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Emily Kazyak

University of Nebraska-Lincoln, ekazyak2@unl.edu

Nicholas Park

Wentworth Institute of Technology, parkn@wit.edu


Julia McQuillan

University of Nebraska-Lincoln, jmcquillan2@Unl.edu

Arthur L. Greil

Alfred University, fgreil@alfred.edu

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Attitudes Toward Motherhood Among Sexual Minority Women in the United States

Emily Kazyak,¹ Nicholas Park,²
Julia McQuillan,¹ and Arthur L. Greil³

1. University of Nebraska–Lincoln, Lincoln, NE

2. Wentworth Institute of Technology, Boston, MA

3. Alfred University, Alfred, NY

Corresponding Author — Emily Kazyak, Department of Sociology and Program in Women's and Gender Studies, University of Nebraska–Lincoln, 725 Oldfather Hall, Lincoln, NE 68588, USA.
email ekazyak2@unl.edu

Abstract

In this article, we use data from the National Survey of Fertility Barriers—a national, population-based telephone survey—to examine how sexual minority women construct and value motherhood. We analyze the small ($N = 43$) random sample of self-identified sexual minority women using “survey-driven narrative construction,” which entails converting the structured answers and open-ended responses for each respondent into narratives and identifying themes. We focused on both sexual minority women’s desires and intentions to parent and on the importance they place on motherhood. We found that there is considerable variation in this population. Many sexual minority women distinguish between having and raising children, suggesting a broad notion of motherhood. We also found that sexual minority women without children are not all voluntarily childfree. Our results suggest that survey research on fertility would improve by explicitly addressing sexuality.

Keywords: LGBTQ issues, fertility, sexuality, motherhood, pregnancy

Most young people expect that they will become parents (Bianchi, Robinson, & Milkie, 2006; Thornton & Young-DeMarco, 2001), including sexual minority youth (D'Augelli, Rendina, Sinclair, & Grossman, 2007). Indeed, motherhood remains a highly valued goal and marker of womanhood for American women (Parry, 2005), but less is known about how sexual minority women make sense of the importance of motherhood. Existing research has revealed the existence of two groups of sexual minority women: those who are committed to motherhood and become parents and those who are committed to a childfree life and remain childfree (Gillespie, 2003; Lewin, 1993; Mamo, 2007; Mezey, 2008). Yet it is likely that more variation exists than is suggested by these two categories, given that there is variation among heterosexual women with regard to the importance they place on motherhood (McQuillan, Greil, Shreffler, & Tichenor, 2008). Sexual minorities also negotiate fertility and motherhood from a different position within society than heterosexual women and might therefore construct the meaning of parenthood differently. For instance, sexual minority women face stigma and legal inequities relating to becoming a parent that heterosexual women do not face, and this social context may produce ambivalence about parenthood (Connidis & McMullin, 2002a, 2002b; Luescher, 2002). Also, a biological connection to children might be less salient for sexual minorities than heterosexuals with regard to how they define motherhood (Goldberg, Downing, & Richardson, 2009). Moreover, there is variation among heterosexual women without children insofar as not all of them are childfree by choice, and their perspectives about being childfree are complex (Allen & Wiles, 2013; McQuillan, Greil, Shreffler, et al., 2012). The same is likely true for sexual minority women. Mezey (2008), for instance, found that sexual minorities can face financial barriers to achieving motherhood, which are more pronounced for women of color and working-class women. Other research, however, has focused only on those who are childfree by choice and are happy to be childfree (Gillespie, 2003).

In this article, we use data from the National Survey of Fertility Barriers (NSFB)—a national, population-based, random-digit-dial telephone survey designed to assess social and health factors related to reproductive choices and fertility among U.S. women—to examine how sexual minority women¹ construct and value motherhood. Informed by a social constructionist and interpretive approach (Connidis & McMullin, 2002a, 2002b; Greil & McQuillan, 2010; Gubrium & Holstein, 1990), we are concerned with the meanings women make about their experiences relating to fertility, pregnancy, and motherhood. Specifically, we ask two questions: (a) How important is raising and having children for sexual minority women? and (b) Are sexual minority women without children voluntarily child-free? The NSFB provides a unique opportunity for studying this topic

because it overcomes some of the limitations of previous studies. First, although the sample is small ($N = 43$), most of the women were selected at random (eight women are partners of primary participants), thereby minimizing the risk that only individuals with strongly held attitudes are represented in the sample. Second, we know of no other random sample studies that include attitudes toward the importance of motherhood among sexual minorities. Third, the survey includes eight couples and thus provides information on within-couple similarities and differences. Finally, we converted the survey responses for each woman into narratives based on structured answers to questions, as well as open-ended responses. This analytical strategy, which we call “survey-driven narrative construction,” provides a more coherent sense of the fertility and motherhood-relevant stories of the participants compared with the variable approach often used in statistical analyses of survey data.

