

3. Queer Kinship in Swedish Numbers: Reproducing National Whiteness

Ulrika Dahl¹

Quite honestly, I don't have a great need to meet other HBTQ² families. Possibly for my children to see that families look different. But I feel that I can show that through other families who are not HBTQ...there are a lot of different kinds of families that are not. We like the concept of rainbow family – that feels inclusive. That can include grandmother, grandfather and children, father and children, not everything has to have to do with sexual orientation or gender identity. (Survey respondent, 2017)

This quote is from one of many responses to a question concerning needs for meeting places for LGBTQ+ families in Sweden included in a national survey on paths to and experiences of parenthood among LGBTQ+ people conducted in 2017. While perhaps not “representative” of the whole data set of 645 respondents – indeed, the main majority of respondents, especially outside urban areas, stated that they *do* want places to meet other families like their own – it tells us something about how (queer) kinship is understood in contemporary Sweden. This chapter explores what a national survey might tell us about who is reproducing the (queer) Swedish nation, what they aspire towards and struggle with, and what it means to have and engage with children.

With a strong commitment to (gender) equality, after a century of strong social democratic welfare politics, Sweden has created a (self)image of itself as progressive and inclusive in terms of gender, sexual and even racial politics, or what researchers have called exceptionalism (cf. Habel 2012; Alm et al. 2017). In the aftermath

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² As is discussed below, in Swedish the term ‘HBTQ’ (Homo, bi, trans, queer) is frequently used to refer to what in other contexts is often LGBTQ+, sometimes with several additional letters, including I and +.

of the AIDS epidemic, Sweden passed a law on same sex partnership in 1998, which in 2009 was transformed into gender neutral marriage (Rydström 2011). While partnership, unlike marriage, originally excluded reproduction and parenting (*ibid.*, Dahl 2022), the number of existing same-sex families along with the rise of access to assisted reproduction technologies have led to a series of changes in Swedish family law, in order to make room for new families. Beginning with same-sex adoption – specifically, the inclusion of a partner’s (“biological”) child/ren in 2003 – lesbian couples gained access to assisted reproduction with donated gametes through state health care in 2004, and in 2014 single women³ also gained that access. These seemingly progressive changes might, as the opening quote suggests, indicate that little distinguishes non-heterosexual families from heterosexual ones, with equality achieved. Indeed, a very large number of respondents describe their lives with children as “normal” and “ordinary.”

As Butler (2002) has proposed, when we move beyond the question of recognition and rights, we might ask different questions regarding queer kinship; including how conception matters, about what love and desire beyond the heterosexual matrix might mean, and about parenthood, care, and interdependency. In the 2000s, scholarship on LGBTQ+ families and paths to parenthood has grown significantly and, yes, today, we do know quite a lot, both about living with children conceived in heterosexual relations and sharing parenthood with friends (Zetterqvist 2006), about the growing numbers conceived through assisted reproduction and especially how LGBTQ+ families navigate heteronormativity in various ways (SOU 2001; Ryan-Flood 2009, Malmqvist 2016, Nordqvist 2006a and 2006b). This research and the changes it tracks, might indicate that being queer (as in non-heterosexual) is no longer an obstacle to family making in Sweden, or differently put, that what anthropologist David Schneider (1968) called love as the key symbol of kinship now includes the love that queers practice: erotic, sexual, intimate, and romantic (cf Dahl 2014).

³ And others with functioning uteruses, including transmen.

Yet, we might ask to what extent the existence of queer families actually changes our conception of kinship and for whom is it a possibility and how. As we shall see here, in many ways, Swedish family law maintains the “facts of life” central to heterosexual reproduction as the premise of parenthood and limits parents to two. Furthermore, parental status and recognition remains legally tied to a mode of conception and the status of the so called third party (or donor) is significant, if ambiguous. Furthermore, since access to fertility services through public healthcare is regulated in a range of ways and relies on assessments of both economic and social resources, many LGBTQ+ people continue to conceive at home or abroad through a growing private global fertility market (cf Dahl & Andreassen 2021). At the same time, by focusing primarily on how gender and sexuality, shapes family-making research in this field has tended to unflexibly focus on the white majoritarian population and has rarely taken an intersectional approach to experiences and challenges of same-sex (lesbian) parents.⁴

In this chapter, I discuss what the national survey into Lesbian, Gay, Bisexual, Trans* and Queer persons’ experiences of and needs in relation to parenthood and company of children in Sweden might tell us about *who* is reproducing the (queer) Swedish nation, *what* non-heterosexual family-making means, and about broader understandings of relatedness and kinship.

The survey, to my knowledge the first of its kind to be conducted in Sweden, was designed by staff at the Swedish Federation for Lesbian, Gay, Bisexual, Transgender, Queer and Intersex rights (RFSL) in 2017, loosely following the format of a regional survey conducted in Stockholm a few years earlier. Distributed nationally through RFSL’s channels, it garnered 645 respondents and generated thousands of free text answers to many of its questions, making it a rich archive of reflections on (paths to) parenthood. Here I first give a brief background to the survey and discuss why qualitative researchers might benefit from looking at

⁴ Research on “gay dads” is growing, see Malmquist 2022; Malmquist and Spånberg Ekholm 2019.

survey data, given the challenges involved in drawing on and creating statistical norms. Then I turn to 13 demographic questions that provide data which is difficult to obtain through normative census questions and discuss what this tells us about who is making family and how the legal frameworks shape (experiences of) family making. This is followed by a discussion of how kinship relations are described and how parenthood is understood and practiced, drawing on free text answers. Lastly, I turn to data on how the process of conception involves navigating legal frameworks that reflect particular biopolitical state interests as a context in which contemporary dreams and practices of LGBTQ+ family-making in Sweden are realised. With an intersectional approach to queer kinship, I discuss how gender, race, class, age and relationship status shape experiences of and hopes for family making, how queer kinship is entangled in broader racial, national and biogenetic understandings of relatedness, all which might reflect and contribute to certain “homo” norms.

As the opening quote suggests, there are many ways to make family in Sweden today. With growing divorce statistics, it is estimated that at least 1/4 of children in Sweden grow up with multiple parents due to parents' new relations. In an era of rights, which as research shows is the strongest indicator for growing “tolerance” (Takacs et al. 2016), it may not be self-evident that LGBTQ+ parents are in need of community or interested in meeting others “like” them. The respondent’s feeling that sexual orientation and gender identity does not matter for parenting could suggest that the legal changes have indeed “succeeded” in obtaining sexual and gender equality for families. At the same time, while (queer) kinship and family might ultimately be about interdependent intergenerational bonds and relations, the meaning of kinship here remains lodged within a heteronormative logic where kinship terms (such as grandmother) are both always already deeply gendered, and intrinsically entangled with ideas of heterosexual reproduction and relatedness. I will here argue that the survey shows that the idea of Sweden as a place where LGBTQ+ people have “equal rights” is not quite a reality, and that indeed, in neo-liberal times of growing segregation and inequality, sexual orienta-

tion/identity and gender identity, along with a range of other demographic factors including class, race and location matter in different and profound ways in paths towards and experiences of family making. In fact, we might say that LGBTQ+ reproduction tends to favour a certain segment of the population, white upper-middle class lesbians, who are thus bestowed with the opportunity to reproduce national Swedish whiteness.

The power in numbers

We might ask why queer qualitative researchers with an interest in theorising kinship through stories of lived experience and everyday life should care about demographic data and statistics. Isn't it enough to account for the complex ways in which people navigate heteronormative state apparatuses and succeed in manifesting their dreams of family? As a feminist cultural anthropologist, I admittedly have a preference for the rich complexities that emerge through qualitative interviews and an archive of cultural materials and representations over "big anonymous numbers." Yet, when I have presented findings from interviews and observations that point to norms and power relations embedded in and revealed by Sweden's allegedly "inclusive" family law and how it affects people differently, in particular trans and queer people of colour, my sample size is frequently questioned in terms of its "representivity". My view is that this response itself reveals a deep attachment to the idea of the tolerant and inclusive state that recognises LGBTQ+ subjects as parents and partners, adults.

