

Extended Abstract

Contraceptive Decision-Making among Childfree Couples: Cultural and Structural Influences in India and Canada

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A growing body of literature on contraception among childfree individuals in the West, particularly women, emphasises the challenges they face in obtaining sterilisation (Mui & Costescu, 2021; Parker et al., 2025; Richie, 2013; Shreffler et al., 2020; Veevers, 1980). One of the primary reasons for these challenges is the difficulty in finding willing physicians. These studies highlight that the physicians' reluctance to provide sterilisation is often rooted in their bias against providing it to women who have not given birth. These findings have led some recent studies to explore whether women without children who undergo sterilisation experience a higher likelihood of regret compared to those who undergo the procedure after having one or more children (see Parker et al., 2025; Shreffler et al., 2020). It is noteworthy that these studies have primarily focused on sterilisation, implying that sterilisation is a preferred method of contraception by individuals who have decided to remain childfree. This assumption may hold true for those who, at a relatively young age, have developed a firm desire not to have children, even before finding a potential partner or spouse. However, our study on the decision-making process to forego parenthood, the larger study from which this paper draws its information, indicated that for many individuals and couples, the desire to forego parenthood evolves over time, influenced by life transitions in areas such as relationships, education, and work (Bhambhani & Inbanathan, 2020). Given that for many people the desire to forego parenthood is not a clear-cut choice early on, an exclusive emphasis on sterilisation among childfree people limits our understanding of their decision to use contraception methods. In light of this context, the study aims to explore the contraception methods used among couples who choose to be childfree in India and Canada. It also examines the relationship between the decision-making process to remain childfree and the use of contraception. Furthermore, the use of specific contraception methods has been reported to be influenced by cultural and institutional factors. For instance, studies have indicated a negative cultural perception towards girls who carry condoms, resulting in a reluctance to use them (see Baxter et al., 2011). Institutional factors also influence the use of contraception; for example, when there is an unmet need for contraception, women may resort to having unsafe induced abortions (see Cleland, 2020). Since this study is situated in the distinct contexts of India and Canada, we also delve into the role of cultural and structural factors in informing and shaping the childfree couples' decision to use specific contraception methods.

Background

To situate our study's objective to examine the childfree couples' decision-making regarding contraceptive use, we reviewed existing studies in India and Canada. A survey of studies on the subject in Canada, the U.S., and other Western countries indicated some noteworthy

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findings, particularly the challenges encountered by childfree individuals and couples in obtaining sterilisation. In contrast, the paucity of studies on the subject in India led us to examine the overall contraceptive prevalence, factors influencing contraceptive usage, and the challenges to their adoption.

Data and Methods

This paper draws on a larger study that examined how couples who choose to remain childfree reflect on their decision-making processes and narrate some events as critical in their journeys[†] (see Bhambhani and Inbanathan 2020). To understand the meanings and interpretations that couples assigned to their experiences, an interpretive paradigm was utilised. The participants for the study were primarily identified and contacted through the social media groups of childfree members, and some who were not a part of these communities were referred by their friends and acquaintances, thus leading to snowball or referral sampling. The participants were selected purposively for the interviews based on the inclusion criteria of: self-reported childfree couples living in India and Canada, married (or in a common-law relationship in Canada), for a minimum of 4 years in India, and 5 years in Canada, and having no known physiological issues that could prevent conception. The study involved a multi-stage process: a structured online questionnaire gathering background information, followed by joint interviews to capture both partners' perspectives and their shared decision-making experiences. After the interviews, participants were invited to complete a reflective journal to share any additional thoughts. Thirty-six couples from both countries were interviewed, and their narratives were thematically analysed to uncover patterns and insights into their contraceptive decision-making processes.

Study Participants

An evident pattern emerged in the characteristics of participants across the cultural contexts. The higher educational qualification, engagement in professional and managerial roles, and a low level of religiosity characterised participants in India and Canada. Studies conducted in Canada and other countries of the West, which have examined the increasing trends of childlessness, have analysed demographic factors that act as determinants of the likelihood to remain childless, such as education, occupation, income, and religion. However, it is important to acknowledge that none of these demographic factors has a unidirectional effect on the likelihood of being childless. Instead, it is primarily a cumulative effect of several factors playing different roles to varying degrees (Veevers, 1980; Park, 2005; Mynarska et al., 2015).

