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Women’s Feelings about Childlessness in Two Pro-Natalist Countries

Abstract: This article focuses on women’s feelings in regard to being childless/childfree in two pro-natalist countries—Lithuania and Poland. The article is based on semi-structured interviews conducted in Lithuania (N = 40) and Poland (N = 31) in 2017–2018. Comparing the experiences of two generations of women, the article reveals how social pressure functions as a mechanism of social exclusion in both countries. The analysis of circumstantial childlessness showed two ways in which women constructed their narratives: feeling normal (which prevailed in the older generation), and having ambivalent or negative reactions (which was prevalent in the narratives of both generations). The most intense emotions were revealed by women who had not had children for physiological reasons, while those women who had chosen not to have children faced strong pressure from the social environment.

Keywords: feelings about childlessness; pro-natalism; social exclusion; Lithuania; Poland

Introduction

Women of older generations tended to be childless due to never marrying or marrying late (Dykstra & Hagesta 2007). The generations of the second half of the twentieth century, however, are described as having greater autonomy and individualism (Giddens 1991; Beck & Beck-Gernsheim 2002) and, along with other reasons for childlessness, they were able to choose a childfree lifestyle—an option that their mothers and grandmothers had not had.

It is a fact that the prevalence and social acceptance of childlessness have increased in recent decades almost everywhere (Tanturri et al. 2015). At the same time, researchers have noticed that most societies and cultures have continued to draw a parallel between womanhood and motherhood (Gillespie 1999; Venkatesan & Murali 2019), with consequences for those women who have remained childless. Several studies conducted in Western societies have confirmed that women without children continue to be stigmatized, negatively stereotyped, and socially excluded (Graham et al. 2013). Women without children in midlife are often viewed as career-oriented, non-normative people focusing on material success (McDonald 2002; Newton & Stewart 2016). Thus a life path without children is still considered deviant for women in societies where the negative stereotyping of childlessness is prevalent.
Studies that have focused on the experience of childlessness have found a range of emotions among childless women. The literature reports evidence of persistent anxiety, depression, and stress (Cousineu & Domar 2007; Greil 1997), profound grief (Kirkman 2003), and regret (Jeffries & Konnert, 2002). Other studies have revealed the ways women negotiate normatively constructed beliefs and values. Megumi Fieldsend (2018) in a review of 40 papers on involuntary childlessness revealed that “women equated a sense of failure with that of [not] meeting a social expectation…An inability to share this gendered status of womanhood was found to be a significant issue on social interactions [sic]” (Fieldsend 2018: 60) particularly causing difficulties for the women in maintaining positive relationships with other women and children. A study by Letherby (1999) on infertile and/or involuntarily childless women revealed that the women shared a sense of being “Others,” that is, of being strangers in society.

It would seem that most studies that focus on women’s perceptions of childlessness tend to concentrate on the involuntary form, and to find rather difficult emotions. Authors who have studied voluntary childlessness, however, have also found acknowledgement of positive aspects of the women’s choice, such as increased freedom, a better relationship with their partner (Basten 2009), and having no regrets (Cambell 1999). On the other hand, women who are childless by choice run the risk of negative social reactions: from disbelief that their childlessness was by choice to the conviction that childlessness does not represent a valid choice (Gillespie 2000).

Considering that little is known about experiences of childlessness in the formerly communist Eastern European countries and that approval rates for (voluntary) childlessness are lowest there (Tanturri et al. 2015), this study aims to explore the experience of childlessness in two pro-natalist countries: Lithuania and Poland. Since both countries have predominant familist attitudes toward childbearing (Stankuniene & Maslauskaite 2008), we argue that social pressure functions as a mechanism for the social exclusion of women who lead lives diverging from the traditional model of womanhood. We aim to reveal a wide range of experiences, which may differ according to the causes of childlessness. Thus, we include the narratives of women representing all three types of childlessness: involuntary childlessness (e.g., infertility); voluntary childlessness (being “childfree”); and childlessness by circumstance (neither voluntary nor involuntary, e.g., delayed childbearing or lack of a partner) (Buhr & Huinink 2014). We consider pro-natalism to be an ideology that implies the encouragement of all births as conducive to individual, family, and social well-being (Park 2002).

