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Assessment 1

Written Assignment

Since the turn of the century, fertility patterns and childbearing have experienced disruptions in the form of economic shifts, developing attitudes of personhood and career ambition, and a change in the fundamental conception of what makes up 'family'. According to the Office for National Statistics, a 'family' is defined as a 'married, civil partnered or cohabiting couple with or without children, or a lone parent with at least one child, who lives at the same address' (ONS 2024). This definition varies widely even in nations with similar values. The United States Census Bureau defines it more loosely as 'a group of two or more persons related by birth, marriage, or adoption who live together' (USCB 2021). The decentralization, of children from this definition displays a shift in societal values surrounding the growing validity of alternative lifestyles. Economic disruptions have increased the value of education and career success, prompting many couples to push childrearing later in their relationship.

Over the past two decades, much of the Global North has observed a postponement of parenthood by adult professionals who have conflicting desires that tend to take priority over procreation. In a study conducted by Soderberg (2015), common reasons to postpone having a child included maturity, completion of a degree program or educational path, and achievement of a stable salary. Societal changes encompassed factors such as relationship status, options for contraception, shifts in family and female expectations, access to quality housing, and the greater state of the economy when choosing to conceive (Soderberg 2015). Many of these desires can take priority in life as women achieve greater societal equity and childbearing takes a backseat alongside traditional family structures. Further surveys amongst Polish women highlighted career ambitions and noted a decrease in interest in childrearing with increasing age and level of education (CBOS 2010, cited in Kossakowska and Söderberg 2021).

The civil rights and feminist movements of the 20th century laid the foundations for improvements in domestic and workplace equity. The early 2000s saw leaps in UK anti-discrimination policy, including the 2010 Equality Act which included protections for pregnant people. It is possible to escape harsh gender roles that restrict women's roles to the home. Ideas of success are shifting. A Polish study indicated 'a strong belief that a woman can be fulfilled and feel satisfied without being a wife or a mother' (Grabowska et al. 2017, cited in Kossakowska and Söderberg 2021). The companionship and satisfaction previously derived from traditional family structures and fulfilment through bearing and raising children are now

found through other aspirations, including close friendships and pursuing passions. These priorities tend to decrease the likelihood of a desire to bear children.

The turn of the millennium marked an uptick in birth rates globally, which economic perils in 2008 cut short in many Northern and Western European countries; by 2010, these rates were declining (Berrington et al. 2022). Demographers have stressed these trends in Nordic nations, where the economic market plays a major role in family-building desires and infrastructure. Economic turmoil led to the slash of welfare support available, including those programs for prospective or new parents (Comolli et al., 2021; Matysiak et al., 2021, cited in Berrington et al. 2022). The US and UK mirror these patterns of economic struggle and welfare cuts. With reduced financial support from the government, uncertain labour conditions and employment prospects, and strain on resources and savings, it is clear why many couples and individuals would postpone pregnancy and childrearing.

In an economic analysis of ideal parenting windows, career aspirations have grown into one of the most important barriers to reproduction. Kossakowska and Söderberg (2021) interpreted Polish surveys of women considering (or not interested in) future childbearing and found that major factors included the 'financial situation and the expected conflict between their professional and parental roles' (CBOS 2013, cited in Kossakowska and Söderberg 2021). They also discovered that in some cases, these hesitations could be offset through familial support through childcare, either from willing parents, partners, or other kin.

Yet, many ambitious women struggle to give up career gains to take time off to bear and raise children. American studies at the turn of the century by Taniguchi (1999) and Miller (2010) have shown that 'the delay of motherhood also has a significant and positive impact on women's wages and career paths, particularly for the higher educated'. For an individual who has invested in a degree, there are clear consequences for pursuing childbearing at the beginning of their career. Taniguchi (1999) goes further to clarify that even part-time work for those hoping to juggle parenthood and employment can limit individuals to low-skill, and thus low-paying, work that rarely leads to advancement. Other studies have replicated these findings in Ireland (O'Donoghue et al., 2011, cited by Mills, 2010) indicating that these patterns likely appear in a wider range of nations in the Global North.