Of course, we know that there is power in numbers; they can make or break social movements, political parties and even individual lifelines. Statistics (the result of research that collects, organises and analyses data according to certain premises and demographics) are often mobilised to demand representation, rights and recognition for different kinds of social groups. Consider the famous statement "we are everywhere", which drew on the idea that 10% of the US population is homosexual originating from Kinsey's large-scale studies of sexual behaviour (Spiegelhalter 2015). Here a statistical figure not only revolutionised gay and

lesbian movement, it has been used to argue for the existence of LGBTQ+ people (and families) all over the world, in every school and village, ever since. Yet, as Joanna Mizieleńska's (2022; this volume) work attests, it is not always sufficient to point to demographic "facts", such as that LGBTQ+ people *are* in fact raising children or living in familial arrangements, since questions can easily be raised about the representativity of a survey. Another dilemma is, as feminist, postcolonial and critical race scholars have long pointed out, the statistical instruments and categories themselves. Writing on the census, Mennicken and Espland (2019, 228) note that it is "often bound up with notions of identity, citizenship, and belonging" that not only depart from predetermined categories, but often (re)produce norms and medians, miss the messiness of reality and render invisible non-normative ways of living. At the same time, as research on racism and sexism frequently demonstrates, it is rarely enough to simply point to numbers (Ahmed 2013). Indeed, we know that demographic statistics also have documented strong ties to a history of eugenics where they have been used to perpetuate structural racism and pathologisation of certain groups (Zuberi 2001). Numbers, in other words, become both powerful and useful through the acts of interpretation and narration.

Given the fluidity of gender and sexual identities, it is not surprising that statistics on LGBTQ+ families have been difficult to create, find and interpret. Defining identities tends to fix them in ways that don't always reflect or tell us what we want to know. For instance, according to Statistics Sweden's (SCB) 2019 report on households, (i.e., people registered on the same address), 1,6% of the population live with a person of the same sex (about 150 000 people) and 6,000 of such households include children. Yet, these figures do not tell us what kind of relationships adults and children have in such households.⁵ Indeed, at the end of 2017, according to census data, 6 837 women and 5 321 men were in same sex mar-

⁵ *Ensam, med partner eller kompisboende? Vad säger hushållsregistret?* SCB Demografiska rapporter 2019, 1. https://scb.se/contentassets/cfe7690018d741798939bd8a6d087219/be0701_2015i2018_br_be51br1901.pdf. Last accessed: 2022-10-01.

riages or registered partners⁶, and 3 155 children under 17 had two mothers, while 209 had two fathers as their registered legal guardians, a considerably smaller number. These figures also illuminate the fact that marriage and family is not numerically gender “equal” (i.e., more women than men are married and have children) but also that marriage to a great extent defines parenthood. In 2017, numbers of children adopted by one or two parents in a same sex couple increased significantly, to 161 or 14% of the total number of adoptions, with the vast majority being women adopting their partner’s biological child/ren.⁷ Yet, such figures do not tell us who is raising children, about multi-parent families by design or default, about children who live part time with multiple (gay) parents, or about people who have had children in heterosexual constellations and who “come out” later in life. In short, and as the public investigation that led to the changing family law (SOU 2001: 10) noted already 20 years ago, it is difficult to define and capture the size of the LGBTQ+ population with children. Here a national survey that offers an opportunity to outline in greater detail one’s family situation and define one’s own terms for kinship and its meaning can provide meaningful additional data.

Against this backdrop of limited national census data on LGBTQ+ families, it is valuable to know more about actual existing families. While it is difficult to fully ascertain the statistical representativeness of the national online survey entitled “HBTQ persons’ experiences and needs connected to parenthood and engagement with children,”⁸ discussed here, we get a sense at least in relation to the census data discussed above, to statistical methods and norms. This survey followed the questions of a previous regional survey and was designed, marketed and distributed by RFSL, a community organisation, both on their own websites and in social media, especially Facebook and Twitter. Using digital

⁶ <https://www.scb.se/hitta-statistik/artiklar/2018/samkonade-aktenskap-vanligast-bland-kvinnor/>. Last accessed: 2022-10-01.

⁷ <https://www.scb.se/hitta-statistik/artiklar/2018/allt-fler-adopterar-styvbarn/>. Last accessed: 2022-10-01

⁸ In Swedish: Nationell enkät om hbtq-personers erfarenheter och behov kopplat till föräldraskap och umgänge med barn.

form and promotion, including a form of digital snowballing whereby a number of key actors, from midwives and clinics to activists and organisers of a range of groups on queer families were asked to spread the news of the survey, was a strategic choice for a number of reasons. Social media use is high in Scandinavia; at least half the population has a Facebook account, compared to 1/3 of the global human population (Andreassen 2018) and LGBTQ+ people increasingly use social media and digital technologies both to find and maintain relations and community, and to harvest information (cf. Lilieqvist 2020, Tudor 2018, Schwartz 2020), which suggests that this mode of distribution and participation was reasonable. We also know that people who are planning or living in queer families often use a range of discussion groups on social media (many with thousands of members) to gain and share information, and to construct and maintain community and kin relations (Andreassen 2018), which means it was likely to reach the target audience.

This survey consisted of 56 questions that offered both multiple-choice and free text answers and it was completed by 645 people from all counties in Sweden.⁹ As the first national Swedish survey aimed to capture both “HBTQ people’s” experiences and needs connected to parenthood *and* their broader engagement with children, the data offers a rich and complex picture. The majority of 103 comments to the final question expressed gratitude for the work of RFSL and found the survey important, even if a few found it too long and complex, and almost all participants completed the entire survey. In this analysis, the focus is, on the one hand, on the “big picture”, that is, the demographics of the “community” that answered, and also hones in on particular narrative responses drawn from the rich data from free text answers. As we shall see, many of those give a rich sense of how several factors shape experiences, including gender, sexuality, age, mode of conception and so on, but it does not provide detailed insight into who is behind each narrative response.

⁹ The Survey questions are included as an appendix at the end of this chapter.

The survey's focus on both experiences of parenthood and of other forms of interaction with children confirm the numbers offered by SCB Sweden that today many LGBTQ+ people have or desire to have children in their lives. What we get here is the richness of the free text questions and the nuanced views of relations and kinship terms. 58% of respondents were parents or legal guardian of children, 35% also identified as an "important adult" in a child's life, and 27% were godparents to children, with 30% also stating that they planned to have children in the future. This suggests a strong reproductive norm in the sample (indeed others might have felt discouraged), but also suggests that people engage with children in ways that exceed the nuclear family. Table 1 below shows gender and sexual orientation (questions 7 and 8) for respondents, and for both questions it was possible to choose several options, for instance both cis-person and woman:

Table 1. Gender identification and sexual orientation.

Gender identification	n	%	Sexual orientation	n	%
Transperson	33	5,12	Homosexual	393	60,93
Cisperson	91	14,11	Bisexual	154	23,88
Non-Binary	41	6,36	Heterosexual	7	1,09
Transvestite	1	0,16	Queer	149	23,1
Transsexual	13	2,02	Other	80	12,4
Intergender	5	0,78	I do not use any words for my sexuality/sexual orientation	47	7,29
Queer	110	17,05			
Woman	468	72,56			
Man	101	15,66			
Other words:	21	3,26			
I don't use any words to describe my gender identity	24	3,72			

A major finding here is the limitations of using the commonly used Swedish acronym “HBTQ” (homosexual, bisexual, transgender and queer) as it does not indicate gender differences. While 61% of respondents opted for the term homosexual and 23% for queer, 73% also identified as women and the most common free text word chosen was lesbian or dyke, which points to the significance of gender in terms of queer reproduction and kinship. As this chapter will show, if we are to understand the complexities of non-heterosexual parenthood, the “H” for homo or “same-sex” masks more than it reveals; especially given that only those with uteruses are helped by fertility medicine in Sweden, which along with the challenges of both domestic and international adoption leaves many having to either engage in transnational surrogacy arrangements or family constellations involving persons who can carry children. It is also noteworthy that 28% of respondents identify as queer, trans or non-binary and worth pointing out from the beginning that responses to the survey’s different questions indicate that experiences of transgender parents differ significantly from those of cis-gendered parents (whether or not the latter identifies as such).

In this chapter I will use the acronym “LGBTQ+” to highlight that lesbians (and women) according to this survey are more likely to be/come parents; there is a strong lesbian “norm” and to mark these differences, even if these letters do not reflect stable categories as such. These demographics also demonstrate a theme throughout the survey and thus a key argument in this chapter, namely that in Sweden, differently gendered bodies with different capacities for sexual reproduction have very different paths to obtaining (legal) parental recognition and that this matters for how (queer) reproduction, kinship and family-making are understood.

Telling queer stories with demographic data

This national survey differed from previous regional surveys designed by RFSL staff and conducted in Stockholm on one important matter: it included a set of demographic questions. Beyond gender and orientation, it also included initial questions

that asked about age, location, educational background, occupation and experiences of migration and racism. Here I paint an overall picture from the 13 demographic questions, and then offer a qualitative reading of this data in relation to the significant changes in Swedish law and assisted reproduction in the 21st century.

