Special Issue Intersectionality

FUORI LUOGO

Journal of Sociology of Territory,
Tourism, Technology

Guest Editors

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Ester Micalizzi[1]

Childlessness and disability: an intersectional analysis on access to motherhood for women with disabilities in Italy[2]

1. Introduction

The UN Convention on the Rights of Persons with Disabilities (CRPD, 2006), which Italy ratified in 2009, has had a significant influence on culture, society, and politics regarding the rights of people with disabilities (Marchisio e Curto, 2020; Szmukler, 2019). The CRPD adopts a human rights perspective on disability through a "paradigm shift" from the medical model to the social medical one (Flynn, 2011; Karr, 2011). The CRPD specifically supports an intersectional approach (Crenshaw, 2005) by underlining the various obstacles, prejudices, and disadvantages that women with disabilities encounter in their daily lives. Several studies (Groce, 1997; Asch and Fine,1988; Morris, 1991; Sheldon, 2004; O'Toole and Doe, 2002) have demonstrated that there are major inequities for women with disabilities: many are jobless, live in unstable financial conditions, many have poor levels of education, not well incorporated into sufficient social networks, and ultimately, their health requirements are not adequately met. As a result of inaccessible and inadequate equipment, many women with disabilities experience greater challenges when trying to access reproductive health services (Blair et al., 2022). For instance, they frequently have limited access to services for women's cancer screening (Smeltzer, 2007), inadequate sexual health information and menstrual hygiene education (Groce,1997). Because their bodies "neglect" and "violate" social expectations of femininity, women with disabilities were perceived constructively as being childless, dependent, and asexual and then were excluded from fulfilling traditionally female roles (Asch e Fine, 1988, *op. cit.*; Groce, 1997; Frederick, 2017; Malacrida, 2009). This complex and ambivalent situation shows how, for this group of women, the opportunity to pursue parenthood planning is complicated, not only because of the "effects of impairment" (Thomas,1997; 1999), such as fatigue, pain, precarious state of health etc., but because they face various multiple barriers in their everyday lives.

This contribution proposes to understand the reproductive trajectories of a specific group: "the missing mothers": women with a visible or invisible disability who failed to become mothers because of their impairment. I identify this group through a typology of narrative that can be referred to as "imagined motherhood", describing the experience of 18 women with physical disabilities divided into two micro-groups, "visible" (11) and "invisible" (7).

The results presented in this contribution propose to overcome a mainstream approach to disability (Meneghini et al., 2015) that considers "childlessness" as an obvious and common experience of women with disabilities (Prilleltensky, 2003). In this article, I analyse the processes of constructing meanings related to childlessness through the prism of the social norm, which assumes that women with disabilities should not have children (Ash and Fine 1988, *op. cit.*). Therefore, I will examine the empirical results of the childlessness experience by using Bell Hooks' (1998) concepts. She identifies *centre/periphery* dichotomy as part of a critical reflection on marginality as a «site of resistance» (Hooks, 1998). *Marginality* offers us to reconceptualise the social-spatial dimension of power relations and rethinking oppression as an act of change. Applied to my research, it is useful in order to discuss the social aspects of the construction of "biographies of childlessness" as a site of resistance among women with disabilities, and finally analyse the mechanisms of social maintenance of childlessness among this group of women. This perspective is also justified by the need for a nuanced approach to the study of childlessness, which turns out to be much more complex and diverse than indicated by Disability Studies (Meneghini et al., 2015; Oliver, 1995)

