestyle and an unharmed body.' This global theme captured the ways in which the informants' decisions to lead child-free lives was related to their perceptions of the consequences of pregnancy, birth and parenting; their belief that their childcare skills were inadequate; no desire to have children of their own children; and a lack of relationships with children. The informants described the value of not having children and advocated an adult lifestyle, asserted that they would not regret being child-free later in life and stated a preference for sustainable friendships over dedicating resources to having children. Many of the informants also emphasized the importance of maintaining the original condition of their body as it relates to reproduction and described sexuality and abortion as enabling factors to maintain a child-free life, in addition to different contraceptive measures such as sterilisation and long-acting reproductive contraceptives (LARC).

Relationships with children and the consequences of having them

The organizing theme 'Relationships with children and the consequences of having them' consisted of four basic themes: 'connections with and feelings toward children', 'differing childcare skills', 'having one's own children is unthinkable' and 'never regret for child-free later in life'.

Connections with and feelings toward children

Several informants stated that they avoided contact with children, such as the 31-year-old male informant who admitted, 'I don't spend time with my sibling's children.' Others described an interest in being in contact with children, but only on their own terms; this included a 32-year-old female, who asserted, 'I only meet children when I want to, [and this] suits me.' While some respondents related experiences of caring for children in an emergency situation but not knowing how to connect with them, others enjoyed the time they spent with children, especially when they could exchange knowledge with them; a 33-year-old female respondent stated, 'It's relaxing and meaningful to spend

time with my nieces; I've even helped them with their homework.' Many of the informants agreed with a 53-year-old male informant's assessment—'People I know who have children have not actively chosen to have children.'—and believed that individuals who actively chose to remain child-free gave more thought to their decision.

Differing childcare skills

The informants possessed varying levels of childcare skills, ranging from non-existent to somewhat advanced. Some informants with lesser skills admitted they would need support from their siblings and parents, and some insisted that it was impossible for them to take care of children; a 38-year-old female respondent stated, 'It's hard to manage children [and] I don't want any of my own.' Informants with more advanced childcare skills, such as this 36-year-old female respondent, related those skills to their personal suitability and sense of duty: 'I wouldn't be the best parent in the world, but the child would survive and become a good person, because I'm dutiful and would feel obliged to take care of [them] in the best way possible.'

Some informants reflected on their lack of energy and stated that they would not be able to raise a child because they would not only have to put their own needs aside, but they would also lose sleep at night; a 37-year-old female informant declared, 'I have difficulty sleeping, and not being able to sleep for three nights because of children would drive me crazy.' In contrast, other informants expressed love, understanding and mentioned leading a 'regular life' that would be suitable for parenting; for example, a 41-year-old female respondent stated, 'I don't want to have children in my life, but if I had children, I would love to play with them. I can read children's signals and respond properly, [plus] I live a regular life that would suit a child.'

Having one's own children is unthinkable

None of the informants believed they would regret not having children later in life, albeit for different reasons and in relation to varying personal needs and feelings; as with individuals who choose to have children, individuals choose to remain child-free for different reasons. Many emphasized a personal need for peace in their everyday lives and viewed the parent-child relationship as coercive. Some explained that they would not miss having children because of their sense of individuality and various social opportunities; and others asserted that

