MAKING THE RIGHT TIME
The transition to motherhood in contemporary Chile

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Declaration

This thesis is the result of my own work and includes nothing which is the outcome of work done in collaboration except where specifically indicated in the text. It is not substantially the same as any that I have submitted, or, is being concurrently submitted for a degree or diploma or other qualification at the University of Cambridge or any other University or similar institution except as declared in the text. I further state that no substantial part of my dissertation has already been submitted, or, is being concurrently submitted for any such degree, diploma or other qualification at the University of Cambridge or any other University or similar institution. In accordance with the Department of Sociology guidelines, this thesis is does not exceed 80,000 words, excluding footnotes, references, and bibliography.

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Abstract

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Despite significant changes in gender roles and fertility patterns, most women become mothers and this experience shapes their identities and lives in meaningful ways. As important as whether or not women have children, is *when* they become mothers. Prevalent studies on the timing of the transition to motherhood tend to neglect women's views and experiences, provide disembedded and binary accounts of time and agency, and disregard an in-depth analysis of time. In this thesis, I draw on conceptual elements from sociology, the life course perspective, and gender and feminist theories to address the ways in which women understand, experience and make the timing of the transition to motherhood in contemporary Chile. This research is framed within a constructivist paradigm, an interpretive epistemology, and a qualitative research design, and is based on life story interviews with 40 women from urban Santiago de Chile.

The findings of this thesis reveal that making the right time in the transition to motherhood is shaped by the politics of choice and the multidimensional nature of time. In becoming mothers, women have to resolve cultural contradictions of agency regarding pregnancy and fertility. While neoliberal and postfeminist ideologies outline women as free, equal, and responsible to determine when to have children, in practice, their choices remain constrained by gender norms, restrictions to reproductive agency, and social inequalities. In becoming mothers, women also have to reconcile multiple ontologies of time, conflicting age norms and the sequence of the life course. This involves negotiating the influence of nature and God, the boundaries of the biological clock, the risks of 'early' and 'late' childbearing, and the delay of motherhood. By challenging binary understandings of the relationship between time and agency, this thesis unveils the complexities and nuances of lived experiences of timing the transition to motherhood, and advances theoretical and empirical knowledge on the intersections between motherhood, time and agency.

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Abbreviations

ART	Assisted Reproductive Technologies
CEPAL	Comisión Económica para América Latina y el Caribe
CLP	Chilean Peso
COES	Centro de Estudios de Conflicto y Cohesión Social
FONASA	Fondo Nacional de Salud
GBP	British Pound Sterling
GDP	Gross Domestic Product
HDI	Human Development Index
ICSI	Intracytoplasmic Sperm Injection
ICSO	Instituto de Investigación en Ciencias Sociales, Universidad Diego Portales
IIDH	Instituto Interamericano de Derechos Humanos
INE	Instituto Nacional de Estadísticas
IVF	In Vitro Fertilisation
MINSAL	Ministerio de Salud
MDS	Ministerio de Desarrollo Social
OECD	Organisation for Economic Co-operation and Development
PNUD	Programa de las Naciones Unidas para el Desarrollo
PUC	Pontificia Universidad Católica de Chile
SAPU	Servicios de Atención Primaria de Urgencia
SERNAM	Servicio Nacional de la Mujer
UNDP	United Nations Development Programme
USD	United States Dollar

CHAPTER 1

INTRODUCTION

Despite significant changes in gender roles and fertility patterns across cultures and time periods, most women become mothers and this is an experience that shapes their identities and lives in meaningful ways. As important as whether or not women have children, is *when* they become mothers. The timing of the transition to motherhood matters because it shapes women's experiences of motherhood, the impact of childbearing on the female life course, and the dynamics of reproduction that structure families and societies. In Western societies, the matter of when to have children has changed and become an increasingly complex and contested issue. This thesis addresses the ways in which women understand, experience and make the timing of the transition to motherhood in contemporary Chile. In these introductory pages, I lay out the scope of this research by mapping the knowledge on the timing of the transition to motherhood and outlining my contribution to this field of research. I also outline why contemporary Chile is an interesting case for exploring how women make the 'right' time to become mothers, and how this relates to my own positionality. I finalise by outlining the structure and content of the chapters of this thesis.

1.1 Motherhood as a matter of time

This thesis addresses the intersection between motherhood, time and agency, by exploring the ways in which women make the timing of the transition to motherhood. I decided to study motherhood because the transition to motherhood is one of the most significant events that women experience during the course of their lives (Miller, 2000; 2005). As Meyers (2001, p. 735) argues, 'no choice has a more profound impact on a woman's life than her decision whether or not to become a mother'. Becoming a mother is often a life changing experience and involves significant transformations involving the body, identity, selfhood, social roles, social relations, and practices in everyday life (Bailey, 1999; Miller, 2005; Sevón, 2005). The transition to motherhood is a complex and ambivalent experience. It is well documented that having children can be a source of wellbeing and malaise (Miller, 2005; Sevón, 2005), and of oppression and liberation (Glenn, 1994; Rich, 1995).

The meanings and implications of the transition to motherhood are, to a great extent, a matter of timing. The timing of first childbearing is relevant because it shapes the ways in

which women experience motherhood as well as the impact that motherhood will have on the course of their lives. The timing of the transition to motherhood also matters because it has important implications for families and societies (Briggs, et al., 2007; Hobcroft & Kiernan, 1999; Kaplan, et al., 2004; Lee, 2010; McDermott & Graham, 2005; Rindfuss, et al., 1984). In the last decades, the timing of the transition to motherhood has become an issue of public interest. When women have their first child is now the focus of public and social policies, and related issues like the prevalence of teenage pregnancy and the increase in the delay of first childbearing are often featured in mainstream media.

A substantive body of scholarly work has aimed to outline the importance of timing in the transition to motherhood. At first, efforts focused on understanding the experiences of 'young' mothers and women who had children 'earlier' in life (Briggs, et al., 2007; Card & Wise, 1978; Cooke, 2013; Edin & Kefalas, 2005; Hărăguş, 2011; Hobcroft & Kiernan, 1999; Kaplan, et al., 2004; Lee, 2010; McDermott & Graham, 2005; Mortimer & Moen, 2016). With the significant increase in the delay of first childbearing, research then focused on understanding experiences of 'older' mothers and women who had children 'later' in life (Beets, 2011; Chen & Landau, 2015; Cooke, et al., 2010; 2012; Friese, et al., 2006; 2008; Jarvie, et al., 2015; Kuchner & Porcino, 1988; Matsuo, 2003). These studies demonstrate that the timing of the transition to motherhood has a significant impact on women's education, employment, income, health, and wellbeing. Women's age at first childbearing is decisive for their educational attainment, academic performance, and years of formal education, as well as for their likelihood of being unemployed, career choices and paths, and job satisfaction (Card & Wise, 1978; Hobcroft & Kiernan, 1999; Kaplan, et al., 2004). Becoming 'early' or 'late' mothers is also critical in shaping women's level of income, wages and earnings, material comfort and access to goods, and for their likelihood of being poor and depending on welfare and social benefits (Briggs, et al., 2007; Hobcroft & Kiernan, 1999; Kuchner & Porcino, 1988). The age at which women have their first child has a strong influence on their and their children's health during pregnancy, childbirth and over the course of their lives, and also affects their chances of experiencing infertility (Beets, 2011; Cooke, et al., 2012; McDermott & Graham, 2005).

The timing of the transition to motherhood is significant for women's socioeconomic status and wellbeing, and shapes their personal and social outcomes during adulthood and later in life. When women become mothers also has an important impact on the family and society. Having children 'earlier' or 'later' affects the size and composition of families, and has implications for the stability and duration of unions and marriages, and the likelihood

of being a single mother, having children out of wedlock, and experiencing divorce and separation (Beets, et al., 2011; Beets, 2011; Hobcroft & Kiernan, 1999; Ravanera & Rajulton, 2006). At a societal level, the timing of transition to motherhood influences fertility rates, the growth of the population, and has important implications for the age structure and ageing of the population (Beets, 2011; Matsuo, 2003; Rindfuss, et al., 1984). In turn, the timing of first childbearing and its impact on demographic and population trends has an important influence on the education system, the labour market, economic productivity and growth, and the health system (Beets, 2011; Rindfuss, et al., 1984).

1.2 Making the 'right' time

In Western societies, transformations in the timing of the transition to motherhood are related not only to the fact that some women are delaying childbearing and becoming mothers later in life, but also to the ways in which the notion of time is constructed and understood. For centuries, motherhood was experienced as a natural part of womanhood. Women were assumed to be 'born' and 'made' to be mothers, and having children was outlined as the fulfilment of their destiny and self-realisation (Chodorow, 1978; Glenn, 1994; Oakley, 1985; Rich, 1995). Nowadays, for many women motherhood is no longer regarded as a 'gender fate' (Miller, 2005, p. 48) and it has become a matter of choice. Many women no longer experience motherhood as a 'natural' and 'fixed' event in the course of their lives and are often confronted with having to ask themselves 'the question of children' (Beck & Beck-Gernsheim, 2002, p. 126); to think and decide if and when they want to become mothers.

As Smyth (2012, p. 4) argues, 'motherhood has become a site of agency'. In the Western world, advances in sexual and reproductive education, contraception and abortion, and assisted reproductive technologies (ART), outline a reproductive landscape in which many women have greater control over their fertility and are able to determine when to experience first childbearing (Birns & Hay, 1988; Bledsoe, 1996; Denbow, 2015; Edin & Kefalas, 2005; Hayden & O'Brien Hallstein, 2010; Sevón, 2005). But reproductive agency has become not only possible but also expected. Women are assumed to want and be able to choose when to have children. Childbearing is outlined as a private matter and an individual responsibility, and women are often held accountable for their reproductive outcomes (Chodorow, 2003; Denbow, 2015; Fixmer-Oraiz, 2010; Jacques & Radtke, 2012; McCarver, 2011). In this regard, choice also becomes 'a modality of constraint' in which women are compelled to be the kind of subject who makes the right choices (McRobbie, 2009, p. 19).

Despite cultural and social transformations that outline motherhood as a matter of personal choice, it 'continues to be central to the ways in which women are defined, whether or not they actually become mothers' (Miller, 2005, p. 48). The choice of when to experience first childbearing is not an easy one. Motherhood might no longer be a gender fate but it is also not just an alternative among other choices. In most places, women are expected to have children during the course of their lives, and being childless continues to be socially sanctioned and stigmatised. When to become a mother is also not a choice free from constraints. Women's views and practices surrounding the timing of the transition to motherhood remain shaped in important ways by social norms that indicate the 'right' time to have children. The social norms are often determined according to chronological age (Elder Jr., 1975; Neugarten, et al., 1965; Settersten Jr. & Mayer, 1997; Settersten Jr., 2003) and the sequence of the life course (Brückner & Mayer, 2005; Elchardus & Smits, 2006; Kohli, 2007; Macmillan, 2005).

The social norms on the 'right' timing of the transition to motherhood are related to cultural beliefs on the female body, the nature of reproduction, social and gender roles, and the female life course. Women's age and life course stage are often outlined as indicators of their capacity to bear, nurture and raise children. Transitions to motherhood that are not 'on time' because they are 'too early' or 'too late' are subject to social sanctions (Elder Jr., 1975; Settersten Jr. & Mayer, 1997; Settersten Jr., 2003). These transitions are often considered as the consequence of individualistic and irresponsible behaviour, and a risk for women, children and society (Cooke, et al., 2012; Jarvie, et al., 2015; McDermott & Graham, 2005; Perrier, 2013; Settersten & Hägestad, 1996). Challenges to timing the transition to motherhood also derive from the fact that the social norms that shape time are multiple and contradictory, and there is no unique 'right' time to become a mother (Martin, 2017; Perrier, 2013). Women often have to negotiate and reconcile competing cultural accounts on when to have children according to the temporal dynamics and boundaries of fertility, coupledom, the family, the education system, the labour market and the economy.

When to become a mother is a choice constrained not only by prevalent norms of the 'right' time of first childbearing but also by restrictions to women's reproductive agency. It is too often argued that women have the capacity to control their fertility and determine when to have children. However, this capacity is not just a matter of personal will because it is culturally and socially mediated (Bell & Hetterly, 2014; Bledsoe, 1996; Burns, 2005; Roberts, 2012), and shaped by legal, institutional and relational constraints (Bute, et al.,

2010; Boltanski, 2013; Boyer, 2018; Hayden & O'Brien Hallstein, 2010). In many Western societies, there are still important restrictions to sexual and reproductive autonomy, and to accessing contraception, abortion and ART. These constraints often mean that women are not always able to choose when to have children. Women's ability to make the 'right' time of first childbearing is also structured by social inequalities (Edin & Kefalas, 2005; Gerber, et al., 2002; McDermott & Graham, 2005). Differences in age, socioeconomic status, and racial and ethnic background, outline that not all women face the same possibilities and challenges to determine when to become mothers. Their spaces to 'act otherwise' (Giddens, 1984, p. 14) differ in important ways.

There is an important body of literature addressing the timing of the transition to motherhood (Beets, 2011; Bozon, et al., 2009; Briggs, et al., 2007; Bulanda & Lippman, 2012; Card & Wise, 1978; Hobcroft & Kiernan, 1999; Hărăguş, 2011; Kaplan, et al., 2004; Mortimer & Moen, 2016; Ravanera & Rajulton, 2006). These studies have made important contributions to advance knowledge on the determinants and outcomes of first childbearing. However, they tend to neglect women's own views and experiences of the timings in which they become mothers, and provide narrow and disembedded accounts of how different timings of first childbearing come into being. Gender and feminist scholars have noted that prevalent understandings of motherhood tend to neglect women's views and experiences (Edin & Kefalas, 2005; Miller, 2000; Woollett & Phoenix, 1991), and research on the timing of the transition to motherhood is no exception. However, in the last two decades, an emerging body of research has started to explore the meanings and practices that shape the timing of the transition to motherhood from the standpoint of women (Cooke, et al., 2012; Edin & Kefalas, 2005; Friese, et al., 2006; 2008; Hampshire, et al., 2012a; Martin, 2010; 2017; Perrier, 2013). These studies have advanced knowledge in the field by exploring women's ideas and meanings of reproductive time, their choices and practices regarding the timing of first childbearing, and their subjective experiences of time in becoming mothers. My research draws on these contributions but also advances them in important ways.

Current knowledge on the timing of the transition to motherhood is outlined in predominantly binary ways. Most studies delve into the experiences of 'younger' women from lower socioeconomic background that experience 'early' transitions to motherhood, or of 'older' women from middle socioeconomic background that experience 'late' transitions to motherhood. In this regard, many of the nuances and complexities of how women make different times to become mothers along the lines of age and socioeconomic

differences remain unexplored. Most studies in the field also tend to focus either on the norms, the practices or the outcomes of the timing of first childbearing, and only few explore the continuities and discontinuities between them. In this regard, they provide fragmented accounts of the process through which particular timings of transition to motherhood come into being. Furthermore, these studies address views, meanings, and experiences of time, but tend to neglect an in-depth analysis of time itself and how particular understandings of time enable and constrain when women become mothers.

This thesis is about time and the intersection of time and motherhood. Unlike other research on time and motherhood, my intention is not to focus on the 'before' and 'after' of women's sense of self and identity (Bailey, 1999; Miller, 2000; 2005; Sevón, 2005), the experience of time during pregnancy, childbirth and breastfeeding (Adam, 1995; Bartlett, 2012; Miller, 2005), or the use of time for mothering and reproductive work (Bittman & Wajcman, 2000; Maher, 2009; Sayer, 2005). Rather, this thesis is about how women understand, experience and make the timing of the transition to motherhood. Following Miller (2007, pp. 337-338), I focus not on 'what is being said about women' but on 'what women themselves are saying'. By drawing on women's views and experiences through life story interviews, I delve into the intersection of motherhood, time and agency to make sense of how particular timings of first childbearing come into being and the meanings that women give to them.

Accounting for the ways in which women make the timing of the transition to motherhood is a twofold endeavour. On the one hand, I explore how women make time. I outline the different ontologies of time that shape women's understanding of reproductive time and the practices of reproductive agency through which women shape their fertility. On the other hand, I also explore ideas of the 'right' time. I outline the plural and competing norms that shape the normative space of when to have the first child and the ways in which women manage and reconcile these norms in timing their childbearing experiences. I follow Miller (2005, p. 46) in arguing that 'experiences of becoming and being mothers are inextricably linked to 'race', social class, age and socio-cultural location and as a result are diverse and fragmented'. By delving into the views and experiences of women from different ages and socioeconomic backgrounds, I aim to make sense of the nuances that shape the time of transition to motherhood, as well as its changes over time.

In accounting for the ways in which women make the 'right' time of the transition to motherhood, this thesis also engages with contemporary debates in this field of research. The framework of 'reflexive' modernity (Giddens, 2006; Giddens, et al., 1994) and

individualisation (Beck & Beck-Gernsheim, 2002; Brückner & Mayer, 2005; Kohli, 2007; Macmillan, 2005) has often been used to make sense of changes in the timing of the transition to motherhood. I engage with this body of scholarship by arguing that lived experiences of choice regarding when to have children are more complex, constrained, and have more ambivalent implications for agency than often argued. This thesis also engages with the ongoing debates on the temporal nature of individual experience (Adam, 1990; 2006; Nowotny, 2005; Rosa, 2013; Zerubavel, 1985) and the particular character of women's experience of time (Bryson, 2007; Hughes, 2002; Leccardi, 1996). Age, ageing, the rhythms and duration of female fertility and the sequence of the life course, are often interpreted through the objective, linear and standardised character of 'clock' time. My findings reveal that the timing of the transition to motherhood is multidimensional as it is also shaped by ontologies of time determined by nature, God and technology. Perhaps the most contested issues in this field of research are the persistence of early childbearing (Edin & Kefalas, 2005; Gerber, et al., 2002; Hampshire, et al., 2012a; Hobcroft & Kiernan, 1999; Ravanera & Rajulton, 2006), and the increase of late childbearing (Beets, 2011; Cooke, et al., 2012; Friese, et al., 2006; Kuchner & Porcino, 1988). I provide insightful contributions to these debates by overcoming binary interpretations of agency, and demonstrating that having children earlier and later in life are shaped by complex interweavings of purposefulness and constraints.

1.3 Becoming a mother in Chile

The transition to motherhood is both universal and particular. Women have had children in all times and places, but their experiences of motherhood are shaped in specific ways by the social contexts they inhabit. This thesis explores the ways in which women make the timing of the transition to motherhood in contemporary Chile by drawing on life story interviews with 40 women[1] from Santiago de Chile. Chile is a country located in the south and western part of South America and has a population of 18,552,218 inhabitants (INE, 2018b). It was a Spanish colony for more than two hundred years between the sixteenth and nineteenth centuries. Although most Chilean population is *mestiza*[2], only 12.8 per cent self-identify as indigenous peoples (INE, 2018c). As part of the colonial heritage, Catholicism is the main religion in the country. Although religious belonging is declining, 58 per cent of the population declares being Catholic and 16 per cent Evangelical (PUC, 2018). Santiago de

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[1] Among the participants, 28 are mothers and 12 are not mothers. The criteria for sample selection are further discussed in Chapter 4.

[2] Ethnicity produced by *mestizaje*; the process of interracial and intercultural mixing between Spanish and American Indigenous people.

Chile is the capital city as well as the administrative, financial, commercial, industrial and cultural centre of the country (INE, 2018b).

Chile is an upper middle income country. It has the highest living standards, economic wellbeing[3] and human development[4] in Latin America (The World Bank, 2018; UNDP, 2018), and one of the lowest poverty rates[5] (MDS, 2019). The lives of Chileans have improved significantly in the past decades. The increase of life expectancy at birth, the improvement of health indicators like child and maternal mortality, the increase on average years of schooling and educational attainment, the decrease of unemployment and informality, the increase of salaries and labour participation, the increase in the access to consumption and material goods, and substantive improvements in public infrastructure and connectivity, are among the transformations that have driven sustained progress in Chile.

However, the modernisation of Chilean society has also been a fragmented and ambivalent process (Larraín, 2001; Lechner, 1998; 1999; Moulian, 1997; PNUD, 1998; 2012). The economic growth and social development have produced an increase in social insecurity and uncertainty, an erosion of social trust and bonds, a progressive privatisation and individualisation of social life, and an increase in experiences of subjective malaise, burden and loneliness. These transformations are inextricably linked with the emergence and consolidation of neoliberalism. The set of economic reforms implemented during the dictatorship of Augusto Pinochet (1973-1990) focused on economic liberalisation, the dismantling of the state, the privatisation of state companies, education and social security, and deep cuts to government spending on social services (Cahill, et al., 2018; Garretón, 2012; Harvey, 2005; Springer, et al., 2016). These transformations also reconfigured the cultural foundations of social relations and individual identities. Through neoliberalism, Chile became a market society in which the rules and dynamics of the market determine the behaviours, expectations, and preferences of people (Lechner, 1998). Values like autonomy, self-reliance, individual choice, and responsibility became prevalent (Mora, 2006), also reshaping cultural ideas of womanhood, motherhood and the ways in which women make the timing of first childbearing.

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[3] Chile has a GDP per capita of USD 25,284 (The World Bank, 2018).
[4] Chile has a Human Development Index (HDI) of 0.843. This measure aims to capture human progress by combining information on people's health, education and income (UNDP, 2018).
[5] In Chile, 8.6 per cent of the population is in a situation of income poverty. However, this percentage increases to 20.7 per cent if a multidimensional measurement of poverty is used (MDS, 2019).

The modernisation of Chilean society through neoliberalism also consolidated and increased social inequalities. These transformations reinforced an asymmetrical distribution of power, resources, insecurity and vulnerability within society, and founded a socioeconomic order based on structural inequalities and the concentration of wealth (Garretón, 2012; Taylor, 2006). Despite significant progress in economic growth, development and poverty reduction, Chile has high and persistent levels of social inequality (OECD, 2016). Income and wealth are highly concentrated in a small percentage of the population, and many people experience significant constraints in accessing income, jobs, education, social services and social protection, and also to be treated with equality, dignity and respect in everyday life (PNUD, 2017). These inequalities shape a differential access not only to money, but also to knowledge, education, networks and life aspirations, which, in turn, shape differences in the ways in which women practice reproductive agency and determine when to become mothers.

Modernisation in Chilean society has also been fragmented and ambivalent because the progressive economic liberalisation has not altered the foundations of conservative social and moral values (Bernasconi, 2010; Htun, 2003; Valdés, et al., 2005). While individual freedoms are encouraged and expected in some fields like the economy and consumption, they are discouraged and constrained in other fields like the family, sexuality and reproduction. Chile was among the last countries in the world to legalise divorce (in 2004) and to decriminalise therapeutic abortion (in 2017). This is inextricably related to the strong power and presence of the Catholic Church as an actor in the public space and its political influence through right-wing political parties (Dides, 2004; Htun, 2003). These ambivalences of modernisation have also structured changes in the transition to motherhood. The childbearing experiences of many Chilean women are characterised by the decrease of fertility, the delay of first childbirth and the increase of births out of wedlock (Arriagada, 2005; Cerda, 2010; INE, 2006; 2007; 2018a; 2018b). In this regard, the transition to motherhood in Chile resembles that of Western developed countries (Beets, et al., 2011). However, unlike most women in these countries, Chilean women still face significant cultural, legal, institutional and relational constraints in practicing reproductive agency and shaping the timing of their first childbearing according to their values and choices.

Exploring the ways in which women make the 'right' time to become mothers in contemporary Chile represents an interesting case to advance current knowledge in this field of research. The vast majority of studies on the timing of the transition to motherhood

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and its changes over time have been conducted in Western developed countries, and they explore the intersection of motherhood, time and agency under particular cultural and social circumstances that differ from those in places like Latin America and Chile (Beets, 2011; Brown & Patrick, 2018; Cooke, et al., 2012; Edin & Kefalas, 2005; Friese, et al., 2008; Gerber, et al., 2002; Martin, 2017; Perrier, 2013; Sevón, 2005). By delving into the lived experiences of Chilean women, I aim to account for the nuances and complexities of making the time of first childbearing in the context of a 'fragmented' modernisation in which women are expected to enact freedom, choice, control and responsibility over when to become mothers in hybrid spaces shaped by the partial liberalisation of gender, sexuality and reproduction, and the prevalence of inequalities, social constraints and conservative values.

This thesis also makes a contribution to advancing knowledge on motherhood, time and agency in contemporary Chile. In this research, I address several social phenomena that have been largely unexplored in the Chilean context, among them, the different time ontologies that shape social life, the time norms that regulate life course transitions, the normative structure of the female life course, and the biological clock. The findings of this thesis also contribute to advancing knowledge in emerging fields of research in Chile like reproductive agency (Arenas, et al., 2016; Dides, 2004; Dides & Fernández, 2016b; 2016c; 2018), the delay of first childbearing (Calvo, et al., 2011; Cerda, 2010; Fuentes, et al., 2010; Montilva, 2008), and new understandings and practices of motherhood (Herrera, 2009; Herrera, 2011; Salvo Agoglia, 2016; Salvo Agoglia & Gonzálvez Torralbo, 2015). These findings also contribute to a growing body of knowledge that focuses on the analysis of time to make sense of cultural, social and subjective transformations in contemporary Chile (Araujo, 2018; Araujo & Martuccelli, 2012; Basaure, et al., 2018; Güell, 2000; Güell & Yopo, 2016; Güell, et al., 2015; Yopo Díaz, 2016; 2018a; Zilveti, 2018).

