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**Childfree Women by Choice:
Emergence of a Biosocial Identity
through Sterilization**

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Abstract

The process leading to irreversible sterilization for nulliparous women can be a difficult but meaningful journey. This paper aims to understand how this experience is lived by childfree women as they navigate the Quebec healthcare system. I examine the administrative challenges and the emotional difficulties involved in this process and the means used to overcome these difficulties as they try to undergo a sterilization procedure. This research is based on the participation of thirteen women who wish to undergo tubal ligation despite not having children. I conducted semi-structured interviews using Internet videoconferencing platforms in the summer 2020. The results of the study demonstrate such women are often labelled as being on the margin of the social norms that define motherhood. This emerges as a form of biosociality and is linked to relations of biopower that emerge in interactions with physicians in the healthcare system. This research provides an anthropological analysis of the experiences of women who are childfree by choice as a result of irreversible sterilization, and it contributes to understanding the emergence of marginal identities in the context of medical practices.

Introduction

The phenomenon of women who remain childfree by choice is increasingly visible in industrialized societies, including Quebec, Canada's second-most populous province (Hénault 2019, Pâris 2018, Hacey 2009, Handfield 2020, Harrison-Julien 2018). Often accused of selfishness, these women are frequently asked if they might regret their choice to go against norms defining motherhood (Gillespie 2003). Many justify their decision not to have children by invoking environmental reasons. The growing *#NoFutureNoChildren* movement (which started in Canada) is composed mainly of young adults who voluntarily choose not to have children until their governments take drastic measures to counter climate change (Bielski 2019). Such movements support the argument that an increasing number of young people do not want to have children because of environmental concerns. For most women who remain childfree, however, including those in this research, this decision is simply part of their life journey and is presented as a personal choice (Kelly, 2009). Indeed, women who participated in my study did not frame the current environmental crisis as the core of their experience and motivations for being childfree, even though some mentioned it as a secondary concern. Several women who are certain that they do not want to have children opt for a surgical procedure aimed at permanent and irreversible contraception: tubal ligation.

This article aims to provide a better understanding of the significance of sterilization and the steps leading to it by examining women's journeys through the healthcare system. I argue that they experience difficulties in enacting their choice because of a widespread negative attitude towards permanent sterilization.

Background

While it may seem counterintuitive, irreversible sterilization can be considered as a form of reproductive technology. Work in this field led to developing the idea that various forms of control can be exercised over women concerning reproduction (Martin 1992, Lock 1998). These studies on medical technologies with reproductive purposes have helped to demonstrate, from feminist perspectives, that

forms of control are exercised over women in various aspects of reproduction through biotechnologies.

Although women in my study were actively and willingly using sterilization as a form of contraception, compulsory sterilization as a eugenic technology was used against Indigenous women in Canada since the beginning of the twentieth century (Pegoraro 2015). Forced sterilization has been the focus of many sociological and anthropological studies worldwide that have shown the eugenic aspect of this technology (Kóczé 2011) and its use as a form of discrimination, violence and medicalization of power (Sifris 2016, Sifris 2015). These abuses were justified on the basis of race, mental health, ethnicity, or socioeconomic status (Molina Serra 2017, Tännsjö 2006, Patel 2017). In this paper, however, I will study voluntary sterilization as a reproductive technology that allows childfree women to take control of their body and their reproductive ability (Sawicki 1991); as I will show, many of the women faced numerous barriers when trying to access sterilization as a medical procedure.

Sterilization is the most widely used contraceptive method in the world (United Nations Department of Economic and Social Affairs 2019). Any study of voluntary sterilization must take into account the particularities of the populations that opts for this procedure. Socioeconomic factors such as the historical, geopolitical or social contexts in which individuals live influence the use of sterilization (Mieke and Megan 2016). In the United States, women who use irreversible contraceptive methods tend to be older, have lower levels of education, and have public medical insurance or no medical insurance at all compared to other American women. Ethnicity is another factor that influences the use of this method of contraception. Hispanic and Black women in the United States are more likely to resort to sterilization than white American women (Zite and Borrero 2011). In Canada, patterns are similar in terms of age and education (Finnsdottir and Wu 2019). Those results contrast with the sociodemographic profiles of the participants of my study who were women mostly in their twenties or early thirties, and half of whom had a post-secondary degree.

Most of the studies that have been done on sterilization have focused on women who have already had children. Sociological studies frame

sterilization as a form of family planning (Schoen et al. 2000, Charton 2014, Anderson 2017, De Wit and Rajulton 1991) or address it in the context of postpartum depression (Chi and Thapa 1993). Few recent studies have focused on women who do not want children and resort to irreversible sterilization as a contraceptive method (DeVellis, Wallston, and Acker 1984, Campbell 1999, Richie 2013).

Childfree by Choice

Since the development of modern contraceptive methods over the past century, the number of people who neither have nor want children has increased in countries with declining birth rates. In Canada, the proportion of people between 20 and 34 years old who do not currently have a child but wish to have one in the future has fallen from 75 percent to 27 percent in the last half of the twentieth century (Stobert and Kemeny 2003). In addition, the fertility rate fell from 6.83 in the second half of the nineteenth century (Beaujot 2000) to 3.5 in 1921 and 1.5 in 2007 because of the decline in the number of children per woman and because of the decline in the number of couples having children (Agrillo and Nelini 2008). The combined phenomena of declining desire to become parents and the increasing numbers of couples remaining childless have become major factors influencing fertility trends in Canada (Edmonston, Lee, and Wu 2009). It is important to note that this phenomenon of people remaining childless is not a sudden development: some demographers observed the trend as early as the late nineteenth century (Gotman 2017).