Demographic, Socio-Cultural, and Political Contexts of Childlessness in Lithuania and Poland

*Changes in procreative behavior*

Comparative analysis of historical trends in final childlessness in Europe indicates similar developments in Lithuania and Poland (Sobotka 2017). In both countries, the level of permanent childlessness was highest among women born in the first half of the twentieth century (the cohorts of 1920 and 1930) and lowest among women born in the middle of the
The second half of the century, with the cohort of 1960 in Lithuania and 1965 in Poland, the share of childless women started to increase again. However, it remained relatively low (less than 10 percent) compared to non-CEE countries, which had an average of 18 percent for the cohort of 1968.

The similarities in the two countries' demographic trends can be explained by their shared experience as former state-socialist countries (Sobotka 2017). In the Stalinist period, the "official Soviet culture endorsed strong families, glorified motherhood, and strove to raise the birthrate" (Hoffman 2000: 25). In other words, there was normative disapproval for childlessness. As Stalinist pro-natalism was accompanied by restricted access to divorce and by an abortion ban (Ibid.), and as contraceptive measures were not readily available, it was also difficult to remain childless. Even though restrictions on abortion and divorce were lifted after Stalin's death, the official agenda in respect to women remained the same until the middle of the 1960s (Engel 1987), and pro-natalist policies were continued long after (Feshbach 1982).

Following the collapse of the Soviet Union, the major socio-cultural and political changes in Poland and Lithuania took parallel directions: both countries regained their independence and followed the path of democratization and a market economy. During this period, both countries experienced a significant decline in fertility. The total fertility rate for the period, which stood at around 2 in each country in 1990, fell to 1.2 in 2002 (EUROSTAT). Since then it has been on the increase in Lithuania, reaching 1.7 in 2015–2016 before dropping to 1.6 in 2017–2018. The increase was slightly less steady and prominent in Poland, where the total fertility rate reached 1.5 in 2018. Thus, even though both countries managed to "climb out" of so-called lowest-low fertility (Billari & Kohler 2004), the level is still well below the level of population replacement. The net reproduction rate is less than 1 in both countries: 0.7 in Poland and 0.8 in Lithuania (for the period of 2015–2020, United Nations, 2019). The mothers' generation is therefore being replaced by a significantly smaller generation of daughters.

These fertility changes were part of the profound demographic transformation that took place earlier in countries of the West and that was described in the framework of the Second Demographic Transition (Lesthaeghe 2010). This framework connects family and fertility changes with three components of modernization: structure (industrialization, urbanization, etc.), culture (democratization, value changes, etc.) and technology (modern methods of contraception, new forms of information dissemination, etc.) (van de Kaa 1996). In the Western context, the importance of an ideational shift toward values of individual autonomy and self-fulfillment has been emphasized: "ideational change triggered declines in fertility, which set in motion other life-course transformations such as less and later marriage, a multitude of living arrangements, a disconnection between marriage and procreation, and increased women's independence inside and outside of unions" (Pesando et al. 2018: 6). However, in Poland and Lithuania, structural changes, especially in terms of the economic reforms during the 1990s, were more important (Kotowska et al. 2008; Jasilioniene & Stankuniene 2008). Transition to a market economy created considerable uncer-

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1 The net reproduction rate is "the average number of daughters a hypothetical cohort of women would have at the end of their reproductive period if they were subject during their whole lives to the fertility rates and the mortality rates of a given period" (United Nations Population Division). The measure shows the number of daughters per woman and indicates the level of generational replacement.
tainty, which discouraged women from motherhood. Ideational change toward values that support voluntary childlessness or the postponement of parenthood became more prominent in later years of the transition (Ibid.). In efforts to increase fertility, both countries adopted pro-natalist family policies (Frejka & Gietel-Basten 2016).

**Feminism, Catholicism, and Reproductive Rights**

Feminism played an important role in disentangling the notions of femininity and mothering. The identity of being a “woman,” which was questioned by Simone de Beauvoir in *The Second Sex*, is still at the center of the feminisms that have developed sixty years later (Hekman 2015). The famous phrase “One is not born but rather becomes a woman” (Beauvoir 2010: 283) took the crown off biological destiny and put the emphasis on culture. This distinction between the female body and identity allowed feminist scholars to break the direct association of womanhood with maternity. Criticism was addressed toward the assumption that maternity is “natural” and the core quality of women’s experience. Rich’s *Of Woman Born: Motherhood as Experience and Institution* rests on the assumption that “the personal is political” and highlights the maternal subject as complex, thoughtful, and in dialogue with current ideologies concerning maternity (Jeremiah 2006).