Researching the timing of the transition to motherhood in contemporary Chile is also linked to my own life story. After all, doing research is a personal endeavour (England, 1994). I was born and lived in Chile during the first 27 years of my life. Growing up, just like many women my age, I did not learn much about sexuality and reproduction at home or at school. These subjects were rarely discussed and were often shaped through silence and sanctions. Like other women, I also had to negotiate my sexuality against conservative moral standards influenced by the Catholic Church, the 'risk' of pregnancy, and the social stigma of 'early' childbearing. Later in life, the matter of concern shifted to the 'right' time to become a mother. Like many other women from middle and upper socioeconomic backgrounds, I would discuss with my friend when to have children and wanting to do so only after getting

married, finish studying, having a good job, a stable financial situation and a house of our own. Most likely, if I had children, I would end up becoming a mother later than women from previous generations in my family. My grandmother had her first child when she was 22 years old and my mother had her first child when she was 26 years old. I am 32 years old and do not have children.

After starting this PhD four years ago, motherhood became more present in my life than ever before. During this time, my sister had two of her three children, and two of my best friends became mothers. As years passed by and I grew older, I was often made aware that I had a 'biological clock', that my capacity to conceive and bear children was decreasing and that I could not wait forever. Consequently, I started asking myself the 'question of children' more seriously and realised that there was no easy or straightforward answer. I often wondered, if the transition to motherhood is supposed to be about freedom and choice, why is this such a troubling issue for me and so many other women around me? My husband and I often discuss if and when to have children, and, for the moment, the only thing we have decided is to postpone the decision. The coming years of our lives are going to be years of change and we remain unsure of how childbearing will be part of our future. Trying to make sense of the ways in which women make the timing of the transition to motherhood while negotiating my own path into motherhood has been an insightful, and at times challenging and comforting, experience.

My interest in addressing the timing of the transition to motherhood started long before this research. After completing my undergraduate degree, I spent five year conducting research on gender, time and agency, and for my MPhil dissertation I explored how women negotiate selfhood and temporality in becoming mothers. Some preliminary findings of my research on time and motherhood have been discussed as conference papers and journal articles. During my PhD, I presented papers in conferences of the International Sociological Association (ISA) and the Latin American Studies Association (LASA), as well as in seminars organised by the Department of Sociology and the Centre for Latin American Studies of the University of Cambridge, the Max-Weber-Institut für Soziologie of the University of Heidelberg, and the Instituto de Investigación en Ciencias Sociales of the Universidad Diego Portales in Chile, among others. Some preliminary findings of this research have also been published as journal articles. I published 'Enacting motherhood: time and social change in Chile' (Yopo Díaz, 2018a) in the *Journal of Gender Studies*, and 'Revisiting individualization: the transitions to marriage and motherhood in contemporary Chile' (Yopo Díaz, 2018b) in

Current Sociology. Currently, my article 'The Biological Clock: governing reproductive time' is under review at *The British Journal of Sociology*.

1.4 Outline of Chapters

The following three chapters of this thesis outline the empirical, theoretical and methodological background of this research. Chapter 2 provides a comprehensive framework to make sense of the changes and continuities of the transition to motherhood in contemporary Chile. It describes the cultural foundations of motherhood, the changes in fertility and childbearing according to sociodemographic patters, and transformations in education, labour, the family, and reproductive agency, that are inextricably linked to changes in gender roles and the timing of first childbearing. In Chapter 3, I develop a theoretical framework to make sense of the ways in which women make the timing of the transition to motherhood. I draw on conceptual elements of sociology, the life course perspective and gender and feminist theories to outline my own conceptualisation of motherhood, time, agency, and the intersections between them. Chapter 4 describes the methodological framework through which this research was planned, conducted and written. I outline that this research is framed within a constructivist paradigm, an interpretive epistemology, and a qualitative research design, and is based on life story interviews with 40 women from urban Santiago de Chile.

The next four chapters of this thesis present the empirical findings of the research. Chapters 5 and 6 focus on how women make time. In Chapter 5, I describe and characterise the different ontologies of time – God, nature, the 'clock' and technology - through which women shape and make sense of the timing of first childbearing. I argue that these ontologies outline different boundaries of what is possible regarding time as well as the role of individual agency and responsibility within them. I also argue that in making the timing of the transition to motherhood, women often negotiate and reconcile converging and competing ontologies of time. Chapter 6 examines the different ways in which women shape the timing of the transition to motherhood through contraception, abortion and assisted reproductive technologies. I argue that these means of reproductive agency enable choice but are also restricted by cultural, social, institutional and relational constraints and by socioeconomic inequalities. I also assert that women's experiences in making time are complex, ambivalent and challenge prevalent accounts on choice as reproductive agency.

Chapters 7 and 8 focus on the 'right' time. In Chapter 7, I outline the age norms that shape social and biological fertility and the risks and problems associated with becoming a mother 'too young' and 'too old'. I argue that the age norms that shape the timing of first childbearing are multiple, conflicting, and dynamic, and that in making the time of childbearing, women often have to manage and reconcile competing ideas on the 'right' time to have children. Chapter 8 addresses the norms that shape the timing of the transition to motherhood within the structure of the female life course and its changes over time. My findings suggest that women are postponing the transition to motherhood precisely to enable it. In the context of the reconfiguration of prevalent gender norms, women are expected to become mothers only after achieving autonomy, which indicates their capability of nurturing and raising children as 'good' mothers.

To finalise, in Chapter 9 I summarise the main findings of this research and outline their empirical and theoretical contribution to advance current knowledge on the timing of the transition to motherhood. I draw on gender and feminist scholarship to critically assess prevalent assumptions of motherhood, time, and agency in this field of research, and to outline the complexities, nuances, and ambivalences of choice and autonomy in lived experiences of making the 'right' time. I finalise by proposing new lines of inquiry for future studies in this field of research and reflecting on my own experience negotiating if and when to become a mother.

CHAPTER 2

MOTHERHOOD IN CHILE
Gender, family and social change

The transition to motherhood in Chile is changing. While motherhood remains at the core of female identities and the great majority of women experience childbearing during the course of their lives, more women are having fewer children, delaying childbearing and becoming mothers out of wedlock. This Chapter aims to provide a comprehensive framework to make sense of the changes and continuities of the transition to motherhood in contemporary Chile. Firstly, it outlines the cultural foundations of motherhood in Chile and how they shape female gender roles and the social division of labour. Secondly, it describes the decrease of fertility rates, delay of childbearing, increase of births out of wedlock and childless women, and outlines their nuances and sociodemographic particularities. Lastly, it addresses the ways in which the transition to motherhood is intertwined with changes in education and labour, reproductive and domestic work, the family and the household, marriage and partnership, contraception and abortion, and infertility and ART. In this Chapter, I argue that in the context of a fragmented modernisation, the liberalisation of gender roles and increasing freedoms in the transition to motherhood are partial, nuanced, and remain constrained by traditional cultural values, institutional and legal restrictions, and social inequalities.

2.1 The culture of motherhood in Chile

The place of motherhood in the lives of Chilean women is profoundly embedded in the cultural construction of gender roles from the sixteenth century onwards. Montecino (2018) traces the pre-eminence of motherhood back to the cultural synthesis of Marianism[6] and *mestizaje*[7] produced by colonisation. The union of the Spanish male colonizer and the indigenous female resulted in the birth of *mestizo* children, *huachos*[8], that were abandoned by the father and raised by the mother. This process culturally outlined women as single

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[6] Cult of veneration of the Virgin Mary in the Catholic Church.
[7] Process of racial and cultural mixture that took place in Latin America from the fifteenth century and involved the interbreeding of European colonisers and Latin American indigenous peoples.
[8] Term from Quechua origin used in a pejorative manner to refer to an 'illegitimate' child; a child with no father or that has not been recognised by his male progenitor. Symbolically, it is a term that accounts for experiences of abandonment, orphanhood and precariousness (Montecino, 2018).

mothers that are the pillar of the family and responsible for the wellbeing of their children. The religious syncretism between Catholicism and local beliefs sacralised the maternal by placing the Virgin as the cultural symbol of femininity. The Marian symbol of the Virgin as a protective and charitable progenitor culturally outlined women as sacrificial and abnegated mothers devoted to their children. For Montecino (2018) this intersection between Marianism and *mestizaje* in Chile laid the cultural foundations of motherhood as the primary gender identity of women and of the maternal role as presence, solitude, sacrifice and abnegation. Several scholars (Araujo & Martuccelli, 2012; Heitner, 2010; Valdés, 2007) have also argued that the cultural construction of gender roles in Chile outlines women as selfless mothers that raise their children on their own.

The pre-eminence of motherhood in the cultural construction of identities and roles of women constituted the basis for the gender division of labour that characterised Chilean society during the nineteenth and twentieth centuries. For Valdés (2007), the sexual division of labour was rooted in a cultural understanding of womanhood as determined by reproduction. The female self became conflated with motherhood, constraining women's lives to the protection, nurturing, and care of children (Montecino, 1990). This gender division of labour was reinforced by the transformation of the structure of the Chilean economy from the nineteenth century onwards. Valdés (2007) has argued that the crisis of the *hacienda*[9], the expansion and modernisation of agricultural production, and the emergence of a mining economy, increased the displacement of the male population and the number of women that were left to raise their children by themselves. During the twentieth century, most Chilean women continued to be dedicated to domestic tasks in the private sphere related to the upbringing of children, the care of other family members, and the management of the household (Valdés, 2007).

This cultural construction of gender roles and social division of labour has changed according to the incorporation of women into the public sphere. During the twentieth century, the increasing participation of women in the education system, the labour market, and in positions of power in politics and the economy, reshaped the boundaries of traditional female roles in contemporary Chile. A recent study conducted by PNUD (2018) reveals that the population approval of statements like 'the man always has the responsibility of economically supporting the family' and 'the woman always has the responsibility of taking care of the household and the children' has decreased almost 20 per

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[9] Large estate with a dwelling house that was the structure of social and economic organisation in Chile from the seventeenth to the early twentieth century.

cent in the last decade, from 46.6 to 26.6 per cent, and from 44.3 to 24 per cent, respectively. Despite these important changes, the cultural and social foundations that shape womanhood through motherhood and childcare remain prevalent in the present.

Motherhood continues to be the single most important referent in shaping women's roles and identities. Several scholars (Araujo, 2005; Heitner, 2010; Montecino, 1990; 2018; Valdés, et al., 2005) argue that in Chile there prevails a cultural and social affinity between being a woman and being a mother. Women's identities continue to be outlined by family bonds and their role as mothers, and children remain at the core of female self-realisation. A study conducted by PNUD (2010) reveals this prevalence of notions of motherhood in contemporary Chile. Through a survey, individuals were asked 'when you think of the word "woman", what are the first words that come to mind?'. The words that were most often mentioned were mother (*madre*), mum (*mamá*), housewife (*dueña de casa*), and family (*familia*). This identification of womanhood with motherhood would be particularly significant for lower class women with lower educational attainment that do not participate in the labour market (Valdés, et al., 2005; Valdés, 2007). Nevertheless, as Montecino (2018) points out, the maternal symbol continues to be a cultural gender reference across socioeconomic statuses.

The role of women as mothers also continues to be reinforced by prevalent legal and institutional frameworks. In the past decades, several public policies were created to promote and protect women's childbearing and nurturing role. Among others, Law no. 19,408 (1995) established the obligation of providing nursery services for establishments with 20 or more female workers, Law no. 20,166 (2007) extended working mothers' rights to breastfeed their children under two years, Law no. 20,545 (2011) extended women's post-natal leave to six months, and Law no. 20,763 (2014) increased the amount of money that women receive for maternal allowance. These policies have been important for better reconciling the demands of motherhood and paid labour. However, they also legitimise and reproduce a social organisation of labour in the private sphere based on traditional gender roles that outline women as mothers and reaffirm the role of childcare as an exclusively female responsibility (Montecino, 2018; PNUD, 2010). For Araujo and Martuccelli (2012), this prevalence of public discourses that place the family and motherhood at the centre of the lives of women, increases the obligations associated with femininity and the demands of the maternal role.

2.2 The transition to motherhood

Motherhood remains at the core of the cultural construction of womanhood and the social roles that Chilean women are expected to enact in the course of their lives. But the ways in which women become mothers has changed significantly in recent decades. The decline of birth and fertility rates, the postponement of childbearing and increase of the average age of first-time mothers, and the increase of the number of children born out of wedlock, have reconfigured the transition to motherhood in contemporary Chile. This transformation is part of an advanced demographic transition characterised by the decrease of fertility rates, the delay of marriage and childbearing, and the pluralisation of family forms (Arriagada, 2005; INE, 2007).

2.2.1 The decline of fertility rates

The decline of birth and fertility rates has been one of the most significant transformations in the country in past decades. On average, Chilean women are having fewer children than they did before. Data from INE (2018b) reveal that the birth rate in Chile, the number of births per thousand inhabitants, has decreased from 38.1 in 1990 to 13.4 in 2018. The fertility rate, the average number of children per woman during her reproductive life, has also decreased significantly since the second half of the twentieth century. Data from INE (2018a) demonstrate that the fertility rate in Chile has declined from 5.4 in 1962 to 1.69 in 2016, decreasing almost 70 per cent in the course of 50 years (INE, 2006). Since the beginning of the twenty-first century, the fertility rate in Chile has been under the population replacement rate of 2.1 children per woman, and is one of the lowest in Latin America (Heitner, 2010; PNUD, 2010). The decrease of fertility rates is not consistent across the female population and varies according to geographical area, socioeconomic status, educational level and occupation. Among others, Arriagada (2005) argues that the decrease of fertility rates is more significant for middle and upper class women with higher educational levels and who reside in urban areas. Data from INE (2006) reveal that women that do not participate in the labour market have almost twice as many children as women that do participate the labour market.

2.2.2 The postponement of childbearing

Many Chilean women are also delaying first childbearing. The average age in which women have children has increased in comparison to previous decades (Arriagada, 2005; PNUD,

2010; Valdés, et al., 2005). Data from INE (2006) indicate that the average age of mothers at the time of birth of their children increased from 26.11 years in 1984 to 27.75 years in 2004. The data also reveal that the average age of mothers at the time of birth of their first child has increased from 22.85 years in 1984 to 23.68 years in 2004. These increases have been more significant for women that are married. Data discussed by Cerda (2010) show that for married women the average age at the time of birth of their first child has increased almost three years, from 23.5 years in 1960 to 26.5 years in 2003.

The postponement of motherhood in Chile is also revealed in the changes of fertility rates per age group. Data from INE (2007; 2018a) show that in 1979, Chile had an early fertility structure in which the group of women from 20 to 24 years old had the highest contribution to the fertility of the country, representing 29 per cent of the average number of children per woman. While in 1996 only 8.7 per cent of all women had their first child between 30 and 34 years old, in 2004 it increased to 11.1 per cent. Currently, Chile has a late fertility structure in which the groups of women from 25 to 29 and from 30 to 34 years old have the highest contribution to the fertility of the country, representing 40.1 per cent of the total fertility of women in reproductive age.

The postponement of the transition to motherhood in contemporary Chile is increasing, but not for all women and not in the same way. Several studies reveal that delaying the birth of the first child tends to be more significant for middle class women who are married, have higher levels of education and participate in the labour market (Cerda, 2010; Fuentes, et al., 2010; INE, 2007; Valdés, et al., 2005). Using data from *Encuesta Nacional Bicentenario Universidad Católica – Adimark* (2009), I demonstrated in a previous study (Yopo Díaz, 2018) that educational and occupational levels correlate with the timing of transition to motherhood. Women with higher levels of education and full-time employment declared having and wanting to have children at more advanced ages than women with lower education levels and part-time or no employment.

Unlike countries with higher development and income levels, in Chile the delaying of childbearing coexists with relatively high levels of adolescent fertility. For Arriagada (2005), this demonstrates that the advance demographic transition in Latin America is not unidirectional. Adolescent fertility in the country experienced an important increase in the last decade of the twentieth century and the first decade of the twenty-first century. Data from INE (2006; 2007; 2018a) reveal that the percentage of live births of women younger than 20 years old increased from 13.8 in 1990 to 16.2 in 2001. The percentage of new-borns

whose parents were younger than 20 years old also increased from 24.2 in 1990 to 32.3 in 2003. These percentages of adolescent fertility grow significantly if only the child births of first-time mothers are taken into account. In 2000, the live births of women aged between 15 and 19 were a 34.3 per cent of the total of live first births in the country. In recent years, adolescent fertility rates in the country show a moderate decline. The birth rate of women from 15 to 19 years old has decreased from 39.7 births per thousand adolescents in 1996 to 33.4 in 2016. Currently, it is estimated that a 9.9 per cent of the live births in the country are of women under 20 years of age. In contrast to the overarching trend of delays in childbearing, several studies reveal that adolescent fertility in Chile is prevalent among lower class women who are single, have a lower education level, and whose main occupation is unpaid domestic work (Fuentes, et al., 2010; SERNAM and INE, 2004).

2.2.3 The increase of births out of wedlock

Another important transformation in the transition to motherhood in contemporary Chile is related to the civil status of mothers and the number of children born out of wedlock. In Chile there has always been an important percentage of children born to single mothers. Valdés (2007) argues that during the nineteenth century one out of three or four children was born out of wedlock. These numbers were driven mainly by the births of women from lower socioeconomic background and rural areas. Several studies argue that the number of children born out of wedlock has increased steadily since the first decades of the twentieth century and has become the prevalent conditions of new-borns since the beginning of the twenty-first century (Araujo & Martuccelli, 2012; Valdés, 2007; Valdés, et al., 2005). This is also the case for the child births of first-time mothers. Data from INE (2007) and SERNAM (2004) reveal that in 1996, 55.3 per cent of the women who became mothers were not married. This percentage increased to 72.7 in 2004. Today, most children in the country are born out of wedlock. Data from INE (2018a) reveal that 72.5 per cent of births in 2016 were of single women and only 27.3 to married women.

This increase in the number of children born out of wedlock is mainly due to the decrease in the fertility rates of married women, and to a lesser extent by an increase in the number of child births of women that are single or cohabit (PNUD, 2010). The increase in births out of wedlock is taking place transversally in Chilean society, but it has been suggested that it is prevalent for younger women from lower socioeconomic background and who live in rural areas (SERNAM and INE, 2004; Valdés, 2007; Valdés, et al., 2005). This trend is also related to changes in the institutional regulation of the family in the country. The new

filiation Law no. 19,585 (1998) ended the distinction between 'legitimate' and 'illegitimate' children which was in force since 1855. This new law established the legal equality of all children and overruled that children that were born out of wedlock were 'illegitimate' and had fewer rights than those that were born to married parents (Valdés, 2007).

2.2.4 The increase of childless women

It has been argued that an advanced demographic transition in Latin American countries would be characterised by an increase of couples that do not have children (Arriagada, 2004; Arriagada, 2005). Together with the decline of fertility rates, this suggests that there would also be an increase in women that do not have children (INE, 2007). However, there is no consistent statistical evidence to assert that in Chile fewer women are experiencing the transition to motherhood. Using survey data from *Encuesta Nacional Bicentenario Universidad Católica – Adimark* (2009), I demonstrate that there is a positive correlation between women's age and the frequency of childbearing. However, only 2.5 per cent of the sample declared not wanting to have children, suggesting that the transition to motherhood remains highly prevalent among Chilean women (Yopo Díaz, 2018).

2.3 Making sense of the transition to motherhood

The changes and continuities in the transition to motherhood in contemporary Chile are embedded in broader cultural and social transformations. Globalisation, modernisation and individualisation have reshaped social relation and identities through values of equality, autonomy and freedom (Araujo, 2005; Valdés, 2007). The increase of social and economic development and the democratisation of the political sphere have enhanced women's rights and enabled their participation in the public sphere (Arriagada, 2005; Valdés, 2007). This has reconfigured women's gender roles with regards to education, labour and the private sphere, but also reshaped marriage and cohabitation, the structure of the family, the composition of households, and the dynamics of fertility and reproduction[10]. However, given the fragmented character of modernisation in Chilean society, the liberalisation of gender roles and increasing freedoms in the transition to motherhood remain constrained in important ways by traditional cultural values, institutional and legal restrictions, and social inequalities. These changes have not been linear, but rather uneven, nuanced and

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[10] For Arriagada (2005) these transformations are also part of an advanced demographic transition in which patterns of sexual, nuptial and reproductive behaviour prevalent in developed countries would emerge among the sectors with higher education and higher income level in Latin America.

ambivalent. The detraditionalisation of gender roles coexists with the reproduction of traditional norms that constrain women to the private sphere (Araujo & Martuccelli, 2012; Valdés, 2007). Furthermore, these trends are not related exclusively to modernisation but also to inequality and social exclusion (Arriagada, 2005), and characterise mainly middle and upper class women who live in urban areas (Cerda, 2010; INE, 2018b; Larrañaga, 2007).

2.3.1 Education and labour

The transition to motherhood in contemporary Chile has been reshaped by the increasing participation of women in the education system and the labour market[11]. Over time, women have steadily increased their participation in primary, secondary and tertiary education. Data from the World Bank (2011) show that in Chile the percentage of gross secondary education enrolment for women has increased from 80 per cent in 1990 to 92 per cent in 2009, and from 25 per cent in 1990 to 56 per cent in 2009 for tertiary education. This has led to a significant rise in the average years of education of Chilean women (Larrañaga, 2007). This transformation is intertwined with institutional changes that have increased the number of mandatory years of education from six in 1920 to 13 in 2013. In recent years, several policies and initiatives have been created to enable reconciling the demands of education and motherhood. Among them, Law no. 19,688 (2000) established the right of women to remain in educational establishments during pregnancy and breastfeeding, and a current legislative motion aims to modify Law no. 20,370, in order to provide a system of nurseries for students in higher education establishments. Despite these advances, there are still important gender gaps in education in Chile. A recent report from *Comunidad Mujer* (2016) demonstrates that adolescent pregnancy, the feminisation of young people that are 'not in employment, education or training', and the male prevalence in careers related to science, technology, engineering and math, hinder women's participation in the education system as well as the development of their academic potential.

In Chile, there has also been a significant increase in female employment. Larrañaga (2007) asserts that the participation of women in the labour market started to increase significantly in the 1980s after having remained stable during the two previous decades. Data from the World Bank (2011; 2019) demonstrate that the labour participation of woman has continued to increase from 32 per cent in 1990 to 51 per cent in 2017. Similarly, the data

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[11] The impact of female labour on the transition to motherhood is complex and cannot be interpreted linearly. While the reduction of fertility rates started in 1960, the increase of female employment rates only started in the mid-1980s (PNUD, 2010).

also demonstrate that the female employment to population ratio has increased from 29 per cent in 1990 to 47 per cent in 2017. This increase has been partly enabled by public policies like the availability of public nurseries and the extension of postnatal leave, that aimed to promote female employment by allowing women to reconcile the demands of labour and motherhood (PNUD, 2010). Despite the massive incorporation of women into the labour market, the female employment rates in Chile are one of the lowest in the region and almost half of female employment rates in European countries (PNUD, 2010; Valdés, 2007). The prevalence of relatively low female employment rates is related to motherhood and traditional gender roles. There is a correlation between female labour participation and number of children; while women with no children have a level of participation in the labour market of around 70 per cent, women with one or more children have a level of participation of 40 and 30 per cent respectively (Larrañaga, 2007).

The participation of women in the labour market continues to be shaped by significant gender inequalities. In contemporary Chile, there is a feminisation of informal, underqualified and precarious employment (Comunidad Mujer, 2016; PNUD, 2010; Valdés, 2007). Furthermore, there is a horizontal and vertical segregation that constrains women to activities of service and care related to traditional gender roles and to lower and middle positions within companies. Women also face more discriminatory practices in the labour market, like the exclusion from hiring processes due to the 'risk' of pregnancy (Undurraga, 2018), and have more interrupted working trajectories because of their roles in the private sphere. Due to these factors, women receive lower salaries and have restricted access to social protection.