Several studies have attempted to identify the sociodemographic characteristics of childless people, as well as their reasons for not having children and the meaning they attribute to a childless life. In Canada, urban women with higher levels of education and higher wages are more likely to remain childless. In addition, women whose first language is English are more likely not to want children than those whose first language is French. Demographically, Quebec is among the provinces with the highest proportion of women who never intend to have children (Edmonston, Lee, and Wu 2009). The sociodemographic characteristics of my participants are consistent with these results. It shows that the women who participated in my study share more demographic characteristics with women who are

childfree by choice than with women who undergo sterilization in general.

Beyond the demographic aspect of the phenomenon, voluntary infertility – in opposition to involuntary infertility which is considered a disease to be treated with assisted reproduction– can be framed as a social identity. Kelly (2009) and Korasick (2010) present voluntary infertility as an identity claimed by childfree women in contrast with women who have children and identify as mothers. Korasick's (2010) research has demonstrated that childfree women by choice do not consider this choice as a central aspect of their identity contrary to what many studies take for granted. Nevertheless, my research will demonstrate how this identity emerges though the process leading to sterilization despite the fact that these women did not initially put forth being childfree as a central aspect of their identity.

Sociological, psychological and demographic studies on women who are childfree by choice explore these women's motivations, the relationship between being childfree and female identities and the socioeconomic characteristics of childfree women (Gotman 2017, Somers 1993, Kelly 2009, Gillespie 1999, Tocchioni 2018, Mawson 2005). A small number of studies focus specifically on women without children by choice who undergo irreversible sterilization. These studies address issues of access to sterilization, marginalization, and issues in their relationship with physicians (Del Río Fortuna 2007, Del Río Fortuna 2009, McQueen 2017, Hintz and Brown 2019). Studies tend to analyze the phenomenon of childfree people using explanatory frameworks, while others (mostly quantitative analyses) address the potential consequences (mostly negative) of such a phenomenon (Lynch et al. 2018). However, few anthropological studies have examined the experience of these women as they go through the process leading to sterilization. My study, which rests on feminist and qualitative approaches, offers an insight into these women's experiences to understand better the process leading to sterilization from their perspective. While studies of other industrialized societies may help us understanding the situation childfree women in Quebec, the province's specific history, cultural context and medical system warrant a closer examination of how Quebecker women come to choose this procedure.

Fertility and Sterilization in Quebec

At the beginning of the twentieth century, the province's fertility rate was relatively high (5.3) even when compared to rates in the neighboring province of Ontario's (3.7). However, since 1970, the fertility rate has been below the generation replacement rate, averaging 2.1 children per woman (Deschênes and Girard 2020). Some demographers portray this situation as a problem, since this phenomenon leads to an aging population, with long-term consequences that are not yet clear (Simard 2019). Others, such as environmentalist activists, consider it as a solution in regards to climate change and pollution (Martinez-Alier 2015).

The twentieth century was marked in the West by the development of hormonal and surgical methods contraceptive methods for both men and women (Baulieu, Héritier, and Leridon 1999). The birth control pill (as well as other forms of contraception such as sterilization) was legalized in Quebec in 1969 (Charton 2014), and was the most widely used method at the time. For men, vasectomy is the safest and most effective sterilization method. For women, there are several surgical options for achieving tubal sterilization, often referred to as tubal ligation. These different surgical techniques include clip ligation, partial salpingectomy, and total salpingectomy (Ruel-Laliberté, Binette, and Bertrand 2020). Starting in the 1970s, the practice of sterilization rapidly expanded (Rochon 1991). Canada has a historically high level of use of sterilization among its population compared to other Western countries. However, in the last two decades of the twentieth century, there was a decrease in the practice of tubal ligation and an increase in vasectomies (Finnsdottir and Wu 2019). Since 2011, vasectomy is more practiced than tubal ligation in Quebec (Charton 2014, Institut de la Statistique du Québec 2019). Actually, this trend concerns all female-controlled methods (pill, tubal ligation) declining compared to masculine-controlled methods (condoms, vasectomy). These changes in contraceptive use can be explained by a greater sharing of reproductive responsibility between sexes in addition to an interest in easier and less expensive contraceptive methods (Finnsdottir and Wu 2019). The declining birth rate in Quebec combined with the changes in the use of sterilization among the population prompted me to study the experience of childfree women who go through the process leading to sterilization within this specific context.

In Quebec, the costs associated with tubal ligation and vasectomy are covered by the public health insurance plan (Fédération du Québec pour le planning des naissances 2016). The law permits any woman of 18 years or older to obtain voluntary sterilization through Quebec's free and public healthcare system, which was established in 1971 (Marret 2013, Gouvernement du Québec 2015). From an administrative perspective, this system has two levels of management. The first is the Ministry of Health and Social Services, which regulates decision-making at the national level, and on the other level consists of Integrated Health and Social Service Centers, which provide services to the population (some of these centers are affiliated with universities, others are not). Several types of institutions offer diverse health services, including hospitals, residential and long-term-care centers, and local community service centers. Family medicine groups (FMGs) are not strictly speaking institutions within the healthcare system, but rather partners in the system. They are organizations of family physicians providing primary care services who work with other healthcare professionals such as nurses (Gouvernement du Québec 2015). This forms the system within which women who want to undergo sterilization must navigate through.

Methodology

I recruited participants for my research from May to September 2020 through online social media platforms, specifically in Quebec-based Facebook pages about sterilization or childfree lifestyles. This method of recruitment was effective to reach a larger number of potential participants, although it had some limitations. Self-selection meant that I heard from individuals who were more willing to talk about their experiences and could therefore have stronger or more politicized opinions regarding the issue of sterilization. Criteria to participate included being childfree, female, identifying as a woman, and having taken some steps towards obtaining the procedure. Thirteen participants replied to my recruitment announcements, and all of them were eligible to participate. I reached saturation of the data after eleven interviews and decided to conduct two more to have an adequate corpus of data. Because of the Covid-19 pandemic, I could not carry out the interviews in person, so I conducted the thirteen interviews through videoconference calls. This allowed me to recruit women from all over Quebec, and it also allowed interviewees to talk to me in a familiar space since most participated in the calls from their

homes. The interviews lasted between thirty and ninety minutes. The interview questions were divided into three categories: questions about the process and the administrative steps leading to sterilization, personal questions about how they experienced this process and sociodemographic questions.