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2. Theme and literature

2.1 Disability and motherhood: a brief overview

The situation of women with disabilities regarding access to parenthood has not been an area of study in the social sciences (Garland-Thompson, 2004). Internationally, it started with the development of the disability rights movement (Thomas, 1999; Oliver, 1995) and at the same time, with the development of medicine that allowed for a greater understanding of the reproductive health of women with various disabilities or health conditions. Reproductive health and family formation gradually began to become an important area of research and discourse. Indeed, numerous studies have highlighted how motherhood - understood as a historically conditioned social construct - remains inaccessible to them in many matters (Frederick, 2015 *op. cit.,* Malacrida, 2009, *op. cit.,).* While most efforts for reproductive autonomy by able-bodied women have been to claim the decision *if* and *when* to have children, and to break the social expectation of being a mother, in the case of women with disabilities the main issue is usually to fight for the possibility of being a mother. In point of fact, for women with vulnerable bodies (due to illness or impairment) the choice to become a mother is characterised not only by uncertainties, fears, and tensions but also by the role of prejudice and stigma (Goffman, 1963; Thomas, 1999, *op. cit.).* Some international research has highlighted the prejudices that disabled women face in their journey to become mothers (Prilleltensky 2003; Thomas 1997, *op. cit.).* The reasons for these prejudices are varied. Women with disabilities are not expected to aspire to norms such as femininity and motherhood; instead, they tend to be perceived as asexual or genderless (O' Toole and Done, 2002, *op. cit*.).These women often face a lack of support and increased social control, and experience different expectations of motherhood than other women: they are not encouraged to have children or under pressure to have a family, they face restrictions on access to gynaecological care or sex education (Asch and Fine, 1988*, op. cit).* For this reason, it should be emphasised that for women with disabilities, the first issue is the possibility of having children, for which most women do not have to fight and against which a certain part actively defend themselves. Most studies have focused on the experience of caregiving and the parental relationship with their children (Grue and Tafjord, 2002; Malacrida 2009 *op. cit*; Prilleltensky 2003 *op. cit*) or their experiences with social services and health professionals (Malacrida 2009, *op. cit*), with social services and health professionals (Thomas, 1997). This situation therefore exacerbates the degree of complexity that characterises their "reproductive choices". In research conducted by Frederick (2015 *op. cit.*), women with disabilities who desire/choose to become mothers, in addition to facing uncertainty and tensions, must challenge stigma due to the visibility or invisibility of their condition, and justify or negotiate their choices and desires when interacting with significant others. Stigma towards them can be deeply invasive, pervasive, and destructive, resulting in prejudice, shame, exclusion, and internalised oppression (Link and Phelan, 2001; Goffman, 1963). However, the social processes (norms, attitudes, values) are still little investigated, underlying the relationship between disability and childlessness. While the issue of parenting for people with disabilities has begun to be investigated in international social research in recent years, the processes of constructing meanings related to childlessness have not, until now, been the subject of in-depth research interest. The norm of childlessness for women with visible disabilities is often invoked at the level of socialisation to gender roles (Asch e Fine, 1988 *op. cit*.). As the results of my research indicate, women with disabilities do not experience the pressure towards normative socialisation to the role of "mother". In the case of these women, the norm is ambivalent: motherhood as the norm for able women in general and childlessness as the norm for women with disabilities. Conversely, challenging the prevailing perception of childlessness as an obvious and natural state characterised by lack of agency, it involves emphasizing fluid boundaries between childless and childfree (Basten, 2009). While able-bodied women who remain childless often face stigmatisation (social disapproval) from their friends, family and relatives, as they are judged as selfish and superficial (Park, 2005; Tanturri and Mencarini, 2008) due to their deviant behaviour, in the case of non-able-bodied women there is a "reversal of the stigma"; the "choice to become a mother" is seen as a selfish choice that jeopardises the well-being of the future child (Frederick, 2015; 2017 *op. cit.)*.

2.2. Intersectionality and disability: the contribution of Feminist Disability Studies

In recent decades, the concept of intersectionality is gaining increasing popularity in academia (Marchetti, 2013; Bello, 2020). This term provides a critical tool for understanding how difference affects women's lives (Crenshaw, 2005). Offering a framework for theorizing oppression and marginalization, intersectionality enables us to identify structural intersections within power dynamics, while acknowledging individual experiences of difference (Collins and Bilge, 2016). It provides a redefinition of ways of thinking about social hierarchies and exclusion and describes how systems of oppression that construct different identities are responsible for positioning individuals in hierarchies of power and privilege (Collins and Bilge, 2016, *op. cit*). Although the concept derives from reflections on racism and sexism, since the 1990s it has become increasingly used to describe other social stratifications (Collins, 2022).

Intersectionality also describes a research approach aimed at understanding the world of people living at the intersection of different identity categories. For example, what does an intersectional view bring to sociological reflection about women with disabilities?