The theory of the second demographic transition has been criticized as lacking a gender perspective (Oláh et al. 2018). Changing gender roles and the democratization of relationships in regard to decisions about procreation influenced demographic developments (Ibid.). Women’s participation in the labor market increased, thus making “mothering work” more challenging. In Western and Northern European countries it was recognized that in order to increase fertility, family-policy measures that allowed women to combine work and family were important. Gender equality in the public sphere needed to be mirrored in the private sphere because when the majority of the housework and childcare falls on women, they are discouraged from having children. However, Poland and Lithuania took a different approach. In both countries, feminism was deemed a “Western ideology,” destructive of traditional family values (Graff 2014). After regaining independence, rhetoric of the “women should return to family life” type became the core of family policy in Lithuania: childcare facilities were closed and traditional family and gender roles, such as “a man—a breadwinner” were encouraged. However, such solutions were not supported by the market economy and were doomed to collapse in the middle of the decade. Still, to this day childcare leave remains relatively long in Lithuania compared to other European countries (three years). In Poland, family-assisting infrastructure was scaled down in the 1990s and 2000s, thus placing the burden of childcare on the shoulders of women and *de facto* reinforcing traditional gender roles (Król & Pustułka 2018). As family policy did not mitigate the negative effects of the economic transformation, some Polish women might have chosen to remain childless even though they wanted to have children (Graff 2014).

Poland also has a potent discourse about the Polish “super mother,” and the figure of the Polish Mother (*Matka Polka*), which defines womanhood through the loving and self-sacrificing role of a mother—a woman convinced of her irreplaceability as the manager of family life (Titkow 2012). Interestingly, the discourse of the Polish Mother “allows” Polish women to combine economic activity with childcare. In this case, they can rely on the
support of other female family members: mothers, sisters, and aunts (Krzyzowski 2011). However, research shows that there are increasing numbers of women who do not view having a child as a defining component of their identity. Those women who already have children are also more skeptical about enlarging their family than are men (CBOS 2010). Interestingly, having just one child has as little social acceptance in Poland as does the large family model (Fitzpatrick et al. 2014).

As Polish and Lithuanian societies became more open to the influence of Western culture, different styles of family life became more acceptable and widespread. At the same time, however, the Catholic Church regained its significance in the public sphere, creating a counterbalance on the side of the conservative agenda. Therefore, on the one hand, individualization and cultural modernization allowed childlessness to become a possible life choice for Polish and Lithuanian women (a likely reason for the increase in levels of childlessness). On the other hand, the pro-natalist discourse and conservative agenda of the Catholic Church has aimed to discourage women from this choice. Compared to Poland, the political and cultural influence of the Catholic Church in Lithuania is less pronounced. Moreover, Lithuania has a higher share of non-religious people (Need & Evans 2003). Due to the power of the Catholic Church in Poland, Polish women have limited reproductive rights—access to abortion in Poland is highly restricted. It is, however, important to mention that there is significant opposition to this policy in Polish society, as indicated by the 2016 “black protests” against a proposed total abortion ban (Król & Pustułka 2018). In Lithuania, abortion is available on demand, and in the case of involuntary childlessness reproductive technologies are partly funded by the state, ensuring better access to them. In comparison to women in Poland, women in Lithuania thus have more freedom in terms of their reproductive choices. This might be a factor in the reasons for women’s being childless and their experience of that state in these two countries.

Methodology

Data on the experience of childlessness (childfree lives) was gathered in the framework of the project “Childlessness in Lithuania: Socio-Cultural Changes and Individual Experiences in Modern Society,” No. S-MOD-17-3, financed by the Research Council of Lithuania. The analysis was based on semi-structured qualitative interviews conducted in Lithuania (N = 40) and Poland (N = 31) in the years 2017–2018. Two generations of single and coupled voluntary/involuntary childless/childfree women were interviewed:

1. Women aged 28–47 at the time of the interview. This group of childless women is referred to as “younger women” in the article. The age of 28 refers to the average age of first childbirth, which, in 2017, was 27.5 in Lithuania (Demografijos 2017) and almost 28 in Poland (Poland Demographics 2019).
2. Women 50–71 years of age at the time of the interview. In the article, this group is referred to as “older women.”