The research participants were between 25 and 42 years old and the average age of the group of participants was 30 years old. All of the interviews were conducted in French. Ten women identified as Quebeckers, two as Canadians and one as Swiss and Quebecker. Seven participants had already undergone the sterilization procedure, while the other six were at various stages in the process, ranging from seeking out information about the process to being on the waiting list for surgery. I analyzed the data using a grounded theory approach, drawing from empirical data to draw conclusions (Laperrière 1997). The study was approved by the University of Montreal's Comité d'éthique de la recherche—société et culture (CÉRSO).

Results

Access

That's kind of where I'm at in my process, trying to find someone who will do it. It's stupid, technically it's my right, it's my body and technically nobody has the right to forbid me ... technically [laughs] (Marianne, 25 years old)¹.

Marianne insists that, in principle, she cannot be denied sterilization. But as she insinuates in her statement, this might not be the case in practice. I was curious to know what difficulties the women faced when attempting to access the procedure, and what gave them the feeling that it is difficult to access. The administrative process to obtain the surgery through Quebec's public system was often considered long and complex by the women I interviewed. Delays in accessing operations and the numerous steps that needed to be taken were generally the cause of this. Waiting times are indeed considered one of the primary challenges in Quebec's healthcare system since 59% of patients wait more than four weeks to obtain an appointment with a specialist (Gouvernement du Québec 2017).

¹ Quotations have been translated from French by the author.

Several participants find it difficult to get in touch with their family doctor, a contact that is a required first step to access specialists such as gynecologists. One of them—Juliette—is not able to get an appointment with her doctor because she no longer lives in the same city where her doctor practices. In addition, women often feel that the doctors they meet have a certain reluctance or discomfort with the idea of facilitating sterilization surgery because they are childfree and because the procedure is permanent and irreversible. In some cases, physicians strongly recommend alternative methods of contraception. In other cases, clinicians emphasize the risks of regret associated with the procedure in order to dissuade the patient from having it. To some extent, this insistence by physicians is seen as normal and part of the professional role by informants:

[...] I understand that he has to do his job, he has no choice but to try to ask you if you're sure, because it can happen that there are regrets. I understand, it's okay for him to talk about it, but not to use it to try to prevent you from having it. Because in the end he's the one with the power. That's what bothers me a little bit too. I understand, he's the one who has the skills to operate on you. I can't operate on myself. (Roxy, 29 years old)

Roxy talks about a feeling of imbalances in the discussion with the doctor since in any case, the doctor has the final say on whether or not to perform the surgery. She is also aware that he is the one who has the knowledge to perform the operation, which makes her dependent on his final decision.

Beyond the administrative and institutional barriers, a physician's refusal to perform the operation leads to emotional reactions that in and of themselves constitute an additional obstacle in the process. Outright refusals by physicians—which happened to six of the eleven participants who consulted a physician—are often explained by these women as a decision based on the doctors' personal experiences (rather than a clinical or medical decision). Sometimes, after having had several refusals, women take a long time to return to a doctor. They find this frustrating, unfair and above all, extremely infantilizing.

Women's fears about the process can shape their therapeutic itineraries and act as barriers to their accessing the operation. Several women had known about the possibility of having the procedure for

many years but had not tried to complete it because they thought that nulliparous women could not obtain it. Most participants have known since their early twenties that they did not want children. None of the women have successfully undergone sterilization before the age of 24. Two women have undergone surgery just before age 30, and the rest after age 30. This gap between the realization that they did not want a child and the achievement of the operation can be explained in part by the fears they had of being refused access to the procedure.

The support of those close to them throughout the process is another important aspect of the women's experience. The ways in which participants describe the support they received from their families and partners are very mixed. Three women explain that all their relatives were very receptive to their decision. However, most participants experienced negative reactions from more distant family members. The women's current partners are generally not very involved in the process because the relationship has begun once the sterilization was already completed, or after the woman has already decided to undergo the procedure. This lack of involvement by partners is generally perceived positively by participants since they feel it is their decisions and their bodies. However, a few women perceive it in a more negative way, as is the case for Lili. Talking about her ex-partner, she says, "The difficult part was before, when he didn't agree. He didn't disagree, but I didn't have his support either" (Lili, 41 years old). Thus, the women generally have significant support and positive reactions from their relatives. Apart from a few negative comments and anecdotes, the lack of support—when it is felt at all—is identified as indifference on the part of certain relatives towards their decision.

Facing Challenges and Difficulties

I can't believe that in 2020, women have to fight to get this. If there were ... not protests, but if there were meetings or... I would be ready to go there, to share the experience or to denounce the fact that we don't have the freedom to choose for our bodies. (Vanille, 42 years old)

As Vanille explained, the process leading to irreversible sterilization is experienced as a struggle that involves issues of bodily rights and reproductive justice. Although the women encounter obstacles, half of the participants have succeeded in obtaining the procedure and the others are at various stages in the process. Faced with the various

difficulties they fear encountering, the participants prepare themselves for the steps they will have to take. They are generally well informed about what they will need to do and the specifics of the surgery itself. Many of the participants I met did research to find a doctor who would perform this operation on nulliparous women. In some cases, women were willing to travel to other areas of the province to see such a doctor, which demonstrates their determination to achieve their goal.