2.3.2 Reproductive and domestic work

The changes in the transition to motherhood in Chile are also related to the prevalence of gender inequalities in reproductive and domestic work. The increasing participation of women in the education system and the labour market has not been accompanied by a transformation of the gender division of labour in the private sphere. Although there is an emerging discourse of gender equality in the household and men are getting more involved with domestic work and childcare, their contribution remains less significant in quantitative and qualitative terms[12] (Araujo, 2005; PNUD, 2010; Valdés, et al., 2005). In Chile, most

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[12] Men participate less than women in the maintenance of the household and the care of children. Their responsibilities are selective and structured upon traditional gender role and socioeconomic status. The activities they perform are mostly associated to fixing things in the household, paying the bills, enforcing discipline, and doing recreational activities with the children. Also, men's

women continue to be responsible for housework and the care of children and other family members (Arriagada, 2005; Heitner, 2010; Valdés, 2007). This means that women who have paid employments in the labour market have to deal with the 'double' or 'triple' burden of productive, reproductive and domestic work. Several studies demonstrate that women in this situation are stressed, exhausted and overburdened, and have higher levels of malaise and dissatisfaction with motherhood and their family life (Araujo, 2005; Araujo & Martuccelli, 2012; Valdés, et al., 2005).

This prevalent gender inequality in reproductive and domestic work is revealed in the differences in time use between men and women (Arriagada, 2005; Valdés, 2007). Data from INE (2016) demonstrate that on average women dedicate 5.89 hours a day to domestic and care work while men only dedicate 2.74 hours a day to these activities. These gender inequalities persist regardless of occupational status. Data from INE (2016) reveal that women who participate in the labour market dedicate 5.85 hours a day to domestic and care work while men in the same occupation situation dedicate only 2.85 hours a day to these activities. Women who do not participate in the labour market dedicate 7.11 hours a day to domestic and care work while men in the same situation dedicate only 3.49 hours a day to these activities. This demonstrates that women continue to perform most of the work in the private sphere regardless of their participation in the public sphere.

To deal with the competing demands of productive and reproductive work, women often resort to *nanas[13]* or female family networks like their mothers, aunts or grandmothers. For Valdés, et al. (2005) these strategies reproduce the feminisation of domestic and care work because they do not increase the involvement of men in the private sphere nor change prevalent gender relations that structure the division of labour.

2.3.3 Family and household

Changes in the transition to motherhood in contemporary Chile are also intertwined with a transformation of the structure of the household and the family. The decrease of the size of the households, increase of unipersonal households, and increase of single-parent and female-headed households, indicate the decline of the traditional family characterised by biparental households with children and the pluralisation of families formations (Arriagada,

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participation in reproductive and domestic work tends to be more prevalent among men from middle and upper socioeconomic background (Araujo, 2005; PNUD, 2010; Valdés, et al., 2005).
[13] Female domestic workers.

2005; PNUD, 2010; Valdés, 2007; Valdés, et al., 2005). In the last decades, the average number of members of the household has declined and the number of households where the head of household lives by him or herself has increased. Data from INE (2008; 2018c) reveal that the average size of households decreased from 4.5 members in 1982 to 3.1 members in 2017. The number of unipersonal households has increased significantly from 11.6 per cent of the total households in the country in 2002 to 17.8 per cent in 2017.

There has also been an increase of single-parent and female-headed households. Data from INE (2007; 2018c) indicate that the percentage of nuclear monoparental households increased from 10 per cent in 2002 to 13 per cent in 2017. It also reveals that the percentage of households led by a woman increased from 31.5 per cent in 2002 to 41.6 per cent in 2017. In Chile, the great majority of nuclear single-parent households are led by a woman. Data from INE (2018c) show that female-headed households are an 84.9 per cent of nuclear single-parent households. The percentage of female-headed households decreases significantly in households characterised by the traditional family nucleus of father, mother and children. Data from INE (2018c) reveal that women are the heads of only 22.4 per cent of nuclear biparental households with or without children. Nevertheless, this percentage represents a significant increase from the beginning of the twenty-first century when women headed only 12.8 of biparental households with no children and 11.1 of biparental households with children (INE, 2008).

2.3.4 Marriage and partnership

The changes in the transition to motherhood in Chile are also associated with the transformations of marriage and couple relationships in the last decades. Several studies argue that Chilean women are marrying less and those who marry do so at an older age (Arriagada, 2005; Cerda, 2010; Heitner, 2010; Valdés, 2007; Valdés, et al., 2005). Data from INE (2018a) reveal that the number of marriages has almost halved in the last two decades, decreasing from 103,710 marriages in 1989 to 54,403 in 2004. The data also show that the gross nuptiality rate, the number of marriage per thousand inhabitants, has been reduced to a third in the last century, declining from 11.5 marriages in 1928 to 3.3 in 2004. Women are also marrying at older ages. Data from INE (2014; 2018a) show that the average age at which women marry for the first time has increased by almost seven years in the last two decades, from 24.6 years in 2002 to 31.5 years in 2016.

Several scholars (Arriagada, 2004; Cox, 2011; Valdés, et al., 2005) argue that there has been an increment in the dissolution of marriages as the number of separations and divorces have risen in the past decades. Chile was one of the last countries in the world to legalise divorce (Blofield, 2006). For decades, the legalisation of divorce was strongly opposed by the Catholic Church through a conservative 'pro family' doctrine that defended marriage between a man and a woman as the pillar of the family and stated that 'legalising divorce is contrary to the Law of God and to the common good of the nation' (Htun, 2003, p. 107). Divorce in Chile only became legal in 2004 with the enactment of the new law of civil marriage (no. 19,947). Data from *Registro Civil* (2017) demonstrate that the number of divorces in Chile has almost tripled since then, increasing from 16,049 in 2007 to 48,608 in 2017.

Together with these changes, there has also been an increase in civil unions and cohabitation. In 2015, Law no. 20,830 created the Civil Union Agreement (*Acuerdo de Unión Civil*) as a civil contract to regulate the legal effects of the affective relationship of two people that share a home. Data from *Registro Civil* (2017) reveal that the number of civil unions in the country increased exponentially from 1,575 in 2015 to 5,659 in 2016. Several authors suggest there has also been an important increase in cohabitation (Araujo & Martuccelli, 2012; Arriagada, 2004; Valdés, 2007; Valdés, et al., 2005). Data discussed by Ramm (2013), demonstrate that cohabitation in Chile quadrupled in the last three decades of the twentieth century. The percentage of women in unmarried partnerships increased from 5 per cent in 1970 to 20 per cent in 2000. Despite this increase, Chile has one of the lowest levels of cohabitation in Latin America and the Caribbean.

2.3.5 Contraception and abortion

The changes in the transition to motherhood are also associated with the transformations of contraception and abortion. The use of contraceptive methods in Chile has increased significantly since their first distribution as part of health policies of family planning in the 1960s (Fernández, et al., 2016). Data from the World Bank (2011; 2019) indicate that the contraceptive prevalence for women in the country has increased from 56 per cent in 1990 to 70 per cent in 2017. Today, Chile has a high use of contraception (Heitner, 2010). Several authors argue that through the use of contraceptive methods, Chilean women gained power and control over fertility and life (Araujo & Martuccelli, 2012; Heitner, 2010). Despite these advances in reproductive agency, women still face constraints to access and use contraception. This is particularly significant in the case of emergency contraception. Law

no. 20,418 enacted in 2010 established the right to access and the guarantee of provision of emergency contraception. However, many women are impeded from using the 'day after pill' because of the lack of medical services in rural areas, the shortage of medical professional in public health centres, and health professionals that refuse to prescribe the pill because of their personal beliefs (Fernández, et al., 2016).

Abortion in Chile has often been used as a means of natality control, especially before the massification of contraceptive methods in the 1960s (Fernández, et al., 2016). Until two years ago, Chile had one of the most restrictive abortion regulations on the world. The legalisation of therapeutic abortion stated by the Health Code in 1931 was abolished at the end of the dictatorship of Augusto Pinochet in 1989. This means that for more than 30 years, abortion in Chile was considered a crime and its practice was punished with prison sentences. Because of the illegality and criminalisation of abortion, women had to practice abortion in clandestine and precarious conditions that posed severe risks to their health and life (Dides & Fernández, 2018; Fernández, et al., 2016; Valdés, 2007). Data discussed by Dides and Fernández (2018) indicate that the number of clandestine abortions per year in Chile increased from 160,000 in 1990 to 300,000 in 2015. The data also indicate that abortion constitutes the third most important cause of maternal death during pregnancy, childbirth and puerperium between 2000 and 2012. It is estimated that Chile has one of the highest abortion rates in South America (Blofield, 2006; Heitner, 2010). In 2017, Law no. 21,030 came into effect and established the voluntary termination of pregnancy in the cases of life risk to the mother, unfeasibility of the foetus, and rape. However, Chilean women are still unable to voluntarily terminate their pregnancies and face important constraints even under the cases stated by the law, given the 'conscientious objection' of health professionals and institutions (Dides & Fernández, 2018).

Restrictions to sexual and reproductive agency in the country are also shaped by the deficient character of sexual education. Several public initiatives for sexual education have been promoted in schools since the beginning of the 1990s, but their implementation has faced several political and institutional obstacles. Data discussed by PNUD (2010) reveal that more than 40 per cent of school students declare having received no sexual education or a weak sexual education. Also, 35 per cent of sexually active women between 15 and 23 declare having experienced an unwanted pregnancy, figures that increase for women from lower socioeconomic background. Among others, Arenas, et al. (2016) argue that, to date, there is no consistent and efficient sexual education policy.

In Chile, the Catholic Church constituted a strong opposition to social and legal initiatives that aimed to promote the sexual and reproductive rights of women (Heitner, 2010). As with divorce, the Church also opposed the use and public distribution of contraceptive methods, the legalisation of abortion, and sexual education in schools (PNUD, 2018). As Blofield (2006, p. 113) asserts, the Chilean church has also focused on 'condemning and lobbying against government programmes on sex-education, on anti-HIV condom campaigns, and against the morning-after pill'. Through its strong alliances with the economic elites and the political Right, the Chilean Catholic church has managed to forge a pervasive moral agenda based on a 'pro-family' and 'pro-life' doctrine (Blofield, 2006). Religious beliefs also continue to play an important role in shaping women's understanding of reproduction. A survey conducted by ICSO (2015) reveals that the approval of the decriminalisation of abortion tends to be lower among Catholics and Evangelicals than among those who declare not associating to any church. Furthermore, a study conducted by Herrera (2011) suggests that many Chileans believe that pregnancy and childbearing are shaped by the will of God.

2.3.6 Infertility and assisted reproductive technologies

Changes in the transition to motherhood are also related to the transformation of infertility and the use of ART. MINSAL (2015) estimates that in Chile infertility affects 10.4 per cent of women of childbearing age during the first year of marriage. It also estimates that approximately 411,554 women in the country suffer from infertility and 158,290 suffer from long term infertility. According to these figures, MINSAL (2015) has suggested there is an increasing prevalence of infertility among women due to factors like the delay of the first pregnancy.

In Chile, the first in vitro fertilisation (IVF) baby was born in 1984 (Schwarze, et al., 2012). The use of ART has increased significantly since then. Data discussed by Velarde (2016) reveal that the rate of ART, the number of cycles per million women in fertile age, has increased from 90 in 1990 to 634 in 2013. It also reveals that the proportion of cycles of IVF and intracytoplasmic sperm injection (ICSI) has varied according to women's age. Between 2008 and 2012, it increased from 15 to 30 per cent for women who are 40 years old and older, and decreased from 42 to 28 per cent for women who are 34 years old and younger. The use of ART in Chile is low compared to other countries of the region and the world. In 2009, while only 0.23 per cent of live births in Chile were the result of ART, in Argentina 1.36 per cent and in Denmark 3.33 per cent of live birth were produced through these technologies (Velarde, 2016).

There are several obstacles to the use of ART in Chile. Herrera (2011) explains that the treatments are very expensive and most infertile couples cannot afford them. FONASA, the public health system, finances low complexity procedures and contributes to the cost of high complexity procedures, but the coverage is limited according to women's age, waiting time, and categorisation of the beneficiary. Isapres, the private health system, does not cover the costs of the diagnosis and treatment of ART. Velarde (2016) estimates the cost of IVF or ICSI in Chile is around 3,500,000 CLP[14] and thus the access to ART depends on the economic capacity of the couples. In Chile there are only eight centres for reproductive medicine accredited by the Latin American Network of Assisted Reproduction, all of which are located in urban areas, and five of which are located in Santiago de Chile (Velarde, 2016). In Latin American countries like Chile, the Catholic Church outlines a strict prohibition of ART (IIDH, 2008). Religious ascription and beliefs also play an important role in the views and use ART. A study conducted by Herrera, et al. (2013) suggests that in Santiago de Chile, the approval of technologies like IVF is lower for Catholics and Evangelicals than for the rest of the population. Another study conducted by Herrera (2011, p. 41) reveals that that parents that resort to ART often argue that 'God has sent them their children and it is He who decides whether treatment will be successful or not'.

2.4 Conclusion

Motherhood is at the core of the cultural construction of womanhood in Chile and continues to define female roles and identities in predominant ways. The vast majority of Chilean women become mothers during the course of their lives and the number of women with no children has not increased significantly in recent decades. Despite these continuities, the transition to motherhood has also changed in important ways. The decline of birth and fertility rates, the delay in childbearing, and the increase of children born out of wedlock, are inextricably linked to women's increasing levels of educational attainment, participation in the labour market and access to contraception, abortion, and ART. However, in a context of fragmented modernisation, this liberalisation of gender roles and increasing freedoms in the transition to motherhood are partial, nuanced, and remain constrained by traditional cultural values, institutional and legal restrictions, and social inequalities. In contemporary Chile, many women negotiate the transition to motherhood within the prevalent feminisation of domestic and care work, while becoming increasingly responsible

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[14] This equals approximately to 4,088 GBP, and it is almost 12 times the minimum salary in the country, which is 301,000 CLP in 2019.

providing for the household and their children. Furthermore, many women continue to face important restrictions to participation in the public sphere, stable educational and professional trajectories, and access to the knowledge and resources to manage their fertility and determine the timing of childbearing.

CHAPTER 3

MAKING THE RIGHT TIME
Motherhood, time and agency

In this Chapter, I develop a theoretical framework to make sense of the ways in which women in contemporary Chile make the time of the transition to motherhood. I draw on conceptual elements from sociology, the life course perspective and gender and feminist theories to outline my own conceptualisation of motherhood, time, agency, and the intersections between them. This theoretical framework is empirically driven and aims to provide analytical tools to grasp the complexities and nuances of lived experiences of making time. In this Chapter, I argue that the transition to motherhood continues to be shaped by prevalent gender and time norms, and that making the timing of first childbearing goes beyond the subjection to or subversion of these norms. In doing so, I outline a conceptual landscape that enables addressing the multiple and profound constraints experienced by women, and, at the same time, the generative and creative ways in which they manage and reconcile them in making the time of the transition to motherhood.

3.1 Motherhood: ideology and experience

Reflecting upon her transition to motherhood, Rich (1995, p. 25) says, 'I had no idea of what I wanted, what I could or could not choose. I only knew that to have a child was to assume adult womanhood to the full, to prove myself, to 'be like other women'. Rich's account of the transition to motherhood resonates greatly with the experiences of the older women I interviewed. For them, childbearing was not determined by choice but rather by the 'nature' of womanhood. This has changed significantly over the years. Theories of 'late' and 'reflexive' modernity (Beck & Beck-Gernsheim, 2002; 2004; Giddens, 2006; Giddens, et al., 1994) have often made sense of this transformation through detraditionalisation and the erosion of social structures and institutions. In this context, individuals would gain freedom from tradition and convention, and would have to make choices among a diversity of options to shape their sense of self and life course over time.

This process would also reconfigure prevalent ideas of gender and parenthood. Women in Western societies would 'leave behind' the expectations of traditional female roles and

design lives of their own. Motherhood would no longer be a predetermined destiny but a choice among others. As Beck and Beck-Gernsheim (2002, p. 126) argue:

> The greater people's options and demands for a bit of 'a life of their own' and the greater the attendant risks, uncertainties and demands, the more does having children cease to be a natural part of life and become the object of conscious planning and calculation, hopes and fears - in short, the more it becomes 'the question of children'.

This denaturalised understanding of motherhood is common among the younger women in my research. As I will further discuss in Chapter 6, for them, having children is something that has to be reflected upon and decided; a question in need of an answer. However, their narratives are not always narratives of increasing freedom in deciding whether and when to have children. Both Beck (2002) and Giddens (2006) acknowledge that late modernity does not necessarily increase individual freedom. They argue that making decisions in a context of risk and uncertainty is not just an option but a mandate; something that has to be done. As Giddens (2006, p. 81) puts it, 'in conditions of high modernity, we all not only follow lifestyles, but in an important sense are forced to do so - we have no choice but to choose'.

Women in Western societies would have to make decisions about motherhood within a pluralisation of options about if, when and under what circumstances to have children. Theories of 'late' and 'reflexive' modernity imply that the freedom to make these decisions would also be shaped by social constraints. They suggest that 'motherhood is still the strongest tie to the traditional female role' (Beck & Beck-Gernsheim, 2004, p. 29) and that inequalities outline a 'differential access to forms of self-actualisation and empowerment' (Giddens, 2006, p. 6). However, it remains a prevalent assumption that 'young women, unlike their mothers, can at least co-decide whether, when and how many children they want to have' (Beck & Beck-Gernsheim, 2004, p. 30). This approach fails to grasp the depths and complexities of those constraints and the particular ways in which they shape the transition to motherhood.

Giddens (2006, p. 80) argues that 'modernity confronts the individual with a complex diversity of choices and, because it is non-foundational, at the same time offers little help as to which options should be selected'. My findings reveal otherwise. Despite perceiving choices, the women I interview know that they are expected to have children, and to have them at certain times and not others. They recognise clear social norms that indicate which

option should be selected in making the timing of the transition to motherhood. I follow Miller (2005, p. 48) in asserting that 'motherhood continues to be central to the ways in which women are defined, whether or not they actually become mothers', and that prevalent ideologies of motherhood as natural, biological and instinctive continue to outline the ways in which women experience childbearing.

The belief that motherhood is a natural aspect of womanhood remains prevalent in contemporary Chile. Many women I interviewed believe that being a woman is being a mother and that women achieve their 'female potential' through childbearing. For feminist and gender scholars (Chodorow, 1978; Glenn, 1994; O'Reilly, 2004; Oakley, 1985; Oakley, 1974; Rich, 1995) this conflation between womanhood and motherhood is not natural but rather a social construction created and enforced by patriarchy. For Rich (1995, p. 55), 'the woman's body is the terrain on which patriarchy is erected'. This ideology roots the natural character of motherhood in the biology of the female body. Women are 'made' to be mothers because they have a uterus, ovaries and breasts that enables them to conceive, bear and nurture children. Through this ideology, the biological potential of the female body is reconfigured into an inevitable destiny, a social imperative, and the basis for the structuration of gender roles and the sexual division of labour. Among others, Chodorow (1978) and Oakley (1985) argue that this ideology culturally bounds the biological capacity of childbearing and lactation to the social capacities required for parenting and childcare. In doing so, it naturalises mothering, confines women's roles to reproduction and domestic work, and outlines childrearing as an exclusively female responsibility. In the words of De Beauvoir (1956, p. 15), 'woman has ovaries, a uterus; these peculiarities imprison her in her subjectivity, circumscribe her within the limits of her own nature'.

This cultural construction of motherhood as natural is mobilised and reproduced through different widespread beliefs. For Oakley (1974, p. 186), it is mobilised through the belief that 'all women need to be mothers, that all mothers need their children and that all children need their mothers'. For Chodorow (1978, p. 219), it is reproduced through ideas such as 'that women's child *care* is indistinguishable from their child *bearing*' and 'that women are for biological reasons better parents than men'. Knowledge produced by disciplines like psychology, psychoanalysis, gynaecology and obstetrics has also contributed to reinforce these beliefs. Some arguments wielded in this direction stress that women have a mothering or maternal instinct and that therefore it is natural that they mother (Chodorow, 1978), and also that 'normal' women desire children and those who do not are rejecting femininity (Glenn, 1994). The cultural construction of motherhood as natural is also mobilised and

reproduced through the practice of gender socialisation within institutions like the family, education, the economy, and religion. In making sense of the reproduction of motherhood, Chodorow (1978, p. 211) identifies that the sexual division of labour and the socialisation of gender roles in the household are fundamental for the reproduction of childbearing, and argues that 'women come to mother because they have been mothered by women'.

The naturalisation of motherhood stigmatises childlessness and neglects any possibility of female self-realisation beyond childbearing. Rich (1995) has extensively discussed the ways in which women that do not have children are depicted as suspicious, deviant, failed and dangerous. She argues that a woman with no children is the embodiment of the greatest threat to male hegemony as it subverts not only the mandate of biological reproduction, but also of family bonds and heterosexual pairing. As she asserts, 'terms like "barren" or "childless" have been used to negate any further identity' (Rich, 1995, p. 11). Similarly, Glenn (1994, p. 9) notes that 'by depicting motherhood as natural, a patriarchal ideology of mothering locks women into biological reproduction, and denies them identities and selfhood outside mothering'. Performing activities beyond mothering like participating in the labour market are often perceived not only as inappropriate, but also as attempts to become 'like men' and escape from 'real' female roles outlined by family and the household (Rich, 1995).

Prevalent ideologies of motherhood are socially constructed. This means that they are dynamic and change over time. The progressive irruption of women in the public sphere and the prevalence of narratives of female autonomy and self-realisation in Western societies have reshaped ideas of womanhood and gender norms. However, this has not debilitated prevalent ideologies of motherhood. On the contrary, these ideologies persist in reconfigured manners and continue to shape women's lives and experiences of childbearing in significant ways. Hays (1996) argues that in the United States, the contemporary cultural model of motherhood has taken the form of an ideology of intensive mothering. She outlines this ideology as 'a gendered model that advises mothers to spend a tremendous amount of time, energy and money in raising their children' (Hays, 1996, p. x). This ideology not only perpetuates the care and nurture of children as a female responsibility, but also increases the complexities of mothering and the individual efforts required to bear and nurture children. This resonates greatly with the views and experiences of childbearing of my younger interviewees. As I will further discuss in Chapter 8, the ways in which women make the timing of the transition to motherhood is shaped by the idea that being a mother has become more demanding in terms of care, time, money and consumption.

Several feminist and gender scholars argue that modern ideologies of motherhood make childbearing an oppressive experience for women. As O'Reilly (2004, p. 4) puts it, 'motherhood operates as a patriarchal institution to constrain, regulate, and dominate women and their mothering'. Among others, Chodorow (1978), Glenn (1994) and Rothman (1994) argue that the cultural construction of motherhood in the West not only reproduces the patriarchal order and perpetuates gender inequalities, but also places women in a subordinate and powerless position with regards to their lives and experiences of childbearing. For O'Reilly (2004, p. 7), this ideology of motherhood is deeply oppressive to women precisely because it 'denies the mother the authority and agency to determine her own experiences of mothering'. This ideology plays an important role in shaping women's experiences of childbearing but does not completely determine them. Enacting whether and when to have children is not always the same as reproducing prevalent ideologies of motherhood. In O'Reilly's (2004, p. 9) words, 'patriarchal motherhood is thus to be differentiated from the possibility or potentiality of mothering'.

I draw on the work of Rich (1995) to address the distinctions and tensions between ideologies and experiences of motherhood. In *Of Woman Born*, Rich (1995, p. 13) distinguishes between two meanings of motherhood, '*the potential relationship* of any woman to her powers of reproduction and to children', and 'the *institution*, which aims at ensuring that that potential – and all women – shall remain under male control'. This distinction has been widely used by motherhood scholars to address the relationship between the cultural and social construction of motherhood and women's lived experiences of childbearing (Glenn, 1994; Miller, 2005; O'Reilly, 2004; Phoenix & Woollett, 1991). This conceptual distinction is relevant for this research because it enables addressing the spaces for agency in the transition to motherhood as well as the ambivalence of childbearing as both a source of female domination and empowerment.

Feminist and gender scholars have stressed that having children can also be a powerful, creative, insightful, and liberating experience (Chodorow, 1978; Glenn, 1994; Miller, 2005; O'Reilly, 2004; Rich, 1995). For O'Reilly (2004, p. 2), motherhood:

> holds the truly spectacular potential to bond women to each other and to nature, to foster a liberating knowledge of self, to release the very creativity and generativity that the institution of motherhood denies to women.

Childbearing beyond the boundaries of patriarchy through practices like mothering children from extended family networks and communities (Hill Collins, 1994), can empower women and contribute to transform the structures that oppress them. Even mothering within the boundaries of patriarchy can empower women when it is mobilised as a strategy to maintain and acquire status and privilege in a given community[15] (Glenn, 1994; Hays, 1996). Through motherhood, women can also subvert, to some extent, other axes of oppression. For example, Hays (1996) argues that by mothering, women can challenge the subjection to impersonal, competitive and individualistic social relations that characterise rationalised market economies.