83% of respondents were between 26 and 45, 45% were under 36 and only 7 respondents were over 55.¹⁰ As further supported by free text answers concerning paths to parenthood and what having children brings, this suggests that the survey might have been more successful in reaching the currently “fertile” population, that is, a majority have just had or are planning to have children. Table 2 shows how parenthood is practiced and imagined:

Table 2. Experiences of parenthood and future family imaginaries.

Experiences of parenthood	n	%	Future family imaginaries	n	%
Voluntary solo parenthood	60	9,57	I can imagine being a voluntary solo parent	106	16,85
Involuntary solo parenthood	36	5,74	I can imagine sharing parenthood with one other person	365	58,03
Sharing parenthood with one other person	339	54,07	I can imagine sharing parenthood with several others	134	21,3
Sharing parenthood with several persons	66	10,53	I can imagine my child/ren having multiple residences	124	19,71
Child/ren with multiple residences	122	19,46	Not relevant/cannot answer	205	32,59
Sharing residence with a different person than my child/ren's parents	74	11,8			

¹⁰ Internet use is high across the board in Sweden. In 2017, 98% of Swedes over 56 used the internet, even if the number of elderly users is lower than the national average. More than 50% of the population over 70 used Facebook daily in 2017 according to a report from the Swedish Internet Association. <https://svenskarnaochinternet.se/rapporter/svenskarna-och-internet-2017/kommunikation-och-sociala-plattformar/>. Last accessed 2022-10-01.

Shared residence with several others, including children	48	7,66			
Not relevant/cannot answer	209	33,33			

Interestingly, 54% of current parents shared parenthood with one other person, 16% were solo parents, with 9,5% voluntarily so, while 5,8% described it as involuntary. 19% do not live with their children full time, 8% share housing with others, including children and 12% share housing with others than the parents of their children. 10% share parenthood with more than one person. These figures suggest while there is a strong couple norm (supported by the law) there is also great diversity of family forms among LGBTQ+ people, including those not currently legally recognised.

30% of respondents plan families in the future, and while we know there is a difference between what one imagines and hopes for and what actually happens, the survey responses point to a range of conceivable “choices” in 2017, and above all perhaps, to the fact that reproductive futurity is conceivable and desirable; perhaps even expected (Mamo & Stieglitz 2014). 58% state that they plan to share parenthood with one person, which suggests that the dual parenthood norm remains strong. At the same time, 17% can also imagine solo parenthood with 21% able to envision multi-parent constellations with children dividing time between several households, which is a significantly higher number than existing families. Arguably, the former reflects solo women’s access to assisted reproduction whereas the latter suggests that people do continue to imagine making family both within and beyond the law. Bearing in mind gendered differences, multi-parent constellations might both point to strategies chosen among those who cannot gestate (for different reasons) and to intentional alternative family-making practices.

The second question concerned location. While all counties in Sweden were represented in the survey, 72% of respondents were from Sweden’s major cities of Stockholm, Gothenburg and Malmö.

Within (Western) queer studies, migration to urban areas in search of like-minded others is well documented (Weston 1995). Clearly, LGBTQ+ people are (still) drawn to cities, also reflecting broader domestic migration patterns relating to education and employment. Yet, research also suggests that both migration patterns and reasons for moving are changing, and that those born after marriage and family rights experience less stigma (Wimark 2015). Read alongside survey questions concerning encounters with health care and various state institutions and questions on needs of parents it is clear that there are significant differences between and great needs among those in smaller towns, and also that people (are willing to) travel great distance to achieve pregnancy and/or parenthood. They also suggest that LGBTQ+ families living in smaller towns have fewer networks, are more dependent on families of origin, but also, like the quote that opened this chapter, that some are less concerned with the LGBTQ+ community.

One significant survey insight concerns socioeconomic factors, and respondents diverge somewhat from the national demographic.¹¹ Table 3 shows education, income and employment:

Table 3. Education, income and employment.

Education	n	%	Income (SEK)	n	%	Employment	n	%
Basic	194	30,08	Under 100.000	63	9,77	State Sector	98	17,47
Gymnasium	241	37,36	100.000–200.000	96	14,88	Municipal sector	171	30,48
Professional	80	12,4	200.000–300.000	131	20,31	County sector	84	14,97
University	477	73,95	300.000–400.000	187	28,99	Cultural sector	47	8,38
PhD education	40	6,2	400.000–500.000	113	17,52	Non-profit sector	60	10,7

¹¹ Source: <https://www.scb.se/hitta-statistik/statistik-efter-amne/hushallens-ekonomi/inkomster-och-inkomstfordelning/inkomster-och-skatter/pong/statistiknyhet/slutliga-inkomster-och-skatter-2016/>. Last accessed 2022-10-01.

Other	34	5,27	Over 500.000	55	8,53	Corporate sector	103	18,36
						Other	43	7,66

National census data from 2018 indicates that 43% (49% of women) of the national population had some higher education while 28% were highly educated.¹² In contrast, 73% of survey respondents having a university education and 6% educated up to postgraduate level;¹³ suggesting that as a ‘cohort’ LGBTQ+ parents have a higher level of education than the national population.

Of the 68% who were employed, the majority work within different parts of the public sector. This is in line with the national population, for which the most common job is the municipal sector, which largely involves forms of care work; 91% of this labour is performed by women. In terms of income, survey demographics diverge from national figures in interesting ways. While in 2016, the median income in Sweden was SEK 309 000; SEK 281 000 for women and SEK 342 000 for men, 55% of survey respondents earn above the national average, with 26% earning over SEK 400 000. Given the average age and that 73% are women, these figures point to a seemingly strong (upper) middle-class norm among respondents. At the same time, it is important to note that almost half the respondents are under the national average in terms of income.¹⁴ More research is needed on how class and material resources inform modes of conception and paths to parenthood among LGBTQ+ people.

The two final demographic questions asked about experiences with migration and racism. While the Swedish population has

¹² <https://www.scb.se/hitta-statistik/sverige-i-siffror/utbildning-jobb-och-pengar/utbildningsnivau-i-sverige/>. Last accessed 2022-10-01.

¹³ Free text answers suggest that the most common additional form of education is folk school/community college.

¹⁴ Space limitation prevents a needed longer discussion here about geography and income, especially in relation to age. It is likely that high salaries are concentrated to urban areas and to the strong middle age bracket in the data. The demographics section in this survey indicate that queer families (and their complexities) are rendered quite invisible in standardized census data (f ex SCB) due to the heteronormative framework of its statistical units.

diversified significantly in recent decades and despite documented growing discrimination and racism, most research on LGBTQ+ families has to date tended to focus on the majoritarian population and also to naturalise whiteness (Dahl 2018, 2020). Whereas 24% of the national population was born outside of Sweden in 2017, 7% of respondents had migrated to Sweden with 13% having at least one parent who had migrated. A majority of these had migrated from another Nordic or North European country, which suggests that the majority of respondents are white and lack migration experience. 8% reported experiences of racism and 6% said “maybe”, which might suggest that the meaning of racism is not entirely clear to some respondents. 18% had family members who have experienced racism and 8% answered “maybe.” While much more research is needed on this topic, the 97 free text answers where participants could elaborate on those experiences offer a glimpse of both how racism is understood and how it operates in respondents’ lives. Interestingly, many also reported that they are “wholly Swedish” or “many generations Swedish.” Read together, the free text answers show that proximity to white Swedishness in terms of familial history, appearance, language and names is crucial for avoiding racism. Whiteness can thus be understood as the absence of experiences of racism, which seems to be the case for 92% of respondents (see also Dahl & Andreassen 2021, Dahl 2018). Arguably, taken as a whole, LGBTQ+ family making in Sweden appears to be reproducing whiteness.

Among the 8% who experienced racism, many reported being adopted, pointing both to how transracial adoption is the “adoption norm” in a country that has little domestic adoption and also to the failure of an imagined “colour-blind” discourse tied to ideas of Swedish exceptionalism (cf Hübinette & Andersson 2012). According to the data, being bullied in school for not fitting into a blond, light, Nordic racial stereotype is frequent and anti-Semitic sentiments and racism against Sami and other national minorities persist. While many state that roots in other Nordic or northern European nations enables passing as white, a significant number account for experiences of not fitting in or being othered for having parents or grandparents from Finland. Respondents with Latinx

heritage, describe both being able to pass as (southern) European and being othered as “immigrants.” Consistent with other research,¹⁵ anti-black racism stands out. Respondents describe derogatory language, comments on skin colour and features¹⁶, as well as being exoticised, sexualised and celebrated for “mixed-raceness.” In particular, there are many stories of racism at hospitals and clinics and through the process of assisted reproduction, as well as of partners and children experiencing racism due to being non-white and/or mixed race.