The opposite can also be true; those who secure stable employment and qualify for maternity leave without penalty to wages or status are more likely to commit to the childbearing process (Zabel 2009, cited by Mills 2011). Commitment to a career path while postponing parenthood until later in life has additional benefits, including 'better family functioning, higher family stability and a more stable economic position of parents' (Hardy et al., 1998, Fergusson and Woodward, 1999, cited in Mills 2011). Those who desire financial stability and value education and attainment in their careers may be tempted by the prospect of a permanent home and career in which to grow roots and raise children. Postponing pregnancy may become more difficult with increased time, and higher age at conception can result in other issues. A heightened incidence of miscarriage and fetal death or chromosomal abnormalities, as well as conditions affecting the mother, including gestational diabetes or pre-eclampsia, are more prevalent (Mills and Lavender 2011, Söderberg 2015). The growing availability of information available about fertility, pregnancy, and maternal health offers endless education as well as decision paralysis. Despite barriers to high-quality prenatal counselling and low-cost family planning and fertility treatments, the improvements in parental protections and autonomy have been great.

In their study, Söderberg (2015) quantified attitudes towards fertility and future childbearing in Swedish women in their early twenties. They found that 'Importance for Future' and 'Hindrance at Present' ranked highest, with younger women tending to classify it as a present obstacle towards other goals or ambitions, such as valuing leisure time or feeling unprepared for such responsibilities. Women with a partner tended to score higher on 'Importance for Future', where they imagined having a child later in life but felt it was not yet plausible (Söderberg 2015). The ability to select exactly when to have a child is a modern innovation brought by the increasing prevalence of contraceptives and improved quality of medical care for pregnancies to parents over 30 years as risks become more prevalent (Söderberg 2015). Those hoping to take advantage of education, career opportunities, or the ability to develop close friendships and find companionship can be safeguarded from unprepared pregnancy until they feel mature enough, have financial stability, a reliable partner, and/or stable housing. Individuals who may be ready to have children or desire it can also be limited by a lack of resources or sufficient circumstances in which to pursue parenthood.

The third component in Söderberg's 2015 study was Female Identity. Respondents rated the importance of being fertile, the ability to have a child, and sharing communion with fellow

women and mothers as important. This social aspect ties into individual feelings of social femininity and its relationship with the desire to conceive. A later study by Kossakowska and Söderberg in 2021 additionally found that heterosexual women had the greatest motivation for having children, whilst bisexual women more highly evaluated motherhood itself, and homosexual women were the most likely to recognise the negative aspects of motherhood. Despite activism to break away from traditional gender roles and the expectation of childbearing from all women, there are still many people who feel fulfilled by parenting and desire the bond of biological children. Lesbian couples and other queer partnerships can also seek out parenthood either through adoption, surrogacy, or fertilization treatments. Heteronormative attitudes are still pervasive in circles where couples are trying to access pregnancy or family planning services.

More positive attitudes towards cohabitation, unmarried partners, and LGBT couples have also resulted in a greater prevalence of domestic living arrangements excluding children. Negative social attitudes towards childless women have considerably softened as career matters become more central in family and personal relationships (Kossakowska and Söderberg, 2021). Delaying major life choices such as pregnancy and parenthood have often coincided with the importance of finding a suitable partner with whom to raise children. More couples opt to live together before getting married, which can often translate into a later entry into parenthood (Bumpass et al., 1991; Mills, 2004; cited in Mills 2011). Couples and individuals still opt to have children outside of marriage. A supportive partner increases the likelihood of having a child for both childless men and women, ranking second-most important in Testa's 2007 cross-national European study. The first was the health of the pregnant parent being fit to carry and deliver (Mills 2011). The support, whether financial or domestic, of an additional person can considerably lighten the burden of a household. This reduction of stress may lead to an increased desire to take on parental responsibility.