Women make the transition to motherhood within the social contexts that they inhabit. However, by shaping motherhood as a natural aspect of womanhood determined by the biology of the female body, ideologies of motherhood in the West tend to determine motherhood as an 'undifferentiated and unchanging monolith' (Glenn, 1994, p. 13). Women have had children in all times and places, but their experiences of motherhood have not been the same. I follow Miller (2005, p. 3) in asserting that 'the institution of motherhood in the Western world is, then, historically, socially, culturally, politically and, importantly, morally, shaped'. This argument is relevant because it stresses that women's childbearing experiences are particular and bound to the contexts in which they are enacted. For example, Rothman (1994) argues that the institution of motherhood in the United Stated during the 1990s was shaped by the intersection of the ideologies of patriarchy, capitalism and technology that reinforced male dominance, economic exploitation and the ruling of the mind over the body. This argument is also relevant because it stresses that motherhood is experienced differently according to women's position in social structures. Both Hill Collins (1994) and Miller (2005) demonstrate that women's experiences of becoming and being mothers are particular and diverse because they are shaped by interlocking structures of race, class, age and gender.

3.2 Time: beyond 'the clock'

Making sense of the ways in which women make the timing of the transition to motherhood requires an in-depth understanding of time. After all, the transition to motherhood is a

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[15] However, Glenn (1994, p. 23) also argues that to do so: 'women have to accommodate prevailing notions that women possess special knowledge or moral qualities by virtue of being mothers. Such claims reinforce the very ideology that justifies women's subordination'. Similarly, Hays (1996, pp. 165-166) asserts that women's strategies focus on 'ideologies valorising motherhood precisely because this has been one of the few avenues for achieving status left open to women'.

matter of time. For the women I interviewed, when to have children – at what age and in what moment of their life course – is at the core of their experiences of transition to motherhood. The life course perspective is perhaps the framework that provides the most consistent understanding of the temporal dimensions of significant life events. The life course perspective is a theoretical and empirical framework that addresses the dynamic interplay between individual biographies and social change by focusing on the temporal structure of individual lives over time (Elder Jr., 1994; Elder Jr., et al., 2003). From this perspective, life is outlined as a set of temporal structures (Elchardus & Smits, 2006), a temporal configuration of stages and transitions (Heinz & Krüger, 2001), an intertwinement of age-graded patterns and trajectories (Elder Jr., 1994), and a sequence of socially defined events and roles (Giele & Elder Jr., 1998).

The life course perspective addresses time through the notions of timing, sequence, transitions and trajectories. Timing refers to the particular time in which a transition occurs and is organised in a sequence with the timing of other transitions according to the logic of before and after (Brückner & Mayer, 2005). Transitions involve personal and social changes in roles and identities that have a discrete duration and usually long-term consequences, and represent opportunities for behavioural change that may constitute turning points when they involve a substantial objective or subjective change in an individual's life (George, 1993; Elder Jr., et al., 2003). For Elder Jr. (1994), transitions are always embedded in trajectories that give them their shape and meaning. Trajectories are the sequence of roles and experiences that are made up of transitions in a state or role, and constitute the social pathways that individuals follow in life domains like education, labour and family formation (Carr, 2009; Elchardus & Smits, 2006). The notion of timing is relevant for this research because it indicates that the impact and meaning of the transition to motherhood depends to a great extent on the particular moment in which it occurs. The chronological age at which transitions occur and whether they are considered 'early' or 'late' according to demographic patterns and normative expectations are likely to produce differences on the experiences and consequences of these transitions (Elder Jr., 1994; Elder Jr., et al., 2003; Elder Jr. & Giele, 2009; Giele & Elder Jr., 1998).

Time is a social construction (Adam, 1990; 2006; Elias, 1989; Mead, 1932; Nowotny, 2005). This means that how time is produced and the ways in which it shapes individual experience vary between historical periods, cultures and societies. To use Adam's (1990, p. 43) words, 'time always presupposes a view of time'. Because it is socially constructed, time is variable, contingent and multiple. This understanding of time, which tends to be overlooked in

research on the transition to motherhood, is essential in order to grasp the complexities and nuances of the ways in which the women I interviewed made the timing of first childbearing. I follow Ermarth (2010, p. 135) in asserting that to study time, 'one first has to decide which kind of time is in question because there is no 'time itself'. Thus, making sense of the timing of the transition to motherhood requires delving into the different ontologies of time that shape women's understandings and practices of when to become mothers.

The ontology of time addresses the nature of time; what it is, how it is determined, and its properties and features (Chernyakov, 2002; Oaklander, 2004). It refers to the fundamental understanding of time as objective or subjective, as quantity or quality, and of the passing of time as linear or cyclical, reversible or irreversible, as continuous or fragmented, decelerated or accelerated. It also entails the understanding of the particular features, shapes and meanings of the past, the present, and the future, and the relationship between them. Ontologies of time are profoundly embedded in culture and religion, and shaped by economic transformations, social dynamics and technological change. Because of their cultural and social character, ontologies of time are variable. Our understanding of time is not always the same because it changes over time. For Adam (2006, p. 123), 'each historical epoch with its new forms of socioeconomic expression is simultaneously restructuring its social relations of time'.

Adam (1990; 2006) reveals that prevalent ontologies of time were significantly reconfigured in the transition between archaic, modern and postmodern societal orders[16]. In archaic societies, time was governed by the rhythms of the universe, nature and the body. The rotation of the earth around the sun, the seasons, the day and the night, and the reproductive process, shaped social activities and human lives in terms of a cyclical time structured around the constant repetition of a sequence of periods. Elias (1989) stresses that time governed by the rhythms and cycles of nature was experienced as the will of the gods and became the structuring principle of the timing of social festivities and rituals. Newton's (1642–1727) understanding of time as quantitative, invariant, and measurable, reconfigured the ontology of time in modern society. Together with the emergence and fast development of industrialisation and capitalism, arose the notion of 'clock time' as linear, standardised, neutral and disembedded from the rhythms of the world and the body (Adam, 1990; 2006). Time started existing 'independent of any event, process, or change' (Adam, 1990, p. 66), and the clock became the parameter 'to regulate and rationalise the pace and

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[16] These are the societal categorisations used by Adam (1990; 2006).

seasonality of organisms and beings' (Adam, 2006, p. 115). The standardisation and abstraction of time was materialised through calendars and schedules that were constructed upon a universal understanding that the duration of an hour and a year is the same at any time and any place (Zerubavel, 1985).

The postmodern ontology of time was grounded in the work of Einstein (1879-1955). He argued that time was not absolute and invariant but rather relative, particular and dependent on the observer and its frame of reference. Among others, Bryson (2007) and Ermath (2010) argue that in postmodernity, time is no longer defined by its universal and neutral character, but rather by its multiplicity, fragmentation, incoherence, acceleration, and desynchronisation. This would also reshape the individual experience of time. For Rosa (2013, p. 64) the pace of time intensifies 'through an increase of episodes of action and/or experience per unit of time'. This would be experienced by individuals through the constant pressure of lacking time. Nowotny (2005, p. 51) asserts that in postmodernity, 'the temporal category of the future is being abolished and replaced by that of the extended present'. This means that the modern understanding of the future as a remote space of projection is replaced by that of an adjacent temporal horizon articulated in the present. Similarly, Leccardi (2005) stresses that uncertainty challenges the capacity of individuals to project themselves into the long-term future. As I will discuss in Chapter 6, this 'presentification' depicts the way in which many of my younger interviewees plan when to become mothers.

Ontologies of time are not universal. This means that prevalent understandings of time not only vary between historical epochs but also between cultures and societies in the same chronological period. Zerubavel (1982; 1985) and Holstein and Gubrium (2000) stress that the chronologisation and standardisation of time based on the clock, the Gregorian calendar and the Christian era is not universal, but rather culturally particular to modern Europe and the Western world[17]. Also, Evans-Pritchard (1939) and Munn (1992) assert that in societies and communities with different cultural backgrounds, cyclical, plural, reversible, non-linear, non-measurable, and open-ended notions and practices of time structure the rhythms of society and life. Ontologies of time vary between cultures and societies but also within them. As Adam (2006, p. 116) argues, 'what is most important to note, however, is that the machine time has not replaced the temporality of the body, the earth and the cosmos'. This 'sense of the multiplicity and coexistence of different kinds of time' (Bryson,

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[17] As Bryson (2007) asserts, even though clock time emerged in modern Europe, it has transgressed its geographical limits and spread around the globe through processes of colonisation, imperialism and globalisation.

2007, p. 29) is produced by the desynchronised rhythms of cultural and social change within society and enables the simultaneous presence of different natures and meanings of time. I follow Zerubavel (1985, p. 113) in challenging 'the traditional views according to which cyclical temporality is characteristic of traditional societies alone while linear temporality is an exclusively modern phenomenon'. And, just as he states, 'I would like to contend that modalities of temporality can and do exit – albeit in varying proportions – within one and the same society or culture' (Zerubavel, 1985, p. 113). This understanding of time as multiple is fundamental to make sense of how the timing of the transition to motherhood is shaped not only by 'the clock', but also by nature, God and technology.

To understand the timing of first childbearing, I also draw on the conceptualisation of time as a means of social organisation and control. Adam (1990, p. 42) conceptualises time as an 'ordering principle, social tool for co-ordination, orientation, and regulation, as a symbol for the conceptual organisation of natural and social events'. Similarly, Elias (1989) conceptualises time as a symbolic tool for social organisation that regulates human existence and social interactions, coordinates multiple life domains, and orders social life. For Zerubavel (1985) social coordination is achieved through calendars and schedules that produce regularities and reduce uncertainty by making time more predictable. The schedules and calendars that organise social life are structured upon normative conceptions of time. By defining norms and expectations regarding the ideal timing of social events, schedules and calendars outline strict boundaries for their allocation, duration and sequencing.

The life course perspective addresses this normative and prescriptive character of time through the social expectations that govern the timing and sequencing of life course events (Elder Jr., 1975; Mortimer & Moen, 2016; Settersten Jr., 2003). These norms define, for example, when women should become mothers and in which sequence marriage and childbearing should occur. These social prescriptions shape the timing of life course transitions according to social time schedules and outline them as appropriate when they are 'on time' and as inappropriate when they are 'early' or 'late' (Elder Jr., 1975). Several scholars (Elder Jr. & George, 2016; Mortimer & Moen, 2016; Settersten Jr. & Mayer, 1997) point out that chronological age has become essential for the normative structuration of life course transitions. Age is also a means of social control because it is used to outline strict chronological boundaries of when and it what order life transitions should occur, and to define rewards and sanctions according to their obedience or disobedience (Elder Jr., 1975; Settersten Jr., 2003). Through age norms, ideas about what is good and desirable are created

and mobilised to discipline individual behaviour according to prevalent social arrangements. As Settersten Jr. and Mayer (1997, p. 242) argue:

> (Age) norms are prescriptions or proscriptions about behaviour in the form of 'should' and 'should not'; they are supported by consensus; and they are enforced through various mechanisms of social control, particularly social sanctions – positive, to keep people 'on track', and negative, to bring straying individuals 'back into line'.

For Elias (1989) and Adam (2006), this coercive character of time lies in that individuals are required to adjust the timing, sequence and duration of life events and transition to the parameters established by the social collective. In this regard, time is also a means of structuring power relations within society. For Nowotny (2005, p. 105), time is a core dimension of power because it dictates 'priorities and speeds, beginning and end, content and form of the activities to be performed in time'.

The time norms that govern the timing of the transition to motherhood are socially constructed but tend to appear as natural facts. As I will discuss in Chapter 5, the women I interviewed often argued that the time of the transition to motherhood is constrained by 'nature' because its boundaries are outlined by the fertility of the female body. The time norms that regulate the timing of life course transitions become reified[18]. Through socialisation, cultural meanings are internalised and ingrained into individual consciousness to the extent that they are perceived as part of nature (Settersten Jr., 2003). Time becomes detemporalised and perceived as universal and unchanging. Several scholars (Adam, 1990; 2006; Elias, 1989; Zerubavel, 1985) coincide in that as the understanding of time becomes disembedded from the social world, it appears to individuals as autonomous and unalterable. In this regard, Zerubavel (1985, p. 42) asserts that even though 'the sociotemporal order is based, to a large extent, on purely arbitrary social convention, it is nevertheless usually perceived by people as given, inevitable and unaltered'.

My findings reveal that social calendars and chronological age play a significant role in shaping lived experiences of time, but that the ways in which women make the timing of the transition to motherhood is more complex and nuanced than just the mere reproduction of these norms. I draw on the work of McTaggart (1908; 1927) and Bergson (1919; 1944) to

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[18] I follow Berger and Luckman (1991, p. 106) in understanding reification as 'the apprehension of the products of human activity as if they were something other than human products - such as facts of nature'.

outline a distinction between social time norms and the individual experience of time. McTaggart (1908; 1927) established the foundations for understanding the objective and subjective nature of time. The 'objective' dimension of time organises events according to the distinction of before and after, and defines the relationship between them as absolute, permanent and unchanging. The 'subjective' dimension of time organises events into past, present and future according to the perspective of the observer, and defines the relationship between them as relative, dynamic and context dependent. Bergson (1919; 1944) makes a similar distinction by differentiating between time as an objective reality organised by the principles of physics and mathematics, and duration as a lived experience organised by individual consciousness and perception. While time would be quantitative, abstract, homogenous and standardised, duration would be qualitative, concrete, heterogeneous and relative. Bergson (1919, pp. 272-273) argues that 'we must distinguish here between our own duration and time in general' because 'the duration lived by our consciousness is a duration with its own determined rhythm'.

Feminist and gender scholars have long acknowledged the distinctive temporal experience of women. Among others, Bryson (2007), Hughes (2002), and Leccardi (1996) argue that prevalent constructions of social time in patriarchal capitalist societies reproduce and reinforce power asymmetries and gender inequalities. The natural, linear, objective, divisible and abstract time of industrial production and the labour market neglects the multiple, cyclical, relational and fragmented nature of reproductive, domestic and care time, thus deepening male hegemony and female subordination. However, feminist scholars have also stressed that 'any distinction between women's and men's time should not be understood in dichotomous terms, because our experience of time is inherently fragmented, fluid and multi-layered' (Bryson, 2007, p. 121). While acknowledging gender inequalities in prevalent ideas of social time, I argue that accounting for the complexity and plurality of ways in which women make the timing of the transition to motherhood requires overcoming a dichotomic, essentialist and unitary understanding of 'male' and 'female' time. I follow Leccardi (1996, p. 175) in asserting that 'women's time is by definition non-monolithic. It allows for the recognition of the simultaneous presence of numerous, concrete and diversified experiences of time'.

This multiple, diverse and nuanced character of female time shapes women's childbearing experiences. Adam (1995, p. 49) describes the time of birth as 'oscillating between two times – the archetypal and endogenous temporality of the birthing process and the rational time of obstetrics'. Miller (2005, p. 103) notes that 'women can find it difficult to reconcile

the differing biological and social time-frames' when developing a social self as a mother after first childbearing. Bartlett (2012, p. 127) asserts that when women negotiate breastfeeding within the demands of paid work, it seems that 'breastfeeding time runs counter to institutional time, business time, corporate time'. My findings suggest that the times that shape women's transition to motherhood are not only multiple, but can also be contradictory and in dispute. As I will further discuss in Chapter 5, in making the timing of the transition to motherhood my interviewees often had to reconcile competing ontologies of time; for example, whether the timing of pregnancy is determined by the will of God or by ART.

3.3 Agency: beyond subjection and subversion

In this Chapter, I have argued that the ways in which women make the timing of the transition to motherhood is shaped by prevalent gender and time norms, but it is not utterly determined by them. Feminist and gender scholars have long acknowledged the importance of addressing the generative, creative and subversive dimensions of female experience. With regards to motherhood, Glenn (1994, p. 18) asserts that it is 'important to look at the other side of the coin, focusing not just on the way women are oppressed as mothers, but on the way they act to assert their own standards of mothering'. With regards to time, Leccardi (1996, p. 180) stresses the importance of focusing on 'the creative character of the time of female existence, or women's ability to make time'. In this section, I outline a nuanced, situated, relational and subjective account of agency[19] as an analytical tool to make sense of the ways in which women make the timing of their first childbearing.

There are several reasons why I have chosen to address the intersection between motherhood, time and agency by focusing on the ways in which women *make* the timing of the transition to motherhood. The notion that women *make* time is consistent with an understanding of time as socially constructed and shaped by individual agency. Nowotny (2005, p. 7) argues that 'it is we human beings who make time'. This intersection between time and agency has been comprehensively addressed by Flaherty (1999; 2002; 2003). His starting point is that time is assembled through lived experiences and cannot be determined solely by the social organisation of time. As he argues, 'clocks and calendars mark time, but they don't make time. Only human beings make time' (1999, p. 2). For Flaherty, agency is at

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[19] I acknowledge that agency is a highly disputed and controversial concept (Emirbayer & Mische, 1998). However, I believe that by outlining this particular account of agency and addressing some of the axes of controversy and dispute, this concept serves as a useful tool to make sense of the ways in which women make the timing of the transition to motherhood.

the core of the ways in which individuals make time. Intentionality, creativity and self-determination are essential to the efforts to 'control or manipulate aspects of temporality' (2002, p. 387) and 'promote or supress a particular temporal experience' (2003, p. 19).

The notion that women *make* time also enables addressing individual agency without presupposing rationality, reflexivity and intentionality as given in timing first childbearing. Alternative terms often used to refer to action seem less suitable to grasp the variable and situated character of women's agency in shaping the timing of the transition to motherhood. The term *performance* (Goffman, 1956) emphasises not the creation of objects such as time, but the doing of roles, identity and selfhood. The term *enactment* (Mol, 2002) focuses on how objects are brought into being through practice, but relegates individuals to the background. The term *negotiation* highlights the role of individuals, but resembles rational choice (Coleman, 1990) in that it hints action a consequence of deliberate and interest-driven choices. Following Butler (2010, p. 195), I assert that 'there need not be a "doer behind the deed," but that the "doer" is variably constructed in and through the deed'. Focusing on the ways in which the timing of the transition to motherhood is *made*, enables addressing not only how particular times come into being, but also how they are brought into being by women through situated practices encompassing variable expressions of rationality, reflexivity, and intentionality.

The intersection between time and agency is also addressed by the life course perspective (Elder Jr., 1994; Elder Jr., et al., 2003; Elder Jr. & Giele, 2009; Giele & Elder Jr., 1998). This perspective asserts that individuals are able to shape the life course within the opportunities and constraints of their social contexts. Agency 'depicts the role of the individual as an active force in constructing his or her life course through the choices and actions taken' (Elder Jr., et al., 2003, p. 14). This means that life course transitions are not merely determined by external forces because individuals deploy purposeful actions to produce and shape them according to their values and aspirations. As Elder Jr., et al. (2003, p. 11) argue, individuals 'are not passively acted upon by social influence and structural constraints. Instead, they make choices and compromises based on the alternatives that they perceive before them'. In the life course perspective, agency is socially embedded and constrained by social structures (Elder Jr. & Giele, 2009). However, the extent to which the timing of life course transitions is shaped by structural coercion or individual autonomy remains a highly disputed matter in the field.

Settersten Jr. and Gannon (2005) argue that there is an inherent tension in the field of life course studies between approaches of 'structure without agency' or 'agency without structure'. This tension refers to a long standing debate in social theory on the relationship between structure and agency. Some theoretical advances in this field have overcome this dualism by stating their mutual constitution (Giddens, 1984; Hays, 1994; Sewell Jr., 1992) and dialectic interplay (Archer, 2003; 2004). This means that agency is constrained and enabled by structures, at the same time that structures are both reproduced and transformed through agency. I draw on this theoretical approach to place the making of time within the social rather than outside or opposed to it, and to outline structure and agency as interplaying forces in shaping the timing of the transition to motherhood. This model of 'agency within structure' (Settersten Jr. & Gannon, 2005, pp. 41-42), stresses that 'individuals actively create their own lives and maximise their own development within parameters set by their social worlds' and that 'individuals interact with and make proactive attempts to alter those worlds'.

Through agency, women can both reproduce and subvert prevalent norms in shaping the timing of the transition to motherhood. However, in social theory and the life course perspective, agency has too often been understood as equivalent to resistance and freedom. Hays (1994) and Emirbayer and Mische (1998) argue that agency continues to be a concept that is frequently conflated with individualism, freedom, purposiveness, will and creativity. My findings reveal that in shaping the timing of childbearing, women both reinforce and challenge prevalent ideas on what is expected and desirable in timing childbearing. Hitlin and Elder Jr. (2007a, p. 181) argue that we also 'exercise agency as we follow social commitments. Agency is not present only when acting in contrast to social expectations'. Similarly, Flaherty (2013, p. 245) stresses that 'critics and advocates of agency focus on resistance and insurrection, but, more often than not, agency makes for social order and cultural persistence'. Taking this aspect into account is relevant because it allows overcoming partial accounts of agency and encompassing the wider spectrum of efforts through which women shape the timing of their reproductive experiences. In the words of Madhock, et al. (2013, p. 3), it enables accounting for 'the complex ways in which agency and coercion are entwined, often in a non-antithetical relationship'.

Making sense of the ways in which women make the timing of childbearing also requires going beyond a conceptualisation of agency as either subjection or subversion[20]. As I discussed in this Chapter, time ontologies and norms are multiple and sometimes competing and contradictory. Current processes of differentiation and pluralisation of the norms governing the life course (Brückner & Mayer, 2005; Elchardus & Smits, 2006; Macmillan, 2005) tend to increase the complexity and diversity of the normative space within which women time their first childbearing. I argue that agency is situated in a multiple ontological and normative space where the conflicting and competing character of time enables women to simultaneously reproduce and subvert ideas of what is expected and desirable. This feature of agency is often revealed in the lived experiences of my interviewees. As I will further discuss in Chapters 7 and 8, by postponing the transition to motherhood, women reproduce the norm of delaying childbearing to achieve the emotional, material and social conditions that enable being a 'good' mother, and, at the same time, subvert the norm of having children 'at a young age' in order to be 'responsible' and avoid health and infertility risks. This account of agency is relevant because it enables addressing the ontological and normative simultaneities within which women make the timing of the transition to motherhood.

In shaping life course transitions, practices are often categorised as either 'agentic' or 'non-agentic'. Agency tends to be attributed to women who effectively shape the timing of the transition to motherhood and lack of agency to those who do not achieve the same. I follow Hitlin and Elder Jr. (2007b, p. 37) in that agency is possible in a wide range of situations because even those seemingly powerless 'have the ability to make decisions about their actions'. I also agree with Madhock, et al. (2013, p. 4) in asserting that attention needs to be:

> rightly directed at the creative ways in which the seemingly powerless nonetheless exercise their agency and the possibilities for resistance and subversion that exist in the most unfavourable circumstances.

I argue for a more nuanced account of agency that goes beyond the binary of presence or absence. The experiences of my interviewees reveal that when it comes to making the timing of the transition to motherhood, agency entails not only the capacity of determining when to have a first child, but also the capacity to interpret and make sense of the timing of

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[20] Mahmood (2005, p. 14) suggests that by reducing accounts of agency to the binary model of subordination and subversion 'scholarship elides dimensions of human action whose ethical and political status does not map onto the logic of repression and resistance'.

first childbearing in a deliberate manner. This means that even in dealing with unintended and unexpected pregnancies, women can be agentic by shaping the meaning of this event, and, in doing so, shaping, to a certain extent its impact and consequences. As I will further discuss in Chapter 5, an unexpected pregnancy can be lived as an opportunity to 'get one's life back on track' when it is believed to be a manifestation of the will of God.

To further this argument, I draw on the notion of agency of De Certeau (1984). He asserts that agency is enacted through strategies and tactics. While strategies entail the power to shape the situation through objective calculation and planning, tactics consist of the ability to take advantage of the contingent opportunities that emerge in situations defined by others. In the words of De Certeau (1984, p. 30), 'strategies are able to produce, tabulate, and impose these spaces, when those operations take place, whereas tactics can only use, manipulate, and divert these spaces'. This distinction is also useful in overcoming prevalent dichotomies that lead to interpreting planning and a future time orientation as agency and contingency and a present time orientation as less agentic or lacking agency (Hitlin & Elder Jr., 2007b; Shirani & Henwood, 2011). This is particularly relevant in a context where the future and its structuring character over the life course is becoming increasingly challenged by social, economic and technological transformations (Leccardi, 2005; Nowotny, 2005). As I will further discuss in Chapter 6, the deliberate choice not to plan childbearing is also a strategy to shape the timing of the transition to motherhood.

For Giddens (1984, p. 9), agency is a 'capability of doing'; it 'concerns events of which an individual is the perpetrator, in the sense that the individual could, at any phase in a given sequence of conduct, have acted differently'. Having the possibility to act differently implies having alternatives for action. I follow Marshall (2005, p. 63) in asserting that 'agency can only manifest itself through choice, and choice is possible only if there are alternatives'. I argue that to make sense of choice within alternatives it is essential to outline agency as a situated capacity that is embedded in social relations and contexts, and that is dependent on the particularities of the situation and the standpoint of the individual. To develop this argument I draw on the work of gender and feminist scholars like Mahmood (2005), Madhock, et al. (2013), Mackenzie and Stoljar (2000), McNay (2000), and Meyers (2002). Their accounts of agency as a capacity that is situational, relational, dynamic and variable[21] enables not only overcoming reductionist understandings of women's choices, but also

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[21] Among others, Mische (2011, p. 80) has argued 'that relational thinking is a way to overcome stale antinomies between structure and agency through a focus on the dynamics of social interactions in different kinds of social settings'.

accounting for the diverse and nuanced ways in which women make the timing of the transition to motherhood within the freedoms and constraints of the social environments in which their lives are embedded.