Given these stories, it is noteworthy that the Swedish system where doctors choose and match donated sperm with intended parents based on the idea of likeness is only brought up by non-white respondents. One writes that “we were questioned when we requested colours of the donor that would resemble my wife. ‘What difference does it make? You would not be able to have a child together anyway,’ they said”. Consistent with what my interview data has suggested, it seems that non-white parents cannot always expect racial “matching” (cf Dahl 2018). Another respondent writes that “treatment at the clinic was good in terms of HBTQ competence but we had many strange discussions around choice of donor, which, according to staff, should be based on the partner’s appearance/ background, and both me and my ex-partner were treated as very “special” because we are non-white and got many questions about colour and origin.” As I have argued elsewhere (Dahl 2018; Dahl & Andreassen 2021), while whiteness is often rendered invisible among white people, there seems to be a strong white norm in assisted reproduction.

These survey demographics are largely consistent with existing census data that suggest a strong LGBTQ+ “family norm”: parents (to be) are overwhelmingly urban, lesbian, cis-gendered white women who are highly educated with income above the national average. This is not surprising, given the challenges in both access-

¹⁵ Simon Wolgast, Irene Molina & Mattias Gardell. 2018. *Antisvart rasism och diskriminering på arbetsmarknaden*. Länsstyrelsen i Stockholm. Rapport 2018:21.

¹⁶ Here I have opted against repeating verbatim the violent language these respondents describe because in a climate of endemic antiblackness there is enough wallowing in black pain and suffering and it is not necessary to make the point here.

ing assisted reproduction and managing paths to legal recognition, couple with the high cost of assisted reproduction technologies, such as surrogacy arrangements (3% of respondents) and insemination or IVF abroad (25% of respondents). Similar demographics are found in the extensive national survey carried out by Mizielińska et al. (2015) on Families of Choice in Poland concerning LGBTQ+ experiences of family making, where the majority of respondents were highly educated and had a higher income than the average Polish person, and Henny Bos' (2004) questionnaire-based study comparing planned lesbian families to heterosexual families in the Netherlands. Bos' study showed that lesbians who plan families were highly educated. Bos points out that there is a tendency towards over-representation of highly educated people in surveys, but research on assisted reproduction also shows that lesbian mothers are typically more highly educated than heterosexual women. I would argue that a narrow focus on sexuality and gender as the main features of queer parents, which has tended to be the case in previous research both in Sweden and in the wider Western or Anglo-American context (Malmqvist 2015, 2016; Ryan-Flood 2009; Nordqvist & Smart 2014), can obscure class dynamics and naturalise whiteness and belonging in the majoritarian population as a point of departure in discussions of LGBTQ+ parenthood. It may also be that (proximity to) whiteness is helpful for inclusion in the heteronormative reproductive nation.

While the survey suggests a strong white middle class urban norm, it also importantly indicates that LGBTQ+ parents and families exist in all counties in Sweden, and are quite diverse; there are significant differences in both experiences and understandings of reproduction linked to gender identity and parental status, but also to paths to procreation or chosen family form. Free text answers show that geographic location, material resources and knowledge about options shape experiences with assisted reproduction and legal recognition of parenthood. LGBTQ+ people with children is not a socioeconomically homogenous group, and clearly access to state funded assisted reproduction does to some extent "democratise" queer family making, given that the costly reproductive technologies in the global fertility market via state-funded

might to some extent serve to “democratise” queer family-making. This brief discussion of demographics indicates that much more research is needed on inequalities in LGBTQ+ paths to and experiences of parenthood, beyond the current focus on discrimination on the basis of sexual orientation and “same-sex” parenthood.

In your own words: Relations to children and the performativity of kinship terms

The survey aimed to capture a range of ways that LGBTQ+ people engage with children in their lives and the open-ended questions provide rich and nuanced descriptions of the meaning that being with children provides. The majority of respondents (58%) are parents or legal custodians to one or more children, with 6% stating that they are parents who lack legal recognition with 30% planning to become parents. Only 1% are grandparents, a figure likely explained by the age demographic, wherein only 7 people over 55 responded. However, respondents also engage with children in many different ways: 28% are godparents (*fadder*) for children of kin and friends, 35% state that they are important adults in children’s lives and 20% work with and have other experiences involving children. The survey thus suggests that LGBTQ+ people increasingly have or desire to have children of their own and given the many other ways that they report engaging with children, that many children have significant people in their lives who are LGBTQ+ identified. This is a stark contrast to the idea that being queer means exclusion from contact with kin and children, again suggesting a certain “normalisation.”

The survey also shows the complexities of kinship and the multiple roles people have; many report being both biological and legal parents, bonus parents and godparents. While this might seem obvious and while to respondents themselves, it may or may not matter for parenting, it is clear that these are not equal before the law.

An especially crucial finding is the level of involvement in relatives’ and friends’ children’s lives; indeed, the survey suggests that LGBTQ+ people are not cut off from families of origin. To some,

engaging with (others') children offers preparation: "it gives me a strong sense that I too would really like to have children and my own family, and that it is actually possible", one respondent writes. In other words, in 21st century Sweden, being gay or queer does not make family inconceivable. In this section I discuss what survey results might teach us about queer kinship, that is, about views on kinship and relatedness, what terms are used to describe parenthood and what having children does to a sense of belonging and identity in kinship terms.

For instance, the free text question "describe with your own words what kind of relation you have to the children in your life," generated 317 answers and points to how language matters for kinship. A "relation" is a noun, that both describes connections between people and things and according to the Free dictionary connotes "the mode or kind of connection, connection between persons by blood or marriage, a person who is related by blood or marriage, relative and finally the act of relating, narrating, or telling; narration."¹⁷ Survey answers are examples of narration about connections between people in kinship terms. Narration of origin stories (how babies were made, what relations are between parents, etc) is crucial for understanding (queer) kinship, and can be understood as reflecting kinning practices, or "the process through which kinship is established by connecting one being to another" (Gunnarsson Payne 2016, 484). As the survey concerned parenthood rather than (romantic) relationships, we only learn about parents' relations to other adults and parents indirectly, from how they describe their relation to children (see Dahl 2022).

Coding free text answers also indicates what sorts of relations and terms are used to describe kinship.¹⁸ The neutral but significant term "parent" (*förälder*) is used over 200 times across the survey, while the sometimes advocated for legal and equally gender-neutral term "caregiver" (*vårdnadshavare*) is used comparatively fewer, 15 times, suggesting that there is a preference for being

¹⁷ <https://www.thefreedictionary.com/relation>, accessed 2022-08-31

¹⁸ The data file was searched in order to identify certain key terms, such as parent (*förälder*), mother (*mamma*), father (*pappa*), etc, to get an overall sense of what terms are used.

viewed as a parent. To describe parenthood, the term legal (*juridisk*) is used 78 times, while biological (*biologisk*) is used 134 times in free text answers, which, if nothing else, suggests that respondents make distinctions between different kinds of parents based on modes of conception, legal possibilities and understandings of relatedness. The gendered kinship terms mother and father are used 55 and 35 times respectively, while surrogate is used 6 times and foster home (*familjehem*) 14, again indicating recognition as an important adult/person. I argue that these descriptions do not simply reflect a certain reality or demographics of conception, they also speak to the need and desire to navigate an existing kinship logic. Descriptions of intimate relationships with siblings' and cousins' children, partners' children from previous relationships, and professional relationships as teachers, childcare workers, coaches and descriptions of housing young refugees or acting as contact families all point to a range of ways of engaging with children that reflect the kinship and legal structures of contemporary Sweden.

This rich data set suggests that in Sweden, same-sex parenthood both challenges and reproduces normative Euro-American kinship, that is, one in which parents are gendered categories referring to the two who provide the genetic materials – sperm and egg – and are joined through love and reproduction. According to kinship theorist David Schneider (1980) love (which to him is the same as heterosexual intercourse in marriage) is the key kinship symbol and also the foundation of family law, and it generates two forms of kinship: consanguineal (kinship by blood) and conjugal (kinship by marriage). While reproduction can now occur in many ways that do not involve heterosexual intercourse, and the centrality of life-long (heterosexual) marriage has diminished, love remains a strong organising symbol for what Schneider called (1980, 61) kinship as a “diffuse, enduring solidarity,” including among LGBTQ+ families.