The complex intersection of new identities, aspirations, and possibilities for non-men to construct the lives they desire has radically altered the paradigms of parenthood. Growing numbers of formerly excluded couples are additionally able to access fertility treatments, demanding a wider breadth of information including queer and transgender parents as well as a cleansing of heteronormativity from reproductive medicine and gynaecology (Darwin and Greenfield, 2019). The culmination of economic upheaval, technological advancements, and the development of legislative protections from discrimination have encouraged greater self-determination in childbearing timelines.

Policy and practice lag behind the ways that traditional family is changing. People who have not accessed fertility and family planning organizations in the past are beginning to make up a larger proportion of new parents. For example, the growing number of transgender men in the UK, with a considerable percentage wishing to be parents (Riggs, Power, & von Doussa, 2016, cited in Darwin and Greenfield 2019). This may mean that maternity services will grow to accommodate non-cisgender bodies capable of pregnancy. The National Maternity Review by the NHS hones in on the necessity of taking care of mental health during and after pregnancy, but only for those who are physically carrying a baby, rather than including female non-pregnant partners in the category of 'new mothers' (NHS England, 2016, cited in Darwin and Greenfield 2019). When families are not accurately represented in planning, executing, and training new professionals to accommodate changing structures and needs, discrimination and harmful assumptions are likely to occur. The shift toward alternative arrangements of child-rearing, including in cases of divorce, remarriage, surrogacy, and infertility will hopefully lead to greater inclusion of non-traditional families in policy, media, and medicine.

Observed patterns from recent history, including the impact of the COVID-19 pandemic on childbearing attitudes and abilities, may indicate a trend of reduced or postponed fertility decisions. Especially during times of economic recession, young childless adults are more inclined to wait to find a serious partner, settle down, and have children. (Goldstein et al., 2013, cited in Berrington et al 2022). Hopes for the economy to improve whilst prioritizing a healthy lifestyle, accumulating savings, and progressing in their career can lead to significantly delayed ages of entry into parenthood. This tendency to control the timing of fertility increasingly means that in the 21st century, childbearing individuals over the age of 35 are 'likely to be better educated and of higher socioeconomic status than in the past' (Mills and Lavender 2011) as well as more inclined to follow a well-balanced lifestyle, regularly attend medical appointments during and after pregnancy, and maintain a better outlook. These factors, alongside improvements in medical care and fertility treatments, mean that later-in-life pregnancy is an increasingly viable option. Unfortunately, there are always unpredictable circumstances that further complicate childbearing timelines.

When isolating the impacts of COVID-19, there are a plethora of factors that can help explain the patterns of fertility during and following the pandemic restrictions. One example of delayed childrearing as a result of COVID protocol was postponed weddings, which Berrington

et al (2022) hypothesised would cause a downward trend in fertility. Additional causes may include struggles with health, loss of a family member or partner, reduced access to medical care, isolation requirements, and financial strain. With many people still struggling to recover from the loss of work or a change in lifestyle during this time, childbearing may be low on the list of priorities.

In the 21st century, economic pressures and the labour market have changed the timeline of childrearing for young adults. Increasing desires for educational and professional attainment have delayed serious partnerships, pushing entry into parenthood later and later. The motivations for pregnancy and the multitude of contributing factors make it almost impossible to precisely schedule a child, leading to some level of unpredictability. Additionally, shortcomings of public health education on fertility, contraceptives, and female menstrual cycles can lead to misunderstandings or misinterpretations of medical recommendations. Popular media can also play a large role in the unrealistic expectations some people may have surrounding pregnancy or parenthood (Mills and Lavender 2011). When creating new policies or programming, reproductive rights must be a priority to facilitate informed decisions and thoughtful planning around the timing of childbearing. Career and education must also be incorporated into this planning process. Ultimately, fostering a society that supports informed choices will not only lead to healthier families but also contribute to a more equitable society where individuals can thoughtfully navigate childbearing in an ever-changing world.

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