The demographic characteristics of the Lithuanian and Polish samples can be found in Table 1. The age and the country of the informants are indicated in parentheses after each quotation.
Table 1
The demographic characteristics of childless women in Lithuania and Poland

<table>
<thead>
<tr>
<th></th>
<th>LT (N = 40)</th>
<th>PL (N = 31)</th>
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<tbody>
<tr>
<td><strong>Age</strong></td>
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<tr>
<td>28–49</td>
<td>19</td>
<td>23</td>
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<tr>
<td>50–71</td>
<td>21</td>
<td>8</td>
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<tr>
<td><strong>Education</strong></td>
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<tr>
<td>Higher (university)</td>
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<td>26</td>
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<tr>
<td>Post-secondary</td>
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<td>1</td>
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<tr>
<td>(non-university)</td>
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<tr>
<td>Secondary vocational</td>
<td>2</td>
<td>—</td>
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<tr>
<td>education</td>
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<tr>
<td>Secondary</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td><strong>Place of residence</strong></td>
<td></td>
<td></td>
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<tr>
<td>Cities*</td>
<td>29</td>
<td>17</td>
</tr>
<tr>
<td>Towns</td>
<td>9</td>
<td>12</td>
</tr>
<tr>
<td>Villages</td>
<td>2</td>
<td>2</td>
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<tr>
<td><strong>Marital status</strong></td>
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<tr>
<td>Married</td>
<td>12</td>
<td>13</td>
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<tr>
<td>Unmarried</td>
<td>24</td>
<td>15</td>
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<tr>
<td>Divorced</td>
<td>2</td>
<td>2</td>
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<tr>
<td>Widowed</td>
<td>2</td>
<td>1</td>
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<tr>
<td><strong>Living arrangement</strong></td>
<td></td>
<td></td>
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<tr>
<td>Alone</td>
<td>18</td>
<td>10</td>
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<tr>
<td>With partner</td>
<td>16</td>
<td>20</td>
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<tr>
<td>With relatives</td>
<td>5</td>
<td>1</td>
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<tr>
<td>With non-relatives</td>
<td>1</td>
<td>—</td>
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<tr>
<td><strong>Type of childlessness</strong></td>
<td></td>
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<tr>
<td>Circumstantial</td>
<td>25</td>
<td>12</td>
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<tr>
<td>Voluntary</td>
<td>3</td>
<td>14</td>
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<tr>
<td>Involuntary</td>
<td>11</td>
<td>5</td>
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</tbody>
</table>

*In Lithuania: cities—>50,000 population; towns—2,000–50,000 population; villages—< 2,000; in Poland: cities—>250,000; towns—2,000–250,000 population; villages—< 2,000 population.

The experience of childlessness was explored through the use of open questions about the women’s feelings in relation to being childfree/childless now and in the past, and about social pressure from their close environment and from more distant circles. The interviewees were selected according to criteria of heterogeneity. The interviews were conducted in different areas of Lithuania and Poland, and included women from cities, towns, and rural areas, and of different social backgrounds (including in regard to socio-economic status, level of education, and type of partnership if any, i.e., whether they were single, married, or cohabiting).

Inductive methods of social inquiry were used. The interviews were coded with the help of the software MAXQDA 2018. The process of coding and categorizing was based on each researcher’s finding common themes, comparison, discussion, and the creation of topics afterwards.

In the following section, we discuss how the experience of childlessness is manifested in Lithuania and Poland. We begin with an analysis of the experience of circumstantial childlessness, followed by narratives of voluntary and involuntary childlessness. Since we
are presenting an analysis of qualitative data, the research does not identify tendencies but rather has an explanatory value: it reveals the meaning of childlessness to the informants.

**Women’s Feelings about Childlessness**

**Circumstantial Childlessness**

*Acceptance: feeling “normal” and embracing normalcy*

In both countries, the most common reason for the circumstantial childlessness of women of the older generation was not having found a suitable partner. These women had had time to think about their situation and to accept it, and thus their narratives reflected calmness. The social norms of Soviet times did not allow non-familial sexual relationships. Therefore, in the Lithuanian sample, the statement that having a child was out of the question was common, and the word “normal” (i.e., feeling fine) was the most frequent way the women described their feelings about childlessness:

*I feel fine. I was amazed to find out how many people in my choir, for instance, suffered emotionally because of this. (...) Also, I wasn't obligated to bear children for anyone, and I don't think I have any special talent that should be handed down from generation to generation* (Aniceta, 57, LT).

Being or feeling “fine,” or adopting a position of acceptance, comes from an understanding of what social and economic conditions should be met before having children. Liucija (62, LT) not only said she felt “normal” but also described lacking the normal conditions for raising a child. Being single was not the only reason for staying childless:

*Of course, if I had got married, had a normal life, of course, I would have had children (...) I feel fine. As a matter of fact, I feel good. I wouldn’t have had enough wisdom or patience to educate children. I was alone all the time, taking care of myself, and to look after children as well...I had no such resources—material resources, normal living conditions, support, family* (Liucija, 62, LT).

