

# **Heteronormative fertility discourses shaping reproductive opportunities of heterosexual and LGBT couples in the Netherlands**

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## *Introduction*

Fertility research often focuses on women and their reproductive autonomy (de Haas et al., 2025). Reproductive autonomy concerns the power to decide and control one's contraceptive use, pregnancy and child bearing (Upadhyay et al., 2014). However, individual autonomy can be limited in relationships, as fertility decisions are typically made jointly. Over time, couples navigate this process together, communicating and negotiating their individual fertility desires (Stein et al., 2014; Wilde & Dozois, 2019). Although the need to involve men in fertility research is increasingly recognised, a gap remains in understanding couple-level fertility decision-making (Hardee, 2020; Sahay, 2020). In particular, there is limited insight into how a heteronormative societal context shapes opportunities for couples to have or not have children under conditions of their choosing, depending on their gender and sexual orientation (de Haas et al., 2025; Maxwell et al., 2018). This paper addresses this gap by examining how heteronormative fertility discourses and other factors shape couples' reproductive autonomy in the Netherlands, comparing cisgender heterosexual and LGBT couples.

A reproductive justice perspective was applied to study the couples' perceived opportunities to exercise their right to have a(nother) child under the conditions of one's choosing, thereby taking into account the perceived contextual power dynamics (Ross, 2017).

## *Methods*

Dyadic in-depth interviews were conducted between October 2021-July 2022 with 21 couples: 11 identified as cisgender and heterosexual, and 10 as lesbian, gay, bisexual and/or transgender (LGBT). Ten couples did not have children, the other 11 couples were expecting or had 1-4 children. Three participants had children with a previous partner. The 42 participants were aged 26-54 years old. Although participants were purposively recruited with a wide variety of background characteristics, a majority of the participants was white, higher educated and not religious. Several participants indicated disabilities, such as autism, ADHD and physical disabilities. The interviews took 2 hours and 29 minutes on average, and they were audio and video recorded and transcribed verbatim. To validate the findings, the preliminary findings were discussed in a focus group discussion with 4 fertility desire therapists.

The ethical committee of the faculty of spatial sciences, University of Groningen, provided ethical clearance for the study. Participants received an information sheet beforehand and individually signed an informed consent sheet before the start of the interview.

## *Findings*

Findings reveal heteronormative discourses that constrain the reproductive autonomy of both heterosexual and LGBT couples, including (1) prioritisation of biological parenthood, (2) limited recognition of the separate elements of choice within a fertility event, and (3) stronger sociocultural expectations for heterosexual couples to have children.

Before discussing those discourses, it is first of all important to mention that it seemed easier for the LGBT couples to discuss their fertility desires. One reason could be because they started the conversation earlier on in the relationship - knowing that trying to have children would require a long trajectory. Another reason could be that the trajectory implies that the couple needs to conduct

research on the various options and many decisions to be taken, which may structure and breakdown the bigger conversation into many smaller, manageable conversations. Lastly, the LGBT couples would need to verbally decide on whether they want to have children, whereas, in the case of fertile heterosexual couples, pregnancy could also occur while still undecided, for instance shaped by interpretations of non-verbal communication, mutual assumptions, a lack of contraceptive use, and a desire to let nature decide when they were in doubt themselves.

Compared to the heterosexual couples, the LGBT couples seemed more aware of various trajectories to have children. This showed a heteronormative discourse of prioritisation of biological parenthood that shapes many fertility decision-making processes in the Netherlands. For instance, whereas most heterosexual couples only considered having biological children, LGBT couples more often discussed options such as adoption, foster care, a sperm or egg donor, surrogacy, and co-parenting with another couple or single parent. This woman in a female same-sex relationship explains how their fertility decision-making process included exploring various options:

*“[We explored a known and unknown donor] in parallel trajectories, because you start emailing and meeting with them [potential known donors] etcetera, and at the same time exploring how the process works with an unknown donor. So that you are confronted with the facts of both options at the same time, which enables you to make a more informed decision.”*

With regard to prioritisation of biological parenthood, a man in a heterosexual relationship also remarked the internal difficulty he experienced with having a child using IVF because of the value he attached to creating a child through sexual intercourse:

*“For me, it’s a romantic idea that we would create a child the way other people do. So I was jealous for a long time that other people just have them naturally, because then it feels as if it’s somehow destined, like, I don’t know, if you’re religious, that God wanted it that way. But not for us. [...] Yeah, and of course my sense of manhood was affected by the fact that it didn’t work.[...] So I thought: we’ll just keep trying on our own as long as it takes, but she didn’t have the patience for that. So then we had to do IVF.”*

The second heteronormative discourse showed the limited recognition of the separate elements of choice within a fertility event. The options the LGBT couples perceived also shed light on how individuals can desire only components of the process, e.g. to have a biological child, be pregnant, breastfeed a baby, pass on your surname or raise a child. For instance, in the interviews with LGBT couples, some women indicated a desire to become a parent but they did not desire to be pregnant or give birth. Or they discussed that one partner would become pregnant but with the egg of the other partner. In contrast, the heterosexual couples usually only considered whether they wanted to have a(nother) child, without distinguishing these various components as separate choices. The following woman in a female same-sex relationship explains how she wanted to become a parent but she did not want to become pregnant:

*“Ehm, well, I have always known that I never wanted to become pregnant, while I also thought that was quite strange because [laughs] I am a woman, so that means that I will need to find a woman who also wants to become pregnant. [...] So, pregnancy is not an option for me, but I do want a child. And I found that always to be a bit difficult. Now I just think, yes, well, that is how it is, that’s me. But I have*

*found it strange, and people have found it strange, and then they'd say: 'Okay, why don't you want to yourself?' And then I thought: Yes, well, just because not. That's why. I just don't want it."*

She was able to see opportunities to become a parent without being pregnant, which was not the case for the following woman in a heterosexual relationship. She explains that she did not want to have children because she did not want to become pregnant:

*"Yes, you [male partner] mean the sacrifice that you, eh, actually make, your body will belong to your child, so to say, that will be the priority. So that means that you will be able to do other things less well, like doing sports, or going out in the night... [...] My work (laughs). I find that quite intense. Yes, and for nine months or even longer, if you continue to breastfeed, then of course that is also something whereby you, eh... I find it quite burdensome. Yes."*

The third heteronormative discourse showed a perceived higher sociocultural expectation for heterosexual couples to have children compared to LGBT couples. This was exemplified by a participant who identified as bisexual: in a previous relationship with a man, her friends, family and even she herself had expected them to have children. However, now that she was in a relationship with a woman, it felt like they could develop their fertility desire from scratch:

*"In my heterosexual relationship back then... it was always the plan that I would have children, I mean, that is just, yes, that is just how it was. [...] Yes, you get a boyfriend, you get married, you have children. [...] And then when we got together, something changed in my mind because... first of all, I was no longer the norm because, right, with a woman [...] so I think that was really a change, like, okay I am no longer part of the norm. Okay, do I really need to have children? [...] So that pressure was gone somehow, [...] I like that."*

Also, the Dutch legislation could decrease options for LGBT couples, in some cases also compared to sub fertile heterosexual couples, for instance in opportunities to find a surrogate, to assign legal parents, and reimbursements for fertility treatments. Some LGBT couples could feel forced to make their fertility desire public because they needed to use their network to find a surrogate or donor. For some, this was very uncomfortable when they felt that they had to self-disclose their sexual orientation (again) or if outsiders would inquire about the process when they themselves did not feel like sharing, as explained by the following woman in a female same-sex relationship:

*"Yes, I find it very, it feels very unfair. I didn't choose to become lesbian. If it had been a choice, I would not have chosen to become it, I would not know why I would prefer it. It doesn't make your life easier. This sounds very dramatic, but you just have to, it feels as if every day again, every time I meet someone, every day I have to get 'out of the closet'. You [looking at partner] experience this differently, but I have always experienced this as a big fight, so... and then I thought: Well, now I also need to share this! [...] No one is forcing this upon me [laughing] but this is how it always used to feel. I found it very... UNFAIR. That as a man and a woman you can just suddenly say: 'Hey, we are pregnant'. And that everyone will say: 'Oh that is so nice for you.'"*

The many perceived options could also lead to choice-related stress, for instance, when LGBT couples felt that the choice for a known or unknown donor needed to work out perfectly. A participant

expressed how much more relaxed it would have been to just ‘walk into a bar, hit on a man and become pregnant from a one-night stand’. As a result, LGBT couples’ fertility processes could feel more vulnerable, expensive, complicated and less spontaneous compared to fertile heterosexual couples.

Inequalities also emerged within LGBT populations, as male same-sex couples experienced less reproductive autonomy than female same-sex couples. The following man in a male same-sex relationship grew up in the ‘Bible belt’, a relative religious area in the Netherlands: as a young person, he had felt that he needed to choose between self-disclosing his sexual orientation and becoming a father, as he did not feel that the two could coexist:

*“In my mind it was very black and white. If you come ‘out of the closet’, than you won’t succeed with the other [becoming a father], or you should remain in the closet your whole life and then become a father, but will you be happy?”*

### *Conclusion and discussion*

Overall, heteronormative discourses were found to restrict the reproductive autonomy of both heterosexual and LGBT couples, but in various degrees, in the Netherlands. Although being able to consider more options and trajectories could increase the reproductive autonomy of LGBT couples, it mainly shows how not being able to conceive through sexual intercourse strongly limits their reproductive autonomy because they are forced to consider options that are often more insecure, complex, time-consuming and expensive. Also within LGBT populations, some couples have less reproductive autonomy than others, such as men in same-sex relationships, which is exacerbated by Dutch legislation. To enhance couples’ opportunities to have children, particularly for those marginalised by heterohegemony, fertility policies should more deliberately address the heteronormative sociocultural and institutional contexts shaping family formation in the Netherlands.

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