Marianne learned about the procedure after conducting Internet research on irreversible methods of contraception. This research was mainly based on Facebook postings and other forums like Reddit. She then prepared for her meeting with a gynecologist by reading testimonials from women who already obtained the operation. She learned about the types of women who had been successful in their goal and what their backgrounds were, to prepare her to argue with the doctor to convince him to grant her access to the operation. Most women have written a list of arguments to try to convince the physician to grant them access to tubal ligation, although some did not need to use their arguments.

Although patients need a referral to see a gynecologist, many participants try to circumvent this process. In Vanille's case, the family physician was not even part of the process leading up to the sterilization procedure. Vanille was being followed up by a local community service center for her contraception and she obtained an appointment with a gynecologist for a pap test, which allowed her to discuss sterilization with this specialist who happened to perform the surgery. This type of situation is described in a recent report of the *Commission sur la santé et le bien-être* which states that family physicians are often uninformed of significant changes in their patients' health status (Gouvernement du Québec 2017). As Vanille, other participants are taking advantage of a medical appointment for another problem to discuss sterilization with a medical specialist:

I had made an appointment, I don't remember why. I think I had athlete's foot like or something like that. I just kind of started asking questions [about irreversible sterilization]. I was like, "Yeah this is something I really want". (Pauline, 28 years old)

These women, knowing that it is difficult to get an appointment with a medical specialist (Gouvernement du Québec 2017), take advantage of an existing appointment with a gynecologist to get access to the

operation. In cases where they knew the name of a specialist who is open about granting access to the surgery, participants tried various means to get a consultation with these doctors. Fannie mentioned this when we were discussing the steps she had taken towards irreversible sterilization: “I was seeing a urologist because I had bladder problems and then I asked the urologist to refer me to that particular gynecologist” (Fannie, 25 years old).

Thus, the diversity of women’s journeys to sterilization shows that despite the administrative and procedural requirements of the healthcare system, some women are able to obtain sterilization by circumventing those requirements. This demonstrates the ability of these women to use the resources available within the healthcare system to achieve their goal.

Throughout the process, the participants are expressing a sense of solidarity with other women who are going through similar processes. About half of the women who participated in my study (7) belong to Internet groups, mostly on Facebook. These groups have information pages on sterilization or pages dedicated to people who are childfree by choice. Beatrice explains that some groups—beyond the information they can provide—constitute real communities. Roxy even set up a Facebook page for childfree people. In Roxy’s case, the community eventually extended beyond social media, as she organized an in-person meeting at a restaurant with members of the group. However, membership in these groups is often limited in time. Most informants participated in such groups only for the duration of their process. For example, after her surgery, Lili gradually lost contact with the group.

In addition, many participants told me that they wanted to share their experience in some way, whether they underwent the surgery or not. Among those who had been sterilized, several wrote posts on social media to announce that they had had the operation. These Facebook posts represent testimonies of their experience. Beatrice, who does not talk about her process much in everyday life, is very active on social media about her choice not to have children and to have undergone sterilization. For her, talking about her experience is part of claiming her rights.

Finally, this process—beyond the personal desire to resort to sterilization as a means of contraception—takes on a dimension of the

struggle for all women to control their own bodies without being judged by physicians. Completing the process and testifying about it involves therefore a social dimension of solidarity towards others who would like to be able to achieve it.

Discussion

To analyze the way this process led to the emergence of being childfree as a chosen identity, I will first show how women's experiences of the process are shaped by a hidden form of biopower that hinders access to sterilization. The marginalization of the choice of sterilization for women who do not want children is linked to the concept of biopower as it constitutes a social expectation for women in Quebec to aspire to motherhood. Biopower is particularly apparent in the lives of women who do not fit into normalized categories (Lock 1998). It is a positive, non-coercive power that is exercised over life and in ways that go beyond the political and legal institutions envisioned by the power model under critique (Allen 2002). Biopower operates through the imposition of norms that affect bodies and behaviors (Foucault 1975). Normalization is an important aspect of biopower theory that establishes the gap between the norm and a situation or identity. Indeed, Foucault explains that biopower exists in conjunction with the establishment of a society whose mechanisms aims to normalize individuals according to an established norm (Foucault 1976, 190). Biopower emerges in particular in normalized institutions like the judicial and medical systems (Borduas 2013).

The control over their choice and the reluctance of doctors is directly related to the fact that these women who participated in my research do not want to have children, which is a choice outside the norm in Quebec (Settle 2014)—infertility is considered a disease and treatments such as assisted reproduction are offered to couples who are so afflicted (Vandelac 1989, Ouellette 1993). Even if sterilization is a completely legal medical intervention for women over 18 years old, some clinicians consider that this practice goes against their code of ethics, and they therefore refuse sterilization for younger, non-married and/or childfree women who have a greater risk of regretting the procedure (Masella and Marceau 2020). Indeed, many women were told as a justification for being refused that they were too young and would therefore change their minds. This justification implies that those women might change their mind on the choice of not having

biological children which is a choice outside of the norm in a society in which wanting children is a social expectation. Because of this social norm, women seeking sterilization are recommended another non-permanent and reversible method of contraception that may be more appropriate. This demonstrates that the norm of wanting children is well established. This norm automatically marginalizes these women and conditions their experiences in their attempts to access irreversible sterilization.

The reactions of the women's entourage when friends or family members learn that they want to have this operation also underline the marginality of this identity. A few women have been told by relatives that they must have children. This opinion is directly coherent with the social construction of motherhood in Western society (Settle and Brumley 2014, Gillespie 2000, 2003). Female identity is tied to motherhood, which leads to social pressure that can be described as *mandatory motherhood* (Morell 2000). These women, therefore, with varying degrees of intensity, experience the social pressure related to motherhood. The marginality of their identity effectively colours the experience of women, and these comments and the impression of being outside the norm have led them to form communities on the Internet. These communities, as significant sources of support and information throughout the process, are an important component for these women in their steps towards the operation. The (implicit) social norms, according to theories of biopower, imply a certain control, and sometimes take over the (explicit) rules of the legal system. This is related, in this context, to the fact that these women do not wish to have children, against the Western norms of this mandatory motherhood that exerts specific social pressures for white middle-class women (Settle 2014, Settle and Brumley 2014).