Thus, she provides a picture of what normal conditions meant in Soviet society: a partnership based on marriage, financial security, suitable living conditions, and support from an extended family were considered essential elements of security. In both countries, these were perceived as the necessary foundation for raising children. Interestingly, some women of the younger generation also named such factors—including a marriage-based partnership—as being essential.

Like the Lithuanian women, the Polish participants of the older generation expressed acceptance in regard to their childlessness. In reflecting on the “normal” conditions for raising a child, some Polish women emphasized their experiences being brought up by a single parent. For some, these experiences provided support for the argument that a woman could raise a child alone and manage perfectly well. Others, however, felt that their experiences had shown that children need two parents, both a mother and a father:

*I have a friend who said that it is all the same to her with whom she has a child; she just wants to have one. I understand how some women are so fixated on motherhood, but that is not me. I was raised without a father, and I know how much I missed my father* (Agnieszka 52, PL).
Thus, the theme of having a partner as a fundamental condition for raising children was common among older women in both countries (and was mentioned by some younger women as well), who called their feelings normal.

**Being “not normal”: ambivalent and difficult feelings**

A contrary narrative emerges when women consider their life trajectories, which do not fit the “normal” pathways. Then they have more difficult feelings about their childlessness, or their stories reveal ambivalence, leading them to construct contradictory messages.

Among women who were childless for circumstantial reasons, ambivalent emotions were prevalent in both generations of the Lithuanian and Polish samples. For example, Marija (55, LT) admitted feeling fine about not having children, because she had no family; at the same time, she said it would be “nice and joyful” to have children (“I feel both good and bad”). Danguole (44, LT), who found a partner rather late in life, admitted sometimes feeling grief and sorrow when seeing child or children’s clothes. At the same time, she said she had accepted the situation and felt “fine.” A few younger women (Gryte, 29, Goda, 31, both LT) were childless due to their circumstances. The ambivalence in their narratives was more subtle. They described their experiences of childlessness as “normal,” though they admitted noticing that most of their and their partner’s friends were starting to have children. Monika (44, PL) had not met the “right person” and felt good about not having a child, but was frustrated about being treated differently at work:

> I also feel treated differently—that my female colleagues have the right to take time off for their children, to go with their children on vacation, and it is assumed that I am available to work because I do not have children. Such situations trigger my second thoughts about having children.

Monika’s case is a manifestation of social exclusion—of a woman being attributed to the group of “others,” with the consequent loss of some privileges at work.

In the Polish sample, ambivalent attitudes also appeared in relation to being brought up in a Catholic family; in these cases, there was tension resulting from family pressure and the informants’ personal beliefs. Katarzyna’s (40, PL) case revealed how childlessness may lead to exclusion from the religious community and a stigmatized identity:

> The [Catholic] Church is totally heartless and narrow-minded. I used to go to church, but then there was nothing but just criticism of “selfish” women who care only about themselves and hate children. As someone who left an abusive partner, I felt excluded from the Church—that I should have had children regardless of the lack of stability and a basic level of security. I was struggling for a long time with my self-perception as a valued person without children, and the Church and my close family were far from being supportive. Or take, for example, people who can’t have children and the Church’s attitude toward in vitro, which even sounds like hate speech (Katarzyna 40, PL).

In both countries, several women of both generations expressed difficult feelings. In the Polish sample, a number of women who felt their reproductive years were over and they no longer had the opportunity to have children described the lack as a personal loss.

> I try to do what I can, to fulfill myself in other ways. I used to feel bad about not having children. Now, I think that you can’t make anything happen by force; you can’t force being with someone to happen, and it just happened that I do not have children (Maria 41, PL).

Maria’s feelings of grief and sadness were often triggered by specific situations, such as Christmas Eve dinner, when the lack of her own children contrasted with the sight of
nephews and nieces who were growing up and becoming more similar to their parents with every year. Another argument, more frequent among the older respondents, was “Who will bring you a glass of water when you are old?” which can be described as a fear of lack of security in old age and the resulting loneliness. Considering that care of the elderly is almost 100% family based in Poland, some informants of the older generation provided numerous examples of cases where children did not take care of their parents, and therefore they concluded that relying on family alone was always a risky strategy:

Not that long ago, I was afraid about my care options in old age. In my generation, it was very important to have children who would take care of their ageing parents. The thing is, my [extended] family is very helpful, and I am sure they will help me. I also know many examples of older people whose children migrated to another country and paid for someone to look after their parents. I can pay for it myself (Władysława, 61, PL).