While LGBTQ+ parents and families are sometimes treated as one group, it is very clear that kinship terms also speak of relations as well as modes of conception and that many make distinctions between relations by blood (parents-children, or what is called

consanguinity) and relations by law (marriage, also called affinity), even if significant effort is also put into erasing differences between, for instance, biological and legal parents, sometimes by simply using the term ‘parent’ (see also Mizielińska 2021). At the same time, in contemporary Sweden, 25% of all children have divorced parents and one in ten split their time between two homes, which means that many children, beyond those with “same-sex” parents, have multiple parents/adult caretakers of the same gender. Yet new family forms, including co-habitation, “recombinant families,” and legal recognition of same-sex families, almost always centre the couple and dual parenthood and also emphasise distinctions between “step-” or “bonus-” parents and “real parents.” Similarly, in this data, terms that name relations frequently invoke the biological/legal definitions of kinship and are often further clarified through using adjectives that provide attributes to the relation (e.g., “co-”, “legal”, “adoptive”, “birth-”, etc).

The extent to which and how changes in family forms actually challenge heterosexual reproductive logic as a basic premise for kinship is up for debate. Feminist scholars who have studied third-party assisted reproduction have pointed to the de-linking of genetic contribution and parenthood and potentially challenges the normative dimensions inherent in this practice. Kinship, scholars have argued, is not so much about “facts” as it is a kind of grammar that is “generative of the kinds of material, relational, and cultural worlds that are possible, and for whom” (Franklin & McKinnon 2001,15; see also Payne 2016). As Payne (2016, 488) proposes, these kinship grammars “tell us what ‘counts’ as kinship; they provide us with the rules for who counts as kin.” Kinship terms are thus not descriptions put on an existing material reality, rather, kinship is the site where an always shifting boundary between nature and culture gets drawn, which means that changes in kinship grammars are not merely semantic, they change kinship itself (Payne 2016). Differently put, kinship terms are performative.

New terms such as “mapa” (a term that challenges the gendered connotations of mother and father and makes room for queer, intersex and non-binary parents and that a few respondents use in the survey as well as in my interviews) matter for queer kinship

insofar as they challenge the connection between (reproductive) sex and parental categories. Other respondents use the term “care person” (*omsorgsperson*) to describe and highlight the importance of persons who raise children rather than those who have biogenetic relations to them, thus shifting the symbolic meaning of parent from blood relation to function or practice, and an emphasis on the care labour involved. Extending Payne’s (2016) discussion of kinship grammars, I suggest that an emphasis on parenting as care (labour) rather than biological or legal relatedness might be called a grammar of practice. Both the survey results and my interviews suggest that a kinship grammar of practice is central to Swedish LGBTQ+ people’s understanding of parenthood, and that a lack of practice can also break a kinship bond. Understood in this way, the term *omsorgsperson* might be understood in light of Butler’s (2002) idea that kinship, like gender, is a set of practices rather than a predetermined property of certain relations.

As noted above, many respondents describe how children are central to family and to inter and cross-generational relations and intimacies, including with families of origin. They create a sense of belonging, or ‘being long’ (to use Freeman’s 2007 terminology). One respondent writes: “my sister’s kids give me a feeling of belonging with my biological family, and I hope that I have and will be an important person in their life. That gives me a sense of meaning.” Another writes:

I think it’s so fascinating how the love for my *brorsdotter* (niece) just came when she was born. I thought it was only parents who felt that way...I have never wanted to be a parent myself, but I like having an (important, I think) role in a child’s life. I would have really liked to have another grown up in my life when I was growing up.

Responses like this point to how kinship, here siblinghood, explains love for children (cf Dahl 2018c) and creates love and meaning. Many respondents describe being an important grown up for a child in relation to what oneself missed growing up; suggesting that children provide a sense of repair of one’s own child-

hood. Many answers to a question concerning what children bring to their lives mention closer proximity to families of origin:

I have a better relation to my family of origin. Unfortunately, also a worse relationship with my ex initially but that doesn't have to be due to children. Rather, a child made it clear to me that that relationship was not good enough. Greater pressure on myself to make relations, work and finances work. But also a desire to be more independent. I want to be able to control my parenting myself and this makes me appreciate being alone with my child and make my own decisions more than I did when me and her other mother lived together.

Respondents stress that having children alters decisions and priorities, rendering other dimensions of life, including romantic relations, secondary (see Dahl 2022). In the above quote and many other responses, having children is tied to “adulthood” (cf Halberstam 2005); having them contributes to self-discovery, requires work on the self and brings desires for independence and control. Yet, while a child can create better relations to biogenetic kin, a focus on children can it seems also result in dissatisfactions surrounding the romantic parental relationship. Tellingly, the survey results suggest that for queers, consanguineal love, love for one's children and biogenetic kin, seems to take priority over conjugal love. Interestingly, only one or two respondents describe children as improving happiness in relations with another adult. There is an almost complete absence of discussions about relations to co-parents, other than as challenges (see also Dahl 2022).

The data in many ways illustrate why legal recognition of parenthood is important to LGBTQ+ parents. While the main argument for adoption (and thus legal recognition) that I heard in my research is that of a child's right to its parents, often based on fears of a future death of a gestational/biological parent, a statistically more likely scenario is that of divorce. 23% reported having experienced divorce, 5% a custody battle, and 14% had sought professional support, while 6% have drafted so called moral contracts for future conflicts. In my ethnographic research, including

in courses for parents to be as well as in interviews, people frequently said that lack of recognition of more than two parents was a strong reason not to form families with more than one person, as it would otherwise be a challenging constellation to change. The 79 free text answers on divorce largely described separations from heterosexual relations, but some concerned lack of legal recognition of parenthood, and how birth mothers are privileged in counselling services and by courts. Also, many stated that how to heteronormative kin, legal recognition of a co-parent does not always translate into cultural recognition; indeed, extended kin may or may not recognise lesbian family-making as a legitimate and equal form of parenthood. In addition, when multi-parent constellations seek help in solving divorce-related issues, the number of parents can be confusing for professional staff and some state that they do not disclose their “identity” in therapy. Several describe spending significant time educating professional staff, especially around multi-parent constellations. One respondent tellingly writes that

We were two mums and two dads that went to counselling when the mums were separating and we had different ideas about living arrangements, and so on. During the third meeting the counsellor sighs and says ‘so you are all calling yourselves parents’?

Difficulties also emerge as a result of a lack of legal parenthood and many describe how the person who has given birth tends to be privileged in meetings with family services or in legal debates.

In terms of the grammar of practice discussed above, most understand parenthood as a care practice or reproductive labour, and many report that parenting is the everyday work of caring for, playing with, and raising children. Over 51% see children every day and 10% several days a week. Many found the free-text question “what do you do with children?” odd, because, as they stated, what one does is “obvious”; “everyday things” or “what everyone does”, and they list homework, cooking, playing, reading, talking, travelling, and teaching children things. Responses here point to the

opening quote; there is nothing “unusual” about being a parent, even if it is part-time. It is seen as a normal part of life.

Many, however, do distinguish between what they do with “biological” and “bonus” children with whom they live, with children at work and at home, and between activities with siblings’ children and godchildren, foster children and friends’ children, again suggesting that relations matter to practices. A strong overarching theme is centring activities on the child’s needs and interests. No survey answers indicate that children do what parents do (for instance, at work or socially) and only a couple mention “fighting” or “quibbling” as part of being with children. Put together, this suggests a clear separation between work and leisure, significant time devoted to children, and distinctions between family ties and other relations. They also suggest that children are central in LGBTQ+ people’s lives (see also Dahl 2022). Despite significant diversity, parenting practices and different intensities and frequencies of parenting, it is clear that LGBTQ+ parenting involves engaging with heteronormative ideas of relatedness and belonging. It is in everyday encounters in public, with extended family and surrounding society, that they have to negotiate ideas about the links between gender, sexuality, race and kinship in particular. Many respondents report that they find being asked about their relationship to the child and how children have been conceived invasive and stressful and in particular, that long and complicated procedures to obtain both biological and legal parenthood quite frequently leads to poor health and anxiety, as well as inequality between parents. In short, the navigation of the kinship grammars of biogenetics, law and practice are central to how LGBTQ+ people experience their lives with children.

Having babies like ourselves: Reproduction with parents, donors, clinics and the state

Following legal changes and technological advancements, a veritable queer baby boom has occurred in the past twenty years (cf Dahl & Andreassen 2021). The above section suggests that to survey respondents’ parenting and kinship to a large extent is a

form of ‘doing’ and a matter of everyday practices, the social reproduction of family-making. If labour division both reflects and produces gender, doing family queerly might alter the meaning, value and division of social reproductive tasks. It may also reproduce certain ideas, partly through the assignment of kinship terms.

Queer conception and in particular assisted reproduction, offers another interesting arena in which to study how gender, sexuality and race are reproduced and challenged in contemporary forms of queer kinship. Since the millennium, growing numbers of queers wish to have families and as a result, they are willing to spend considerable time and resources to obtain access to fertility medicine, either via the state or through a growing number of private clinics, and to go through quite complex screening processes for approval, especially when using state care.