Having a background and identity outside of the established norm colours the experience of these women throughout the process leading to sterilization in a variety of ways. Sterilization is an uphill administrative and moral battle, which leads to the emergence of this choice as a claimed identity.

Childfree by choice: Claiming a Marginal Identity

For the women in my study, sterilization is a way to make their choice to be childfree a reality. Several women told me how this operation represents a decisive and important gesture in their lives. Beatrice

considers that the operation was for her a gesture that “closed the book on the fact that [she] did not want to have a child”, confirming the fact that she did not want one and would not have one. She uses the terms closure and confirmation, which shows that the sterilization operation and the very fact of having parts of one’s reproductive anatomy “tied up” are the concretization of this non-desire for a child. The operation is indeed definitive, which makes the act even bolder once it is completed. Pauline, who has not yet had the operation, has difficulty identifying herself as childfree. For Sarah, the simple fact that she is involved in the sterilization process reinforces her sense of identity as a childfree woman by choice. This shows how important sterilization is for certain women to truly define themselves as childfree.

Sterilization viewed from this perspective can even be seen as a rite of passage, a ritual that allows these women to officially become childfree by choice. Ouellette (1993) explains that “a rite of passage draws attention to the change in status, while its primary function goes unnoticed, that of instituting an arbitrary social division, not between those who are subject to the ritual and those who are not, but rather between those who are amenable to the ritual and all those who are permanently excluded from it.” (Ouellette 1993, 378). However, the importance that these women place on sterilization is not solely ritualistic. The biological effect of sterilization takes precedence over the emergence of this identity. Indeed, Pauline sees the operation as a form of liberation, which was also mentioned by a few other participants. Being officially childfree for these women refers not only to not wishing to have children, but also to no longer having the *possibility* of having biological children. Moreover, the fact of being childfree *by choice* is important for Lili in particular because the operation had allowed her to distinguish herself from women who do not have children because of life circumstances. This operation was a way for her to take ownership of her identity and her choices. Many women also explained that the surgery was a way for them to cut off conversations and comments about the fact that they do not “yet” have children. Thus, the process itself may be important in defining and shaping this identity.

Before they initiated the process, many participants did not understand their childfree identity as marginal, but rather as a personal decision without broader meanings. It is an identity that develops in reaction or even resistance (Borduas 2013) to the dominant and normalized

categories associated with femininity in Quebec. Within society, there are forms of identity that appear on the fringes of this dominant norm. Aurelie used the expression “coming out” to talk about this situation of claiming a childfree identity. This analogy is interesting since it borrows from the language of sexual and gender identities in referring to a non-visible identity that is expressed outside of the established norms and that is claimed by people who identify as such. Many women, through the refusals, the difficulties in accessing medical appointments, the numerous administrative steps to be taken or the lack of support of their relatives, consider it very important to claim this identity since the process can be complicated and the sterilization difficult to access.

In Foucault’s theory of biopower, marginal identities can be understood as forms of resistance (Foucault 1976). The power that is exercised over individuals is always linked to certain forms of resistance since “all relations of power involve possibilities of resistance” (Borduas 2013, 20) and that the analysis of these forms of resistance can shed light on power issues. Indeed, these identities are part of a struggle for an assertion of the right to be different outside of even a fixed and normalized identity (Borduas 2013). The claims of this identity by these women are a way for them to have a voice in society and to affirm that this form of identity and way of life exist.

Community and Biosociality

The identity of childfree women can also be understood as a form of biosociality. The term biosociality was coined to describe forms of identities and social ties that are articulated around a genomic reality common to a group (Rabinow 1999). Childfree is an identity forged from the lack of desire for children, but also from the biological impossibility to procreate that is made possible through irreversible sterilization. The participants—whether they had undergone the operation or not—mentioned that this identity emerged for them when they began to learn about the possibility of irreversible sterilization. However, Pauline, who has not yet had the operation, is not able to fully see herself as a childfree woman by choice, as there is always the possibility that she may change her mind. The operation is an ultimate way of no longer having this reproductive capacity in their body. This demonstrates how the childfree identity of these women is directly linked to reproductive (and therefore biological) capacity.

Rose (2007) presents biosocial identity as a form of citizenship that is linked to pathological conditions. In the case of my research, women are not using biotechnology as a treatment for a disease. Rather, it is in the very conception of a normal and healthy individual that the claims of these women and the emergence of biosociality are situated. This conception of biosociality was proposed by Raffaetà (2017) in her research in Italy with parents who refuse to vaccinate their children. Childfree identity effectively reconfigures health as these women claim the ability to become infertile voluntarily in a society that views infertility as a pathology (Sterling 2013, Charton and Zhu 2016, Ouellette 1993).

Biosociality for Rose is also seen in the creation of communities of people who come together around a common identity. More than half of the participants mentioned that they were part of communities on the Internet, as mentioned above. Rose also states that these new forms of association are often political in scope, and from those forms of membership emerge identities with a biosocial dimension (Rose 2007). Indeed, several participants explained that they are not only taking the steps for themselves, but also for all those who wish to have the operation and who are unable or simply do not dare to take the steps. These demands are part of a long-held feminist tradition of requests for women's right to control their own bodies, especially through the struggle for reproductive rights and sexual liberation (Gaucher, Laurendeau and Trottier 1981, Petchesky 1995). To further emphasize this political aspect in relation to difference, Whyte (2009) proposes the notion of identity politics: "Identity politics is about the revaluation of difference: the assertion of a difference that had been disvalued, the witnessing of discrimination, and the struggle for recognition, rights and social justice" (Whyte 2009, 7). Thus, the childfree identity is social, even political, since it emerges from the awareness of these women that their life choice associated with not wanting children is on the fringe of the norms and expectations valued by most Quebeckers. By the same token, this identity is fundamentally biological since its foundation is the fact of no longer having the biological capacity to procreate (Rochon 1986).