Findings

Choices of Contraceptive Use among Childfree Couples

Distinctive family planning strategies emerged in the accounts of couples from Canada and India, bringing to the fore differential preferences for various birth control measures. Among Canadian participants, we noticed the utilisation of a range of contraceptives at different stages

[†] A comprehensive account of the data, method, and study participants has been previously published in our paper on the decision-making process to forego parenthood. For a detailed elaboration, please refer to that publication (Bhambhani and Inbanathan, 2020).

of their relationship. The majority of our Indian participant couples preferred and relied on the male barrier method. In addition to examining the variations in family planning strategies across the two cultural contexts, we also explored whether there was any relation between the decision-making pathways involved in choosing to forego parenthood and the contraceptives utilised. The two primary pathways to forgoing parenthood are early articulation and postponement (Bhambhani & Inbanathan, 2020), and they show no clear association with the contraceptives used, as a variety of contraceptives are employed by both early articulators and postponers, both in India and Canada.

Dynamics of Contraception Use among Canadian Couples over Time

In the initial stage of their intimate relationships, the majority of the male participants from Canada used a barrier method, along with their female partners using oral contraception. These were used to protect each other from the risk of sexually transmitted infections (STIs) as well as unwanted conception. Many women participants gradually shifted to using long-term reversible contraception. When transitioning from the single-use male barrier method, or oral pills, to a long-term contraceptive, such as an intrauterine device (IUD), couples had detailed discussions regardless of whether the decision was made early in the relationship or reached through the postponement of parenthood. The dearth of male-dependent reversible contraceptives made it challenging for a majority of our Canadian male participants to initiate, equally participate in, and share the family planning responsibility.

Sterilisation, the Decision and Experiences of Canadian Couples

Three male participants from Canada chose to wait until they reached an age when doctors were willing to perform the necessary surgical procedure, ultimately opting for sterilisation. Some women participants also considered permanent sterilisation. However, doctors refused to perform the procedure due to the women's relatively young age and nulliparous status, prompting them to opt for long-acting contraception instead of their preferred sterilisation. In these instances, the women mentioned that they had asked their partners to undergo a vasectomy, but were unable to persuade them. The experiences of our study participants seeking sterilisation align with the findings of other research on childfree individuals pursuing various birth control methods, especially sterilisation (Veevers, 1980; Richie, 2013; Parker et al., 2025). These studies have documented physicians' reluctance or refusal to perform sterilisation procedures, often citing concerns about patients' age, their nulliparous status, and the irreversibility of the method.

Decision-making on the Use of Contraceptives among Indian Childfree Couples

Family planning measures and responsibility for contraception were significantly different between Indian participants and Canadian participants, and reflected the underlying cultural and structural factors causing such disparity. The majority of the Indian participants employed the male barrier method as the preferred form of birth control since the beginning of their relationships. Women participants in India expressed some concern about the side effects of consuming oral contraceptives, thereby reducing the options from which our participants could

choose a suitable method. In fact, four women participants who had tried oral contraception for a short duration reported the inconvenience of regularly taking it, and after experiencing health problems, stopped taking oral contraception. Just two women participants had an IUD implanted, as their gynaecologists suggested that it would ease their menstrual health issues[‡]. The utilisation of IUD was, therefore, not a deliberate contraceptive choice that they made, yet it acted as an effective birth control, apart from alleviating the menstrual health issues of the two women participants. Thus, unlike Canadian participants, who saw an opportunity in the availability of greater contraception choices for females, and preferred to shift to a longer acting method, an inadequate trust in the same methods constituted the premise on which Indian women participants favoured the continued use of the barrier method by their husbands. A few independent and mutual early articulator couples discussed sterilisation as a choice of contraception method. However, the doctors' reluctance to carry it out on young childless couples ensured that these participants refrained from further consideration of a permanent contraception method, at least for some years. There was a sole Indian participant who relentlessly pursued a permanent method of birth control. The experiences of couples in India who sought or underwent sterilisation were similar to those of Canadian couples, as both contexts showed that physicians were reluctant to perform the procedure on young, nulliparous individuals.