Literature Review

Sexual Minority Families

Despite the fact that the United States continues to maintain a pronatalist ideology (Parry, 2005), there is little evidence of pronatalist pressure from the dominant culture for sexual minorities to have children. Sexual minority women are indeed less likely than their heterosexual peers to express a desire to have children (Gates, Badgett, Macomber, & Chambers, 2007; Patterson & Riskind, 2010). Since lesbian identity and motherhood are assumed to be incompatible (Oswald, 2002), sexual minorities may not feel the same social pressures to have children as heterosexual women and instead must “opt into” motherhood (Dunne, 2000). Due to the stigma and lack of social support for same-sex parents (Ryan & Whitlock, 2007), some may be deterred from pursuing motherhood (Riskind & Patterson, 2010). Legal barriers also exist, as many states restrict sexual minorities from adopting (Hopkins, Sorenson, & Taylor, 2013; Joslin & Minter, 2009; Rabun & Oswald, 2009). Even in the absence of explicit legal barriers, research has shown that lesbians can face discrimination in the adoption process (Shelley-Sireci & Ciano-Boyce, 2002). State laws also vary with regard to whether or not a nongestational mother in a lesbian partnership can secure legal ties to her child to whom her partner gave birth, known as a second-parent adoption (Sterett, 2009). Given the relative lack of social support for sexual minorities raising children and the social and legal barriers to becoming a parent, it is important to highlight how sexual minorities think about motherhood and having children. Doing so sheds light on the questions of how social context can create ambivalence at the

individual level (Connidis & McMullin, 2002b; Luescher, 2002; Luescher & Pillemer, 1998).

Although data are sparse, there appears to be considerable variation in motherhood desires among sexual minority women. Some are committed to a childfree life while others are committed to motherhood (Mezey, 2008; Park, 2012). Those who are voluntarily childfree are for most part spared the stigma often associated with not having children (Gillespie, 2003; Mezey, 2008). The childfree women in Mezey's (2008) sample ranged along what she terms the "intentionality continuum" in that some women fully desired motherhood but could not achieve it and others were committed to remaining childfree. Research focusing on sexual minority women committed to motherhood has revealed that motivations to become mothers appear quite similar for sexual minorities and nonsexual minorities insofar as they both view being a parent as an important aspect of personal development and as tied to being an adult (Lewin, 1993; Reed, Miller, & Timm, 2011).

There is also variation with regard to the importance of biology and the impact of gender as sexual minority women negotiate fertility and motherhood. For some sexual minority women, having a biological connection to their children is an important aspect of motherhood (Ryan & Berkowitz, 2009). Yet some sexual minority women have also rejected the importance of biology for forming family ties, instead focusing on "families of choice" (Muraco, 2006; Weston, 1991). A study comparing infertile heterosexual and sexual minority couples pursuing adoption found that sexual minorities were less committed to having a biological child than their heterosexual peers (Goldberg et al., 2009). Sexual minority women also differ on how they understand the link between gender and fertility. A desire to have biological children and be pregnant is linked with a feminine gender identity for some (Lewin, 1993) but not all (Walks, 2013). The same is true for sexual minorities raising non-biologically related children: some view themselves as more feminine, yet others view themselves as more masculine (Padavic & Butterfield, 2011; Reed, Miller, Valenti, & Timm, 2011). In sum, existing research has highlighted sexual minority women who are either committed to childfree life or committed to motherhood. Yet most of the existing studies have relied on convenience-based samples. Overcoming this limitation in prior work, we draw on a population-based sample.

Fertility Intentions

Fertility intentions have been extensively examined by researchers (Morgan & King, 2001; Quesnel-Vallee & Morgan, 2003). Although fertility

intentions are well studied, most studies do not examine the factors that contribute to fertility outcomes for sexual minorities, and most studies of fertility intentions have not explicitly considered the sexual identity of the participants. Fertility intentions research on presumably heterosexual women has emphasized both the risk of unwanted pregnancy (Santelli et al., 2007) and of not being able to reach desired fertility goals (Greil, Slau-son-Blevins, & McQuillan, 2010). Sexual minority women are unlikely to have unintended pregnancies with same-sex partners, but they are more likely to face challenges to reaching desired fertility goals than heterosexual women. Although research has addressed the situational barrier of sexual minorities not having a male partner (Greil et al., 2010) and economic barriers (Mezey, 2008), it is likely that other barriers exist for sexual minority women.

Also relevant to sexual minority women is the emerging focus on ambivalence in fertility research conducted on women presumed to be heterosexual. Studies of unintended pregnancies have often assumed that women are either trying to become pregnant or trying not to become pregnant. More studies are explicitly focusing on women who are uncertain about their fertility intentions (Edin, England, Shafer, & Reed, 2007; Ni Brolchain & Beaujouan, 2011). Such uncertainty is called pregnancy ambivalence, defined as “unresolved feelings about whether one wants to have a child at a particular time” (Higgins, Hirsch, & Trussell, 2008, p. 130). Additionally, research on women without children has illustrated that it is problematic to attempt to make a simple distinction between voluntarily childfree and involuntarily childless women (Bulcroft & Teachman, 2004). Heterosexuals without children are not all childfree by choice and often have complex perspectives about their childless status (Allen & Wiles, 2013; McQuillan, Greil, Shreffler, et al., 2012). The meaning of uncertainty and ambivalence about fertility intentions is likely to be different for sexual minorities than for heterosexuals because (a) pregnancy is much less likely to happen “accidentally” and therefore it seems that a higher level of intentionality is required for sexual minority women to become pregnant, (b) sexual minorities may be less likely to experience normative pressure to have children and may be publically perceived as women who do not (or should not want children), and (c) various legal barriers exist for sexual minority women to become parents. Sexual minority women thus might experience more ambivalence with regard to motherhood than heterosexual women given their marginalized social status and the lack of social and legal support for becoming parents (Connidis & McMullin, 2002b). In sum, the bulk of fertility research appears to have focused on heterosexual women and has not specifically addressed the impact of sexuality on fertility intentions.