Systematic interest in gender in disability reflection appeared relatively late (around the 80s and 90s of the last century). Although gender is seen as a fundamental variable, women with disabilities have not been considered in theoretical reflections. Despite the dynamic development of feminist thought, the situation of women with disabilities was not a significant topic of study until the 1980s, which may be surprising, because the interest in difference has a significant tradition in feminism. This silence later became grounds for criticism of feminist thought, which reproduced the exclusion of women with disabilities, without being interested in their situation and not including them in the common reflection about women (Morris, 1991, *op. cit*; Thomas, 1999, *op cit*).

Between the late 1980s and the 1990s, a variety of disabled feminist scholars, e.g. Michelle Fine and Adrienne Asch (1988), Jenny Morris (1991), Liz Crow (1996), Susan Wendell (1996), Carol Thomas (1999, *op cit*) have highlighted the lack of consideration of disabled women's experiences in mainstream feminist theories. These feminist scholars have developed a field of study, the so-called 'Feminist Disability Studies', claiming the positionality of disabled women from an intersectional perspective and emphasising the multidimensionality of disability. The purpose was to incorporate disabled women's varied epistemologies in order to provide a more meaningful engagement with the politics of difference, stimulating a critical engagement with able-bodied and able-minded privilege. For example, Morris (1991, *op cit*.) explored the intersections between disability, gender and feminism, revealing the numerous ways in which disabled women were marginalised and excluded from political debate and participation - both within the disability rights movement but also from within the women's movement. Morris observed that a women's movement which included the issues and interests of disabled women would require a radical rethink of feminist issue (1991); arguing that including the experiences and perspectives of disabled women would result in a more explicit feminist resistance to oppression.

Starting from this theoretical framework, intersectional analysis offers a useful analytical framework. Such an approach delineates the ways in which bodies and minds not only matter to understanding disability politics, but are constituted along gendered, racialized and classed lines, called into being by capitalist systems (Goodley, 2014). Because of the intersection of different systems of domination (Collins, 2022, *op cit.)* - sexism and ableism - intertwine in shaping the disadvantaged position of women with disabilities who face specific barriers related to their disability and gender status, such as: desexualisation and infantilisation in the construction of femininity of women with disabilities; access to reproductive rights, the focus on forced sterilisation and eugenic policies (Ross and Solinger, 2017) the right to care and independent living (Morris, 1991, *op cit*). In the face of this, women activists with disabilities share a parallel, often interconnected approach with the Reproductive Justice Movement guided by African-American women (Ross and Solinger, 2017, *op cit*.). Recently, several scholars, such as Kafer (2013), Ginsburg and Rapp (2013), have linked disability to reproductive justice, insisting on the common ground of reproductive issues and recognising that reproductive issues cannot be separated from issues of race, class and sexuality, not to mention poverty, health care, social services, environmental justice and so on:

«The Reproductive Justice framework analyses how the ability of any woman to determine her own reproductive destiny is linked directly to the conditions in her community-and these conditions are not just a matter of individual choice and access.» (Ross, 2007, p. 4)

Although the disability rights and reproductive justice perspectives are not identical, they share important affinities. Both perspectives look beyond individual acts and choices to the social structures in which those acts and choices take place. Both focus on justice for marginalized and devalued groups. And just as the disability rights movement was organized in response to harmful systems of paternalism toward people with disabilities, the reproductive justice movement was itself a strong response to the paternalism of those who would force reproductive choices on women of color.