Conclusion

At first sight, the women I interviewed did not seem to consider being childfree as an important aspect of their identity. However, the

analysis demonstrated how the process leading to sterilization helped forge the childfree identity of these women. This qualitative analysis has some limits regarding the size sample. Indeed, the small sample of participants does not allow to draw conclusions regarding the emergence of a childfree identity through the process leading to sterilization for all childless women who undergo sterilization in Quebec. Nevertheless, this research shed light on the experience of people with marginal identities and life choices within the healthcare system in Quebec. It allows for reflections on the ways marginal identities concerning reproduction are shaped through medical procedures. Although I have focused my analysis on the experiences of these women, a more in-depth ethnography of the interactions between these women and medical professionals would provide a greater understanding of the dynamic between patients and clinicians. My research did not consider the opinions and perceptions of physicians who do or do not perform tubal ligation. This would be another relevant avenue to explore in order to understand the phenomenon as a whole and to provide a reflection on the way clinicians view this medical procedure in this context.

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Bibliography

- Agrillo, Christian, and Cristian Nelini. 2008. "Childfree by choice: a review." *Journal of cultural geography* 25 (3):347–363.
- Anderson, Kermyt G. 2017. "High prevalence of voluntary sterilization among american women explained by trade-offs resulting from male parental commitment." *Journal of Biosocial Science* 50 (4):505–526. doi: 10.1017/S0021932017000414.
- Baulieu, Étienne-Émile, Françoise Héritier, and Henri Leridon. 1999. *Contraception : contrainte ou liberté ?*, Travaux du Collège de France. Paris : Éditions Odile Jacob.
- Beaujot, Roderic. 2000. "Les deux transitions démographiques du Québec, 1860-1996." *Cahiers québécois de démographie* 29 (2) :201-230. doi: <https://doi.org/10.7202/010286ar>.
- Bielski, Zosia. 2019. "The new 'childree': Fearful amid climate change, some young Canadians abandon plans to have children." *The Globe and Mail*. <https://www.theglobeandmail.com/canada/article-the-new-childfree-fearful-amid-climate-change-some-young-canadians/>.
- Borduas, Joël. 2013. "Le gouvernement de la vie dans les sociétés libérales : une relecture critique de la perspective biopolitique chez Michel Foucault, Nikolas Rose et Giorgio Agamben." Msc., département de sociologie, Université du Québec à Montréal.
- Campbell, Anily. 1999. *Childfree and sterilized. women's decisions and medical responses*. Londres : Cassell.
- Charton, Laurence. 2014. "La stérilisation contraceptive ou le renforcement d'une image normative de la famille." *Recherches familiales* 11 (1) : 65-73. doi : 10.3917/rf.011.0065.
- Charton, Laurence, and Nong Zhu. 2016. "Les couples à l'épreuve de l'infertilité : une analyse à partir des enquêtes ERFI." In *Trajectoires et âges de la vie*. Association internationale des démographes de langue française, edited by Sophie Pennec, Chantal Girard and Jean-Paul Sanderson.
- Chi, I-Cheng, and Shyam Thapa. 1993. "Postpartum tubal sterilization: an international perspective on some programmatic issues." *Journal of Biosocial Science* 25 (1):51- 61. doi: 10.1017/S0021932000020290.
- De Wit, Margaret, and Fernando Rajulton. 1991. "Voluntary sterilisation among Canadian women." *Journal of Biosocial Science* 23 (3):263-274. doi: 10.1017/S0021932000019337.
- Del Río Fortuna, Cynthia A. 2009. "Elecciones en anticoncepción quirúrgica: una mirada sobre la relación entre la técnica y la persona." *Runa : Archivo para las Ciencias del Hombre* 30 (1):79-95.
- Del Río Fortuna, Cynthia A. 2007. "El acceso a la ligadura de trompas de Falopio en la Ciudad de Buenos Aires : la maternidad responsable y saludable frente al derecho a decidir sobre el propio cuerpo." *Cuadernos de Antropología Social* 1 (25):169-188.
- Department of Economic and Social Affairs. 2019. *Contraceptive use by method*. edited by United Nations.