Method

Sample

To explore variations in fertility intentions, meanings and values of motherhood among sexual minority women, we draw on NSFB. The NSFB is a national, population-based, random-digit-dial telephone survey designed to assess the social and behavioral consequences of infertility and reproductive experiences among U.S. women. Of the 4,794 women interviewed between September 2004 and January 2007, 43 indicated to the interviewer that they were sexual minority women or women in a relationship with another woman. Among the 43 women, 8 were partners of primary participants and thus our sample is mostly, but not entirely, random. There were nine questions that could elicit a response indicating that the respondent was a sexual minority or in a same-sex relationship; the response "I am a lesbian" was not read to participants but was included in the survey computer programming. If the respondent indicated that she was a sexual minority woman and had a partner, the gender for the questions that related to partners changed to "female/her/she" rather than "male/him/he," providing for a "lesbian pathway" through the survey. In addition, if the participant sought medical help for fertility barriers with a female partner, then the medical help seeking questions were adjusted to be appropriate for a female partner. Also, if the respondent indicated she had a partner willing to participate, then the partner was given the women's survey, which was the full-length survey that original respondents completed, instead of the men's survey, which was a shorter survey that included questions specific to male factor infertility.

In addition to efforts to be inclusive of sexual minority participants, the survey sampling procedures oversampled census tracts with high minority populations to facilitate representation of a broad spectrum of women. To facilitate the focus on infertility, screening questions were used to include a higher proportion of women who had experienced infertility or who were at higher risk for experiencing infertility. To measure fertility status, medical help seeking, and several important psychosocial variables, the survey had over 80 questions and could take up to 45 minutes to complete. Therefore, to reduce respondent burden, the NSFB used a "planned missing" design (D. R. Johnson et al., 2009). The response rate for the screener was 53%, a rate that is consistent with those of contemporary telephone surveys (Groves, 2006; Keeter, Kennedy, Dimock, Best, & Craighill, 2006). Despite a modest response rate for the NSFB, D. R. Johnson et al. (2009) report that there is little bias relative to in-person very large national samples such as the National Survey of Family Growth.

Concepts and Measures

Sexual Minority Identification. The nine questions used to identify sexual minorities were the following:

1. "What is your current marital status?" ("lesbian partnership" was an unread response).
2. "Was there ever a time when you regularly had sex without using birth control for a year or more without getting pregnant?" ("R is in a same-sex relationship" was an unread response).
3. "Periodically, we will have questions about your husband/partner. To make the interview flow more smoothly, would you give me your husband/partner's first name?" (interviewers noted if the name indicated a woman).
4. "Currently, are you pregnant, trying to get pregnant, trying NOT to get pregnant, or are you okay either way?" ("lesbian" was an unread response).
5. "Has your partner ever had a vasectomy or any other operation that would make it difficult or impossible for him to father a baby in the future?" ("lesbian" was an unread response).²
6. "As far as you know, are there any physical problems that would keep you from having a baby?" ("lesbian" was an unread response).
7. "Do you think of yourself as someone who has, has had, or might have trouble getting pregnant?" ("lesbian" was an unread response).
8. "Did you seek help as a single woman or with a female partner or with a male partner?" (This was a follow-up question asked of people who responded yes to the question, "Have you ever been to a doctor or a clinic to talk about ways to help you have a baby.")
9. "Why were you rejected?" (This was a follow-up question asked of people who responded yes to the question, "When you were seeking treatment, were you ever rejected by a doctor or clinic?")

Additionally, at points in the survey at which partner pronouns would matter, a question came onto the interviewers' computer screen that said: "Do not read to respondent. Interviewer: has the respondent indicated that she is a lesbian? 1 yes, R is a lesbian 5 no, R is not a lesbian 8 don't know." If the response was "yes," then the remaining questions would be part of the "lesbian pathway" through the survey.

Fertility-Related Variables. *Importance of motherhood* questions included four items using Likert-type scales (strongly agree to strongly disagree):

1. "Having children is important to my feeling complete as a woman."
2. "I always thought I would be a parent."
3. "I think my life will be or is more fulfilling with children."
4. "It is important for me to have children."

A fifth item is measured on a scale ranging from very important to not important:

5. "How important is each of the following in your life . . . raising children?"

In the full sample, these items form a highly reliable scale ($\alpha = .77$). The term "having children" may be ambiguous for sexual minority women, especially those in partnerships. "Having children" might be interpreted as actually giving birth or as raising a child to which one's partner has given birth. To clarify the meaning of having children, we created a four-category variable that captures the four possible combinations of valuing having or raising a child. The survey also asked about the *ideal number of children*: "If you yourself could choose exactly the number of children to have in your whole life, how many would you choose?" Responses to this question could range from zero to as high as a woman decides. Women were also asked "Would you, yourself, like to have a baby?" and could answer "definitely" yes or no, "probably" yes or no, or "don't know." Finally, women were asked "Do you intend to have a baby?" The intention question was prospective and possible responses included "yes," "no," "cannot have," "intend to let nature/God decide," and "don't know." Women who said "yes" to the question, "Have you ever considered adopting a child?" were categorized as having considered adoption.