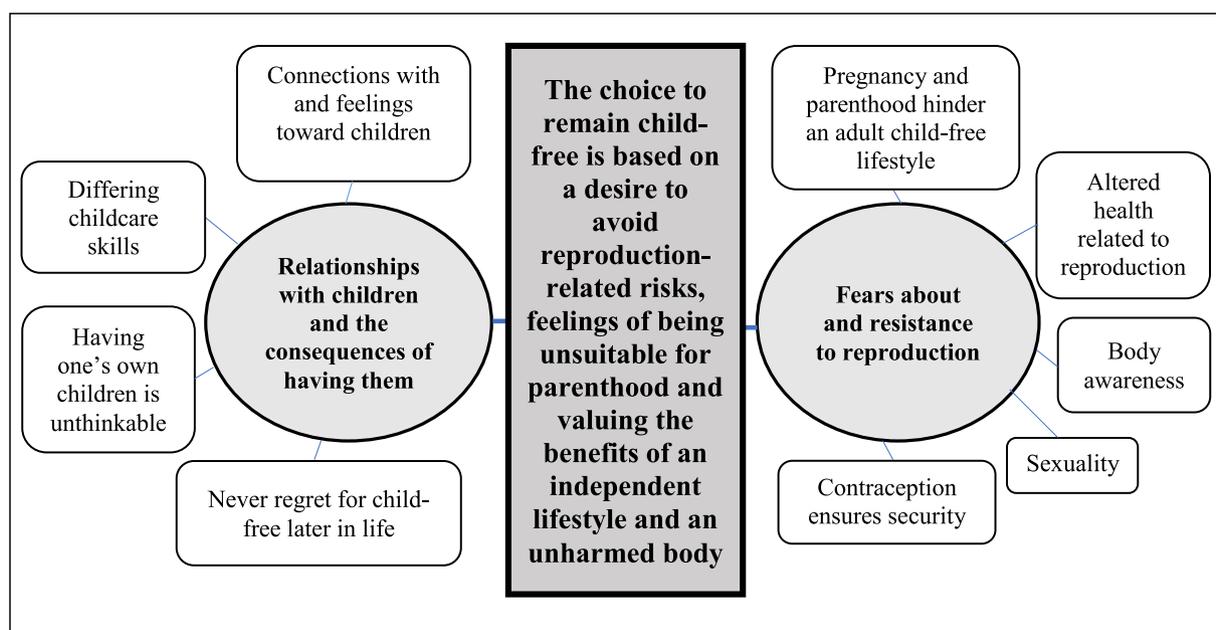


Fig. 1. Network of global, organizing and basic themes describing voluntarily child-free individuals' perceptions of pregnancy, birth and parenting as it relates to the choice to remain child-free in life.

they were self-sufficient and could fill the day on their own and consequently did not need any other people around them. A 37-year-old female informant working in a profession involving children felt that she spent enough time with children: 'I have a profession where I spend a lot of time with children every day. It's nice to take a break from them behind the closed door of my home.'

Some respondents, such as this 41-year-old female, believed that their relatives and friends served as replacements for children: 'You can have friends and relatives instead of children in [your] future life.' A few of the respondents voiced concern that there is no guarantee that children would spend time with their parents later in life. Both a 32-year-old female respondent and a 40-year-old female respondent, equated children with pets and expressed that having a pet was, to some extent, a substitution for having children, which is illustrated in this quote: 'Animals can fulfil a certain function when you don't have children.'

Never regret being child-free later in life

All informants expressed opinions about the possibility that they would regret being child-free later in life. Some stated that their decision to remain child-free was related to their personal convictions, personal decisions and desire for independence; according to a 37-year-old female informant, 'It's [based on] a strong belief [that this is] the right thing for [me and my partner] to do, and this [has become] an increasingly consequential decision as the years go by.' Others, such as this 37-year-old female informant, judged whether they would ever regret being child-free according to their present good lives: 'I want to live [in the] now and not think so much about what comes next; when I think about [having children], I see no major benefits.' Others attributed their lack of regret to their own upbringing, their feelings for children and their sense of meaning in life; a 28-year-old female respondent asserted, 'Raising a child isn't worth the effort, and for me, children are not the meaning of life.'

Some informants cited the risk of health failures and expressed worry that if they had children and were faced with hardships and poor health, it would be difficult to take care of them. Others asserted that having children did not ensure that they would have greater support or experience less loneliness when they were older; and several informants discussed the importance of having a support network of friends, not children, and stated that they prioritized relationships with those whom they wished to spend time as they grew older. Some informants, such as this 36-year-old female, emphasised the importance of relatives other than one's children: 'I grew up with relatives [and feel] that's the most important thing you have, but I believe you should choose [with] whom you want to spend time.' A final consideration was the ways in which having children would impact a person's personal wealth; according to a 33-year-old female, 'When I die, [my] money [won't be] inherited by any specific person.'

Fears about and resistance to reproduction

The organizing theme 'Fears about and resistance to reproduction' consisted of five basic themes: 'pregnancy and parenting hinder an adult child-free lifestyle', 'altered health related to reproduction', 'body awareness', 'sexuality' and 'contraception ensures security'.