Agency is an inherent human potential but is enacted in variable ways. Relational accounts of agency stress that agents are socially embedded and their agentic capacities are shaped by contextual environments and intersubjective relations (Emirbayer & Mische, 1998; Mackenzie & Stoljar, 2000; Madhok, et al., 2013). For Mackenzie and Stoljar (2000, p. 4), this means that agency is 'shaped by a complex of intersecting social determinants, such as race, class, gender, and ethnicity'. In the field of life course research, Heinz and Krüger (2001) and Hitlin and Elder Jr. (2007b), have argued that the social features of a person, like gender, age, class, race, ethnicity and citizenship, shape significant variations in the making of life course transitions. This suggests that intersectionality (Crenshaw, 1989; 1991) is essential to relational accounts of agency. However, agency varies not only between individuals but also for the same individual in different situations. Agency is not a capacity that individuals 'possess' in a stable quantity and that can be deployed regularly at any time or place; rather, it is profoundly shaped by the particular circumstances in which it is enacted. Agency is also situational. I follow Madhock, et al. (2013, p. 3) in asserting that 'the conditions within which we exercise agency certainly matter – some circumstances are more empowering while others are more constraining'. For example, and as I will further discuss in Chapter 8, my findings reveal that women tend to face more constraints to shape reproductive time in the workplace than in the household. Understanding agency as a situational and relational capacity enables outlining an empirical and embedded account of the lived experiences through which women make the timing of their first childbearing.

Mahmood (2005, p. 8) outlines agency 'as the capacity to realise one's own interests against the weight of custom, tradition, transcendental will, or other obstacles'. This suggests that agency has to do not only with the social contexts in which it is embedded, but also with one's own views and values. I argue that empirical assessments of agency have to take into account the standpoint of the individual and the self[22]. The self has often been neglected in approaches to agency within the life course perspective. Hitlin and Elder Jr. (2007a, p. 173) state that 'curiously, the self is rarely implicated within current debates over the nature of human agency'. My argument is that agency is neither universal nor univocal, and that the

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[22] I follow Elliot (2011, p. 9) in understanding the self as 'a symbolic project in the sense that people routinely refer to their sense of identity as a guiding orientation to their lives, to other people and to the broader society'.

extent to which it is outlined as such depends greatly on the standpoint of the individual and its values and beliefs. The importance of assessing agency from the subjective standpoint has been developed by Sen (2000). For Sen (2000, p. 19), an agent is someone 'whose achievements can be judged in terms of her own values and objectives, whether or not we assess them in terms of some external criteria as well'. In doing so, he suggests that agency should be assessed on the basis of what individuals 'value and have reason to value' (Sen, 2000, p. 291). Taking this approach seriously enables overcoming assessments of agency, or the lack of it, based on normative parameters of what is good and desirable that are foreign to the self. As I will further discuss in Chapter 6, this approach is fundamental in accounting for agency in the experience of one of my interviewees who deliberately decided to become a mother at the age of 17. This example also contributes to illustrate that agency can differ from and challenge prevalent normative parameters that outline the right time of the transition to motherhood.

3.4 Conclusion

In this Chapter, I have developed a theoretical framework to make sense of the ways in which women make the timing of the transition to motherhood. Drawing on conceptual elements of sociology, the life course perspective and gender and feminist theories, I have outlined my own conceptualisation of motherhood, time, agency, and the intersections between them, to understand how women determine when to become mothers. Although the transition to motherhood is less often regarded as gender fate and is increasingly becoming a matter of reflexivity and choice, it remains constrained in important ways by prevalent gender and time norms. While gender norms continue to outline childbearing as a natural, biological and instinctive feature of womanhood, time norms continue to outline the right time for first childbearing according to social calendars and chronological age. Together, these norms control and regulate the timing of the transition to motherhood according to prevalent principles of social organisation. However, determining whether and when to have children is not the same as reproducing prevalent gender and time norms because lived experiences of making time also involve managing and reconciling these norms in generative and creative ways. By outlining a non-dichotomic, situated, relational and subjective account of agency, I provide an analytical tool to address the complexities and nuances of the ways in which women make the timing of the transition to motherhood.

CHAPTER 4

RESEARCHING LIVED TIMES
Methods and data

This research looks into the ways in which women make the timing of the transition to motherhood in contemporary Chile. In this Chapter, I outline the methodological framework through which this research was planned, conducted and written. Framed within a constructivist paradigm and an interpretive epistemology, I used a qualitative research design based on life story interviews to provide 'thick' and in-depth accounts of how women make and make sense of the timing of first childbearing. Life story interviews are not only a means of collecting but also producing data. In this Chapter I also address the situational, relational, and asymmetrical nature of social research and outline how my positionality as a researcher shaped what is said about women's lived experiences of time in becoming mothers. I describe and explain in detail this process of knowledge production to unveil how the empirical findings of this research came into being.

4.1 Framing the research

This research is framed in a constructivist paradigm that aims to understand the multiple social realities created by individuals (Charmaz, 2008; Guba & Lincoln, 2005). This approach is consistent with the conceptualisation of motherhood, time and agency that I outlined in Chapter 3, and it enables accounting for the ways in which women make the time to become mothers within the social contexts in which their lives are embedded. This approach is also consistent with an interpretive epistemology that focuses on '*how* social realities are constructed', as well as '*what* those realities are like, *what* they are composed from, and *what* social factors condition their production' (Holstein & Gubrium, 2000, p. 2). In this research I studied the transition to motherhood through the interpretations that women make of themselves, their lives and the world that surrounds them. Drawing on the work of Denzin and Lincoln (2005, p. 3), my intention was to 'study things in their natural setting, attempting to make sense of, or interpret, phenomena in terms of the meaning people bring to them'. Much has been said about the timing of the transition to motherhood, but only few approaches have taken women's own voices and experiences into account to understand its continuities and changes over time. I follow Miller (2007, pp. 337-338) in

introducing an epistemological shift in the study of the transition to motherhood by focusing not on 'what is being said about women' but on 'what women themselves are saying'.

There is substantive empirical evidence accounting for the timing of the transition to motherhood at a population level and its variations over time according to sociodemographic variables (Beets, 2011; Bozon, et al., 2009; Briggs, et al., 2007; Bulanda & Lippman, 2012; Card & Wise, 1978; Hobcroft & Kiernan, 1999; Hărăguş, 2011; Kaplan, et al., 2004; Mortimer & Moen, 2016; Ravanera & Rajulton, 2006). The aims and scope of this research are rather different. I draw on a qualitative research design to gain an in-depth understanding of the complexities and nuances of the process through which women make the timing of their first childbearing. I follow Brannen, et al. (2004) in asserting that for understanding complex social phenomena such as the transition to motherhood, a strategy based on a 'thick description' of a small number of case studies is preferable. Furthermore, qualitative research is useful to study social phenomena in the context of the pluralisation of life worlds and the individualisation of biographical trajectories (Flick, 2009). In life course research, a qualitative research strategy is preferable to account for agency, subjective meaning, and individual differences in life course transitions in the context of cultural and social change (Locke & Lloyd-Sherlock, 2011).

4.2 Methods

The findings of this research are based on personal narratives produced through life story interviews[23]. Framed within biographical methods (Chamberlayne, et al., 2000; Denzin, 1989) and a life story approach (Bertaux & Kohli, 1984), life story interviewing is a qualitative research method for gathering information on the subjective essence of the life or a segment of the life of an individual through biographical narratives (Atkinson, 2002; Denzin, 1989). I follow Atkinson (2002, p. 125) in asserting that:

> a life story is the story a person chooses to tell about the life he or she has lived, told as completely and honestly as possible, what the person remembers of it and what he or she wants others to know of it, usually as a result of a guided interview by another.

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[23] It has been suggested that life history calendars are an effective complement to life story interviews because they enable collecting high-quality retrospective data on the timing and sequence of life course events and can support women's retrospective memories (Brannen, et al., 2004; Freedman, et al., 1988; Nelson, 2010; Scott & Alwin, 1998). In the early stages of fieldwork, I used life history calendars to map the life course of my interviewees. However, I realised that it did not provide significant additional information to understand the ways in which women made the timing of the transition to motherhood, and so I decided not to continue using them.

> The resulting life story is the narrative essence of what has happened to the person. It can cover the time from birth to the present or before and beyond. It includes the important events, experiences, and feelings of a lifetime.

For Atkinson (2002) life story interviews are relevant for sociology because they can provide in-depth insights into social roles and account for individual meanings and interpretations of life transitions and social change. In life course research, life stories enable accounting for human agency, identities, meanings, and intra-cohort variations in the making of life course transitions in particular sociohistorical contexts (Brannen, et al., 2004; Giele & Elder Jr., 1998; Heinz & Krüger, 2001). For Giele (2009), narratives produced through life story interviews are useful for arriving at deeper understandings of the dynamics that shape the life course.

Atkinson (2002; 2012) argues that a life story interview usually entails one or more than one interview with each person. I conducted two semi-structured and semi-standardised[24] in-depth interviews with each of the participants. Before the first interview, I used questionnaires to collect sociodemographic data of each of the participants (Appendix I)[25]. The first interview focused on women's life history and biography (Appendix II). It inquired about women's sense of self, their ideas of womanhood, the most important events in their lives, and the differences between their lives and the lives of women from previous generations in their family. The second interview focused on motherhood (Appendix III). It inquired about their views on motherhood, their sexuality and reproductive agency, their experiences of pregnancy and transition to motherhood, and their views and experiences of timing and sequencing childbearing. The interviews aimed to produce narratives about women's views and experiences with the transition to motherhood, as well as of their understandings of the social norms and expectations that shape first childbearing in contemporary Chile.

The questions were phrased in form and content following the guidelines for life story interviews outlined by Atkinson (1998). The questions were used as a reference to guide the conversation and as a reminder of the topics I wanted to cover during the interview. Accordingly, not all questions were asked and their order did not always follow the structure outlined in the interview guide because I privileged the ways in which the women

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[24] The questions varied slightly according to whether the interviewee had experienced pregnancy and childbearing.

[25] Appendices I, II, III and VII are the English translation of the original documents in Spanish.

chose to tell their stories. The interview guides changed during the research. Questions were removed, rephrased and added according to the dynamics of the interviewees and emerging topics of interest. Through these interviews, 'thick' narratives of the norms, practices and meanings that shape the timing of the transition to motherhood were produced. As suggested by England (1994), in presenting the findings of this research I include extensive quotes from the interviews in order to create a 'multivocal' text that substantially incorporates the voice of the women I interviewed.

Denzin and Lincoln (2005, p. 5) suggest that relying on multiple data sources enables an 'in-depth understanding of the phenomenon in question' and 'adds rigour, breadth, complexity, richness, and depth to any inquiry'. In this research I also analysed secondary empirical data and official documents in order to embed and contextualise the narratives of my interviewees within the Chilean context. I consulted statistical data from national public bodies like INE (2007; 2016; 2018a; 2018b; 2018c), MINSAL (2015), *Registro Civil* (2017), and SERNAM (2004), and from international organisations like the OECD (2016; 2017), PNUD (2010; 2012; 2017; 2018), and the World Bank (2011; 2019). I also analysed statistical data from *Encuesta Nacional Bicentenario Universidad Católica - Adimark* (2009) to characterise the timing of the transition to motherhood of Chilean women as well as their views and perceptions on fertility and childbearing. Additionally, I reviewed official documents from laws and legislative initiatives in order to better understand the social and institutional backgrounds that shape the transition to motherhood in contemporary Chile. In this thesis, these data are interwoven with women's narratives in order to provide breadth, complexity and depth to the findings of this research.

4.3 Positionality

Life story interviews are not only a means of collecting but also producing data (Elliot, 2005). I follow Charmaz (2008, p. 402) in asserting that 'data are a *product* of the research process, not simply observed objects of it'. While talking about their views and experiences of the timing of the transition to motherhood, women did not seem to have preexistent or fixed narratives waiting to be told and recorded. During the interviews, they seemed surprised by some of the questions I asked and sometimes their first responses were that they 'didn't know' and 'didn't have an answer'. They often hesitated, paused, and reflected before elaborating a response, and sometimes also voiced that this was the first time someone asked them about that and the first time they thought about this. Some of them

even mentioned feeling uncomfortable about the fact that their narratives were more contradictory, hesitant and unarticulated than they would have wanted.

I am aware that my position as a researcher also shaped women's narratives in important ways. The research process in general (Charmaz, 2008; England, 1994), and interviews in particular (Atkinson, 2012), have an interactional nature. They are structured by the dynamic interaction between interviewer and interviewee. I follow Charmaz (2008, p. 402) in asserting that 'the researcher and researched co-construct the data'; 'researchers are part of the research situation, and their positions, privileges, perspectives, and interactions affect it'. As I argued in Chapter 1, my own subjectivity and biography were relevant in choosing what to study. My own views on the transition to motherhood also shaped the methods I used and the questions that I asked. After all, 'fieldwork *is* personal' (England, 1994, p. 85). For example, in the first stages of this research it did not occur to me that religion and God played such an important role in shaping the timing of first childbearing. Despite living most of my life in a Catholic country, being an atheist and having been raised in a non-religious family meant that for me the experience of motherhood was far from being shaped by the will of God. Looking back on the interview process, I am pleased that the narratives managed to grasp women's views, experiences and meanings of the timing of the transition to motherhood, even if they were foreign to my own.

Bourke (2014) argues that positionality is determined by where one is in relation to 'the other'. During fieldwork I felt that I was both an insider and an outsider. Hampshire, et al. (2014, p. 221) note that 'establishing connections and becoming positioned as an 'insider' can enable the researcher to penetrate more deeply into informants' life-worlds'. Like my interviewees, I am a Chilean woman. I feel that for them this meant that we shared common worlds and that I was able to understand their views and experiences of childbearing, even if sometimes I struggled to do so. I do not have children and personally I have ambivalent ideas about the transition to motherhood. However, I felt that because I am a woman, my interviewees often invested me with maternal qualities that I do not necessarily recognise in myself. At times I found this challenging, but it also enabled creating a rapport that encouraged women to tell me their stories in length and depth. Unlike all my interviewees, I live abroad and I am a researcher from a foreign institution. At times, I felt that this created a distance between me and them. This distance took different forms. Sometimes I felt that I was framed as an 'outsider' and a 'foreigner' to their childbearing experiences. Other times, I felt that I was framed as an 'expert' and an 'authority' on the subject of having children. In

some cases, this distance was reinforced by my age and socioeconomic status, which differed significantly from those of most women I interviewed.

Being aware of the issue of power relations in research (Bourke, 2014; England, 1994), I made a consistent effort to relate to the women I interviewed with empathy, fairness and respect[26]. My starting point was 'an unequivocal acceptance that the knowledge of the person being researched (at least regarding the particular questions being asked) is greater than that of the researcher' (England, 1994, p. 82). However, I am also aware that, despite my efforts, my own positionality as a researcher might have posed constraints for the participants. A few examples come to mind. All the women I interviewed voluntarily chose to participate in the research. However, as Miller and Bell (2005) argue, power relations between gate-keepers and participants reshape the meaning of choice and voluntariness in deciding to take part in a research. This makes me wonder if some women agreed to participate out of commitment with the person through whom I contacted them, some of whom were their mothers or employers, and with whom they were entangled in asymmetrical power relations.

Looking back, I also cannot help but wonder if I managed to have a consistently fair and equal treatment toward all the participants. I acknowledge being more incisive and straightforward with interviewees who were of similar age and socioeconomic status as me. This makes me ask myself retrospectively if I was patronising and neglected the agency of older and lower class women. I also came to question the power dynamics in the interview setting when reflecting on language. During the interviews, if the topic of the biological clock did not emerge spontaneously, I asked women if they had heard about it and encouraged them to narrate what they knew. I felt that some of them felt compelled to say they knew what it was, even if they did not, because they were making an effort 'to ensure that they were saying the "right" things' (Bourke, 2014, p. 7). I realise now that the question might have created a setting in which women could be placed in a difficult position of 'not knowing'. I became aware of these issues only after conducting the interviews. Nevertheless, I value gaining awareness on them as it enables me to address them differently in the future.

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[26] Like England (1994, p. 86), I also have to admit that there were few times when I 'listened sympathetically to women telling me about the details of their lives (my role as participant) while also thinking how their words will make a great quote for my paper (my role as observer)'.

4.4 Participants

In this research, I conducted life story interview with 40 women from Santiago de Chile. I used stratified purposeful sampling (Flick, 2007; 2009) to select women from different ages and socioeconomic backgrounds. I selected women from different age cohorts to account for the ways in which making of the timing of the transition to motherhood has changed over time[27]. In life course research, changes in life course transitions emerge between cohorts born in different chronological periods because lives are embedded in particular social worlds that enable and constrain them in different ways (Elder Jr., 1994; Elder Jr., et al., 2003; Heinz & Krüger, 2001). As I discussed in Chapters 1 and 2, in past decades Chile has experienced important cultural, social, political and economic transformations that have reshaped the transition to motherhood. I also selected women from different socioeconomic backgrounds[28] to account for social inequalities that influence the ways in which women make the timing of first childbearing. In life course research, the social features of a person, like gender and class, among others, shape significant variations in life course transitions (Giele, 2009; Heinz & Krüger, 2001; Hitlin & Elder Jr., 2007b). This is consistent with the intersectional character of social inequalities (Crenshaw, 1989; 1991). As I discussed in Chapters 1 and 2, Chile is a country with profound social inequalities. In contemporary Chile, socioeconomic status operates as a core principle of cultural, social and subjective differentiation (PNUD, 2010; 2017) and shapes significant inequalities in the opportunities and constraints that women face in becoming mothers.

I used a gradual selection strategy (Flick, 2007; Flick, 2009) to select the participants. In the beginning, I chose participants according to their age and socioeconomic status. However, during the research process, I realised that certain experiences were particularly interesting to account for the nuances and complexities of the ways in which women make the timing of first childbearing. So, then I also aimed to select participants that had experiences with abortion, miscarriage, infertility and ART. I also decided to select women who had children and women who did not. Following Sevón, (2005), I argue that since motherhood is firmly grounded within femininity, all women are constrained to negotiate

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[27] Distinguishing between age, cohort and period effects continues to be one of the greatest challenges of life course research (Glenn, 2003). However, because this is not a research on the effects of ageing, I take age as a parameter to determine cohorts.

[28] Following Rapley and Hansen (2006), I outline a multidimensional approach to socioeconomic background based on educational attainment, occupation, income, possessions, home ownership and place of residence. In the Questionnaire of Sociodemographic Characterisation (Appendix I), I asked women to which socioeconomic status they felt they belonged to. This subjective positioning was decisive for my categorisation of them as lower, middle and upper class.

the transition to motherhood. As Sevón (2005, p. 464) asserts, 'every woman (from childhood onwards) is somehow conscious of her body's potential to give birth, and thus every woman needs to take some kind of stance over this question'. As I have argued, I am interested in the timing of childbearing not only as an outcome but also as a process through which women determine whether and when to have a first child. By also selecting participants who do not have children, I address the experiences of those women who make the timing of the transition to motherhood by delaying childbearing or remining childless.

The number of participants was determined according to several criteria. I relied on the principle of saturation (Glaser & Strauss, 1967) to determine that the empirical material had reached sufficient depth and breadth to address the research aims. Following Strauss and Corbin (1998, p. 136), I interpreted saturation as 'a matter of degree', that is, 'reaching the point in the research where collecting additional data seems counterproductive; the "new" that is uncovered does not add that much more to the explanation'. I also used as a reference the range of sample sizes in qualitative research, and the average sample size in PhD studies using qualitative interviews[29] (Mason, 2010). I aimed to have three or more cases in each of the categories outlined by the intersection of age cohorts and socioeconomic status to compare and outline similarities and difference between them. Finally, the number of participants was also determined according to the time and financial limitations of the research process.

The 40 women I interviewed lived in urban areas of Santiago de Chile. They were from lower (*n*=12), middle (*n*=16), and upper (*n*=12) socioeconomic background and aged between 18-30 (*n*=10), 31-45 (*n*=10), 46-60 (*n*=11), and 61-75 (*n*=9). All but one identified as heterosexual. A detailed characterisation of the sample is provided in Table I (Appendix IV). All the names of the participants have been replaced by pseudonyms to protect their anonymity. Most of the women I interviewed had children (*n*=28) but some had not experienced the transition to motherhood due to age or choice. The women who were mothers had their first child when they were 18 and under (*n*=7), 19-29 (*n*=14), 30-39 (*n*=4), and 40 and over (*n*=3). At the timing of first childbearing, most of them were married (*n*=19), some had partners (*n*=6) and others were single (*n*=3). A detailed description and social characterisation of the women's timing of transition to motherhood is provided in Table II (Appendix V) and Diagram I (Appendix VI).

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[29] Mason (2010) states that samples in qualitative research tend to range from five to 50 participants, and are often between 20 and 30 participants. In PhD theses using qualitative interviews, the average sample size is 31 participants.

4.5 Fieldwork

I contacted the participants through key informants using a snowball sampling method (Flick, 2009; Miles & Huberman, 1994). In the beginning, I used my social networks in Santiago de Chile and contacted potential participants through family, friends and colleagues. Afterwards, the women I interviewed put me in contact with other women, and them with other women, and so on. All of the participants voluntarily agreed to participate in this research and signed informed consent forms[30] (Appendix VII). This research received clearance from the Ethics Committee of the Department of Sociology, University of Cambridge (Appendix VIII) and was funded by the Santander Mobility Grant, the Centre of Latin American Studies, and the Department of Sociology, all from the University of Cambridge.

I conducted two interviews in Spanish[31] with each of the participants between September 2016 and May 2017. The interviews were conducted with one to three weeks of distance, and all participants but one[32] completed the two interviews. We made appointments by email or telephone to meet in locations of their convenience. At times, it was difficult to get a hold of some of them and for others it was not easy to make the time to meet. However, and with very few exceptions, I always met the interviewees in the time and place we agreed. The interviews took place in their houses or workplaces, and also in public places like restaurants, cafes and parks. Most interviews were conducted in private and quiet environments and had no major disruptions. Some interviews were conducted in spaces where there were other people such as family members, domestic workers, and staff and costumers of the public establishments. I felt that on a few occasions this prevented women from talking in length and depth about topics that were sensitive to them.

Overall, the dynamic of the interviews was framed by rapport (Miller, 2017). The conversations had a consistent rhythm and were carried out with trust and respect in a relaxed atmosphere. The participants mentioned feeling comfortable, listened to and

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[30] Informed consents required for the ethical approach of the research by the Department of Sociology, University of Cambridge.

[31] In translating the quotes from Spanish to English, I attempted to represent as accurately as possible the meaning intended by the interviewees.

[32] After the first interview, one participant emailed me to say that she would not continue participating in the researcher because she was struggling with personal issues. Because I did not have enough empirical material on her views and experiences of the timing first childbearing, I decided not include her in the final sample of participants.

understood. At times, the interviews were very emotional. The women sometimes broke into tears when remembering the struggles and joys of pregnancy and first childbearing. Miller (2017, p. 84) argues that inviting someone to talk about personal transitions and life events 'can involve the telling – and hearing – of difficult things'. I was surprised by the women's willingness to discuss difficult experiences, like sexual abuse, abortion and infertility, and topics with strong moral connotations that are not often discussed in public in Chile, like sexuality. I respected the will of my interviewees of not wanting to discuss or delve into certain topics, but this was almost never the case.

At the end of the second interview, I asked the participants to tell me about their experience of talking about the transition to motherhood in the interviews. The great majority liked the experience and felt that it was 'good for them'. They described it as 'wonderful', 'enriching', and 'moving'. Most of them said that it was a novel experience; they were asked things they had never been asked before, thought and talked about things they never thought or talked about before, and realised things about themselves that they did not know. For many participants, the interview process was 'therapeutic' (Birch & Miller, 2000) because it allowed them to listen to their voices and get to know themselves better. They valued having a space to reflect and talk about things they considered important but do not discuss often. For many of them, recalling their first childbearing made them reconnect with the joys of motherhood and feel happy and grateful for their experience as mothers. However, the interviews were not always easy. Some participants struggled when remembering experiences of transition to motherhood that were difficult and painful. A few of them felt that was difficult to articulate consistent responses on issues that were confusing, challenging and controversial for them. One of the interviewees mentioned not being prepared and not having answers for the questions that were asked. Birch and Miller (2000, p. 197) assert that 'the research process can prompt reflection', but this is not always experienced positively. At the end of the second interview, one of the participants, a 38-year-old woman with no children, mentioned feeling 'scared' for having been confronted with issues of the transition to motherhood that were problematic for her and that made her question decisions she thought she had made once and for all.