We wanted to classify women as voluntarily childfree versus involuntarily childless, but doing so is complex (Wager, 2000). Prior research has categorized women as voluntarily childfree, if they reported that their ideal number of children was zero and they neither want nor intend to have a baby (Greil & McQuillan, 2010). Yet these questions do not provide as clear a measure of "voluntarily childfree" for sexual minorities, because, as noted above, a woman may not want to "have" a child (e.g., give birth to a child) but nonetheless want to be a parent either by raising a child to which her partner has given birth or by adopting. We therefore explore the notion of "voluntarily childfree" in the results section rather than providing a simple description here of how we measure the concept.

We created four categories for *parent status*. Women who gave birth to a live child were considered biological parents. None of the women in the sample adopted a child, although many expressed interest in adopting and some noted that legal barriers prevented them from pursuing adoption.

Women who reported having children, but did not report giving birth to a live child, were considered social parents. Social parents included foster parents, women raising children from a partner's previous relationship, and women raising children to whom their partners had given birth (none of these reported having done a second-parent adoption). The distinction between biological and social parent matters insofar as it highlights how some sexual minority women can be parents without giving birth and thus how "having" and "raising" children may mean different things (where "having" means "giving birth"). The remaining women were considered "not a parent."

Race/ethnicity was measured by the questions: "What race or races do you consider yourself to be?" and "Do you consider yourself to be either Hispanic or Latino or neither one?" and coded into the following categories: White, Black, Hispanic, Asian, or other. Participants could select more than one racial/ethnic category, and those who did were coded as biracial. *Age* was measured in years. *Years of education* was measured by the question, "How many years of schooling have you completed?" and coded into the following categories: high school or less, some college, college graduate, graduate school, or more. *Family income* was measured by the question, "What was your total family income, \$40,000 or more, or less than \$40,000?"

Analytical Strategy

We take advantage of the uniqueness of this data set by employing what we call "survey-driven narrative construction." This approach entails converting the survey responses for each woman into narratives based on structured answers to questions, as well as any open-ended responses. Interviewers were instructed to create an open-ended response anytime the interviewee provided more information than captured in the survey response. Additionally, if respondents said that they or their spouse/partner had a job, had things they would change about pregnancy and childbearing, had no children, decided not to pursue adoption, had medical tests or treatments, or had a miscarriage, they were asked to give more details, which became open-ended responses. About half of our sample ($n = 20$) have open-ended responses. Most of these responses were short (about a sentence). Some were not relevant to our analysis (e.g., job description). Yet others were more relevant to the analyses here, including explanation for why they did not pursue an adoption and reasons for not having children. Some participants noted they found some questions problematic, which corroborated our assessment of the multiple interpretations that sexual minority women could make in response to some of the questions that have heterosexual biases. Ultimately though, the open-ended responses were limited and the majority of the data presented here come from the structured survey response questions.

On average, the summaries were two double-spaced pages long. We read the summaries and identified emergent themes, treating the summaries in the same way a qualitative researcher would code interview transcripts (Emerson, Fretz, & Shaw, 1995). Reading the questions and responses for each case provided a more coherent sense of the fertility- and motherhood-relevant stories for each respondent than statistical analysis would reveal. It was by reading the summaries that we were able to see that some respondents seemed to be making a distinction between raising and having children. Once we saw this theme emerge in some of the narratives, we ran cross-tabulations, a more conventional approach to analyzing survey data, to see if the distinction between raising and having children was a more general pattern in our sample. The cross-tabulation allowed us to see that four types of women existed with regard to the importance they placed on raising and having children. The reading of the narrative summaries also highlighted variation and ambivalence among the women without children in terms of whether or not they wanted to or intended to have children. We again employed a more conventional approach to analyzing survey data and used frequencies to classify women as voluntarily or involuntarily childfree based on criteria used in past research.

Once patterns were identified by cross-tabulations and frequencies, we returned to the qualitative summaries to see what similarities and differences existed within the groups we identified. For instance, because we were interested in the group of women who made a distinction between raising and having children, we revisited the summaries for the 10 women who made that distinction in order to gain an overall picture of the characteristics of the group, as well as to look for any further variation among this group. Likewise, we were interested in the variation among sexual minority women without children. Thus, we paid special attention to the summaries of the women who were not parents who would have been classified as voluntarily childfree using previous criteria in an attempt to identify commonalities and variations among this group. Doing so allowed us to see the limitations in how distinctions between “voluntary” and “involuntary” are made by fertility researchers insofar as not all the women in this group could be classified as “voluntarily” childfree. Where useful, we also provide the conventional frequencies and cross tabulations of variables that were part of our analysis.

Findings

Table 1 presents descriptive statistics for the sample of sexual minority women in the NSFB. The analytic sample is diverse in terms of age, race, income, geographic region, and parenthood status. The average age was 36 years old and ranged from 25 to 53 years. The sample includes 28

Table 1. Descriptive Statistics: National Survey of Fertility Barriers, U.S. Sexual Minority Women ($N = 43$).

Variables	<i>n</i>	Percentage
Age in years		
25-30	10	23
31-35	9	21
36-40	10	23
41-45	11	26
46 and older	3	7
Race/ethnicity		
White	28	65
Black	6	14
Hispanic	5	12
Biracial	4	9
Geographic region		
Northeast	12	28
Midwest	5	12
South	16	37
West	10	23
Family income		
Below \$40,000	13	30
Above \$40,000	28	65
Don't know	2	5
Years of education		
High school or less	5	12
Some college	6	14
College graduate	11	26
Graduate school or more	21	49
Parenthood status		
Biological parent	10	23
Social parent	9	21
Not a parent	24	56

people who self-identified as White (65%), 6 who self-identified as Black (14%), 5 who self-identified as Hispanic (12%), and 4 who self-identified as biracial (9%). The sample also includes individuals living in a variety of geographic regions, with 28% from the Northeast, 12% from the Midwest, 37% from the South, and 23% from the West. The reported income was generally higher than the national median with 30% of those who responded reporting an income level below \$40,000 per year and 65% reporting income above \$40,000 per year.