Pregnancy and parenthood hinder an adult child-free lifestyle

Nearly all informants shared their opinions related to potential consequences that pregnancy and parenthood could have for their lives and complications that could arise. Most agreed that pregnancy was completely inconceivable, and some unconditionally advocated abortion in the event of an unplanned pregnancy; a 28-year-old female respondent affirmed, 'I don't want to [go through] childbirth and would have an abortion.' Rather than have an abortion, a 33-year-old female informant stated: 'I would put the child up for adoption.' To avoid childbirth some informants expressed an intention to eventually adopt a child.

Several informants expressed negative attitudes toward the prospect of parenthood. Many believed taking care of a child in their home would be horrible, and others associated childbirth with diminished well-being by being forced to do things you do not want to do and feeling restricted; according to a 36-year-old female informant, 'It's difficult to end up in situations you haven't chosen. I'd feel trapped and framed [if I had children], and it would put an end to my life. I'd feel terrified.' A 40-year-old female informant described parents who regretted having children: 'Many have children, but it turns out that it's not what they expected, and they regret it. So, it's better to think twice before having children.'

Some informants did not consider having children to be an investment in the future and only viewed children as expensive individuals on whom they did not wish to spend money. One informant related parenthood to feminism and stated that women were clearly expected to assume the greatest amount of responsibility, which was out-of-line with an equal perspective that would lead to a utopia.

Altered reproductive health

Some informants described poor physical health conditions, such as chronic disease and body pain; and others mentioned their psychological health, including periods of depression and anxiety and fear about the ongoing COVID-19 pandemic. Several informants were concerned that pregnancy and giving birth would aggravate existing chronic health conditions—such as kidney injuries, multiple sclerosis, polycystic ovary syndrome (PCO syndrome)—or because they were not fully aware of their current health status; a 44-year-old female informant said, 'I know that I have PCO syndrome, which is [...] known to limit reproduction.' The informants' psychological health varied from healthy to several different diagnoses, and some of the respondents, such as this 35-year-old female, believed that their fear of pregnancy and/or labour could compromise their psychological health: 'I get phobia-like feelings when I think about a child growing inside me.'

Body awareness

The informants all described various body-related concerns that influenced their decision to remain child-free. A few respondents experienced severe premenstrual syndrome and heavy bleeding and felt that a 30-day menstrual cycle was completely unnecessary. Some admitted they experience feelings of discomfort or of being invaded, as if their pregnant body had been taken over by someone else when they would be taken over by someone else in case of a pregnancy; a 36-year-old female respondent stated emphatically, 'It's my body only, and I live as well as I can.' Some expressed gratitude and appreciation for their stable, well-functioning body and did not want to risk pregnancy complications and injuries from labour and birth; others declared that their body was not a tool for reproduction and that they never thought about ovaries, uteruses and breast milk production; and a few insisted that choosing to not expose their bodies to child-bearing did not make them feel less feminine.

Sexuality

Nearly all of the informants discussed their sexuality in relation to their decision to remain child-free and to their sense of individuality, personal needs and personal development. Some affirmed that an individual's sexuality is personal and everyone is different, and that some types of intimacy and sex would be hindered with children. A few worried that there would be little time for sex when caring for an infant, but others observed that child-free individuals do not have more or less sex because of their chosen lifestyle. Some expressed concern that their decision to remain child-free made their sex life to be either more or less difficult: While some admitted that the fear of becoming pregnant negatively affected their sex life, others asserted that knowing they would not become pregnant freed their sexuality. Still others, such as this 26-year-old female, mentioned positive aspects of being child-free: 'We live in an age when sex and sexuality aren't just about [reproducing

children]. You can enjoy your sex life more, because being child-free opens so many doors.’ One informant also discussed sexuality in relation to sexual freedom related to gender and said: ‘Women are questioned more about their sexuality; a woman can have sex with as many partners as she wants with good contraceptives’ (35-year-old female).