Some Lithuanian women expressed feelings of sadness, grief, and pity (Veronika, 62, who has not found a partner; Jūratė, 54, who lost her baby right after birth and divorced her partner later in life), and, like Polish women, they mentioned concerns about care in old age. Jadvyga (65), who lives in a small city, admitted she was anxious about her future because she does not have any close family members left. Even though attitudes toward institutional care in Lithuania are changing, Jadvyga considered this form of care to be the worst option and provided examples when even parents with children “ended up” there. Her narrative reveals how different life paths lead to stigmatization and exclusion:

Informant: Well, in our society, the fact that you have no children, that you are a “spinster,” this [negative] attitude is very prominent. In those times, if you didn’t marry before 20, 23, 24, that was it. So very early—that was the attitude of people, of society. And even now one can feel it, especially in rural areas. In Vilnius, it’s different times now. So yes, I did feel it, I did…
Interviewer: And even now, do you feel or get reactions to the fact that you don’t have children?
Informant: Not that I don’t have children, but that I am alone—with a kind of pity that I am somewhat inadequate, inferior. This is how people see it. But what can you do now? You can’t change anything (Jadvyga, 65, LT).

Thus, difficult feelings regarding childlessness were induced by stronger forms of social pressure, which functioned as a mode of social exclusion. Modernity has widened the range of lifestyles and choices, but interestingly some women of the younger generation also felt stigmatized for leading a different life:

Interviewer: How does not having children make you feel?
Informant: Awful. Because you are always rejected, because always and everywhere… (…) You understand that you are not normal (laughing). Well, that you are not normal, not normal (Dagne, 45, LT).

Dagne’s childlessness resulted from a late partnership. In her narrative, she revealed feelings of rejection and otherness, and it was evident that her difficult feelings about childlessness were not influenced by her own regrets or doubts but rather by the reactions in her social environment.

The informants who revealed difficult or ambivalent feelings tended to provide more reflexive evaluations of their childless status; some excerpts of their interviews show how a feeling of otherness and a stigmatized sense of identity were reinforced by the discourses of their country’s pro-natalist society and the social pressure experienced in their close and more distant environments.
Voluntary Childlessness

As Veevers (1980) observed, the deviance of voluntarily childless lies not only in the fact of not having children, but primarily, and especially for women, in the fact that they do not want them. In the cultural context of pro-natalism, it might be a challenge for women to state that they have chosen childlessness.

In Lithuania, only younger women clearly declared that they had made a conscious choice to remain childless. The older women never described their state as deriving from a decision. For the latter, childlessness was not a normatively accepted option on the list of choices. However, some of the narratives in the Lithuanian sample implied a “latent childlessness by choice.” Though not declared openly, they said that the question of children was not a priority (e.g., Liucija, 62: “Children were completely in the margins for me. I never needed them”).

Therefore, the narratives of younger and older women differ significantly in the Lithuanian sample. Since older women did not label themselves as “voluntarily” childless, they experienced less pressure from their immediate social environment. The feelings of the younger women, however, were twofold. On the one hand, they enjoyed their childfree life and were happy about their decision. Their narratives were vibrant and clear (“I feel good [about not having children]. And I feel I would have missed something had I had them” (Rugile, 44, LT); “I feel very good [about it] and the more time goes by, the more strongly I feel that I’ve made the right decision” (Paulina, 32, LT); “fine” (Simona, 28, LT). On the other hand, they had had to endure negative remarks about their being childless and condemnation from their immediate social environment. Paulina spoke about the reactions she received from colleagues at work. Motherhood in a pro-natalist society is still the main characteristic of femininity, which defines the essence of a woman. Thus, refusing to fulfill this role results in a feeling of otherness and of being part of a social minority:

I am not interested in discussing this at all because of the people around me...I have heard such comments that if a woman does not want a child, she is not a woman; she does not have the right even to exist because her existence is based on the fact that she must necessarily give birth to children. And if you don’t want that, you are not normal. And being called “not normal” by people does not mean that you are interesting but that you are somehow repulsive, somehow...Like, I don’t know, maybe you can compare that feeling to the way people of other [sexual] orientations feel like they are not like others...So, I try not to discuss this topic with other people (Paulina, 32, LT).