Table 2. Associations Between the Importance of Raising and Having Children: National Survey of Fertility Barriers, U.S. Sexual Minority Women ($N = 43$).

	Important to have children	
	Yes	No
Important to raise children		
Yes	21	10
No	1	10

Note. Data are missing for one respondent.

Table 3. Associations Between the Importance of Raising and Having Children by Parent Status: National Survey of Fertility Barriers, U.S. Sexual Minority Women ($N = 43$).

	Not a parent ($n = 24$)	Social parent ($n = 9$)	Biological parent ($n = 10$)
Important to raise/have	9	2	10
Important to raise/not have	4	6	0
Not raise/not have	9	1	0
Not raise/important to have	1	0	0

Note. Data are missing for one respondent.

The sample is less diverse with regard to education, as most respondents are highly educated (74% reported having a college degree or higher). Over half of the women in the sample are not parents (24% or 56%). Of the 19 women who are parents, 10 are biological and 9 are social parents.

The first research question we address is how important raising and having children are for sexual minority women. We found that there is considerable variation, as Table 2 shows. For some sexual minority women, neither having nor raising children are important (10 respondents). Yet, for others, both are important (21 respondents). Furthermore, some sexual minority women make a distinction between raising and having children and place importance on raising (but not having) children (10 respondents). These results suggest some sexual minority women have a broad notion of mothering that does not rest solely on being pregnant and having a biological child.

Despite the "gay baby boom" (S. Johnson & O'Connor, 2002), our findings indicate that raising and having children are unimportant to some sexual minority women. None of the 10 women who have low importance of motherhood are biological parents (see Table 3). Bridget serves as an exemplar of this group. A 37-year-old White woman living in the

South, Bridget has never been pregnant and definitely does not want children. She regards work and leisure as important and feels relieved not to have children. Her responses indicated that she prefers to focus on her career and education rather than having biological children. Unlike Bridget, Heather, a 37-year-old Black woman living in the West, does not view work as being important, but does view having leisure time to pursue her own interests as being very important in life. Bridget, Heather, and the other eight sexual minority women in this group all share the sentiment that raising and having children are unimportant. Yet even in this group there is some ambiguity: four of the nine women who neither want to have nor raise children considered adoption at some point in their life. In response to why she did not pursue adoption, Bridget said: "I didn't know if it was legal."

In contrast, many sexual minority women identified both raising and having children as important to them. This is true for nearly half of the sample (47%). A majority of these women are parents (57%). Consider Julie, a 28-year-old Black woman and her partner Ann, a 31-year-old White woman, who are living in the Midwest. They have been partnered for 3 years and are raising a child to which Julie gave birth. Likewise, Dana, a White 41-year-old, living in the West has two biological children. Although she never thought that she would be a parent, she feels that it is important to have children. Not all women with high importance of motherhood scores are parents. For some, fertility appears to be foregone. Others in this category appear to intend to have and raise children in the future.

Yet we found that some sexual minorities make a distinction between having and raising children, as evidenced by the fact that 10 respondents noted the latter, but not the former, is important to them. Six of these respondents were raising children. All six are social mothers; none of them are biological mothers. Emma provides an example. She is a 53-year-old White woman whose partner of 15 years is Teresa, a 38-year-old White woman (who said raising and having children were both important). They are living in the South and are raising 7-year-old twins of whom Teresa was the birth mother. Emma said that raising children was very important to her and in fact appears to provide more child care than Teresa. She also strongly agreed that life is more fulfilling with children. Emma, however, disagrees that *having* children is important to her. She has never been pregnant and does not currently want or intend to be pregnant. Patricia, a 38-year-old White woman, is living in the South and has been with her current partner for 3 years. They are raising a child from her partner's previous same-sex relationship (the partner was the nonbirth mother). She and her partner have also considered adopting a child, because of "the current situation of our family structure," presumably referring to the fact that she is in a same-sex partnership. Yet they did not go forward with the

Table 4. Fertility Expectations for Sexual Minorities Without Children: National Survey of Fertility Barriers, U.S. Sexual Minority Women Without Children ($n = 24$).

	All childfree sexual minorities ($n = 24$)	Involuntarily childfree sexual minorities ($n = 19$)
Ideal number of children		
Zero	5	—
One or more	19	—
Would like to have a baby		
Yes	—	12
No	—	7
Intend to have a baby		
Yes	—	8
No	—	11

adoption because “it wasn’t legally possible.” Patricia noted that raising children is important to her. She, like Emma, does not see *having* children as important. She has never had the desire to have a biological child and she definitely does not want to have a baby. For both Emma and Patricia, they see being in a same-sex relationship as contributing to the possibility of raising children, something that is important to them, independent from being pregnant or giving birth.

The second research question we address is whether sexual minority women without children are voluntarily childfree. We found that the 24 women in our sample without children are *not* all voluntarily childfree and that there is a lot of variation with regard to their fertility intentions and attitudes toward motherhood. Table 4 shows this variation.