On the topic of sexual orientation, the informants affirmed that individuals who choose to remain child-free express a variety of sexual identities and orientations; according to heteronormativity; a 32-year-old female expressed: ‘Sexuality is usually associated with heteronormativity, but it’s more common for lesbians to have children than gay men’. The informants also compared humans to animals and clarified that among animals, the female typically cares for their offspring for a certain period of time, which suggests a biological disposition of some sort; some hypothesised that because women carry foetuses, they are instinctively able to care for children; and it was also pointed out that even though a majority of women wanted children, fewer men wanted to be fathers. Finally, a 36-year-old female informant said, ‘Humans have come so far in evolution, much further than just reproducing.’

Contraception ensures security

On the topic of contraceptives and their choice to remain child-free, most of the informants perceived contraceptives as a form of security. Sterilisation is the most common contraceptive method among child-free individuals, especially men, who only undergo minor surgery and require a brief sick leave. While some of the informants believed that sterilisation was 100 percent safe and no accidents could happen, others countered that sterilisation was not entirely effective, but was the strongest measure an individual could take; some felt that sterilisation was unnecessary if an individual was not living with a partner. On the topic of sterilisation, some informants expressed criticism of healthcare professionals and described women who were disrespected and faced resistance from physicians and midwives when they stated their intention to become sterilised; according to a 41-year-old female informant, ‘The physician told me to wait because sterilisation is easy to regret, even though I had already taken a position on it.’

The informants also discussed other contraceptives. Several informants highlighted intrauterine devices as a LARC that lasts for several years; some reported problems with the side effects of hormonal contraceptives; and one of the informants was completely opposed to all hormonal contraceptives and advocated for natural family planning instead. A female informant expressed doubts about the trustworthiness of men’s contraceptive use and did not trust condoms, because an undesired pregnancy would not affect a man in the same way that it would a woman.

Discussion

To the best of our knowledge, this was the first study in which the perceptions and worries about the reproductive health of child-free individuals in Nordic countries were surveyed and assessed. A thematic network analysis revealed two organizing themes—‘Relationships with children and the consequences of having them’ and ‘Fears about and resistance to reproduction’—and one global theme: ‘The choice to remain child-free is based on a desire to avoid reproduction-related risks, feelings of being unsuitable for parenthood and valuing the benefits of an independent lifestyle and an unharmed body.’ The findings were based on individual perceptions and similar thoughts related to reproductive health and parenting. The analysis clearly revealed the informants’ perceptions about an independent adult lifestyle that permanently excluded children, maintaining a healthy unharmed body and safe, and the importance of appropriate, individualized family planning.

Relationships with children and the consequences of having them

As the organizing theme ‘Relationships with children and

consequences of having them’ suggests, the analysis revealed different types of relationships with other people’s children, a general lack of interest in children and the feeling that coming into contact with other people’s children was usually unnecessary. The respondents also stated that it was important that they were able to decide whether, when and how they interacted with children in their everyday lives; and a few preferred to never encounter children, which aligns with past studies [18–20]. Some of the respondents had agreed to babysit their friends’ children under urgent circumstances, and they reported that the experience was anxiety-inducing because of their lack of knowledge about how to manage children. The analysis also showed that for some of the participants, spending time with their siblings’ children was meaningful and provided an opportunity to relax and learn from the children, which is in line with a recent review in Blackstone’s book about child-free people and the children in their lives [21]. As it relates to their ability to care for children, the informants reported skill levels ranging from no skills at all to rather advanced knowledge; some respondents reported that they would require assistance from their parents, siblings or other adults if they were to have children, and only a few of the respondents expressed self-confidence that they would be able to cope with parenthood.

The analysis also revealed that the informants had few connections to children in their child-free lives and would not regret choosing to remain child-free; thoughts on this topic were described in terms of the personal needs and feelings of each respondent. Even though some did not completely rule out the possibility that they could change their minds about being child-free to ward off loneliness in the future, this was not a concern for them at the time of their interview. There were a few respondents who worked with children, and these informants considered their professional interactions with children to be sufficient. Notably, previous studies have concluded that it is highly unlikely that women who are older than 27 years of age will change their minds about not having children [22], and it is ‘just as natural’ for women to wish to remain child-free as it is for women to want children [23]. One striking finding in this theme was the concerns of some informants related to who would inherit their assets when they died. This theme also captured many informants’ beliefs that caring for pets as if they were family members was a meaningful, positive experience in child-free lifestyles, and that some even regarded their pets as substitutes for the children they would never have, all of which has been shown in prior studies [24,25].