Unequivocally voluntary childlessness was rare in the Polish sample. Some women spoke of experiencing social pressure to become a mother and to have a “normal family.” In their interviews, it relatively often emerged that they had considered having children, but only because of their partner’s expectations. This motivation was described as being far from “normal” and as being contrary to their personal aspirations. It seemed that not having children, or a so-called normal family life, needed justification. As part of a life trajectory, it could be embraced as normal, but this was a challenging, time-consuming process, packed with tensions, and the need to deal with family and social expectations.

In Poland, Catholic family tradition creates additional tensions in the case of a woman who is married and voluntarily childless. In the tradition, being married and not having children was considered abnormal, and the marriage was considered incomplete. According to the informants, the topic of not having children appeared relatively often in their
conversations with their parents. Parents were also the people who most often displayed a negative attitude toward an informant’s decision not to have children. The informants described this pressure as taking the form of the assertion of aggressive opinions without constructive discussion. However, it was such social pressure from the women’s most immediate environment that had the strongest effect on their emotional welfare.

Involuntary Childlessness

In both countries, involuntary childlessness, that is, the inability of women to have children for physiological reasons, is connected with a wide spectrum of strong emotions, from grief to anger, to a sense of unfairness, to acceptance of the situation. While younger women disclosed negative experiences related to the insensitivity of medical staff when the women were undergoing infertility treatment, women of the older generation remembered suggestions from doctors to “find another man” in the case of a failure to diagnose the reasons for infertility (several instances in Lithuania)—a proceeding that was morally unacceptable to the women. In both countries, it was common in the two generations for women to disclose difficult, painful feelings in connection with an inability to conceive or to bring a pregnancy to term. These negative feelings were reinforced by pressure to have children from family members, friends, or acquaintances, who were unaware of the women’s underlying infertility issues. For example, one Polish case revealed how, despite many years of unsuccessful attempts, a woman still desired to experience motherhood and continued her efforts:

*In the beginning, there was a lot of pressure to have children. I did not tell anyone about any of my pregnancies, and after each miscarriage, when someone would ask me why we did not have children, it was emotionally very difficult for me. But at some point the family gave up: they said okay—we want to live for ourselves, and as long as we are well, it’s okay. I have friends who have children, and they constantly ask if I won’t try. (…) But I think all the time about the fact that I would like us to be more than a cat family. The number of cats is growing, but I would also like to see a child in the picture* (Magda, 36, PL).

Once again, social pressure creates tension and unpleasant emotions; the metaphor of a “cat family” indicates the internalized perception of something missing. This case reveals the processual nature of childlessness. Instead of seeing it as a finite event in the life course, childlessness is related to different emotional stages, such as suffering, acceptance, and hope. For other women, the process of acceptance has led to a different form of childlessness. For example, Katarzyna (40, Polish) disclosed how she ultimately gave up further efforts to have a child and became childless by choice:

*We stopped thinking that having children was our life goal. We began to think about our needs, to focus more on life than on pursuing a goal. (…) I went for an examination, and the doctor said that there were no contraindications for me becoming pregnant. One day, I had a long talk with my husband (…). We concluded that we were not the type that could provide a child with stability, a sense of security* (Katarzyna, 40, PL).

In the Lithuanian cases, the stages of acceptance unfolded through ambivalent feelings, especially among women of the younger generation (Jore, Magdalena, Norvile). Jore (29, LT), who was undergoing infertility treatment, disclosed such contradictory feelings. For a time, she felt free and had an eagerness to create; she called this a state of “masculine” energy, while the contrasting “feminine” energy was related to feeling pity about not having children (“So then you feel miserable that everybody has [children] and you don’t…” (Jore, 29, LT).
Norvile has no diagnosed fertility issues. Even if her encounters with children did not affect her feelings, certain events in her family, such as becoming an aunt, evoked unpleasant reactions:

Informant: So definitely the hardest time for me was when my sister conceived. So at that time it was like [she had one]—and I did not...Especially as my sister’s child is very nice, distinctive in a good way, very charismatic...
Interviewer: So, at that time, did you really want to have a child?
Informant: Yes, but I never felt envious of my friends or in the case of my sister—so it was not envy but the feeling of some unfairness... (Norvile, 36, LT).

The feelings of unfairness were reinforced by Norvile’s sense that her sister was “not a good mother,” and by the fact that her sister was raising her children alone. Since Norvile was married, she believed they could offer better conditions for a child.

Difficulty in accepting the situation of childlessness also appeared in Egle’s (29, LT) and Inga’s (35, LT) interviews. Both women were undergoing infertility treatment. Egle’s narrative revealed a wide range of emotions, leading to acceptance and the ability to speak on this topic. In Inga’s case, her grief was reinforced by the dehumanizing treatment procedures; she revealed the lack of compassion she encountered not only from the doctors but also in her closest environment, that is, from her husband.