There are five women in our sample who we classify as voluntarily childfree because they neither want nor intend to have children and their ideal number of children is zero. A commonality among Annie, Rebecca, Wendy, Rose, and Heather is that they experience little to no distress about being childfree and do not feel cheated by life for not having children. Heather, a 37-year-old Black woman living in the West, exemplifies the typical respondent in this category: she reported that it is not important to her to raise children and strongly disagreed that her life would be more fulfilling with children. Heather views her life as being close to ideal and reported that she has gotten the important things she wants out of life. In response to statements related to distress over having no children, including “the holidays are especially difficult for me because I don’t have children,” Heather strongly disagrees. Others held similar views as

Heather and experience little to no distress about being childfree. In contrast, there are 19 childless sexual minority women in our sample who are not voluntarily childfree because they either want or intend to have children or their ideal number of children is one or more. We classify them into three groups: "fertility in the future," "fertility forgone," and "fertility ambivalence."

Consider the narratives of the eight women in the "fertility in the future" group. These are women whose ideal number of children is one or more and who want and intend to have children. These women tended to be younger, and all of their narratives clearly indicate that having a baby is something they want and plan to do at some point in their lives. For instance, Carol and Beth are a White couple living in the Northeast. Carol and Beth are 30 and 29 years old, respectively. They both think having children is important, and their ideal number of children is two. They are confident that they will be able to become pregnant when they wish to, and they do not feel any sense of urgency to have children. Similarly, Angela is a 32-year-old White woman living in the Midwest who definitely wants to have a baby, as does her partner. Although she does not feel a sense of urgency to have children, she intends to and is very sure that she will have a baby. Motherhood is important to Angela, and she ideally wants two children. Diane, a 32-year-old White woman in the South, would also like to have a baby, but she does feel a sense of urgency to have children. In response to whether she is currently pregnant, Diane explained that she and her partner are "gearing up to get pregnant via artificial insemination." She also reported that she and her partner have considered adoption and gave the following reason why: "I can't get pregnant the natural way. My partner can't get me pregnant." She further elaborated that pursuing an adoption "depends on me getting pregnant. If I can't get pregnant, adoption is a definite." Based on her open-ended comments, it appears that Diane sees her sexual orientation as a barrier to having children. During the survey, she lamented "I wish it were easier for us to have a child." In response to a question about the reason why she has not had biological children yet, she explained: "I am queer. If we would be able to get pregnant the traditional way, we would have had children by now."

There are four women whose ideal number of children is one or more and who want to have a baby, yet do not intend to have children. We consider these part of the "fertility forgone" group. These women were older than those in the "fertility in the future" group. An example of this is Judith, a 44-year-old White woman who is partnered with Rebecca. They live in the West. Although Rebecca is voluntarily childfree, Judith feels differently. For Judith, raising children is important and she thinks her life would be more fulfilling with children. Moreover, even though she does not intend to have a baby and is very sure she will not have a child,

she still would like to have a baby and ideally would have two children. Judith does not feel relieved to have no children, but in fact feels cheated by life because she has no children. Her responses illustrate quite a different experience and perspective from someone like her partner Rebecca, who is voluntarily childfree. Kathy also expressed a desire to have children. She is 44, Hispanic, and living in the South. Kathy wants to have a baby but cannot due to a biomedical barrier. She had a hysterectomy and ovariectomy and feels that surgery has definitely prevented her from having wanted children. Kathy's experience is similar to that of many women who are involuntarily childless because of biomedical barriers (McQuillan, Greil, White, & Jacob, 2003). Finally, Nancy is 39, White, and living in the West. She wants to have children but sees her age, sexual identity, and partner status as barriers to achieving that desired status. Nancy has considered insemination and has consulted with a doctor about it, commenting that "I have spoken to a doctor about becoming a single parent through insemination." She decided, however, that she did not want to have a baby until she was partnered with someone. She explained: "I decided at that time that I wasn't prepared to be a single parent." Although Nancy ultimately did not seek medical treatment to become pregnant (e.g., do an insemination with the doctor), she commented that had she pursued such treatment, she would have thought that her single status and sexual identity could pose barriers. She said: "I would have thought I might be rejected because of being single and bisexual." She has also considered adoption in part because of what she called a "political reason": that "a lot of babies need help." Another factor that affected her decision to consider adoption is her sexual identity. She commented: "I am bisexual, so sometimes my partner is female, so it's not likely I will accidentally conceive." Finally, Nancy noted that her age was another reason she has considered adoption, commenting "I am 39 and just won't be able to have children at some point." She did not go through with an adoption because "I wasn't ready to have a child." Nancy, like other women in this "fertility foregone" group, ideally wants to have one or more children, but does not intend to do so.

Finally, there are seven sexual minority women who neither want nor intend to have children, yet report that their ideal number of children is one or more. We consider these women to be part of the "fertility ambivalence" group. Four of these women, Maria, Rachel, Bridget, and Denise, appear to be similar to the voluntarily childfree insofar as they have low importance of motherhood scores and they experience no distress about not having children. For instance, Maria, a 39-year-old Hispanic woman living in the Northeast, reports high life satisfaction and strongly agreed that her life is close to ideal. Having or raising children is unimportant to her and she is very sure she will not have a child. Yet Maria also reported

that her ideal number of children is two. All of the women in this group have considered adoption, but it is not something they are currently considering. Among the reasons given for not pursuing adoption include the fees being too high and not being sure if it was legal for sexual minority women to adopt in their state of residence. Given that their responses revealed that they ideally want children, however, it is inaccurate to classify them as “voluntarily childfree.”