When expressing a lack of regret related to choosing a child-free lifestyle, the informants described their views from their present perspective and in terms of the future. They reported self-reliance, a lack of worry and independence in their everyday lives as important factors in their present lives, and they associated uncertainty and dependence with a future life that included children; several of the informants stated that they wanted to avoid being a burden to children when they grew old and frail. In contrast, the informants described a future in which they cultivated friendships as being a less-demanding means of support. All of this affirms results from past studies that concluded that very few child-free adults regret their decisions to remain child-free and had found alternative ways to connect with others and engage in their communities [4,14,26–31].

Fears about and resistance to reproduction

The organizing theme ‘Fears about and resistance to reproduction’ included five basic themes. Awareness of the possible consequences of pregnancy, birth and parenting was high, and in the event of an unplanned pregnancy, many viewed abortion as the only option. Financial concerns, a burdensome responsibility and issues related to equality were also mentioned in the ‘Pregnancy and parenthood hinder an adult child-free lifestyle’ basic theme. Previous studies have reached similar conclusions, and underscored that when it comes to parenthood, there is a greater likelihood that women are faced with physical, economic,

social and emotional demands [12].

As it relates to the 'Altered health related in relation to reproduction' basic theme, even though most of the study participants described their health as good to very good, many expressed concern that their current physical and emotional health could be compromised by a pregnancy or childbirth. Some informants reported health conditions, such as kidney diseases [32] and PCO syndrome [33], which are known to be worsened by a pregnancy or which are a cause of infertility. Associated with this theme was responses related to the 'Body awareness' basic theme, in which the respondents did not view their body as merely a means of reproduction, but rather as a precious commodity that they needed to protect from unnecessary risks and possible injuries resulting from pregnancy and childbirth.

The 'Sexuality' and 'Contraception ensures security' basic themes were connected, and both played important roles in the child-free lives of the informants. Sexuality was viewed as being disconnected from reproduction, and contraception was seen as a prerequisite. Even though effective contraception, especially sterilisation or LARC, was essential to remain child-free, some respondents had experienced disrespect from medical staff because of their choices in this area. Previous studies also described women who were mistreated or not taken seriously when seeking sterilisation [34–36].

Strengths and limitations

This study had several strengths. The informants were recruited from a wide geographical region that included both sparsely and densely populated areas. BH conducted every interview according to the same interview guide, and all rules for conducting interviews and analysing data were carefully followed. The basic themes were corroborated with quotes from the informants. Finally, both study authors collaborated to collect and analyse the data and interpret the results.

This study also had some limitations. Its qualitative nature precluded any quantitative claims about the child-free individuals. The informants were recruited from the same Facebook group, which was a limitation *per se*; another method for recruitment could have been advertising in newspapers. Only two male respondents were included in the study, and no new data emerged after 22 interviews.

The study authors' prior understanding of this topic may have influenced both the research process and the results. The members of the research team were both midwives, and when discussing the analysis, these researchers focused their attention on their prior understandings [17]. As midwives typically interact with people who are in the process of starting a family or people who use contraceptives to avoid pregnancy, but rarely with people who have chosen to be child-free, the authors had a decidedly outsider perspective.

It should be noted that all informants in the presented study were dedicated to remaining child-free and represented a crystallised group of people, all of whom wanted to participate in the study and share their perceptions, experiences, values and perceptions related to their decision to remain child-free. The child-free individuals and their perceptions of and attitudes toward reproductive health and parenting were based on their personal decisions as of the time of their interview; a longitudinal study is required to determine whether the study participants remained child-free. To this end, trustworthiness was enhanced by describing the process in detail to allow the reader to follow the analytical process [37].

Conclusions

Child-free individuals cannot imagine pregnancy, birth and assuming the role of a parent raising children. They strongly value their healthy, unharmed body and do not want to expose themselves to disease, injury and the fear reproduction could cause. Of those interviewed for this study, nearly everyone had limited experience with children and felt that they would be unsuitable parents or that parenting children

would be an inconvenience.

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Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.srhc.2022.100696>.

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