Conclusion

Our participants' decision-making processes regarding contraceptive use, much like their decision to remain childfree, demonstrate what might seem like a straightforward decision between having or not having children. That is not the case, and consequently, selecting temporary or permanent contraceptive methods is, in reality, complex. Just as our participants' realisation of their desire to forego parenthood involved a prolonged and challenging process of unlearning deeply ingrained pronatalist norms that view procreation as the normative expectation in heterosexual unions (see Bhambhani and Inbanathan 2020), their decisions on contraceptive use too required continuous reflection, deliberation, and negotiation. They carefully considered which contraceptives aligned with their conviction to remain childfree, evaluated the available options, and navigated the willingness or reluctance of partners to share equally in the responsibility of contraception. This process of reflection, deliberation, and negotiation may seem an interpersonal matter between a couple. However, our study emphasises that it is situated in the context of cultural and institutional influences and limitations. The cross-cultural perception of vasectomy's association with the perceived loss of masculinity made our male participants reluctant to undergo the procedure. Additionally, the institutional limitation of only condoms and vasectomies as contraceptives restricted the men's role in sharing the contraceptive responsibility. Similarly, Indian women's reluctance to use oral contraception and IUD was situated in the collective concern of their side effects, and inadequate institutional efforts to address them. On the other hand, Canadian women participants' active use of oral and long-term contraceptives was situated in their early exposure

[‡] Hormonal IUDs are prescribed for treating heavy menstrual bleeding, severe period cramps, abnormal growth of the uterus lining, and other such issues in which an imbalance in the hormones is balanced by the release of hormones from the IUD.

to these contraceptives, as well as their widespread availability and prevalence in Canada. Lastly, the challenges encountered by childfree couples seeking sterilisation in both societies highlight a cultural bias in providing this option to nulliparous couples, based on the assumption that they may regret the decision. This is despite the institutional guidelines, at least in Canada, explicitly stating that age and parity should not be barriers to obtaining sterilisation. Our study, thus, emphasises the need to consider the interaction between individual characteristics—such as education, occupation, and income—and the cultural and institutional influences to better understand the underlying factors behind using or avoiding contraception, whether for childfree individuals and couples or those who have children.

References

- Baxter, S., Blank, L., Guillaume, L., Squires, H., & Payne, N. (2011). Views regarding the use of contraception amongst young people in the UK: a systematic review and thematic synthesis. *The European Journal of Contraception & Reproductive Health Care*, 16(3), 149-160.
- Bhambhani, C., & Inbanathan, A. (2020). Examining a non-conformist choice: The decision-making process toward being childfree couples. *International Journal of Sociology*. Doi: 10.1080/00207659.2020.1797265
- Cleland, J. (2020). The complex relationship between contraception and abortion. *Best Practice & Research Clinical Obstetrics & Gynaecology*, 62, 90-100.
- Mui, C., & Costescu, D. (2021). “Walking into battle”: a qualitative exploration of barriers and facilitators to accessing permanent contraception among childfree women. *Journal of Obstetrics and Gynaecology Canada*, 43(5), 662.
- Mynarska, M., Matysiak, A., Rybińska, A., Tocchioni, V., & Vignoli, D. (2015). Diverse paths into childlessness over the life course. *Advances in Life Course Research*, 25, 35-48.
- Park, K. (2005). Choosing childlessness: Weber's typology of action and motives of the voluntarily childless. *Sociological inquiry*, 75(3), 372-402.
- Parker, A. B., Morse, J. E., & Bryant, A. G. (2025). Permanent contraception in the childfree population: An exploratory study. *Contraception*, 143, 110746.
- Richie, C. (2013). Voluntary sterilization for childfree women: understanding patient profiles, evaluating accessibility, examining legislation. *Hastings Center Report*, 43(6), 36-44.
- Shreffler, K. M., Tiemeyer, S., McQuillan, J., & Greil, A. L. (2020). Exploring Experiences with Sterilization among Nulliparous Women. *Women's Reproductive Health*, 7(1), 36–48. <https://doi.org/10.1080/23293691.2019.1690306>
- Veevers, J.E. (1980). *Childless by Choice*. Toronto: Butterworths.