3. Methodology

Theoretically oriented from the field of Feminist Disability Studies (Thomas, 1997, *op cit.,),* the empirical material I present in this contribution comes from a qualitative investigation focusing on life trajectories and reproductive choice of disabled women. Feminist Disability Studies, as well as the intersectional approach and the reproductive justice framework provide a very rich and varied toolbox for an in-depth understanding of disabling processes and the social structures of ableist oppression and at the same time aims at empowering disabled women participants in the study (Davis, 1995; Goodley, 2014; Campbell, 2009). The questions that guided the research aimed to understand: i) how does the presence of a visible or invisible disability affect the gap between the desire for motherhood and (non-)reproductive behaviours? ii) how do gender norms that associate femininity with motherhood exert pressure on women whose bodies, due to their condition, might fail in intensive motherhood performances? In this regard, in conceptualising the itinerary of this research, I questioned how a research design can be constructed through a feminist methodology that puts the circularity of knowledge between researcher and actors at the centre (Bell Hooks, 1998). Likewise, the methodological framework was informed by a critical understanding of power relations in terms of accessibility in the research process and an engagement to a broadly social and political understanding of disability (Kafer, 2013). During the phase of defining the objectives, the target population and the research questions, I decided to focus on different disability groups through an intersectional approach that crossed gender, age and social class in order to reveal the features of some disability groups and in particular the invisibility of women with invisible disabilities and the compulsory visibility of women with visible disabilities. The research is based on 33 biographical interviews (Bichi, 2000): the interviews were conducted on 18 women with disabilities without children and 15 women with disabilities with children. In particular, the use of in-depth interviews was designed to capture the experiential and embodied knowledge of disabled women as a valid method for investigating the world and seeking to shed light on stories that might be ignored by a positivist research tradition (Kafer, 2013).The interviews were collected between July 2020 and September 2021 and, due to the continuing Covid-19 pandemic, were realised through digital platforms such as Meet, Teams, Skype and Zoom. With regard to the procedures for recruiting participants, the role of gatekeepers - some associations and public gynaecological-obstetrics clinics open to women with disabilities - was fundamental. The choice of the women to be interviewed followed two phases: a first more exploratory one that can be defined as "rational choice" and a subsequent "snowballing" one on the basis of profiles constructed on homogeneous characteristics, taking into account certain theoretical-methodological criteria considered relevant in line with both the *critical case design* (Cardano, 2020; Doucet, 2000) and the theoretical reference literature (Thomas, 1997*, op cit*.; 1999*, op cit*; Frederick, 2017*, op cit*; Malacrida, 2009*, op cit*). Indeed, it was chosen to hold together invisible chronic diseases (Multiple Sclerosis), visible chronic-degenerative diseases (muscular dystrophy and spinal muscular atrophy) and visible impairments (spina bifida and spastic tetraparesis) in order to understand the mechanisms of visibility and invisibility as well as social exclusion. Issues such as the type, degree of disability, practical functionality, the moment of acquiring disability, the visibility or invisibility of disability, are factors that have a key impact on the experience of everyday life, including the experience of reproductive rights. This decision makes it possible to analyse the double tension between visibility/invisibility and healthy/illness and to explore how, when, and whether people with visible or invisible disabilities make their condition in/visible, when and whether they identify themselves as disabled (Wendell, 1996). This was done by cross-referencing gender (female), age (20-55), social class (medium or medium-high) and the presence of social and cultural capital (medium/medium-high) available to them, the presence of a partner taking into account the time of onset of the disease or impairment (e.g, having received the diagnosis in childhood, in late adolescence or youth, before however embarking on a possible maternity pathway) and finally that they lived in an urban context in Northern Italy (Turin) which is characterised by the implementation of some regional interventions in support of inclusive policies for disability: accessibility measures in gynaecological-obstetric services; funds for projects supporting *Independent Living* (Morris, 2004); implementation of territorial initiatives through an integrated model of local welfare. This final issue is very relevant because it allows us to articulate a critique of the north - paying attention to how disability mainstraiming policies are implemented in northern urban contexts (Italy, the world) neglected in other parts of the word.

4. Results

4.1. Central and marginal as narrative categories about childlessness

In the public opinion, childlessness of women with disabilities seems to be divided between biological impossibility and social prohibition. However, an analysis of the interviews with the women who took part in this study reveals the need for a much more nuanced approach to the problem. The experiences of these women are very disparate, multidimensional and cannot be reduced to a common denominator. *Childlessness* was presented as a central category of the life course, which was associated with its profound experience, often as a failure and more specifically as "an unwanted absence". These narratives were full of pain, uncertainty and striving to come to terms with their situation, to come to terms with the unwanted trajectory of life. On the other hand, however, in addition to the narratives directly related to the physical impossibility and social devaluation of the possibility of having children, there are several reflexive experiences that attribute the experience of childlessness as a secondary issue. In order to highlight the complexity of childlessness, I bring an analysis of ways of constructing the narrative of childlessness as a central or marginal experience. influenced by decolonial feminist epistemology, I adopt the concepts of centre and margin from Bell Hooks (1989). This terminology helps to avoid reification in conceptualisations and theorisations of childlessness and demonstrates the tensions between of the *centre-periphery* dichotomy: de-centre the centre by centring the margins.