4.6 Data Analysis

The 80 interviews were recorded using digital recorders and transcribed using a standardised format and a flexible verbatim method that aimed to capture a detailed account of the narratives by providing a faithful representation of the language and

dynamics of the conversation. I follow Oliver, et al. (2005) in asserting that text transcriptions of audio materials are an interpretive act and a critical step in the representation of social reality. This is why I decided to transcribe all the interviews myself. This process was effortful and lengthy, but gave me a unique insight on the women's views and experiences of making the timing of the transition to motherhood, and a generous time frame to delve into their narratives and understand them in detail and depth. In this regard, transcribing was 'part of the analytic process' (Elliot, 2005, p. 51). The audio files of the biographical interviews range from 44 to 124 minutes and have an average duration of 71 minutes. The transcriptions of the biographical interviews have an average length of 23 single spaced pages and 12,243 words. The audio files of the motherhood interviews range from 39 to 130 minutes and have an average duration of 73 minutes. The transcriptions of the motherhood interviews have an average length of 23 single spaced pages and 12,386 words. The quotes of the interviews presented in this thesis were reformatted into a clean transcript (Elliot, 2005) to make them more accessible and understandable for the reader.

The interviews were analysed through narrative content analysis (Elliot, 2005). I analysed the women's narratives of transition to motherhood by focusing on the content and meaning of what was being said. Drawing on the work of Lieblich, et al. (1998) and Mishler (1995), Elliot (2005, p. 38) argues that:

> the content of a narrative can be thought of as having two functions: one is to describe past events, i.e. to produce a chronological account for the listener or reader, and the second is the evaluative function, making clear the meaning of those events and experiences in the lives of the participants.

Following the aims of this research, the analysis focused on describing the women's timing of the transition to motherhood and its sequencing within the life course, the ways in which this timing was produced and negotiated within different life domains, the social norms surrounding the timing of first childbearing, and the meanings that the women attached to their views and experiences of becoming mothers. This analysis merged elements of narrative analysis (Czarniawska, 2004; Herman & Vervaeck, 2001) and qualitative content analysis (Schreier, 2014), enabling me to account for the ways in which the women made the timing of first childbearing through the stories they chose to tell me.

The women's narratives were analysed vertically and horizontally. Following Elliot (2005, p. 38), I conducted a holistic analysis that aimed to 'preserve a narrative in its entirety and

understand it as a complete entity' and a categorial analysis through which 'short sections of the text are extracted, classified, and placed into categories for analysis'. First, I read the transcription of the interviews of each participant as a whole, and created memos describing the timing of the transition to motherhood, the ways in which it was made, and the social, relational and subjective aspects that shaped the women's views and experiences. Then, I coded each of the interviews using ATLAS.ti 8. Following Flick (2009) and Seale and Silverman (1997), I maintain that using this software was convenient because it saved time in the processing of information, facilitated the administration of texts and codes, and provided rigour, transparency, and validity to the data analysis.

For me the coding process was dynamic and creative, moving 'quickly back and forth between types of coding, using analytic techniques and procedures freely and in response to the analytic task' (Strauss & Corbin, 1998, p. 58). I used a flexible version of open, axial and selective coding (Flick, 2009; Strauss & Corbin, 1998) to categorise and organise the empirical data from the interviews. I went through the transcriptions and coded words, sentences and paragraphs through constructed and *in vivo* codes (Flick, 2009). Some codes, like 'reproductive agency' (*agencia reproductiva*), 'biological clock' (*reloj biológico*), and 'denaturalisation of motherhood' (*desnaturalización de la maternidad*), were borrowed from scholarly literature. Other codes, like 'God sends children' (*Dios manda a los* hijos), 'missing the train' (*se le pasó el tren*), and 'there are no limits' (*no hay límites*) were taken from the interviewees' own expressions. Once all the empirical material was coded, I created code reports to analyse the narratives in each of these categories, outlining not only the content and its nuances, but also differences according to age and socioeconomic status.

Sampling decisions in the research process take place not only when selecting participants during fieldwork, but also while analysing the empirical material and presenting the findings (Flick, 2009). All the interviews I conducted were considered for the data analysis and thesis writing. Quotes from all interviewees are incorporated in the chapters that outline the empirical findings of the research. Quotes were selected on the basis of their suitability to outline the content and nuances of the arguments and to represent the particularities of the women's lived experiences of time according to age and socioeconomic status. The number of participants whose narratives are quoted in the chapters that present the empirical findings of this research are as follows: Chapter 5 (n=24), Chapter 6 (n=34), Chapter 7 (n=30), and Chapter 8 (n=36).

4.7 Issues of 'quality'

Several authors claim that issues of quality in qualitative research diverge from the principles of validity, reliability and objectivity used in quantitative research (Flick, 2007; Guba & Lincoln, 2005; Seale, 2011; Seale & Silverman, 1997). In planning, conducting and writing this research, I have tried to comply with standards of 'good' qualitative research. Flick (2007, p. 64) argues that a good qualitative study 'will not be limited to finding and confirming what was expected to be the result, but will produce new insights and ways of seeing the things and persons that have been studied'. As I have discussed, I conducted this research with clear and well defined aims and specific methodological procedures for data production and analysis. However, along the way this framework was transformed according to the novelty and creativity that emerged through the interactions with the participants and the analysis of their narratives. Conducting this research with both consistency and flexibility (Flick, 2007) enabled going beyond what I had planned or initially expected, and accounting for the complex and nuanced ways in which women make the timing of the transition to motherhood. In some cases, this involved disclosing narratives that seemed to conflict with my arguments (Seale & Silverman, 1997), and making sense of them within the overall findings of the research.

Quality in qualitative research is also associated with transparency, dependability and credibility (Flick, 2007; Seale, 2011). In conducting and writing this research I have made an effort to disclose in detail the decisions and practices that lead to my findings and conclusions. Throughout the research process I engaged in retrospective reflections to identify what aspects could have been improved and done differently, and I have voiced these reflections throughout the pages of this thesis. In doing so, I have aimed to provide a 'methodologically self-critical account of how the research was done' (Seale, 2011, p. 392). During the research process, I often sought feedback from my peers and colleagues. As I mentioned in Chapter 1, some preliminary results of this research were presented in conferences and published in journal articles. These instances were an opportunity to discuss the findings of the research, but also to reflect in depth on the ways in which the craft of research shaped the knowledge I produced on the timing of the transition to motherhood. It has also been suggested that seeking feedback from the participants to check the accuracy and adequacy of the research is an important step in achieving 'quality' (Flick, 2007; Seale, 2011). However, due to time and financial limitations of this research, I was unable to discuss the latest versions of the findings with the women I interviewed.

The sample of my research is small and it is not random or representative in statistical terms. This is why I do not claim that the findings of this research are generalisable to Chilean women or women in general. However, the women I interviewed are also not 'outliers' with regards to the transition to motherhood. As subjects they share cultural settings and social experiences with other Chilean women, and this suggests that they might also share some of the freedoms and constraints in making the timing of first childbearing. Determining the extent to which the findings of this research are useful in making sense of the ways in which other women negotiate the time of the transition to motherhood is a challenging endeavour. I do not pretend to settle this issue here. However, in undertaking and writing this research I have done two things that may enable the readers to assess the generalisability of these findings. First, as suggested by Seale and Silverman (1997), I have intertwined the women's narratives with statistical and contextual data that enables placing their views and experiences in relation to the female population in the country and within the social worlds in which their lives were embedded. Second, as suggested by Seale (2011, p. 392), I have provided 'a detailed, rich description of the settings studied, so that readers are given sufficient information to be able to judge the applicability of findings to other settings that they know'.

In conducting and writing this research, I have aimed to provide an accurate and truthful representation of the ways in which women make the timing of the transition to motherhood in contemporary Chile. I follow Hays (1996) in asserting that a final test of the value of my interpretations will be the extent to which the readers of this thesis come to recognise these women as women like themselves or as other women that they know.

4.8 Conclusion

In this Chapter, I have outlined the methodological framework through which this research was planned, conducted and written as a means of unveiling how its empirical findings were produced. This research is framed within a constructive paradigm and an interpretive epistemology, and uses a qualitative research design based on life story interviews to provide 'thick' and in-depth accounts of the ways in which women make and make sense of the timing of first childbearing. I conducted life story interviews with 40 women from Santiago de Chile and used stratified purposeful sampling to select women from different ages and socioeconomic backgrounds. I conducted two interviews in Spanish with each of the participants between September 2016 and May 2017. The interviews were recorded using digital recorders, transcribed using a standardised format and a flexible verbatim

method, and analysed horizontally and vertically through narrative content analysis. In this Chapter, I have argued that life story interviews are not only a means of collecting but also producing data, and I have discussed the ways in which my own positionality as researcher and subject shaped the narratives on the timing of first childbearing. My own nationality, gender, age, socioeconomic status and occupation made me both an insider and outsider to women's lived experiences of time. Although I made consistent efforts to relate to the participants with empathy, fairness and respect, sometimes our interactions got entangled in the asymmetries of power relations.

CHAPTER 5

MULTIPLE TIMES
From God to technology

When I started this research, I assumed that variations in the timing of the transition to motherhood were due to differences in time norms, women's capacity to shape time, and the meanings attached to temporal experiences. Just like the great majority of empirical studies on time, I assumed that women's core understandings of time - what it is, how it is shaped, and its boundaries and dynamics - were the same. However, I realised that there was a deeper and more fundamental distinction in which these variations were rooted; women's core understandings of time are not the same but multiple, diverse and complex. Adam (1990; 2006), Elias (1989), Nowotny (2005) and Zerubavel (1985) have argued that there are different ontologies of time[33] that shape social life and individual experience in particular ways. In this Chapter, I draw on their work to describe and characterise the different ontologies of time - God, nature, 'the clock', and technology - through which women shape and make sense of the timing of first childbearing. I argue that the transition to motherhood is shaped by different ontologies of time that outline the boundaries of what is possible regarding the timing of childbearing, and the role of individual agency and responsibility. I also argue that in making the transition into motherhood, women often negotiate and reconcile converging and competing ideas of time.

5.1 The times of God

Manuela is a 36-year-old woman from lower socioeconomic background and the mother of three children. She had her first child when she was 17. Looking back, she describes the timing of her transition to motherhood as 'a lot earlier than expected' because she wanted to finish school and find a good job before having children. Manuela is Catholic and believes that God plays a crucial role in motherhood. She believes that children are 'God's blessing'; it is God who 'sends children' and determines the time in which 'they come'. For Manuela, God determined the time in which her last daughter was born. For some time, she tried to have another child but then decided to prioritise work to save money and buy a car. To

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[33] As outlined in Chapter 3, I use the notion of ontologies of time to refer to the nature of time; what it is, how it is determined, and its properties and features (Chernyakov, 2002; Oaklander, 2004).

control her fertility, Manuela started using contraception but got pregnant anyways a couple of months later. In making sense of the timing of that pregnancy, she argues:

> That's why it's a blessing, I think that's why it's a great blessing, because they arrive when they have to arrive. (…). Yes, because, imagine, I tried to get pregnant with her for so long, even not using contraception, and she didn't arrive, and then I started using contraception and she arrives. It is as if God told me 'no, this is the hour, this is the day, and this is the minute, now is when it has to come, not before and not after, and you will get her anyways'. I mean, how can I explain that?

Like Manuela, other women I interviewed also believe that the timing of motherhood is determined by God. When discussing when to have children, Ana affirms that 'God decides in what moment children will arrive'. Similarly, Blanca argues that 'you have to leave everything to God. God sends the baby and at whatever age. If he doesn't send it, it's for a reason, but you have to respect the decisions from the one above'. Several studies demonstrate that religious beliefs play an important role in shaping women's views and practices regarding pregnancy and childbearing (Bell & Hetterly, 2014; Callister & Khalaf, 2010; Gerber, et al., 2002; Harper, 2010; Inhorn, 2003; Miller, 1995; Roberts, 2012; Woodsong, et al., 2004). In the interviews that I conducted, expressions such as 'God sent me a child', 'having all the children that God sends', 'pregnancy as a miracle from God', and 'it will be whatever God wants it to be' are frequent and indicate the role of God in women's experiences of transition to motherhood.

For the women I interviewed, children are often understood as a 'blessing' and a 'gift' from God (Callister & Khalaf, 2010). God 'sends' children and they arrive at 'any' time. This shapes the timing of the women's transition to motherhood as both uncertain and independent from individual agency. Maite argues that 'if by chance I had to become a mother today or tomorrow, I would not feel bad or refuse, because I believe that a child is always a blessing'. For Maite, the transition to motherhood is uncertain and cannot be known, planned, or anticipated. Jones, et al. (2016) and Woodsong, et al. (2004) have also noted that for some women it is not possible or appropriate to plan pregnancy since it is God who determines the timing of childbearing. The belief that God determines the timing of childbearing also has implications for the space of agency in shaping when to have children. The narrative from Manuela that I discussed earlier suggests that her timing of childbearing was determined by the will of God regardless of the efforts that she made to shape her fertility

by using contraception[34]. For her, the will of God was stronger and more determinant than her own agency in shaping when pregnancy would occur. This suggests that when motherhood is determined by powerful forces like God, the efforts that women deploy to shape their fertility are perceived as insufficient to determine the timing of childbearing.

Despite being shaped by forces beyond their agency, the timing of motherhood as determined by God makes sense to the women. This timing is believed to be desirable and appropriate because it is meaningful; it is not signified as something incidental but rather as serving a purpose, as having a reason for being. Elisa describes her pregnancy as 'unexpected', but interprets it as an opportunity from God to get her life back on track:

> I am not very religious, but that does make sense to me. (…). For the same reason, babies come when you are, I, truly, I believe that emotionally and also my head, I was not doing well. I was a mess, I was disoriented. (…). So, this helped to, I truly tell you that it was like a slap in the face. It came to put everything in order, to pose a different challenge, a different path.

The purpose underlying the time in which God sends children might be unknown to women at the time of pregnancy, but it is nonetheless assumed as having a reason for happening, as something that was meant to be (Gerber, et al., 2002). This is the case of María. In discussing getting pregnant before she wanted, she narrates, 'the one that determines, it is the one above. Me, because I am a believer, I believe in God, then if he sends him, is for a reason'. Women like Elisa and María found comfort in the narrative that God determines the timing of childbearing. Within this framework, experiences of losing a child, not being able to have children, having difficulties getting pregnant, pregnancy taking longer than expected, and having children earlier than expected, are interpreted as happening for a reason. Experiences that could otherwise be meaningless and lead to frustration and desolation, are lived as meaningful and purposive. Through this belief, the potentially disruptive and negative timing of events surrounding the transition to motherhood are interpreted as having a legitimate and valuable reason. As Gerber, et al. (2002) argue, the figure of God enables women to resolve ambivalence towards pregnancy by attributing its outcome to fate.

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[34] The case of Manuela and of other women I interviewed reveal that the belief that God determines the timing of childbearing is not mutually exclusive with the belief that women can also shape their fertility through practices such as contraception. This complementary of forces shaping female fertility has also been noted by Gerber, et al. (2002) and Jones, et al. (2016).

The work of Callister and Khalaf (2010) and Roberts (2012) suggests that the belief that God determines the timing of childbearing is a strategy through which women cope with difficult and disruptive experiences related to the transition to motherhood. This is the case of Blanca. Talking about losing her child in the seventh month of pregnancy, she mentions that for her it was 'more convenient' to interpret her loss as the work of God. As she argues:

> It sounds nicer if it was the work of God than if it was the work of a bad person, negligence, bad intentions, envy, because there is envy everywhere, bad intentions surround everything. So, you have to see the positive side of things to avoid getting hurt.

This narrative reveals the way in which women strategically mobilise their belief in God as a means of making sense of the unexpected and disruptive, coping with difficult experiences, and processing the emotional and subjective consequences derived from them. As Bell and Hatterly argue, religion 'allows women to actively reconstruct and reinterpret negative events more positively' (2014, p. 70). Hampshire, et al. (2012) and Jones, et al. (2016) have pointed out that religious beliefs are often portrayed as cultural constraints for 'agentic' behaviours regarding female fertility. My findings demonstrate otherwise. I argue that the belief in God can also be a means of agency; a narrative that women manage in strategic ways and enables their empowerment with regards to their reproductive experiences.

The narratives of the women I interviewed also reveal that the timing of the transition to motherhood as shaped by God has to be respected and cannot be challenged. For them, not respecting divine will is a sin and an act worthy of sanctions. As argued by Jones, et al. (2016), God also plays a punishing role with regards to women's fertility. Recalling prevalent ideas on the timing of motherhood, Alicia mentions, 'you had to have all the children that you could have, otherwise they were punished, punished. God punished, one way or the other'. Roberts (2012) reveals that some women make sense of their infertility as a punishment from God because of previous reproductive practices like abortion. This is the case of Gracia. She had two abortions when she was 17 and 21 years old, and then experienced difficulties when she wanted to have children later in life. Looking back on that time, Gracia narrates:

> There were guilts, responsibilities. Even I had, I had never been a Catholic, and I had an issue with religious guilt almost from within. 'It must, it must be a punishment, this

is a punishment', I felt like that because I had aborted. Then it was obvious that I was being punished for something.

The understanding that some practices that shape female fertility like contraception, abortion and ART are punishable is rooted in the idea that only God can give and take life. Women 'should not play to be God'. In discussing why she is against abortion, Victoria argues, 'I am Catholic and I believe in God, and I think only he decides when to take life'. I will further discuss the role of God in determining the timing of the transition to motherhood when I analyse women's reproductive agency in Chapter 6.

In this section, I have argued that the timing of childbearing as shaped by God is a frame of meaning and purposiveness through which women make sense of circumstances that could otherwise be perceived as unexpected, disruptive, and undesired. Within this framework, individual agency is constrained to accepting and enacting the will of God because it is believed that only 'he' has the power and authority to determine the times of life and death. Among my interviewees, this idea of the timing of childbearing tends to be prevalent older women like María, Victoria, and Gracia, and lower class women like Manuela, Elisa, and Blanca.

5.2 The times of nature

Alicia is a 72-year-old woman from middle socioeconomic background and the mother of one son. She was born into a strict and traditional family and grew up being shy, fearful, obedient, and overprotected by her mother. Alicia was raised to be a wife, a mother, and a housewife, and to experience childbearing only after marriage. Looking back, she remembers that her parents used to tell her that she would be punished by God if she did not do what was expected of her. When Alicia was 29 years old, she met a man and fell in love, and many years after she felt the desire to have a child. Talking about the time of her transition to motherhood she says:

At that moment I didn't even think about it. I felt the desire and followed it. But because at that time, well, you feel some guilt, but it was so much the anxiety, and I desired so badly to have a child, that I forgot, I forgot that part that they had taught me. My mum had told me that you couldn't, that all those things were a sin. (…). Then I said, 'you know what? I couldn't care less about what happens from here on, I don't

care, the only thing that I want is to have my child'. And I wanted to have him, and I had him.

The timing of the transition to motherhood of Alicia was determined by desire. In the interviews I conducted, this desire to have children is intertwined with a woman's maternal instinct. As Maite outlines, 'the maternal instinct is the desire to become a mother'. The maternal instinct is commonly understood as a 'natural' and 'inherent' female feature that outlines the spontaneous love and care that women have for their children (Badinter, 1991; Leyser, 2010). Feminist scholars have stressed that the maternal instinct is a social construction and that women do not have an innate desire for childbearing (De Beauvoir, 1956; Oakley, 1985; Rich, 1995). However, most of my interviewees believe that women have a maternal instinct by 'nature' that determines their desire to have children. Like Alicia, Amalia also experienced the maternal instinct as a sudden and unrelenting need to have a child. As she narrates, 'suddenly I said 'now, this is it, now I want it'. And it was like I needed to have a child. I mean, for me it was almost like an animal instinct'. Further discussing this desire, she says, 'but I would say that it was in a very short period, I mean, it was like sudden, it was like 'ok, it is now, I need to be a mother'. And then it was like impossible not to be'. The experiences of Alicia and Amalia reveal a particular understanding of the timing of childbearing. Time as determined by desire and instinct is emergent, immediate, and imperative. It is emergent because it is sudden and cannot be anticipated or planned. It is immediate because it is urgent and cannot be delayed or postponed. And it is imperative because it is compulsory and cannot be managed or negotiated.

I argue that the timing of childbearing as outlined by desire and instinct is rooted in the women's understanding of motherhood as part of nature. I follow Boltanski (2013, p. 187) in arguing that 'naturalism, conceived in this way, consists in viewing beliefs and practices that actually relate to social arrangements that vary over time and according to culture as if they stemmed from 'nature'. For decades, feminist scholars have stressed the prevalence of an ideology that places nature as the structuring principle of motherhood (Chodorow, 1978; De Beauvoir, 1956; Oakley, 1985; Rich, 1995). This ideology outlines the understanding of the timing of the transition to motherhood of some the women I interviewed. For Luz, who is mother to 11 children, nature determines how many children women have and when they are born. As she argues:

> If nature determines that not all women are going to be mother of 10 children, that for some is going to be difficult and are going to be the mothers of just one, and others

of none, and others of 10, of 15, of 20, that is in nature, and it must be because of something out of my control that I cannot really know and that is within you. I mean, if nature gave me this tremendous capacity to procreate, a great fertility, it must be because I am capable to educate 10 children. Instead, if there is another woman that regardless of how much effort she makes, she is not capable of conceiving more than one, it is because she is called to raised just one.

For Soledad, the timing of transition to motherhood is also shaped by nature. When discussing until when to have children, she mentions, 'I mean, it's not like you can become a mother when you are 70 years old, you know? There is a time in your life for everything'. Then she adds, 'I also think that nature is wise, because after a certain age, regardless of how much one wants it, I really think you are not capable'. Further discussing why she became a mother when she was 29 years old, she explains, 'just because I didn't get pregnant earlier, it's a matter of nature'. What is common in the narratives of Luz and Soledad is the idea that nature shapes the timing of motherhood. The women experience a time that is enacted regardless of their will and efforts. As Luz says, it's a time that is 'out of their control'. Nonetheless, this time makes sense because it is meaningful and happens for a reason. As Soledad says, 'nature is wise'.

I argue that the timing of first childbearing as determined by nature shapes a particular understanding of the space of agency in determining when to have children. Within this framework, it possible for women to control their fertility as long as it is within the boundaries of nature and does not disrupt the rhythms of the female body. This is the case of Luz. In explaining the method she used to shape her fertility, she argues:

is to know yourself, that you recognise the vaginal mucous which is different in the days that you are fertile from the days in which you are not. Then, I thought, we thought, because it was a joint decision, to take advantage of what nature gave you, which was knowledge over your own body, on how your body works.

Flora also decided to manage her fertility by scheduling sex according to her ovulation. As she explains, 'I didn't decide when I ovulated, when my eggs matured. But I could know that the ovulatory period was coming and what to do with that, abstinence or sexual intercourse'. Like Luz and Flora, other women I interviewed also decided to shape the timing of first childbearing through what they call the 'natural method'. The natural family planning (NFP) method is based on the self-observation of the cervical mucus, which

correlates with rising oestrogen levels and beginning of the fertile period, and is used with the purpose of achieving or delaying pregnancy (Gnoth, et al., 2003; Hume, 1991). In the narratives of my interviewees, using this method involved daily monitoring of body temperature and vaginal mucous, assessing that information within the calendar of the reproductive cycle to predict ovulation, and deciding to have sex according to their desire to have children. For the women, shaping the timing of childbearing was possible and desirable as long as it was done within the boundaries outlined by the nature of reproduction and the female body. As Bledsoe (1996, p. 301) argues, naturalist discourses 'voice strong preferences for the mildest possible birth control methods: those that are the least intrusive or have the least perceptible chemical effect (especially long term) on the body' because 'these are methods seen as closest to nature'.

An understanding of the timing of transition to motherhood as determined by nature also outlines a rejection of those practices that are considered 'unnatural' because they alter the hormonal levels of the female body and the rhythms of the reproductive cycle. Luz refused to use the pill as a contraceptive method because she considered it to be violent for her body. For her, the pill represented 'an aggression on the body. And in fact, the first pills were very poisonous, and nowadays they are not innocuous either'. Following a similar reasoning, María rejects abortion because she believes that 'it is not natural'. As she argues, 'that was the worst thing that could exist in a woman, to have an abortion. That was not natural, it is an abnormal thing'. These narratives reflect a rejection of those practices that reshape and challenge what is assumed to be given by nature. As Bledsoe (1996), Burns (2005), and Luker (1985) argue, this naturalist narrative rejects practices that manipulate female fertility, not only because they alter the organic balance of the female body but also because they alter *nature*; the reproductive nature of the female body and the maternal nature of women. I will further discuss the role of nature in making the timing of the transition to motherhood when I address women's reproductive agency in Chapter 6.

The interviews I conducted suggest that the understanding of the timing of childbearing as shaped by nature is prevalent among older women from all socioeconomic backgrounds like Alicia, Luz and María, and often absent from the narratives of younger women. As I will argue in Chapter 6, this difference is intertwined with the 'denaturalisation' of motherhood and the increasing availability and legitimacy of the means of reproductive agency.