- Deschênes, Nathalie, and Chantal Girard. 2020. "Les naissances au Québec et dans ses régions en 2019." *Bulletin sociodémographique* 24 (4).
- DeVellis, Brenda McEvoy, Barbara Strudler Wallston, and David Acker. 1984. "Childfree by choice: Attitudes and adjustment of sterilized women." *Population and Environment* 7 (3):152–162. doi: 10.1007/BF01255486.
- Edmonston, Barry, Sharon Lee, and Zheng Wu. 2009. "Childless canadian couples." Department of Sociology and Population Research Group, University of Victoria.
- Fédération du Québec pour le planning des naissances. 2016. "Ligature des trompes", accessed October 2020. <http://www.fqpn.qc.ca/?methodes=ligature-des-trompes>.
- Finnsdottir, Maria, and Zheng Wu. 2019. "Contraceptive use in Canada, 2001 to 2011." *Canadian Studies in Population* 46 (1):27-46. doi: 10.1007/s42650-019-00003-w.
- Foucault, M. 1975. *Surveiller et punir : naissance de la prison*. Vol. 225, Collection Tel. Paris : Gallimard.
- Foucault, M. 1976. *Histoire de la sexualité*. Paris : Gallimard.
- Gillespie, Rosemary. 1999. "Voluntary childlessness in the United Kingdom." *Reproductive Health Matters* 7 (13):43–53. doi: 10.1016/S0968-8080(99)90111-8.
- Gillespie, Rosemary. 2000. "When no means no: Disbelief, disregard and deviance as discourses of voluntary childlessness." *Women's Studies International Forum* 23 (2):223–234. doi: [https://doi.org/10.1016/S0277-5395\(00\)00076-5](https://doi.org/10.1016/S0277-5395(00)00076-5).
- Gillespie, Rosemary. 2003. "Childfree and feminine: understanding the gender identity of voluntarily childless women." *Gender & Society* 17 (1):122–136. doi: 10.1177/0891243202238982.
- Gotman, Anne. 2017. "Le choix de ne pas avoir d'enfant, ultime libération ?" *Travail, genre et sociétés* 1 (37) : 37-52.
- Gouvernement du Québec. 2015. "Système de santé et de services sociaux en bref." Last Modified 21 décembre 2015, accessed December 14 2020. <https://www.msss.gouv.qc.ca/reseau/systeme-de-sante-et-de-services-sociaux-en-bref/>.
- Gouvernement du Québec. 2017. *La performance du système de santé et de services sociaux québécois 2016*. edited by Commissaire à la santé et au bien-être. Bibliothèque et Archives nationales du Québec, 2017.
- Hacey, Isabelle. 2009. "Les gens qui ne veulent pas d'enfant." *La Presse*. accessed June 1, 2021. <https://www.lapresse.ca/vivre/famille/200910/15/01-911707-les-gens-qui-ne-veulent-pas-denfants.php>.
- Handfield, Catherine. 2020. "Nullipares : donner une voix aux femmes sans enfants." *La Presse*. accessed June 1, 2021. <https://www.lapresse.ca/arts/litterature/2020-06-05/nullipares-donner-une-voix-aux-femmes-sans-enfants>.
- Harrison-Julien, Pasquale. 2018. "'Childfree': sans enfant par choix." *Rad*, Last Modified April 30, 2018, accessed July 2, 2021. <https://www.rad.ca/dossier/reproduction/80/childfree-sans-enfant-par-choix>.

- Hénault, Alexandra. 2019. "Je ne voudrai jamais enfanter." *Le Devoir*. accessed June 1, 2021
<https://www.ledevoir.com/opinion/idees/567719/je-ne-voudrai-jamais-enfanter>.
- Hintz, Elizabeth A., and Clinton L. Brown. 2019. "Childfree by choice: stigma in medical consultations for voluntary sterilization." *Women's Reproductive Health* 6 (1):62- 75
 doi: 10.1080/23293691.2018.1556427.
- Institut de la Statistique du Québec. 2019. "Interruptions volontaires de grossesse (nombre, rapport pour 100 naissances et taux pour 1 000 femmes), hystérectomies, ligatures, vasectomies, réanastomoses et vasovasostomies, Québec, 1971-2014." Gouvernement du Québec, Last Modified 8 décembre 2015, accessed October 5 2020.
<http://www.stat.gouv.qc.ca/statistiques/population-demographie/naissance-fecondite/415.htm>.
- Kelly, Maura. 2009. "Women's voluntary childlessness: a radical rejection of motherhood?" *Women's Studies Quarterly* 37 (3/4):157–172.
- Kóczé, A. 2011. "La stérilisation forcée des femmes roms dans l'Europe d'aujourd'hui." *Cahiers du Genre* 50 (1) : 133-152. doi : 10.3917/cdge.050.0133.
- Korasick, C. 2010. *Women without children: Identity, choice, responsibility*. Faculty of Graduate School, University of Missouri-Columbia. Ph.D.dissertation
- Laperrière, Anne. 1997. "Analyse : La théorisation ancrée (grounded theory) : démarche analytique et comparaison avec d'autres approches apparentées." In *La recherche qualitative : Enjeux épistémologiques et méthodologiques*, edited by Jean Poupart, Lionel-Henri Groulx, Jean-Pierre Deslauriers, Anne Laperrière, Robert Mayer and Alvaro P. Pires, 309-340. Montréal : Gaëtan Morin Éditeur.
- Lock, Margaret. 1998. *Pragmatic women and body politics*, Cambridge Studies in Medical Anthropology 5. Cambridge: University Press, Cambridge.
- Lynch, Ingrid, Tracy Morison, Catriona Macleod, Magda Mijas, Ryan Toit, and Simi Seemanthini. 2018. "From deviant choice to feminist issue: an historical analysis of scholarship on voluntary childlessness (1920–2013): the joys of otherhood?". Bingley: Emerald Group Publishing, 11–47.
- Marret, Henri. 2013. "Y at-il un âge limite à la stérilisation volontaire féminine ?" *Gynécologie Obstétrique & Fertilité* 1 (41) : 1-3.
- Martin, Emily. 1992. *The woman in the body: a cultural analysis of reproduction with a new introduction*. Boston: Beacon Press.
- Martinez-Alier, J. 2015. "Les décroissants : des néomalthusiens ?" *Nouveaux Cahiers du socialisme* (14) : 71-75.
- Masella, M.-A. and E. Marceau. 2020. "La stérilisation volontaire chez les femmes sans enfant de moins 30 ans : dilemme éthique et déontologique." *Canadian Journal of Bioethics / Revue canadienne de bioéthique* 3 (1).
- Mawson, Diana. 2005. "The meaning and experience of voluntary childlessness for married couples." Ph.D. dissertation, Counselling Psychology, University of British Columbia.