The survey results support the idea that having children is not only a possibility but perhaps increasingly expected among LGBTQ+ people (cf. Dahl 2018; Mamo 2013). While this does not mean that there are not significant numbers of people who have raised children before these legal changes, people born before 1970 are unlikely to have had state support in achieving pregnancy without disguising their orientation. Yet, whether accessed through the state or through private clinics, assisted reproduction is hardly straightforward: it requires passing a number of tests, evaluations, approvals and institutions over significant time periods and always involves “choices.” Differently put, the queering of reproduction and kinship is deeply shaped not only by growing inequalities in access but also by biopolitics and significant forms of state control. Drawing on survey data, in this section I discuss paths to parenthood and what it tells us about the landscape in which LGBTQ+ people achieve their dreams of parenthood. Table 4 shows modes of conception and imagined forms of conception:

Table 4.

Modes of conception	n	%	Future plans	n	%
I/we have used home insemination once or several times	102	16,11	Own/home insemination	158	25,16
I/we have obtained assisted reproduction at a clinic in Sweden once or several times	190	30,02	Assisted reproduction at clinic in Sweden	272	43,31
I/we have once or several times obtained assisted reproduction at a clinic abroad	163	25,75	Assisted reproduction at clinic abroad	252	40,13
I have had sex with another person for the purpose of pregnancy once or several times	49	7,74	Sex with another person for pregnancy purpose	59	9,39
Not relevant/can't answer	248	39,18	Not relevant/can't answer	259	41,24

The different imaginaries of existing and planned families are indicative of the changing landscape of assisted reproduction. While a progress narrative in which multiple parents is a relic of a pre-rights past, might assume that the 16% who had used home insemination with a known donor did so when there were few options, 25% can imagine home insemination in the future. Given the numbers of queer families in which multiple and different constellations can feature and where people have different kinship roles in relation to one another, and given the different capacities of different bodies, this makes sense, also considering the strong emphasis placed on origins and genetics. At the same time, using a clinic in Sweden is much more likely in the future, which suggests greater availability in the present, and yet 40% also imagine going abroad, which is also an increase. Given the greater range of options, that 9% state they can imagine having heterosexual inter-

course for the sake of pregnancy suggests a persistence of bisexual and queer orientations and livelihoods.

While there is a diverse range of possible paths to parenthood, each comes with its own set of costs and challenges. And even if, since 2005, access to insemination and IVF with donated sperm is covered by public health care and funded by taxes in Sweden, it is only available to couples (and since 2014, persons) with functioning uteruses who are between the ages of 25 and 38, and who are approved after an assessment of socioeconomic resources. The state uses only registered donors and strongly advises against both known and unknown donors. This suggests a historically specific understanding of kinship and of the relationship between biogenetics, law, and parenthood (See also Dahl & Andreassen, 2021). Due to ongoing sperm shortage, in some counties, the waiting period to access “free” ARTs can be several years, pushing those who have the means but perhaps not the (reproductive) time, to continue going abroad. In addition, while there is a growing push to use donors who are willing to be found, it is clear that not all counties can offer a “match”, with some wanting anonymous donors.

Among parents, 42% were the recipients of donated sperm, 2,4% of donated eggs and 2% of donated embryos. While 2% have donated eggs, only 0,5% have donated sperm, which is interesting given that about 4% have used surrogacy arrangements abroad to become parents. At the time of the survey, it does not seem that LGBTQ+ people are particularly keen to donate for others, even if they welcome donation for themselves. Among parenthood planners, 45% may use donated gametes and 15% may donate eggs, whereas fewer, around 6%, state that they would donate sperm, with known donation slightly more likely than to a clinic. While still limited in Sweden, the international literature on reproduction with donated gametes is growing (Nordqvist 2014, 2017; Nordqvist & Smart 2014), and given the persistence of biogenetic models for understanding origin, it is likely to remain a complex matter.

In Sweden, different paths to procreation are intimately linked to how the state understands and establishes parenthood and thus to different legal frameworks. In brief, for children conceived

through home insemination, there is one legal system that distinguishes between a known donor and conception with purchased or unknown donated sperm (a practice which in turn has been variously discouraged and made illegal). A known donor automatically becomes a parent and must denounce their status in order for a lesbian co-parent to adopt. When donated sperm acquired through the commercial fertility market abroad is used, a co-parent must also formally adopt the child and the procedure in turn differs if the purchased gametes come from an open or anonymous donor. Before the early 2000s, common paths to parenthood either involved multi-parent arrangements, known donors or anonymous donors from abroad, each with their own set of understandings of the role of a donor and a parent (cf Malmqvist, Novak & Zetterqvist Nelson 2016). This is illuminated in many survey responses, for instance one who wrote about experiences with assisted reproduction explaining that “he who is now the father of our child and a part of her life donated sperm to us through a state clinic, that is, ‘we brought our own donor’ and he did not donate to anyone else. We were discouraged from this both by letter and verbally.” By contrast, many also report that they chose to go abroad, specifically to Denmark, because they desired anonymous sperm, which is not permitted in Sweden.

This form of discouragement suggests that the state wishes to determine suitable donors and create ‘order’ in LGBTQ+ kinship. Indeed, those who wish to be inseminated through the welfare state, or get their fertility treatments abroad compensated for, may not choose sperm themselves, rather it must be done by clinic staff, in conversation with intended parents. The number of children conceived through each donor and set of parents is also regulated by the state. One writes:

We went through 4 inseminations in total, two each. In other words, we made sibling attempts and switched carrier. Sibling attempts are always self-funded. The only thing we think is sad is that you only get to make one attempt at siblings, that is, we cannot have more than two children (with the same donor) which we think is really sad. But we understand that this is a lux-

ury problem, we have two amazing children thanks to Swedish healthcare.

Across the survey, the state's involvement in the biopolitical regulation of the population (Foucault 1990) is quite striking. As Foucault famously proposed, biopolitics point to how ideas about the reproduction, health, sexuality of the population are always entangled with political and institutional aims that encourage and limit particular population's reproduction. Historically, race has been one central dimension of the management of reproduction (cf Russell 2018). Through assisted reproduction and the 'fragmentation' of gametes, wombs and parenthood, populations are now increasingly managed through technologies and the legislations that regulate access and outcome (see further, Andreassen & Dahl 2021). In this case, the respondent, like a very large number of others, is very satisfied with Swedish healthcare and the support they receive. At the same time, a significant number report that they have not been treated fairly or in fact have been met with ignorance with respect to what they call "HBTQ issues", and many share stories of failed attempts and disappointments that they do not get to try more, or were not allowed to do IVF with their partner's eggs. One respondent writes that "I so want my wife to carry my egg with the same donor as my daughter has" but in 2017 that was not an option.

Many describe experiences at Swedish clinics as formal, and staff as often insensitive, not only in terms of parental recognition but also around donor choices. One writes: "When they told us how they chose donor they said it is based on the partner's appearance but not in our case as we were two women. I've heard that others get different answers and that they do choose based on the partner to the extent that it is possible." The meaning of "choice", so central to LGBTQ+ kinship and often imagined as self-evident in Swedish reproduction, is severely constricted and changes over time. For parents who are racialised as non-white, it seems particularly tricky (see Dahl & Andreassen 2021). There is an expectation of gratitude, but whereas Malmquist (2015) contends that

there is a tendency to present a “just so” story of how happy things are, these respondents are quite willing to articulate grievances.

Unlike private clinics who often get sperm from banks in Denmark, Swedish state fertility clinics solicit their own gametes. According to Swedish law, presumptive donors, like those who wish to become parents, must go through a number of health tests, respond to questions about how they view kinship and disclosure, and must be willing to be open for a future child to contact. Respondents describe donation processes as quite invasive and offensive, insofar as they are felt to assess one’s reproductive fitness:

I went through an investigation in order to donate eggs. They concluded that my bio-family’s medical history didn’t make me fit as a donor. Despite the fact that the heredity of psycho-social challenges has been questioned. It made me feel like my own decision around parenthood was questioned.

Clinics seem to make an assumed connection between gametes and parenthood and between inheritance and futurity, and in this case in a way leaves the queer parent feeling unfit to reproduce the nation. While there are no legal or other forms of bonds or expectations for either donor or child, the biogenetic relation is established and to some extent secured by the obligation to inform children both of donor-conception and of their right to information about the donor upon reaching adulthood. On the receiving end, relations are also secured. One describes how at the clinic, “the doctor we met got super irritated over our questions about donor choice and such. We were also saddened and irritated over the letters that donors write to their potential children. The letters are initiated by the clinic and focus on fatherhood rather than on why they wanted to be donors.” Along with many reports of being asked about “male role models,” this suggests that in the eyes of the state, a relation should be maintained between donor and potential children; one which parents are expected to cultivate through stories. Arguably, the state thus shapes kinship as an orientation towards genetic heritage.