4.1.1 Motherhood as a central desire to be a woman

In order to understand the experiences of women with disabilities in the field of childlessness, it should be noted that one of the basic categories that organises the narratives collected is the way of constructing the meaning of this dimension of life. In many of the narratives collected, childlessness was indeed a "central" dimension of their life course, which was associated with its profound experience, often as a failure, a lack of fulfilment. These narratives were full of pain, uncertainty and commitment in trying to change their situation. The women with disabilities interviewed presented descriptions of failure or attempts to come to terms with an undesirable trajectory in life. An illustrative example is that of Matilde, who is 33 years old and was diagnosed with multiple sclerosis at the age of 22. In her words:

«So before the sclerosis, yes...it was definitely a wish of mine...with the guy I was with before we talked about it. Actually at 25 I would have liked to have a child, but he didn›t want to. Again, it was my wish not to take motherhood too far and he obviously didn›t want to and this wish was not realised. Then, however, we broke up and I had lost the desire. I had not ruled it out...but as the years have passed, I feel it more and more distant...as a desire. I would like to, but I don›t know ... my current boyfriend would like to, but perhaps I should wait a couple of years»

Prompted by the undersigned to reconstruct and explore her "desire" for motherhood in relation to the time of her diagnosis, Matilde illustrates the tension between the before and after diagnosis and the gap between her desire for motherhood. For most of the women, talking about the experience of childlessness was a difficult and emotional experience. The stories presented were associated with suffering, lack of acceptance of their situation, and disagreement with it. Childlessness was a significant, if not the most important, dimension of existence.

Motherhood was a desirable state, an object of aspiration, the main category that determined the course of life. These narratives referred to the traditional understanding of a woman's life trajectory as a mother, and the failure to fulfil this role had its consequences in the intense identity work of trying to accept an undesirable state. Matilde experiences her childlessness as an undesirable state that redefines her imagined life trajectory. Motherhood is central to her life expectations, and childlessness, coupled with the breakdown of self-esteem, requires her to undertake biographical work and change her self-perception. In these narratives it emerges how the sick body is perceived as inadequate in relation to the ideology of motherhood and its values (Miller, 2007; Hays, 1996): good physical health, infinite energy, autonomy. This subgroup of women, who is trying to justify the gap between childlessness and the desire for motherhood, perceives disability not as an obvious and easily generalisable feature in determining childlessness, but as a complex and multi-layered element, between corporeality, the perception of one's body and the social meanings attributed to it. The reasons for childlessness are complex and multidimensional - but they assess it much more on the side of society than physical disability (it is mainly the attitude of the family, which recognises that they should not have children, on the basis of an unconfirmed medical condition on the heredity of the disability, the unwillingness of the partner to have children and long-term experience, domestic violence).

Another illustrative story is that of Miriam, 42 years old, who has had spina bifida since birth and thus expresses "her desire for motherhood" that develops amidst ambivalent gender norms. On the one hand, the visibility of their disabled condition leads to a constant infantilisation of her body and on the other hand she experiences the tension of aspiring to a normative model of femininity:

«Yes. I›ve always thought about it to be honest...however for us it›s a bit complicated...during adolescence I had low self-esteem about my body [...] then as I grew up I recognised myself as a girl and I could be pretty and recognised as a girl like them and I could be liked...only the first loves led me to deny this desire»
-[interviewer] How come?
"I was told that I am half a woman...that I have smaller legs...that I don't grow...that I am in a wheelchair and these characteristics of my body questioned my ability to be able to generate something somehow»

Her account is important not only because it highlights the enabling construction of the disabled female body, a body that "visibly" disregards social gender expectations, but it allows us to understand her interpretation of the low self-esteem towards her body as being linked to the boys' failure to recognise her femininity. *Visibility* plays a central role in producing a negative social reaction from others.