Moreover, the meaning of “voluntarily childfree” becomes even more complicated for sexual minority women given the distinction between “have” and “raise.” As discussed previously, there are sexual minority women who might equate “having” children with “giving birth” and indicate that although giving birth (having) is not important to them, raising children is. Thus, some women without children might neither want nor intend to have (give birth to) children but who nonetheless want to be parents (raise children). Classifying these women as “voluntarily childfree” would obscure their experiences. Holly’s and Linda’s accounts demonstrate this. Holly is 36 years old, White, and has been with her partner Kathy for 13 years. She does not intend to have a baby and is pretty sure she will not have a child. Likewise, having children is not important to her. Yet Holly reports that raising children is important to her, and her ideal number of children is one child. She also reports that having a baby is something that her partner Kathy does want to do. Thus Holly’s narrative provides an example of a sexual minority woman who interprets “having” a child with giving birth. Although she does not want to give birth (i.e., “have”), she would like to raise a child.

In sum, our findings illustrate that there is considerable variation among sexual minority women who do not have children. Some want and intend to become parents in the future. Others want children but do not intend to become parents. Still others neither want nor intend to have children, but nonetheless report that their ideal number of children is one or more.

Discussion

There are some important limitations to this study that should be noted. The percentage of sexual minority women in the overall sample (89%) is smaller than estimates of the lesbian and bisexual population reported in other population-based samples (3.5%; Gates, 2011). This discrepancy probably at least partly reflects the lack of an explicit question about sexual orientation in the NSFB survey, which is a limitation of the study (Badgett, 2009). Despite attempts to be sensitive to sexuality in the survey instrument and interviewer training, there are a number of limitations with the questions used to assess sexual minority status. For

instance, Question 2 ("Was there ever a time when you regularly had sex without using birth control for a year or more without getting pregnant?" and unread response "respondent is in a same-sex relationship") assumes these are mutually exclusive. Yet women currently in a same-sex relationship may have also had sexual relationships with men in the past and thus would have answered "yes" or "no" to that question and would have not been identified as a sexual minority woman. For sexual minority women wanting to become pregnant, only if they saw their sexual identity as a barrier to becoming pregnant would they have been identified as such by Questions 6 and 7. Likewise, those who did not pursue pregnancy within a medical context are not captured by questions relating to seeing a doctor or clinic (Questions 8 and 9). We believe that all these limitations resulted in a sample size of sexual minority women that is much smaller than estimates reported in other population-based samples. Another limitation is that the questions might not have captured single sexual minority women or those in opposite-sex relationships, as well as it captured those in same-sex relationships. Those without a same-sex partner, for instance, would not have been identified by questions about marital status or questions related to having a partner (Questions 1, 3, and 5). Indeed, nearly 20% of the sample is partners of original sample participants who identified themselves as having a same-sex partner. Also, some of those in a same-sex relationship might have concealed that status because of social stigma. They might also have opted to choose "married" rather than "lesbian partnership" to describe their relationship (Gates, 2011; Lofquist, 2012). It is important to interpret the findings with these limitations in mind. Nonetheless, the data set still provides a unique opportunity to study fertility and sexuality insofar as most of the women were selected at random and thus it overcomes some of the limitations of previous work that relies on a convenience-based sample.

Our findings about the variations in fertility intentions and the differing emphases on having or raising children among sexual minority women highlight themes of interest to fertility, sexuality, and family researchers. First, our work extends prior research by showing variation among the group committed to motherhood. Specifically, we found that there are sexual minority women who make a distinction between having and raising children. This finding underscores that some sexual minority women have a broad notion of mothering, one that places less emphasis on the importance of being pregnant or having a biological child and more emphasis, instead, on being a parent and raising children.

Why might some sexual minority women make a distinction between having and raising children? The distinction could reflect that sexual minority women are not subject to the same pronatalist attitudes that heterosexual women are in the United States (Gillespie, 2003). Just as poorer

women and women of color are discouraged from having children (Bell, 2009; Taylor, 2011), it could be that some sexual minority women do not experience the motherhood mandate and thus are less likely to view having biological children as important. Another possible explanation is that it reflects variation in gender identities among sexual minority women. In the United States, having biological children (being pregnant, giving birth) is tightly linked to femininity (McQuillan et al., 2008). Those who do *not* want to give birth but who *do* want to parent might reflect either the possibility to construct a *masculine* identity within parenthood (Padavic & Butterfield, 2011) or the possibility to construct a *feminine* identity within motherhood, but one that does not rest on biology. We cannot assess these possibilities with the current study. Given the variation in sexual minority women's gender identities and their impact on the experiences of sexual minorities (Kazyak, 2012), however, there is reason to believe that gender would affect fertility experiences and this question should be pursued in future research. It might also reflect an emphasis on "families of choice" rather than biology within sexual minority communities (Weston, 1991). Indeed, overall heterosexual women do not make a distinction between having and raising children in the same way that sexual minority women do (McQuillan, Greil, Bedrous, et al., 2012). One exception is that African American heterosexual women do make this distinction, consistent with the idea of "other mothers" that Collins (1990) describes as part of the history of African American families. Also, a study comparing heterosexual couples and same-sex couples pursuing adoption found that the heterosexuals placed more emphasis on having biological children and therefore experienced a harder time than lesbians did transitioning from trying to conceive, to adopting (Goldberg et al., 2009). Yet it is also true that a small proportion of heterosexual women view adoption as the preferred route to parenthood (Park & Wonch Hill, 2014), and many heterosexual women are stepmothers who are raising children to whom they are not related through biology (Pritchard, 2013). Thus, future work should assess whether some heterosexual women might also share this broader notion of mothering.