Informant: There were many emotions...Beginning with anger and tears. I used to think: why me? And later it started to seem that it was natural the way it was. Hence, it wasn’t the right time for me; I’m still waiting for it. Now, I have started to feel joy for others [who get pregnant], but earlier, I have to confess, I used to feel anger and envy: how can it be like this?...Someone—a colleague, my husband’s colleagues—would tell us such news, and we still did not have...
Interviewer: Mhm. So, each time you hear the news that somebody was expecting, it used to be painful?
Informant: Yes, it used to be very painful, definitely (Egle, 29, LT).

Because you arrive and you have to remind them of everything—it was very important for me, and my heart was aching, and she [the doctor?] just forgets. This used to affect me very much physiologically (laughs), so it was very bad, and we were driving there for a couple of months, and, of course, I started to take the injections in the abdomen to stimulate ovulation, but I would still get my period, and with every period, there were lots of tears (laughs) during that time. And my husband did not understand why I was crying, which was so wrong—so there was such a lack of compassion from him... (Inga, 35, LT).

Since older women had had more time to accept their childlessness, their narratives, both in Lithuania and Poland, reflected less intense emotions. This tendency was expressed by the phrase “time heals”: “All those remarks from those around me...You just start reacting differently over time...Reacting more calmly. But there was much pain...” (Petrute, 58, LT). The study participants from the older generation were able to evaluate the situation from the life-course perspective: several women (Rasa, 50, LT, and Maryte, 56, LT) mentioned their sadness at not having grandchildren while seeing their friends transitioning to grandparenthood. On the other hand, they could find compensations for not having children.

Some Polish women expressed the longing for a child and the regret at not having fulfilled their maternal instincts. Emilia (60) felt lonely when meeting her friends, who talked about their grandchildren. Halina (62) also regretted that she and her partner could not have children and grandchildren. Like these Lithuanian cases, both Emilia and Halina developed a compensational mechanism and became involved in taking care of the grandchildren of their siblings. However, they were thus also continuously reminded of their own childlessness, and feelings of loss and loneliness were triggered.
Discussion

In analyzing the experience of childlessness in two pro-natalist countries, this article has revealed how the dominant social discourse leads to feelings of being excluded from certain social circles (work and religious communities, friends) and induces a sense of otherness. Although in Soviet times, childlessness was considered a deviance, it is evident that the sense of otherness is also common to the narratives of women of both generations, even though modernity is supposed to embrace more diverse life scenarios.

Most women of the older generation who remained childless due to life circumstances grounded their experiences in regard to the term “normalcy,” especially in Lithuania. Normalcy could have been the motto of daily life in Soviet times, as authenticity was impossible in the public sphere, and the only available social strategy was to be “normal.” It is possible that women chose to use the term “normalcy” in order to legitimate a scenario that was not encouraged by the dominant cultural norms, which glorified motherhood. Other narratives of circumstantial childlessness across both generations and countries went in the opposite direction, that is, childlessness was considered “not normal,” and was associated with ambivalent or difficult feelings.

Cases of a woman clearly choosing to be childfree (voluntary childlessness) were found only among women of the younger generation. Their narratives revealed a conflict between the childlessness they had embraced and pressure from the social environment. In other words, women of the younger generation tended to take a critical position in regard to pronatalism and expressed other views of femininity and motherhood.

Finally, the strongest emotions were triggered by involuntary childlessness and the experience of dehumanizing infertility treatments. The women who were childless for physiological reasons were also subject to stigmatization and social exclusion.

Thus, analysis of childlessness in these two countries with predominant pro-natalist attitudes revealed a rather wide range of experiences: from feelings of normalcy to feelings of otherness and a stigmatized sense of self. Such findings appear to be in line with previous research on childlessness, which focused on the complexity and mixed experiences of non-motherhood. It was found that even women who chose to be childfree framed their experiences both positively in terms of liberation, and, at the same time, negatively in the sense of a culturally stigmatized failure of femininity (Gillespie 2003). Even if the increasing number of women who remain childless/childfree has resulted in the construction of other meanings in regard to women’s social roles, most cultures still consider full adulthood or womanhood to be synonymous with motherhood (Gillespie 1999). In our study, we found both narratives that challenged the traditional understanding of womanhood and narratives that embraced the traditional roles of women. These findings suggest that contradicting ideals of femininity co-exist in societies.

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