Similar processes can be found in the story of Laura, 44 years old and with spastic tetraparesis. She would also like to have children and experienced childlessness as *emotional work*: fear associated with the inability to be a mother, reflecting on the biological processes related to the body's possibilities and the time constraints of fertility in women, establishing new meaning, reconceptualising her social role.

«Motherhood was a dream for as long as I can remember...I carried it within me from a young age so it was something I wanted. In the last few years, anxiety grew...you start to reach a certain age, then my problem»

Motherhood is a central concept in her perception of herself and femininity, a determinant of a happy life. Many interviewees devote an enormous amount of attention and time to childlessness. For them, it is a primary experience, strongly connected with female identity and the socially expected trajectory of a woman's life. In their narratives, childlessness is associated with frustration; it represents another proof of not being a "real" woman. It is the deviation from the norm that brings childlessness to the fore. However, if we look more generally at the norms concerning motherhood for women with disabilities, it can be supposed that while the interlocutors themselves are able to admit that the social norm for women with disabilities articulates that they should not have children, on an individual level they refer to a normative gender order that assigns a special value to motherhood as an inseparable attribute of femininity.

4.1.2 Childlessness as a marginal experience

Not all stories about being a childless woman were articulated in this way. A significant proportion of the participants created narratives about childlessness as one aspect of life, important, but not special, not unique, not central to identity. These stories did not focus on the experience of suffering, they did not have such a great emotional burden. The story of childlessness was not told from the point of view of absence, but rather through the prism of the importance of other dimensions of life, whether professional, educational, interpersonal, or related to health and fitness. Looking at the collected narratives through the prism of the central or the marginal allows us to understand how childlessness is socially maintained. For example, the following sentence: «Parenthood doesn't concern me» by one of the women with disabilities interviewed highlights how the absence of children is considered something obvious and natural.Of course, this has been presented as the result of a strong taboo of parenting for people with disabilities, resulting in the perception of childlessness as the only possible path in life. However, childlessness doesn't have to necessarily be associated with the narrative of absence.

Previous research on childlessness, concerning the distinction between childless and childfree, did not prove useful in the context of my analysis. This distinction introduces the concept of choice, which is not adequate to describe a significant part of the experiences of women with disabilities.

For example, let's consider the narrative of Silvia, who is 38 years old and was diagnosed with multiple sclerosis in 2018:

«But right now I have no desire to have children...Because I have to spend my energy on my own basic functions. That is, I wouldn›t be able with the ability in my hands to put on and take off nappies and imagine holding a baby. I›ve tried to hold my friends› babies, but only from a sitting position. No? And then how much effort can a body like mine make to get pregnant...I don›t see it as compatible. Then it›s also true that during pregnancy the disease stops, at least that›s what the studies say... but I don›t know, maybe we could think of something else... surrogacy? But the problem is that multiple sclerosis has taken away so many freedoms and created limitations› (Silvia)»

For these women, the announcement of the illness seems to reorient future plans on motherhood, challenging the ambivalent experience of childfree and involuntary childlessness. Childlessness was not considered a failure or a disappointment, but treated *neutrally*, sometimes even as an expression of responsibility. But there are also other stories in which childlessness was presented in the context of other priorities, such as education, work, the strain of living with disabilities, rehabilitation, caring for one's health, etc. An eloquent example is the case of Valeria, who is 33 years old and has spastic tetraparesis:

«I am still young...I am 33 years old and frankly at this time in my life I do not wish to have children. I›ve spoken to my partner about it, yes, maybe he would like to, but I›m still in a ‹waiting› phase because I›m trying to have more stability in my job after years of study; anyway, I have to think about my health and my body first before thinking about a possible pregnancy...if it were even possible in case»

Her job allows her to focus on ensuring and supporting an independent life. Childlessness is perceived as a most likely passable state. Currently, she has no intention of having children, nor is she trying to get pregnant. She speaks of childlessness not from the perspective of absence, but from the perspective of the multiplicity of other essential dimensions of life. The dominant frame is not suffering and incompatibility with the desired trajectory of destiny, but an appreciation of the various aspects of being in the world. For these mothers, childlessness is not a devaluation, but one of the equivalent ways of functioning in society. It is a neutral element of life as long as it is not socially marked. Their attitude towards childlessness is determined by their attitude towards traditional models of femininity, not combining the trajectory of a woman's life with the necessity of motherhood and the possibility of playing other socially important roles.