Some sexual minority women without children are involuntarily childless, just as with heterosexual women. Likewise, similar to heterosexual individuals without children (Allen & Wiles, 2013; McQuillan, Greil, Shreffler, et al., 2012), some sexual minority women have mixed feelings about parenthood. A convenience-based sample of childfree sexual minority women may not have captured this variation as perhaps only those who were voluntarily childfree would have been recruited. Analysis of a population-based sample underscores the difficulty in making easy distinctions between the voluntarily and involuntarily childfree among sexual minority women.

Our findings also help demonstrate how social context and positions within social structures can affect the degree to which ambivalence is present in family processes (Connidis & McMullin, 2002b; Luescher & Pillemer, 1998). Due to negative attitudes toward and limited reproductive options among sexual minority women, they are positioned differently in society compared with most heterosexual women. For example, culturally, there are few supports for sexual minority women to have children and legally sexual minority women face barriers to becoming parents. We suspect that these inequities influence expressions of ambivalence about motherhood among sexual minority women. Yet even without cultural and legal barriers, some sexual minority women will not want to become mothers. Some who have no desire to parent are happy that their sexual orientation makes them immune to the social pressures facing heterosexual women to mother (Gillespie, 2003). Likewise, not all heterosexual women want to become mothers (McQuillan et al., 2008). It does suggest, however, that changes in social contexts, namely, more cultural and legal support for sexual minority women, would create a change in the parenting options that sexual minority women see as available to them. Indeed, Riskind, Patterson, and Nosek (2013) found that sexual minorities living in unfavorable social climates were more likely to express doubts about whether they thought they could become a parent. Future work should continue to address how social and legal contexts, along with race and class, might influence both how sexual minority women think about becoming parents (including whether or not they want to), as well as the routes and barriers to parenthood (Goldberg et al., 2009; Moore, 2011; Reed, Miller, et al., 2011). The focus on how social context and positions within social structures can affect family processes and decision making can also be extended to other groups and topics relevant to family researchers, including immigrant families, stay-at-home fathers, military families, and dual-career couples.

Another important implication of our results is that they indicate that survey research on fertility would improve if it explicitly addressed sexuality. To the degree to which sexual minority women are addressed in dominant fertility paradigms, some research assumes that sexual minorities have a situational barrier to achieving desired fertility goals without medical assistance because of not having easy access to sperm (Jacob, McQuillan, & Greil, 2007). We show, however, that thinking of sexual minority women's fertility intentions only in terms of situational barriers is not sufficient. For one, our research also shows that sexual minority women could also have biomedical barriers, again something only occasionally discussed in research on access to infertility services for sexual minority women (Jacob, Klock, & Maier, 1999). Our research thus illustrates the importance of focusing on infertility and on intended or

desired, but not achieved, pregnancy for sexual minority women. Moreover, it is important to understand the varied interpretations sexual minority make about the assumed situational barrier. Not all sexual minority women would interpret not having access to sperm as a barrier, as they have no interest or desire to have children. Others might not see not having a male partner as a barrier, instead interpreting survey questions about potential problems having children to mean biomedical barriers. Even still, some sexual minorities might have no desire to be pregnant yet still want children. Thus, classifying sexual minority women as voluntarily or involuntarily childfree based on questions about wanting or intending to have a baby is problematic if those questions are interpreted as being pregnant and giving birth. For those sexual minorities who want to be parents, either via adoption or via a partner being pregnant, fertility intentions and barriers take on a new meaning. Therefore, researchers need to be more precise in the wording of survey questions and make sure that the wording reflects the variety of experiences and interpretations sexual minority women (and heterosexual women) might make. This is particularly important with regard to questions about “having” and “raising” children.

Finally, our work offers an analytic strategy that can be useful to other family and fertility researchers using survey data. Survey-based studies of families have often focused on broad patterns and trends that are displayed by majority groups. Yet surveys also contain important subpopulations that provide insights regarding less common but still important experiences. We demonstrate the value of a “survey-driven narrative construction” approach to understanding the fertility and reproductive attitudes and experiences of the sexual minority participants in the NSFB. Rather than not study these women because the sample is small or try to use conventional statistical methods that are not designed for small groups, we made use of the conversational nature of surveys to construct participant stories and used quasi-qualitative interpretation to provide insights that would be hard to glean from conventional survey analyses. This methodological approach has promise for other less common experiences (e.g., stillbirths, seeking assisted reproductive technology) and subgroups (e.g., stepmothers, indigenous women who regret sterilization) who are harder to capture in population-based random samples in sufficient numbers to explore with standard statistical analyses. Focusing on these experiences and groups, like the sexual minority women analyzed in this article, not only can shed light on their potentially unique perspectives but can also contribute to understandings about fertility and family processes in general.

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Notes

1. Since the NSFB does not ask participants to identify their sexual orientation, we use the term *sexual minority women* to reflect the fact that the women in our sample might identify in a variety of ways, including lesbian, bisexual, same-gender loving, or queer.
2. If respondents had already indicated that they were in a same-sex relationship, this question referenced a female partner and was worded as: "Has your partner ever had surgery that makes it difficult or impossible for her to have a baby?"

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