Across the research on donor conception, it seems clear that donors maintain some kind of position in queer kinship. For many, it is important that children share donors, even if the gestating body is not the same and growing numbers of lesbian and solo mothers search for donor siblings (Andreassen 2018). Marilyn Strathern (1999: 68) notes that “because of its cultural coupling with identity, kinship knowledge is a particular kind of knowledge; the information (and verification) on which it draws is constitutive in its consequences.” While ideas about relatedness and belonging are largely lodged within stories about kin, the possibility of verifying information about a donor via state records also reveals that the state has several kinship logics working at once. Indeed, as Janet Carsten (2007, 409) notes, “expressed in the language of needs and rights, information about origins has a constitutive force that derives both from the linkage between kinship and identity, and from its previously hidden status.”

Prior to insemination or IVF, intended parents must pass through a series of tests, including psychosocial ones (cf Malmquist 2015). Survey results show that to the large majority this “interview” was less uncomfortable than expected. Many do report feeling worried beforehand, since they did not know what to expect, with many pointing to a lack of knowledge about same sex couples among health practitioners, even if an equal number said that clinical staff had knowledge of LGBTQ+ issues. It is clear from the data that knowledge is growing, presumably due to the growing numbers of people who wish to have children. Frequent questions have concerned the presence of “male role models” and many say that much of the interview concerned how to address the child’s conception.

Those who report having gone abroad for insemination and IVF have first and foremost gone to neighbouring Nordic nations, Denmark and Finland, largely due to the limited options available in Sweden. Descriptions of Danish clinics are strikingly positive, especially in comparison to Sweden; they are seen to offer more options for treatment, less regulation with regards to BMI and age, shorter queues for insemination, as well as knowledgeable staff. One theme that also emerges in previous literature (Malmquist

2015, Malmquist et al. 2016) is Denmark's proximity, the possibility of choosing the donor including an anonymous one. Respondents also describe surrogacy arrangements in the US, India and Thailand, egg donations in Estonia and Spain, and IVF with partner's embryo in England. This data suggests that LGBTQ+ reproduction in Sweden remains transnational, but also that going abroad seems to largely be a matter of "the rules being suitable for our wishes for making a family than those in Sweden," as one respondent put it. Here again several express wishes to be able to order sperm or embryos from Denmark for treatment in Sweden, seemingly because they trust national health care more and it being in closer proximity. Several also state that they feel cultural affinities to Denmark or Finland, but the most common reason is that queues to donated sperm in Sweden are long and restrictions are perceived as more limiting.

As noted above, experiences of adoption of one's child or partner's child are not uniform, partly because there seems to be no standard process but very much up to the specific municipality where parents live and the competence of the particular investigator. While many describe the process as smooth and pleasant, a majority of respondents describe it as a time-consuming, confusing, and often degrading process. Instances with known donors appear to cause particular issues where parents are repeatedly asked about the donor's feelings and the child's rights to a 'father'. Some report that they either postpone the adoption process out of exhaustion or complicated legal procedures, or because they themselves wish to be able to go through insemination. One writes that she wants to avoid a conflict with her wife and thus has not gone through the process, even if it means that she is not a legal parent. In particular, constellations with multiple parents create significant challenges:

My wife and I would have liked to avoid adoption as it would mean that the biological father must denounce paternity. He is present in our child's life and we have a wish for joint responsibility. We have a sibling from another father (also present) and for our children to be legal siblings, this is the only solution.

Again, we see how children become central to decision-making. At the same time, in some instances, legal challenges are such that the parents end up unable to agree, with serious impact for some parents and their children. One respondent writes:

I married the legal guardian with the aim of adoption but the third parent who didn't have a legal tie to the child objected to my adoption so it was drawn out and then the adult relations were so bad that it resulted in divorce. I now have no way of adopting. The others have gotten married and thus the third person can adopt and I have no say legally speaking.

This brief discussion of complex data on paths to parenthood with assisted reproduction suggests that while the Swedish state permits single women and couples with uteruses access to assisted reproduction, they do not permit unregulated reproduction. Rather, it seems that the state (and sometimes also parents) wish to keep track of biogenetic heritage, described as “a child’s right to origin” and thus aims to secure the possibility that the link between donor and kin/paternity is left open for (re)interpretation.

Conclusion

In this lengthy chapter, to date only the second publication to discuss the data from this unique national survey, I have aimed to theorise queer reproduction and kinship in Sweden. As a queer feminist with an interest in the biopolitics of welfare states, homonationalism and critical race and whiteness studies, I have challenged the notion of HBTQ people as a homogenous group benefitting from legal rights and technological developments in the past decade. Instead, I have argued that while there is great diversity, resourced white married couples with at least one uterus – that is, lesbians who are white and middle-class – seem to be the main beneficiaries of the expansion of family law and access to state sponsored fertility treatments and other reproductive technologies in Sweden. As such, data is consistent with previous research (Malmquist 2015), which has shown that already, by the end of the

first decade of the new millennium, half of all lesbian couples in Sweden were living with children and these numbers have likely risen as new generations who have grown up with rights reach the age of fertility. Like in this survey, two thirds of Malmquist's (2015) lesbian research participants also lived in urban areas, but while hers were almost exclusively white Swedes, when asked the question, these survey participants also speak to experiences of racism and discrimination.

The survey shows that experiences of assisted reproduction and parenthood remain particularly challenging for trans and queer identified people on both individual and structural levels (cf Leibetseder 2018), and that those who themselves or whose family members are not white and Swedish encounter many more challenges. This points to the need to move beyond simplistic comparisons of national (legal) differences and to consider queer kinship in an intersectional framework. Indeed, socioeconomic, racial and gendered inequalities and differences in access are not "secondary" to questions of LGBTQ+ rights, they are often entangled with them, indicating that sexual citizenship is far from equal. If, as Puar and Eng (2020, 3) have argued, "LGBTQ alignments with nationalist and racist ideologies are in fact not aberrations but, rather, constitutive of a normative queer liberal rights project itself" then we might instead investigate how LGBTQ+ family making is entangled with the biopolitics of reproducing the (white) nation.

Even if this survey provides significant narrative data on contemporary experiences of parenthood and living with children, it tells certain stories and not others, and likely overrepresents those who have or desire children and who are interested enough in these questions to fill out a lengthy survey. Many appear highly educated; they know their rights and can articulate their grievances, especially in relation to healthcare, and offer these in rich, nuanced, and perfectly spelled out and articulated free text responses. The Swedish healthcare system, like that of many neoliberal welfare states, is not easy to navigate; it involves both public and private actors, a number of different authorities that rarely speak to one another, and it requires patience, persistence, access to social

security, the ability to access and navigate complex websites, and certainly the ability to present oneself as a credible and reasonable parent (to be) in Swedish. That LGBTQ+ parents with significant cultural capital are best represented and most active in improving their conditions, as well as the most willing to participate in studies and express their views, in research, social media settings and in relation to state institutions is also evident from public debate, community discussions and various forms of political organising.

As Henny Bos (2004) has noted, planned lesbian parenthood within contemporary neoliberal welfare state settings requires significant planning, patience, and choices; values and practices clearly aligned with those of the middle class – indeed, Bos found no great differences between heterosexual and lesbian parents who use assisted reproduction. Seen in this light, the kinds of tastes and expectations on life with children that the survey respondents articulate are striking (see Dahl 2022), especially when placed in a historical perspective. Parents expect (and often receive) good treatment and know what to do when they are dissatisfied. They have access to resources and many do not view themselves as any different from other parents, aside from having to go through sometimes quite lengthy and challenging processes to obtain pregnancy and/or parenthood. This also supports David Eng's (2010, 7) contention that in late capitalism in the West, being or becoming a parent is for the white middle class increasingly central to self-worth and value; having children has become central to a feeling of full citizenship (cf Halberstam 2005).