At the same time, the interlocutors mentioned above are included in the group of *procrastinators*. They are women who consider different life scenarios; this group does not refuse motherhood or having children in the future, but is not currently making efforts in this direction. In the literature on childless/childfree (Tanturri and Mencarini, 2008), this orientation is referred to as a passive process of reproductive decision-making, as opposed to its active dimension (Rich, 1986).

5. Final discussion and considerations

5.1 Barriers to motherhood. Childlessness as a social norm

This contribution offers an analysis of the relationship between desires for motherhood and non-reproductive decisions and in particular, it focuses on choices, events and experiences of disability that have left an impact on the construction of their gender identity. An intersectional perspective reveals that for women with disabilities, the very possibility of motherhood and support in the implementation of parenting practices is at the centre of reproductive justice struggles, yet childlessness, the possibility of preventing having offspring and access to health information are equivalent aspects of this group's experience. The findings presented in this article highlight how their decision to remain childless challenges the perception of childlessness as an obvious and natural state. The norm of childlessness for women with in/visible disabilities is, in some cases, invoked at the level of socialisation to gender roles. Some of these respondents did not experience the pressure towards normative socialisation to the role of "mother". In a similar way to other women, they experience the control of sexuality, but in varied forms: their motherhood is linked to violations of social norms that confine disabled women beyond motherhood. As I have argued to illustrate, these analyses of the parenthood of disabled people bring up a new question about the reproduction of societies, regarding who can be a parent and who decides. Furthermore, the findings emphasise the factors and mechanisms that come into play in the formation of non-reproductive choices. Reproductive experiences are always linked to biographical situations and decisions, but these choices are rooted in the values and practices of the communities in which the individuals live. I argue the interrelationship between the status of childlessness and the ways in which this norm is socially maintained.

Additionally, the purpose of this contribution is not just understanding *if* women with disabilities consider childlessness as their own choice, but rather how their situation in terms of creating a family is conditioned by the realities of the community in which they live. While the literature defines the struggle for opportunity and support in parenthood as fundamental themes for women with disabilities, it is important to remember that not all of them want or are able to have a child. For them, access to information on reproductive rights, gynaecological care, contraception, legal abortion and, above all, sex education may be important (Kallianes, Rubenfeld 1997). Women with disabilities in Italy do not always have access to gynaecological care on an equal basis with others (e.g. due to lack of architectural accessibility). Patients point to stereotypes among medical staff and the attendants (often from the family) and scarce availability of health information. The intersectional perspective shows that for women with disabilities, the very possibility of motherhood and the support to implement parenting practices are at the centre of reproductive justice struggles, but nevertheless childlessness, the possibility to prevent having offspring and access to health information are equivalent aspects of this group's experience. An intersectional perspective, through the use of theories on socio-cultural identities of gender or sexuality and disability studies, has the potential to offer a more nuanced understanding of the reproductive choices of women with motor disabilities. In other words, the key question is how (childless) life biographies are socially produced and sustained (Malacrida, 2009, *op cit*; Frederick, 2017, *op cit.,).* To understand the childless experience of women with disabilities, it is necessary to observe how socially constructed norms and practices relate to this issue. The interviewees presented a very complex picture of their childlessness, abounding with events that occur in various spheres and situations that influence the situation of becoming childless. The norm regarding childlessness on the part of women with disabilities in some cases is already invoked at the level of socialisation to gender roles. Some of the interviewees did not go through the traditional socialisation of girls to the role of mother (O'Toole and Doe, 2002, *op. cit*).

The empirical material collected illustrates the multiplicity of their biographies; but what emerges is the role of others in recognising their possibility of becoming a mother. On the other hand, the experience of taboo, discouragement, negative attitude or simply the absence of support in this area of life was pointed out. As a consequence, their motherhood is judged according to a moral framework, assuming a negative value (Thomas, 1999).

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