- McQueen, Paddy. 2017. "Autonomy, age and sterilisation requests." *Journal of Medical Ethics* 43 (5):310–313.
- Mieke, C., and M. Megan. 2016. "The perplexing links between contraceptive sterilization and (dis) advantage in ten low-fertility countries." *Population Studies* 70 (1):39–58.
- Molina Serra, A. 2017. "Esterilizaciones (forzadas) en Perú: poder y configuraciones narrativas." *AIBR: Revista de Antropología Iberoamericana* 12 (1):31–52.
- Morell, C. M. 1994. *Unwomanly conduct: the challenges of intentional childlessness*. New York: Routledge.
- Morell, Carolyn M. 2000. "Saying No: Women's Experiences with Reproductive Refusal." *Feminism & Psychology* 10 (3):313–322. doi: 10.1177/0959353500010003002.
- Ouellette, Françoise-Romaine. 1993. "Féminisme, femmes "infertiles et procréation médicalement assistée." In *Structuration du social et modernité avancée : autour des travaux d'Anthony Giddens*, edited by Michel Audet, Hamid Bouchikhi and Centre culturel international de Cerisy-la-Salle. Sainte-Foy, Québec : Presses de l'Université Laval.
- Pâris, Marie. 2018. "Sans enfant, et sans regret." *Voir*. accessed June 1, 2021. <https://voir.ca/voir-la-vie/2018/01/24/sans-enfant-et-sans-regret/>.
- Patel, P. 2017. "Forced sterilization of women as discrimination." *Public Health Reviews* 38 (1):15. doi: 10.1186/s40985-017-0060-9.
- Pegoraro, L. 2015. "Second-rate victims: the forced sterilization of Indigenous peoples in the USA and Canada." *Settler Colonial Studies* 5 (2):161–173. doi: 10.1080/2201473X.2014.955947.
- Rabinow, Paul. 1999. "Artificiality and enlightenment: from sociobiology to biosociality." In *Anthropologies of Modernity: Foucault, Governmentality, and Life Politics*. Oxford: John Wiley & Sons.
- Raffactà, Roberta. 2017. "Biosociality extended: The case of parental groups campaigning against paediatric vaccinations in Italy." In *Emerging Socialities in 21st Century Healthcare*, edited by Bernhard Hadot and Anita Hardon. Amsterdam University Press, 13–24.
- Richie, Cristina. 2013. "Voluntary sterilization for childfree women." *Hastings Center Report* 43 (6):36–44. doi: 10.1002/hast.216.
- Rochon, Madeleine. 1991. « Les ligatures de trompes et les vasectomies au Québec. Évolution récente. » *Cahiers québécois de démographie* 20 (1) : 157-166
doi : <https://doi.org/10.7202/010070ar>.
- Rose, Nikolas. 2007. *The politics of life itself: biomedicine, power, and subjectivity in the twenty-first century*. In-forma-tion series. Princeton (N.J.) : Princeton University Press.
- Ruel-Laliberté, Jessica, Audrey Binette, and Amélie Bertrand. 2020. « Salpingectomie bilatérale aux fins de contraception permanente : série de cas et facteurs limitant le changement de pratique. » *Journal of Obstetrics and Gynaecology Canada* 42 (8):948-952. doi : <https://doi.org/10.1016/j.jogc.2020.02.004>.
- Sawicki, Jana. 1991. *Disciplining Foucault: feminism, power, and the body, Thinking gender*. New York (N.Y.): Routledge.
- Schoen, Robert, Nan Marie Astone, Constance A. Nathanson, Young J. Kim, and Nancy Murray. 2000. "The impact of fertility intentions on

- behavior: The case of sterilization.” *Social Biology* 47 (1–2):61–76. doi: 10.1080/19485565.2000.9989010.
- Settle, Braelin E. 2014. “Defying mandatory motherhood: The social experiences of childfree women.” Ph. D, Wayne State University.
- Settle, Braelin E., and Krista Brumley. 2014. “It’s the choices you make that get you there’: decision-making pathways of childfree women.” *Michigan Family Review* 18 (1):1–22.
- Sifris, R. 2016. “The involuntary sterilisation of marginalised women: power, discrimination, and intersectionality.” *Griffith Law Review* 25:1–26. doi: 10.1080/10383441.2016.1179838.
- Sifris, R. N. 2015. “Involuntary sterilization of hiv-positive women: an example of intersectional discrimination.” *Human Rights Quarterly* 37 (2):464–491.
- Simard, Majella. 2019. « Le vieillissement de la population et la décroissance démographique en milieu rural : un défi pour le développement territorial des petites localités du Québec. » *Cahiers québécois de démographie* 48 (2) : 107-134.
doi : <https://doi.org/10.7202/1074178ar>.
- Somers, Marsha D. 1993. “A comparison of voluntarily childfree adults and parents.” *Journal of Marriage and Family* 55 (3):643–650.
doi: 10.2307/353345.
- Sterling, Evelina W. 2013. *From no hope to fertile dreams: Procreative technologies, popular media, and the culture of infertility*. edited by Wendy S. Simonds, Elizabeth Burgess and Rlaph LaRossa. ProQuest Dissertations Publishing.
- Stobert, S., and A. Kemeny. 2003. “Childfree by choice.” *Canadian Social Trends* 69 (11-008):7–10.
- Tännsjö, T. 2006. “Non-voluntary sterilization.” *Journal of Medicine and Philosophy* 31 (4):401–415. doi: 10.1080/03605310600860783.
- Tocchioni, Valentina. 2018. “Exploring the childless universe. Profiles of women and men without children in Italy.” *Demographic Research* 38 (19):451–470.
- Zite, Nikki, and Sonya Borrero. 2011. “Female sterilisation in the United States.” *The European Journal of Contraception & Reproductive Health Care* 16 (5):336–340. doi: 10.3109/13625187.2011.604451.