5.3 The times of 'the clock'

Matilde is a 26-year-old woman from middle socioeconomic background with no children. Her life revolves mainly around her academic and professional ambitions; she wants to continue studying and become an accomplished professional. Matilde has not decided if she wants to become a mother and her ideas on having children change over time. She is certain that she does not want to become a mother anytime soon but also knows that she has to make a decision before 'running out of time'. Matilde believes that the time in which women can become mothers has limits and that there will be a time in the future when having children will no longer be possible for her. Discussing the time limits of childbearing, she argues:

> This capacity of being a mother without risks, that ends, like 'tic, tac', 'tic, tac'. Until, I don't know, maybe 36, 37 years, 40 maybe, because after that, well, maybe then you don't have the biological capacity of doing it, or if you can do it is with a lot more risks. That's why it has a certain time, it is limited.

Like Matilde, other women I interviewed also believe that the time of motherhood has limits beyond which it is no longer possible to have children. In the interviews I conducted, these limits are symbolised by the biological clock. For Adela, the biological clock refers to 'that constrained capacity to have children only until a certain age'. For women like her, the biological clock operates as a 'kind of deadline as they made decisions about childbearing' (Friese, et al., 2006, p. 1551). Within this framework, the temporal boundaries of childbearing are rooted in the fertility of the female body. As Laura argues, 'the biological clock is the time of life in which women are fertile'. Embodied in biological fertility, the timing of the transition to motherhood appears constrained to the period between menstruation and menopause. For Olivia, 'from the time you get your period, I don't know, at 13 years old, until you get the menopause, I don't know, at 42, 43 years old, it is the time when you can have children'. The she adds, 'I mean, that would be the biological clock, the time in which you are fertile'. This is consistent with the findings of other studies that also suggest that the biological clock circumscribes female fertility to the time between menstruation and menopause (Friese, et al., 2006; Keeney & Vernik, 2007; Moss & Maner, 2014; Wagner, et al., 2019).

I argue that the biological clock shapes the timing of first childbearing according to a particular idea of time. Time is limited; motherhood is not possible 'at any time' and its

limits are fixed and cannot be managed or extended. It is also standardised; the time to have children is universal and the same for all women. For Adam (2006), the notion of 'the clock' enables this standardisation by imprinting a uniform, empty, neutral, and decontextualised character on time. Discussing the timing of childbearing, Elisa mentions, 'you get to a certain age when you get the menopause, and from then on you cannot be a mother, obviously, because you are not ovulating anymore'. Similarly, Paula argues, 'until you get the menopause and then there is no more menstruation. Then you no longer ovulate, you don't have any more eggs, you no longer have the possibility to be a mother'. The narratives of Elisa and Paula reveal that the times of motherhood as determined by the biological clock are limited and standardised, and that beyond its boundaries motherhood is no longer possible.

In discussing when it is possible for women to experience the transition to motherhood, my interviewees often resorted to the metaphor of 'missing the train' (*se pasó el tren*)[35]. I have also heard this expression several times during my years living amongst Chilean women. For Adela, 'it comes an age when everyone says 'no, she missed the train', she can't have children anymore'. Similarly, Susana recalls that people used to tell her that 'she was going to miss the train' because she had her first child later than most women her age. As she narrates:

> I had my first daughter when I was 29 years old, and I was weird. I mean, practically everyone in my class, we were 29, we were just women, last generation of women's-only class in my school. Of the 29, I think that only two had [children] after me, and all the rest had [children] before. I mean, and it was strange. It was like, 'you missed the train'.

The metaphor of 'missing the train' reveals the particular idea of time underlying the biological clock. Time, symbolised in the train, is a force in motion, moving forward at a certain speed. It cannot be stopped and its direction cannot be reversed. There is a fixed time frame within which it is possible to get on the train, but after it has departed, it is no longer possible to get on board. This linear characterisation of the time of female fertility is not 'natural' but rather derived from the prevalence of 'the clock' as a tool for social coordination (Adam, 1990). The idea of the biological clock shapes a particular

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[35] Lahad (2012) has also noted that this expression is used to refer to the passing of time in the lives of women that do not have children.

understanding of the passing of time. Time appears as linear, progressive, and irreversible; 'there is no turning back'. As Paloma describes:

> The biological clock is the period of your first flower [menstruation], 13, 12, 14 years, then your body is prepared for motherhood. But that period lasts between 30, depending on the woman, 30, 40, 45 years. And then no more, there is no turning back, then the clock stops, there is no turning back.

When the timing of childbearing is determined by 'the clock', the women I interviewed often experienced that they were 'running out of time' to have children and feel the pressure of 'not having much time left' to become mothers. This is the case of Beatriz. Discussing her experience of transition to motherhood, she narrates, 'I knew that I was running out of [time], that it is like a clock against you. 'ten, nine, eight...'. Similar studies have also noted the way in which the limited and quantitative character of clock time shapes reproductive experiences through the feeling of 'running out of time' (Easton, et al., 2010; Martin, 2017; Wagner, et al., 2019). The idea of 'running out of time' is also related to the belief that within the time frame of female fertility not all times are the same. My interviewees often argue that the fertility decreases with the passing of time. For Laura, who is a gynaecologist, 'fertility decreases significantly from the age of 35 onwards'. Then she adds, 'most likely you are not going to experience problems getting pregnant until you are 35, and then it's just going downwards'.

Several studies have documented the way in which women's fertility and reproductive capacity declines with the passing of time (Cooke, et al., 2010; Daly & Bewley, 2013; Wyndham, et al., 2012). For my interviewees, this decline in fertility is related to the belief that eggs and the uterus 'grow old' and make pregnancy increasingly difficult. As Loreto argues, 'it is that eggs age. Eggs age, and that is why eggs start having more problems to endure, because they are older. And that is the biological clock; it is a time of pregnancy'. Among others, Friese, et al. (2006) have also noted that this narrative of 'old eggs' works as a marker of ageing and the risk of infertility. In the interviews I conducted, women often argue that as age increases, pregnancy and childbearing become increasingly difficult and problematic.

The timing of the transition to motherhood as determined by 'the clock' seems to be 'the locus for cultural anxieties about ageing, illness, reproduction, and risk' (Martin, 2010, p. 527). For some of the women I interviewed, the passing of time is often outlined as a risk

and a threat that burdens the ways in which the women wish to shape the timing of first childbearing. Making sense of the time when she became a mother, Dominga narrates having felt overwhelmed by the 'weight of the years':

> It was that the years start burdening you. That you have a biological clock, that you want to be a mother, that if you are not together with a partner, and you are not with someone that you can also see as the father of your children. I think that issue for women that are living that, that are maybe my age, must be a very heavy burden.

In the interviews that I conducted, the timing of childbearing as outlined by the biological clock is often associated to feelings of fear, anger, and frustration. These are the feelings through which Adela describes her experience shaping the timing of the transition to motherhood within the boundaries imposed by 'the clock'. As she argues, 'the anger that you feel because of the ticking of the biological clock and that you have to make a decision, maybe even before you would have [wanted]'. Then she adds, 'I was frustrated that women have more constraints on the options to postpone motherhood or postpone the decision about motherhood'. The narrative of Adela reveals that these feelings emerge as a consequence of the pressure, risk, and burden that derive from the experience of the timing of the transition to motherhood according to a time that is linear, progressive, irreversible, and constrained. Similar subjective experiences of the biological clock have been documented elsewhere. Brown and Patrick (2018), Martin (2017), and McAlister (2008) reveal that women feel pressure, anxiety, stress, and fear in making the timing of childbearing within the time constraints of the biological clock.

The timing of childbearing outlined by the biological clock also shapes a particular space for agency. Women are constrained to allocate their first childbearing within the boundaries of female fertility. The interviews that I conducted suggest that making the decision of when to become a mother requires being aware of time and its passing, and of the risks and constraints that different times pose to the fertility of the female body. For Flora, 'the woman that wants to be a mother, that is considering motherhood, has to take a look at the [biological] clock'. This awareness often involves a rationality through which women not only monitor and keep track of time, but also engage in a 'mathematical calculation' that enables assessing 'how much time they have left' to have children. For Susana, this calculation works in the following way:

At 35 you start calculating, 'ok, and if I have been [taking the pill] for all these years? And if I don't get pregnant right away? And if I have been taking the pill for so many years then I would not have [a child] immediately? And then if I want at 35, but it doesn't really work until I am 36, 37, 38? Ok, at 38 I have one, and if I want to have another? Then, ok, at 38, at 40, 40 years. Will I be able to at 40?

This agency outlined by the biological clock also involves planning motherhood by being reflexive and anticipating the future. Similarly to the women in Martin's (2010) study, many of the women I interviewed anticipated infertility because 'they believed their ability to get pregnant and have children would decline over time or had perhaps already begun to decline' (Brown & Patrick, 2018, p. 67). The narratives of my interviewees reveal that women often have to ask themselves if they want to be mothers and when they want to have children. This reflexive process involves making decisions in the present according to one's future self. As Matilde argue, having children is 'a decision that you make at a certain moment, and you don't know if in 10 more years you are going to regret it, and probably in 10 more years you are not going to be able to'. Similarly, Adela also mentions engaging in a reflexive process over the future in making the timing of the transition to motherhood:

You have to start, in general, my friends, all of them start already around 30 to ask themselves like 'well, is this going to be for me or not? Do I want it or not? And if I want it, in what way? And more or less, at what age? Because you can't stay with a question mark until you are too old, because it might be that 'oh, yes, I want to', and you can't.

The narratives of Adela and Matilde suggest that there is space for agency when the timing of first childbearing is determined by the biological clock. Within this framework, time is determined by the boundaries and dynamics of the nature of female fertility but can also be shaped by reflexivity, planning, calculation, risk assessment, and decision-making. However, within this framework, agency is not possible but also required. The biological clock outlines a sense of self in which agency is expected and assumed as given. Women are constrained in deciding if and when to have children, and in ultimately bearing the responsibility for the consequences of the timing of first childbearing.

The interviews I conducted suggest that the understanding of reproductive time as shaped by the biological clock tends to be prevalent among younger women like Adela, Matilde, Laura, and Olivia. Although such an understanding of reproductive time spans across

socioeconomic status, it tends to be more relevant in the narratives of middle class women. As I will further discuss in Chapters 7 and 8, this is related to the fact that younger women from middle socioeconomic background are the ones that struggle the most with finding the 'right' time of motherhood within conflicting age norms, the demands of 'intensive womanhood', and the constraints posed by the normative sequence of the female life course.

5.4 The times of technology

Dominga is a 41-year-old woman from upper socioeconomic background and the mother of a one-month-old child. She describes being 'late' to motherhood. She always knew that she would have children but postponed the decision for many years because she wanted to become a mother only when she had done everything she wanted to do in life. When Dominga decided to have a child, she was single and aware of the risks to health and fertility of further postponing motherhood. That is why she decided to freeze her eggs. For her, resorting to science gave her the opportunity to get rid of the 'weight of the biological clock' and 'give herself the time' to respect her own rhythms and not be hurried. In discussing her decision, she argues:

> I froze eggs because I wanted to become a mother, and, well, I'm not going to be [a mother] at 30, and I froze them at 37. Just because I'm already at 37 doesn't mean that I will become [a mother] now, because it's not for me. Anyways, it will be for me whenever I want it to be. And if science is there to help me, a lot better.

For Dominga, the timing of the transition to motherhood is shaped by the biological clock, its dynamics, limits, and risks, but is not completely determined by it. The fertility of the female body outlines the boundaries of when it is possible to have children, but these boundaries are not fixed; they are flexible and can be managed and reshaped through technology. For Matilde the timing of childbearing has a 'biological barrier' but women can have children beyond it. As she argues, 'obviously being a mother is a biological matter. But there are women that have the biological barrier and anyways manage to do it because they froze eggs'. Other studies have also noted the ways in which technology is portrayed as a means of reshaping the temporal boundaries of fertility by 'stretching the biological clock' (Bledsoe, 1996, p. 316) and 'setting your own biological clock' (Martin, 2010, p. 538). The narrative of Matilde suggests that through technology, women can manage time and extend the period within which motherhood is possible. Similarly, in discussing the impact of technology in timing motherhood, Flora argues:

A woman that before couldn't have children, today can have children through science, and at ages in which you couldn't have had them naturally. We can make a good use of science and technology, and that is wonderful.

The narratives of these women reveal that technology broadens and extends the frame within which it is possible to experience the transition to motherhood by overcoming the time constraints of female fertility. Among others, Brown and Patrick (2018), Daly and Bewley (2013), and Martin (2010) have also outlined the ways in which technology is perceived as a means of extending female fertility and making more time for the transition to motherhood. In the narratives of my interviewees, the use of ART like egg freezing, artificial insemination, and in IVF, is associated with the possibility of becoming a mother at an older age. The women perceive that by 'stopping' (Brown & Patrick, 2018) and 'suspending' time (Wyndham, et al., 2012) they can decelerate and reverse the effects of ageing on the uterus, eggs, and sperm, and experience first childbearing beyond the embodied limits of the biological clock. Beatriz herself underwent several reproductive treatments before becoming a mother at 42. She argues that ICSI[36] enabled her pregnancy by counteracting the effect of the passing of time on her eggs and her husband's sperm. As she mentions:

They put me the fertilised eggs with a method that is called ICSI. What does it mean? In vitro, is in vitro. What happens is that the eggs that I had were too old, they were already my age, which was 41, around 41, and my husband with sperm already with very little mobility. So, then they put his sperm in a syringe and inject it in the egg, so then it has no distance left to cover, and they choose the best of both of us.

The idea that ART are able to reverse and counteract the effect of the passing of time on fertility is also revealed in the narrative of Loreto. She would like her daughter to freeze her eggs to preserve their youth despite ageing. She recalls telling her, 'you can do that and it is good. If you don't want to have children yet, you can save your eggs for when you want to get pregnant, and when you are 40 you still have young eggs'. By enabling childbearing beyond the boundaries of female fertility, ART contribute to shape an understanding of the timing of motherhood as being endless and having no boundaries. This is the view of Dominga. For her, freezing her eggs means that she could have children at any time. As she

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[36] Reproductive technique consisting in the injection of a single sperm into one oocyte for the purpose of fertilisation, and the subsequent transfer of the embryo to the woman's uterus.

says, 'I have frozen eggs. I mean, I could continue being a mother to infinity and beyond'. As Martin (2010, p. 527) argues, it is often perceived that through egg freezing, 'a woman's body can age while microscopic parts of her self exist frozen in an ageless, timeless state of being'.

The narratives of the women I interviewed reveal that technology shapes an understanding of time that is not determined by the fertility of the female body. Through technology, women feel that they have more time to become mothers and that they can have children at an older age. This is revealed in the resignification of the metaphor of the train that I discussed in the previous section of this Chapter. This narrative suggests that scientific and technological advances in the field of reproduction have reshaped time, allowing the train to 'pass until later' (*el tren pasa hasta más tarde*). Consuelo has always wanted to be a mother but has decided not to have children yet. In discussing the timing of motherhood, she recalls a conversation with her mother:

> One time I was joking around with my mum, and I tell her 'mum, you see that I am going to miss the train', because we had heard something, I don't know where. And she tells me 'no, Consuelo, don't worry, now the train passes until later'.

Technology also reshapes the meaning of the passing of time in the timing of childbearing. In the interviews I conducted, women argue that the availability of ART gives them security regarding ageing. Literature on this topic reveals that these technologies are often perceived as an 'insurance' against future uncertainty and infertility (Brown & Patrick, 2018; Daly & Bewley, 2013; Martin, 2010; Mohapatra, 2014). This is the view of Soledad. As she argues:

> I think that it is like an insurance. Like, oh, I am 37, I am not in a relationship, I don't want to miss the chance to become a mother. And if I am over 45 and I meet someone and I want to become a mother. Or if I want to become a mother by myself at 41, my eggs are probably not going to be so good, so then I freeze and save some eggs.

Similarly, for Dominga, egg freezing enabled managing the uncertainty of the transition to motherhood and not being concerned about the future:

> It is related to taking the weight off. Not so much on the practical side, that when you turn 40 your eggs are less whatever, no. My message is why are you going to be urged today for something that you don't even know if it's going to happen tomorrow? When

I did it, I took off a burden. I didn't have a huge burden, to be honest, I wasn't dying to become a mother, but I knew it would help me.

Technology imprints a non-linear and flexible character to time that enables making the transition to motherhood without being 'pressured' or rushed' (Brown & Patrick, 2018; Mohapatra, 2014). Some of the women that I interviewed find comfort in the idea that their possibilities of experiencing the transition to motherhood are not compromised by the passing of time. They narrate feeling relieved by the certainty of being able to have children regardless of the boundaries of their fertility. For them, the passing of time was experienced not only as risk, pressure, and burden, but also as an opportunity. For Dominga, it was the opportunity of feeling free to decide when to have children without being overwhelmed. It was also the opportunity to 'give herself the time' and 'respect her own rhythms'; the opportunity of 'not being hurried' to become a mother. As she argues, 'I felt the freedom to do what I wanted to do (…). And to go at my own rhythm, and not go at a rhythm that was imposed, because in the end it is not imposed by society, it is imposed by biology'.

The understanding that reproductive time can be shaped by technology also outlines a particular space for agency in making the timing of first childbearing. Studies on the intersection of technology and reproduction note that ART are often portrayed as a means of reproductive agency through which women gain control over their fertility (Brown & Patrick, 2018; Franklin & McNeil, 1988; Martin, 2010). The women that I interviewed perceive that through technology they can allocate the transition to motherhood beyond the boundaries of fertility and shape the dynamics of the passing of time and its effects on the female body. However, this agency is often described as intense, effortful, and demanding. It involves not only being reflexive, planning, and anticipating the future, but also having awareness of time and its passing, assessing the constraints and opportunities of different timings, deciding when to have children, and putting those decisions in practice through concrete practices. Dominga decided to freeze her eggs after 'calculating the years' and realising that to have children she would either have to hurry or postpone motherhood beyond the limits her fertility:

I was calculating the years. (…). 'Ok, from now until I meet a guy, it's going to be a thousand years. From now until I like a guy, it's going to be another thousand. From now, ok, until I start a relationship, I am a bad girlfriend, it's going to be another thousand years, and then getting pregnant'. My calculation was that I, in a natural way, was going to get pregnant at 50, more or less.

Similarly, the story of Beatriz reveals that timing the transition to motherhood through technology outlines a sense of self in which agency is not only possible but also required. Beatriz always wanted to become a mother. However, she suffered from severe endometriosis and had to undergo several treatments like egg freezing, IVF, gamete intrafallopian tube transfer, and ICSI to get pregnant. Beatriz argues that she did everything to become a mother, she 'opened all the doors'. For her, being passive would have meant not having children:

> You start like a ladder. You climb the first step, the second step, the inseminations, and the tenth is up there. You swear you are not going to climb to the tenth step, why would you want to climb up to the tenth step? But when doors start closing, the desire that you have to have a child makes you simply open all of them, and reach the tenth step that is up high. Absolutely, because [if] I would have had that passive attitude, I wouldn't have children, as simple as that.

The story of Beatriz reveals that having agency to make the timing of childbearing through technology involves managing risks and being responsible. Discussing how she managed the risks involved in having children at her age, she explains, 'I was never moved by the risks, because after a certain age I should have desisted. But I felt that, sure, they used to tell me 'this is a deadline', but I wanted to have children'. Among other people, her parents pressured her to cease her attempts by emphasising the risks she was taking and stressing that she would be 'the one to blame' if there were problems with her child. Beatriz decided that the treatment that led to her pregnancy was going to be the last because she also wanted to be responsible. Looking back on this moment, she says:

> When I did the last thing, I did it because I wanted to be responsible. And because I had the pressure of a dad and of a mum from the field of science that pressured me and explained it to me, and showed me all the negative.

The story of Beatriz reveals that the timing of childbearing determined by technology broadens women's space for agency in allocating the transition to motherhood, just as much as it increases the individual effort and responsibility involved in becoming a mother. Among others, Franklin and McNeil (1988) and Roberts (2012) have also argued that the reproductive agency that is enabled by ART entails high levels of individual effort and responsibility.

The interviews that I conducted reveal that the idea of the timing of childbearing as shaped by technology is prevalent among younger women like Dominga, Matilde, and Consuelo, and middle and upper class women like Beatriz and Soledad. As I will further discuss in Chapters 6 and 7, this is related to the fact that access to ART in Chile is structured according to socioeconomic inequalities, and that women in this life stage are most concerned with the 'risks' posed by the delay of childbearing.

5.5 Times in tension

In this Chapter, I have argued that the ways in which women make the timing of the transition to motherhood is shaped by different ontologies of time outlined by God, nature, 'the clock', and technology. Women's understanding of how time is determined, its boundaries and dynamics, and the space for agency in shaping it, outlines their views and experiences of when to have children in important ways. For analytical purposes, these ontologies of time have been identified and described separately, but they are often intertwined. This section addresses the ways in which women manage and reconcile converging and competing ideas of time in making the transition to motherhood.

Earlier in this Chapter I introduced the story of Alicia, the 72-year-old woman from middle socioeconomic background and mother of a 30-year-old son. Like most women her age, Alicia was taught that women were meant to be mothers. In that time, women were supposed to start having children as soon as they got married, and most women became mothers at a young age. Alicia's transition to motherhood was different. She felt the desire to have a child for the first time when she was 40 years old. At the time, people believed that it was 'dangerous' to have children after 30. She recalls that 'you couldn't have children after 30 because they could be born with a disease. There was this idea that the body was worn out at that age'. When I asked her how she felt getting pregnant at the age of 40, she replied, 'I felt young. So, I was calmed when I had him, I never had that fear of having a child with a disease'. Alicia was so anxious and driven to have a child that she just followed her desire and stopped caring about what other people would think. Looking back on this moment, she argues:

> At the time I didn't even think about it. I felt the desire and followed it. I did it. But not because, at that time, well, you feel some guilt, but it was so much the anxiety, and I wanted so much to have a child that I forgot. I forgot that part.

Alicia also stopped caring about the fact that she 'had to' be married before having children. Her mother used to tell her that she would be disinherited and no longer 'be her daughter' if she became a mother out of wedlock. Alicia recalls that in that time being a single mother was stigmatised and considered a sin punishable by God. When she felt the desire to have a child, she 'fought with herself' and eventually stopped caring about marriage, 'I said 'you know what? I couldn't care less about what happens on the outside, I don't mind, the only thing I want is to have my child'.

For Alicia, making the timing of the transition to motherhood involved reconciling the tension between the times of God, nature, and the biological clock. Her sudden and urgent desire to have a child had to be negotiated against the belief that becoming a mother out of wedlock was a 'sin' that challenged the will of God. It also had to be negotiated against the belief that the timing of childbearing has fixed boundaries and that challenging them by becoming a mother at an older age involves severe risks for the health and wellbeing of the child. For Alicia, the process of negotiating these different time ontologies in making her transition to motherhood involved feelings of guilt and anxiety, and fighting against prevalent ideas of childbearing in her family and society.

In this Chapter I have also addressed the story of Beatriz, the 54-year-old woman from middle socioeconomic background and mother of 11-year-old twins. From a young age, Beatriz dreamt of becoming a mother and having children. Being a Catholic, she believes that God plays a fundamental role in motherhood and that children are a 'gift from God'. After getting married when she was 31, Beatriz wanted to get pregnant immediately because she felt that it was already 'late' to have children. Nine months after unsuccessfully trying to get pregnant, she realised that she suffered from severe endometriosis. Struggling with infertility, Beatriz often turned to God. Attempting to deal with her frustration, she found comfort in the idea that God was not punishing her but trying to tell her something. For her, this meant that her experience of infertility had a purpose, a reason for being. As she argues, 'I never felt punished by God when I couldn't have children, I felt that I had to learn something. Like, what was this thing happening to me for? Why?'.

Following her enduring desire to become a mother, Beatriz decided to resort to ART. In doing so, she struggled with the tension between time as shaped by God and by technology. In addressing this tension, she narrates, 'I felt that I would have had to follow my religion and accept that I wasn't going to be able to have children'. Beatriz knew that the Catholic

Church forbade these technologies, and having her eggs extracted, selected, and fertilised outside her uterus made her feel distressed and nervous. She remembers thinking over and over again, 'there is a reason why the Church doesn't accept this'. Nevertheless, she decided to challenge her religious beliefs and pursue the transition to motherhood through technology. Discussing her experience with IVF, she narrates:

> In vitro for me was something that the Church said no to. Why? Because of course there is human manipulation. Nothing is left to chance; life is no longer conceived as a miracle. They take the best egg, the best sperm (...). Then nothing is random. And the Church opposes all these things, and it is terrible, because if you stick to the beliefs, they are not going to give you your happiness, we have to seek for happiness ourselves.