That said, living outside of the heterosexual norm does continue to cause pain, frustration and exclusion for many. As the demographics of Sweden change, so too will the future of queer fertility. How the growing privatisation of health care and range of providers of fertility services will respond to and reflect these demographics is a question that needs further study, as does the clear regional differences in health care provision and experiences of community. It is not sufficient to research or politicise LGBTQ+ parenthood in Sweden as solely a question of deviation from the heterosexual norm; more research is needed on those who are socioeconomically and racially marginalised and whose possi-

bilities of reproducing the Swedish nation remain limited. Furthermore, the survey illuminates that multi-parent or “rainbow families” and their various components, including donors and divorced and new parents, remain lodged in the kinship logics of heterosexual reproduction and legal recognition as central, both with respect to whom the state understands us to be and to what future we may have, whether together or apart. If there is one take home lesson from this survey, it is a fairly obvious one; the closer LGBTQ+ families are to dual parental norms, middle class values, and indeed, to their extended kin, the better they are treated by heteronormative society.

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Appendix

In order to make the analysis more transparent, the full list of survey questions is included here, along with the number of answers received for each question. Some questions allowed for several options. For this reason, both the number of respondents and number of answers is documented. Of particular interest to the argument made in this chapter, is the extensive qualitative data yielded from the free text answers.

Nationell enkät om hbtq-personers erfarenheter och behov kopplat till föräldraskap och umgänge med barn

Questions

1. How old are you? 645 answers
2. In which county do you reside? 645 answers
3. What is your educational background? Tick all answers that apply to you. 645 respondents, 1056 chosen answers
4. What is your current primary occupation? 645 respondents
5. If you are employed, within which sector do you work? 561 respondents, 606 free text answers
6. What is your estimated annual income? 645 respondents
7. Which word(s) do you use to describe your gender identity? Tick any alternatives that fit. 645 respondents, chosen answers 908
8. Which word(s) do you use to describe your sexuality/sexual orientation? Tick any alternatives that fit. 645 respondents, chosen answers 830
9. Have you migrated to Sweden? 643 respondents
10. Has one or several of your parents migrated to Sweden? 649 respondents
11. Have you experienced racism? 641 respondents
12. Have persons who belong to your family experienced racism? 641 respondents
13. In your own words, please elaborate on your answers concerning migration and racism. 97 respondents

14. Which of the following statements describe your current life situation and/or experiences with respect to parenthood and engagement with children? Tick any alternatives that fit you. 645 respondents, 1493 chosen answers
15. Describe in your own words what kind of relation you have to the children in your life, for instance god parent, legal parent, biological parent, partner's children, grandchildren. 317 responses
16. Experiences of being one, two or several parents. 627 respondents, 954 choices
17. Future visions regarding being one or several parents 629 respondents, chosen answers 934
18. Experiences concerning (any) divorce or separation. 591 respondents, 710 chosen answers
19. If you have experiences with separation and/or divorce involving children, we are interested in how that has turned out. How did you experience the attitudes and hbtq competence of any professionals you and the person(s) from whom you separated encountered during the process (e.g., family therapy or court)? 79 respondents
20. How much time do you spend with the child/ren in your life? Tick the answers that best fit you. 645 respondents
21. What do you typically do with the children in your life? For instance, do you hang out after school, spend weekdays together, go to the movies, do homework, play, cook or something else. Please write in your own words. 403 respondents
22. What does engaging with children bring to your life? Please write in your own words. 410 respondents
23. Have your experiences of family creation affected your health in any way? Positively or negatively? Write in your own words. 326 respondents
24. Experiences of assisted reproduction (insemination or IVF treatment) 633 respondents, 752 chosen answers
25. Future visions concerning assisted reproduction (insemination or IVF treatment) = 628 respondents, 1000 chosen answers
26. Experiences with donation of gametes (eggs or sperm) 615 respondents, 672 chosen answers
27. Future visions concerning donation of gametes (egg or sperm) 626 respondents, chosen answers 814.

28. If you have experience of assisted reproduction at a clinic in Sweden, please tell us how you experienced it. Did everything go well or did you experience any practical/medical problems? How did you experience the encounter with and competence at the clinic? Write in your own words. 170 responses
29. When you receive donated gametes (sperm or egg) at a clinic in Sweden you have to undergo a particular assessment, sometimes called an aptitude test (*lämplighetsbedömning*) which involves one or several sessions with a social worker or therapist and a psychosocial assessment. Have you done this?
582 responses, chosen answers 596.
30. If you have undergone a particular assessment, we would like to know how you experienced this. Were you informed about the purpose of the assessment? How did you experience encounters with and HBTQ competence among staff? Write in your own words. 163 respondents.
31. If you have experience of assisted reproduction abroad, or if this may be of interest in the future, which countries/clinics have you or would you approach? Please also state why these countries/clinics are or have been of interest to you. Write in your own words. 166 answers.
32. Experiences of surrogacy/host pregnancy. 595 respondents, 599 chosen answers
33. Future visions regarding surrogacy/host pregnancy. 604 respondents, 675 answers.
34. If you have experience of surrogacy/host pregnancy abroad or if this could be of interest for you in the future, which nation(s)/clinic(s)/surrogacy agencies would you contact and why have these particular nations been of interest to you? Please write in your own words. 35 respondents
35. If you are or have been or could imagine being a surrogate/host pregnant, we would like to know your thoughts around this. How does the agreement work out? Did everything happen as planned? If you could see yourself as a surrogate, what arguments lay behind your decision/ thoughts? Write in your own words. 34 respondents
36. Experiences of paternity investigation and related party adoption. 616 respondents, chosen answers 724

37. Future scenarios regarding paternity investigation and related party adoption. 602 respondents, chosen answers 837
38. If you have gone through related party adoption (i.e., you have adopted one/several of your children, or that your partner/coparent has done it), we would like to know how you experienced the process. How long did it take? How did you feel about the treatment and the HBTQ competence among clerks at, for example, the family court? 111 respondents.
39. Sometimes there are problems in related party adoptions. If you have experienced problems connected to your adoption, we would like to know more about it. It can concern starting a process that is not completed for different reasons. Or it could concern needing a related party adoption but choosing not to? Why would that have been? Describe in your own words. 21 respondents
40. Experiences of international adoption. 598 respondents, chosen replies 600
41. Future visions around international adoption. 607 respondents, chosen answers 731
42. If you have a plan to or would like to adopt internationally, please develop your answers. How far are you in the process? How do you experience treatment by and HBTQ competence among those who you meet in the process? Write in your own words. 48 respondents.
43. Which of the following authorities and organisations in Sweden have you had contact with in connection to your existing and/or desired parenthood? 645 respondents, chosen answers 1113.
44. Please tell us which authorities and/or organisations you have been in touch with in connection to parenthood and describe with your own words how you experienced their treatment and HBTQ competence. 189 answers
45. Which of the following types of care agencies in Sweden have you had contact with in connection to your existing and/or desired parenthood? 645 respondents, chosen answers 2041.
46. Have you actively sought out care agencies in Sweden that are profiled as HBTQ competent (for instance through advertising) connected to your existing or desired parenthood? 623 respondents
47. Please tell us with which care agencies you have been in contact, connected to parenthood, and describe in your own words how you

have experienced their treatment and HBTQ competence. 275 respondents

48. Those of you with experience of pregnancy (your own or a partner's/co-parent's). we would like to know what you think of the materials and information you received during pregnancy. To what extent do you think the information listed below was/is included when it comes to your path to parenthood? 599 respondents
49. If you have experience of pregnancy (your own or partner's/coparent's), we would also like to know how your needs for social connections and your actual social connections were during pregnancy. Check all alternatives that fit you. 601 respondents, 755 answers.
50. Please tell us more about what needs for support, information, material and/or social connections you had during pregnancy. Did you lack some kind of support, information, material, books and/or social connections that you think would have helped you during pregnancy? 124 respondents
51. Since 2013 RFSL Stockholm has a social meeting space for rainbow families/HBTQ families. We are now investigating the need for similar spaces in the rest of Sweden. We are interested in what your needs for social meeting places connected to parenthood are like. Check all alternatives that suit you. 645 respondents, 1387 chosen answers.
52. Please develop your answers above. What kind(s) of social meeting spaces for rainbow families/HBTQ families do you have need for? 201 answers
53. Since 2014, RFSL Stockholm has courses for parents including practical and legal information relevant for HBTQ persons who want to become parents. We are now investigating what the needs are for similar courses in other parts of Sweden. If your nearest RFSL section was to hold such courses would you be interested in attending? 645 respondents, 662 chosen answers.
54. Please develop your answers above. Why would such a course be interesting? Or why wouldn't it be? 186 answers
55. Is there anything you would like to add or clarify when it comes to your need for meeting spaces, support or information connected to parenthood? Write with your own words. 48 responses

We want to extend a big thank you to those who have taken the time to answer our questions! Your answers are a great help to us in our continued work with HBTQ persons' parenthood and engagement with children. Finally, we wonder if there is anything that you would like to add that you think would be useful for us to know. Please write in your own words. 103 responses.