Pain is the word through which Beatriz signifies her experience challenging her religious beliefs by using ART. Describing how she reconciled this tension, she argues, 'in the pain, because, I mean, it still disturbs me. At some point I asked God for his forgiveness and felt that it wasn't the right thing'. Throughout her path to motherhood, Beatriz had to 'adapt her religion' and engage in a constant conversation with God to know if she was doing the right thing. As she narrates, 'I adapted religion, I prayed, I asked God to forgive me. And many times I talked to God and told him 'show me a way', and he always showed me a way'. Beatriz also found comfort in her parents' advice. They told her that 'science wouldn't go as far as it goes if is not with the hand of God', allowing her to reconcile her religious beliefs and her pursuit of childbearing through technology.

Beatriz got pregnant on 21 August 2004 when she was 41 years old, after her fertilised eggs were implanted in her uterus through ICSI. But for her, the timing of transition to motherhood was determined by technology as much as by 'San Expedito', the saint to whom she prayed:

> I prayed. I went to a parish that is here, and my children were born on the day of San Expedito. I mean, they were programmed for the 20th, but I made them be born one day before, on the 19th, which is the day of the saint. And that is not by chance, because I could have not gotten [pregnant] on the 21st of August. But, [on] the 21st of August of 2004, when they put my babies, I got [pregnant].

Beatriz became a mother more than 10 years after she started trying to get pregnant but believes that her children were born when they had to be. She says, I really feel that it was the moment to have them, for all that I went through before, to accept, to resign, so many things'. Looking back on the timing of her transition to motherhood, Beatriz acknowledges that the time in which she had her children was enabled by ART as well as by God. As she explains, 'in the end, well, the perseverance and God, and a saint, I love my saint that is called Expedito, all of them helped me to achieve my twins'. In making her transition to motherhood, Beatriz had to reconcile ideas of time as shaped by God, the biological clock, and technology. For her, negotiating these different time ontologies was a painful process that involved suffering and anxiety, but that also enabled her first childbearing.

For most women I interviewed, making the timing of the transition to motherhood often involved reconciling competing and conflicting ontologies of time. Susana became a mother at a different time than she had planned because she felt a sudden desire to have a child. Susana always liked children and knew that one day she would become a mother. She decided to plan childbearing by using contraception in order to experience it only when she felt ready. Susana describes this planning as 'conscious', as she describes, 'conscious in that I gave myself the time, I gave myself time to choose when I wanted to become a mother, [and] do some things previously'. When Susana was 28 years old, she felt that she wanted to become a mother and agreed with her partner that they would have children after moving in together and after she started her new job as a teacher. However, her pressing desire to have children advanced her pregnancy. As she narrates:

> We were getting ahead of ourselves. (…). What we had planned was that I would start my job in a new school that year. So, it was starting in the school, moving in with him, where he was living, and I think that no more than two or three months would have gone by, but [I would be] already working in the school, to give notice to the school as well.

For Susana, making the transition to motherhood involved negotiating different ideas of when to have children, and prioritising between time as present, urgent, and emergent, and time and as future, uncritical, and scheduled. Consuelo experienced a similar tension in making the timing of first childbearing. Consuelo has always wanted to be a mother, but she wants to have children after working, saving money, travelling, and getting married. She believes that women her age 'have time to become mothers'. For her it's all a matter of 'calculating' the years and realising that 'if you want to be a mother at a not so young age

you are going to have time to do all the things in between'. However, despite her plans, one day she felt something that she describes as 'the call of motherhood'. Looking back on that moment, she thinks it was surprising and strange to have felt that sudden desire for childbearing. As she narrates, 'suddenly I felt like those things that you feel sometimes and that you can't explain. I felt a very strong desire to be a mother'. Consuelo remembers experiencing this desire as an 'urgent need' to 'become a mother now'. Unlike Susana, she rationalised her desire by assessing the advantages and disadvantages of becoming a mother at that time. As she recalls, 'and in that moment I started thinking about the pros and cons of becoming a mother'. In this reflexive process, Consuelo negotiated the times of motherhood as determined by her present desire and her future plans, and decided not to take the 'call of motherhood'.

For Victoria, making the timing of childbearing involved negotiating ideas of time as shaped by the biological clock, technology, and the will of God. Victoria had her first son when she was 27 years old. For her, the experience of giving birth was 'traumatising'. She felt so afraid and nervous of the physical pain involved in childbirth that she decided not to have any more children. Several years went by before she changed her mind. By then, she was in her late thirties and concerned with the risks of having a child at her age. As she narrates, 'it was said that if you didn't have children at 30 more or less, 40, then children came with problems. It was very risky to have children at such an old age'. Victoria found comfort in her doctor's[37] advice. He told her that in the end it was God who determined childbearing and that she should have confidence that everything would go well. As she recalls:

> He told me 'one is not the owner of life', he said, 'there is something', he said, 'that is more than science, he decides'. And he told me, 'if you are going to have a child', he said, 'you have to have confidence because your child is going to be born well, he is going to be a big and healthy child'. And it was like he gave me the confidence, and then I didn't think anything else, I thought 'it is going to be whatever God wants it to be'.

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[37] In Chile, many medical practitioners are Catholic and incorporate their religious beliefs as part of their professional practice. What they believe to be 'the will of God' and the guidelines of the Catholic church shape the diagnoses they make, the medicines and treatments they prescribe, and the surgeries and medical interventions they perform. This suggests that health professionals in general, and doctors in particular, play an important role in shaping the timing of the transition to motherhood. I follow Kawash (2011, p. 987) in arguing that this reveals an increasing 'power of the expert to shape the expectations, experiences, and judgments of mothers'. This is an argumentative thread that I will address throughout the empirical chapters and that I will return to in Chapter 9.

After having her second child, Victoria decided to get her tubes tied in order to not have more children. In doing so, she was aware of the limited capacity of science and technology to shape time because ultimately it is God who determines when pregnancy occurs. Making sense of this convergence of God and technology in shaping the time of childbearing, she recalls:

> The doctor tells me, 'look, Victoria', he tells me, 'if you tie your tubes is ok, but I can't assure one hundred percent that you will not get pregnant again'. He said, 'I did what I had to do. I tied your tubes, I did that. And if it works, great', he said, 'and if it doesn't work, it is because nor science nor anyone, it is unexplainable. You know', he told me, 'that there is someone else. He knows', he said, 'until when', he said.

5.6 Conclusion

Time scholars have argued that 'there is no 'time itself' (Ermarth, 2010, p. 135) because 'time always presupposes a view of time' (Adam, 1990, p. 43). Taking this perspective seriously has enabled me to unravel the different ontologies of time that shape the timing of childbearing. In this Chapter, I have argued that the ways in which women make the timing of the transition to motherhood is embedded in ideas of time as shaped by God, nature, 'the clock', and technology. The women I interviewed believe that God sends children, that nature determines pregnancy, that 'the clock' outlines the boundaries of childbearing, and that technology extends female fertility beyond these boundaries. In this Chapter, I demonstrated that each one of these ontologies of time outlines a particular idea of how time is determined, its boundaries and dynamics, and the space for individual agency and responsibility in shaping time. In doing so, I demonstrate that each one of these ontologies of time enables and constrains women's transitions to motherhood in particular ways. These findings suggest that understanding time at an ontological level is essential to account for the ways in which women make the timing of the transition to motherhood. These findings also contribute to advance current knowledge on the multiple character of time and women's agency in shaping time.

Adam (1990; 2006), Elias (1989), Nowotny (2005), and Zerubavel (1985) argue that prevalent ontologies of time vary between historical periods and also between societies and cultures. In this Chapter, I have taken this argument further by demonstrating that ideas of time as determined by God, nature, 'the clock' and technology not only coexist in the present, but also converge in individual experience. Previous scholarly work has suggested that

women's experiences of time are diverse and fragmented (Bryson, 2007; Leccardi, 1996), and that multiple times converge in women's experiences of childbearing (Adam, 1995; Bartlett, 2012; Miller, 2005). However, the question of *which* are these ontologies of time and *how* they shape women's ideas and practices of childbearing are issues that remain unexplored. By empirically addressing the timing of the transition to motherhood as shaped by God, nature, 'the clock', and technology, I demonstrate not only the temporal multiplicity in women's experiences of childbearing, but also the converging and competing character of the ontologies of time. I also demonstrate that in becoming mothers, women often manage and reconcile conflicting ideas about the forces that determine pregnancy, the limits and dynamics of fertility, and their own role in shaping childbearing.

In this Chapter I have argued that different ontologies of time that shape the transition to motherhood outline particular spaces for agency. In the literature, ideas of the timing of childbearing determined by God, nature, 'the clock' and technology tend to be assessed through a binary normativity with regards to agency. Studies on this topic suggest that while God is often portrayed as a constraint to women's capacity to time childbearing (Hampshire, et al., 2012; Jones, et al., 2016), technology is often portrayed as a means to enable it (Franklin & McNeil, 1988; Martin, 2010). The findings discussed in this Chapter suggest that the relationship between ontologies of time and agency is more complex and ambivalent than often portrayed. I follow Bell and Hetterley (2014) and Franklin and McNeil (1988) in arguing that a non-binary and non-linear assessment of the relationship between ontologies of time and agency is necessary to account for the nuanced ways in which women make the timing of the transition to motherhood. This Chapter reveals that women can mobilise the idea of the timing of childbearing as determined by God and nature as a strategy to cope with unexpected reproductive outcomes. Women can also be burdened by the expectation of achieving pregnancy through choice and by being responsible for their reproductive outcomes. Through these findings, I demonstrate that reproductive agency is complex and ambivalent because the increase of women's choice and control over their fertility is intertwined with an increase of individual effort and accountability with regards to the timing of first childbearing.

CHAPTER 6

SHAPING TIME

Fertility and reproductive agency

Women make the timing of the transition to motherhood in different ways. For some, childbearing is something spontaneous and unexpected that 'just happens' at any time. For others, childbearing is something planned and expected that happens at a chosen time. Most reproductive experiences are somewhere in between and involve variable levels of reflexivity, making choices, planning the future, and managing risk and uncertainty. In this Chapter, I argue that shaping time is a key dimension of women's reproductive agency in the transition to motherhood. I understand reproductive agency as the capacity to shape fertility and determine whether and when to have children according to one's own views and values (Patosalmi, 2011). This involves the capacity to 'act otherwise' (Giddens, 1984, p. 14) with regards to the timing of first childbearing. In this Chapter I make sense of the different ways in which women shape the timing of the transition to motherhood through contraception, abortion, and ART. I argue that these means of reproductive agency enable choice but are also restricted by cultural, social, institutional, and relational constraints and by socioeconomic inequalities. I also argue that women's experiences of making time are complex and ambivalent, and challenge prevalent accounts on choice as reproductive agency.

6.1 Choice as reproductive agency

6.1.1 The denaturalisation of motherhood

Silvia is a 73-year-old woman from middle socioeconomic background and the mother of three sons. She got pregnant for the first time when she was 21 years old but had a miscarriage. After a couple of years, she got pregnant again and had her first and second son when she was 23 and 24 years old. Several years went by before she had her third son at the age of 32. Reflecting on her transition to motherhood, Silvia argues, 'before it was like, you finished school, got married, and had a family, I mean, it was that, there wasn't much else to choose from'. For her, 'the difference was that you were predestined to be a mother'.

For Silvia, becoming a mother was something that 'just happened', something 'natural'. In discussing her desire to be a mother, she recalls never 'thinking' about having children:

> Never, never, it just happened. I mean, marriage came and then children came (…). No, it's a thing that comes out like spontaneously, like naturally, I mean, it's as if you said, 'I am thirsty, I drink water', nothing else. It's not a meditated decision, not even something you think about, no. I mean, in that regard it's not a merit, it's just nature in action.

Other older interviewees also mention not 'thinking' about having children because it was something 'natural'. In discussing childbearing, Diana argues, 'I never even thought about having or not having children. (…) It was the natural thing to do. It was natural that you got married and then got pregnant'. Some of the women that I interviewed always knew that they would have children. For Flora, motherhood was so intrinsic that she never thought about it:

> Never, never, never. It was something that I didn't even have to think about. I didn't think about motherhood, I didn't think about it like 'I want to be a mother', it was intrinsic. But curiously, now that you say that, I realise today that I didn't think about motherhood, because I knew, it was too obvious that I was going to be a mother.

Reflecting on her experience from the standpoint of the present, Silvia acknowledges that things have changed. For her, 'the world now offers many opportunities for women that didn't exist in my times'. Silvia's narrative suggests that the denaturalisation of motherhood is intertwined with an increase in women's capacity to choose. I draw on the notion of denaturalisation set forth by Butler (2010) and Franklin and McNeil (1988) to argue that when motherhood is not understood as 'natural' or 'given' but rather as an alternative among others, a space to act otherwise is created. This space enables reproductive agency by creating the possibility to reflect and make decisions that shape the timing of first childbearing.

Several scholars have argued that the cultural meaning of motherhood has shifted from a 'natural fate' to a 'conscious decision' (Beck & Beck-Gernsheim, 2002; 2004; Chodorow, 2003; Kuchner & Porcino, 1988). The fact that motherhood and its timing have become a matter of reflexivity and choice is a widely shared perception among my interviewees. They often argue that motherhood has become a matter of choice and that women need to ask

themselves 'the question of children' (Beck & Beck-Gernsheim, 2002, p. 126). Looking back on her transition to motherhood, Luz recalls, 'I never thought of the possibility of not being a mother, which I think is a question that nowadays women ask themselves more often; do I want to be a mother or not?'. The narratives of my interviewees also reveal the perception that in the present women have more power to decide when to have children. For Consuelo, women's increasing capacity to choose goes hand in hand with the capacity to shape the timing of childbearing:

Yes, I think that now the woman knows that she can choose. Before it was like you get married and have children immediately, because that is what you got married for. (…). So today it's like 'no, I decide, I will take pills until I decide to stop taking them, because then I will get pregnant'. So, it's a little bit like, it goes hand in hand with this capacity that we have to choose when to become mothers.

In contemporary Chile, it is often argued that women today have the possibility of choosing when to have children (Dides & Fernández, 2016a). In the interviews I conducted, choice is prevalent among the narratives of transition to motherhood of younger middle and upper class women. Their views and practices on when to have children seem to be rooted in a space of reproductive agency in which motherhood is a possibility among others. Thinking about having children in the future, Matilde argues that motherhood is a choice; a possibility within what it is to be a woman:

It's my choice, like anything. I mean, we have all the biological apparatus, but we are not obliged to use it. There is a reason why we are also rational beings, and if one decides not to do it, it's a personal decision.

6.1.2 The imperative of choice

Adela is a 34-year-old woman from middle socioeconomic background with no children. Most of her adult life has revolved around her education and professional development. Growing up, Adela never had clarity about motherhood. For a long time, she felt that she didn't want to have children and that motherhood had no place in her life. Recently, Adela decided to get married and have a child. Reflecting upon the transition to motherhood, Adela mentions her struggle with having to make a decision on the timing of her first childbearing:

In fact, years ago I was a lot closer to the option of not being a mother, I was assessing that option. And maybe yes, it was an issue, it was like the question of 'well, is this going to be a definitive decision? Yes or no?' And feeling a bit angry about the passing of the biological clock and that you have to make a decision.

The story of Adela reveals the structuring character of choice in shaping the timing of the transition to motherhood. For younger middle and upper class women like her, making a decision on the timing of first childbearing is experienced not just as a possibility among others, but as something that *has to be done*. In the words of Giddens (2006, p. 81), they seem to have 'no choice but to choose'. In the interviews I conducted, younger women often narrate feeling compelled to decide if and when to have children. This is the case of Matilde. She is not sure if she wants to become a mother but feels that she has to make a decision on this matter. Discussing the transition to motherhood, she mentions; 'I am going to have to make a decision at a certain point'. Then she adds, 'I think that is one of the most important decisions you make in life. Then it needs to be made thinking about all the possibilities, because age, the moment, are important'.

Thinking about and deciding when to have children has become an expectation when it comes to the transition to motherhood (Chodorow, 2003; Fixmer-Oraiz, 2010). For Alicia, women should decide when to have children and should not have them at 'any time'. As she mentions:

I think that they have to wait to say 'ok, now I want to have a child', and know how to raise him and love him. And not to have it just because they got married, because 'we didn't mean to', because 'I forgot to take the pill' or because 'it is born, how terrible', no.

This imperative of choice is also revealed in those stories where 'deciding' is strategically mobilised to legitimise the timing of first childbearing. Loreto got pregnant for the first time when she was 16 years old. Even though it wasn't her intention to become a mother at such a young age, she makes sense of her transition to motherhood through choice. As she argues, 'I feel that in life you always have options, you have a choice. And in that sense, I chose to be a mother, because I could have aborted, and that has given me many benefits, many joys'. The imperative of choice is also revealed in those stories where women fail to comply with the expectation of 'deciding' when to have children. Beatriz struggled with infertility for more than 10 years before achieving pregnancy through assisted reproduction and

remembers the difficulties of living something that she did not choose, 'you get angry because not to have children is not something you chose, it's something that you just live with, and you try to cope with it in the best possible way because it's a frustration'.

This imperative of choice reveals the underlying assumption that women have the capacity and the responsibility to control the timing of the transition to motherhood. Within this framework, infertility is experienced through self-blame and social sanctions, precisely because it indicates a failure to allocate the timing of childbearing. Looking back on her difficulties to get pregnant, Beatriz remembers blaming herself, 'it was hard at first because you don't expect it. And the first thing that you ask yourself is like 'why did this happen to us'? I mean, difficult. And you start blaming yourself'. In struggling with infertility, Gracia felt that she was being sanctioned because her body failed to achieve pregnancy when she had decided to have children. As she narrates, 'well, there is a certain dynamic, there are like social sanctions when you don't get married or when you can't have children'.

The narratives of Beatriz and Gracia reveal that infertility as the failure to allocate the timing of childbearing is sanctioned because it represents an experience that goes against what had been 'chosen'. Several studies on infertility have documented the ways in which the constraints on enacting choices with regards to pregnancy are lived by women as a personal failure and experienced through blame, grief, anxiety, frustration, and social stigma and ostracism (Greil, 2002; Hampshire, et al., 2012b; Inhorn, 1994; Marafiote, 2010; Van Balen & Inhorn, 2002). This is intertwined with gender norms that outline infertility as a failure because it disrupts the supposedly reproductive and maternal nature of women (Inhorn, 1994). As Greil (2002, p. 101) argues, infertility is disruptive because it is perceived as 'a failure to live up to normative notions about what it means to be an adult woman'.

6.1.3 The future: planning uncertainty

Irene is a 64-year-old woman from lower socioeconomic background and the mother of two children. She met her husband when she was 19 years old and got married a year after. From a young age she was told that children came after marriage, and grew up thinking that one day she would get married to become a mother. Irene became pregnant soon after marriage and for some time was unaware that she was expecting a child. Just like her mother before her, she did not plan her fertility. As she argues, 'I also didn't plan my child, my child came without anyone knowing'. Reflecting on her experience from the standpoint of the present,

Irene believes that things have changed. For her, women today are able to choose and 'programme' when to have children:

> I think that today it is chosen. Before it wasn't because one didn't take any kind of precaution. No, before it wasn't chosen. Before, you got pregnant and you just got pregnant. Now not, now one programmes them, one says 'ok, in this time I want a baby, and then after three or four years I want to have another'. But before, it wasn't like that, before, people just had the children that came.

The notion of planning was also foreign to the experience of transition to motherhood of Lucía. She describes 'just having' her children and never planning them. As she narrates, 'I didn't plan. I never said 'no, now I want to have the first, the second', no. I just had them, but I never planned to have a child, it was just like that'. At the time when Irene and Lucía had children, planning the transition to motherhood was rarely considered a possibility or an expectation.

Most of my interviewees share Irene's perception that women today plan the timing of first childbearing. Planning has become a core feature of life (Giddens, 2006; Leccardi, 2005; Oechsle & Geissler, 2003) and the transition to motherhood (Beck & Beck-Gernsheim, 2002; 2004). In contemporary Chile, planning has become the norm for the transition to motherhood and public efforts to regulate fertility have often been labelled as 'family planning' (Fernández, et al., 2016). Women's ability to plan the transition to motherhood is structured according to socioeconomic inequalities (Miller, 2005). In my research, planning the timing of first childbearing is more relevant in the reproductive experiences of younger middle and upper class women. In making sense of her timing of first childbearing, Dominga turns to planning to explain that she became a mother when she wanted. As she argues, 'I planned it. I planned because now I am a mother when I wanted to and not when I didn't want to'. Similarly, for Consuelo, planning is the way to make the timing of her transition to motherhood:

> I'm very organised, planned. Very. (…). At least the three next years are planned. I have to find a new job, because now I don't have a stable work contract, and without a stable work contract I can't start having children because of the contract benefits. So, I'm going to travel and I'm going to become a mother at 33. Those are my short term plans.

The narratives of Dominga and Consuelo reveal that planning is perceived and practiced as a means of enacting choice through the shaping of time. In the interviews that I conducted, planning involves creating reproductive calendars, scheduling fertility, and regulating the timing and rhythms of sexuality and pregnancy. In this sense, planning is a way of making a *certain* future. Certain, because it refers to *a* future and not *any* future, and because it is experienced not only as a future that *can* occur but that *will* occur. I draw on the work of Giddens (2006) and Leccardi (2005) to outline planning as a means of controlling and producing certainty regarding the timing of first childbearing. As Leccardi and Rampazi (1993, p. 366) argue, at the root of planning lies 'the possibility of controlling one's future'.

Planning has become not only possible but also expected (Beck & Beck-Gernsheim, 2002). In the interviews I conducted, women often argue that the transition to motherhood should be planned and that it is better if children are programmed. This is the opinion of Rosa. She thinks that 'today the youth has to programme [children]'. I follow Beck and Beck-Gernsheim (2004, p. 111) in arguing that 'this need to plan ahead intervenes increasingly in women's lives and their attitudes to motherhood'. This expectation of planning is revealed in the narratives of women that experienced first childbearing as something unplanned. This is the case of Paula. She had her son when she was 38 years old and struggled with her transition to motherhood because it was not 'in her plans'. As she argues, 'I wasn't prepared, everything comes from that, that it wasn't planned. (…). It was difficult. It was difficult because it wasn't planned, and because it wasn't planned, there was nothing'.

The transition to motherhood as unplanned outlines an idea of time as contingent, unknown and beyond individual control. In the interviews I conducted, not planning when to have children tends to be interpreted as irresponsible and negligent behaviour. Women often mentioned feeling angry and frustrated about the fact that (other) women – particularly lower class women – 'just have children'. Discussing unplanned transitions to motherhood, Consuelo voices her frustration:

> How can you make sense of the fact that a woman that is begging in the street already has three children and the fourth on its way. Then, clearly, even if you don't know her story, you say 'well, here there wasn't any planning'.

Maite expresses a similar frustration: 'I just hate people that perhaps have fewer economic resources or don't have the money to support a family, to support their child, and start having more children'. This association between unregulated fertility and poor women is

common in the narratives of my interviewees and has also been noted in other studies (Roberts, 2012).

The expectation of planning the transition to motherhood assumes that women have the capacity to shape their fertility through the control of their bodies and sexuality. This assumption is embedded in the belief that the female body 'works'; that it is able to perform its reproductive functions without any 'problems' because it is certain, predictable and manageable. However, women's reproductive experiences reveal that female fertility is not as regular and predictable as it is expected to be. Reflecting on her infertility, Beatriz reveals that planning is possible only if women are 'normal': 'if you are normal and have everything in the right place, I believe yes, with a good doctor you can plan it, absolutely. If you have everything, no illness, and your husband is also fine, sure it's possible'.

The narrative of Beatriz suggests that the capacity to plan the transition to motherhood is subject to the 'normality' and 'health' of the female body. 'Dysfunctional', 'abnormal' or 'unhealthy' bodies—those that have an old and worn out uterus, malfunctioning fallopian tubes, and fewer and lower quality eggs—lead to uncertain fertilities and are perceived as a hindrance to women's capacity to plan and determine the timing of childbearing. This is consistent with the findings of other studies that suggest that infertility is often interpreted as the consequences of 'defective' (Van Balen & Inhorn, 2002, p. 11) , 'unnatural' (Marafiote, 2010, p. 183) and 'failed' (Greil, 2002, p. 105) bodies. As Marafiote (2010, p. 186) argues, an '"unnatural" body makes you unable to make your own choices'.

Uncertainty seems to be a significant dimension of women's understanding of life (Leccardi, 2005) and childbearing (Miller, 2000). In the interviews I conducted, younger women often mention that it is possible to plan when to have children but that there is always the possibility that pregnancy might not occur when intended and occur when not intended. Laura, who is a gynaecologist, planned her transition to motherhood but got pregnant earlier than expected. As she says, 'I did get pregnant immediately, and that wasn't so planned'. Uncertainty in the transition to motherhood is also enacted in the tension between expected and lived times in the experiences of waiting and miscarriage. Diana had to wait to have children. In a time when women were expected to have children immediately after getting married, she had to wait almost two years to have her first son. As she narrates, 'I got married in 1966 in August, and in December 1968 my son was born. Maybe it wasn't so long, but one used to think in that time that you got married and had to have children'. Uncertainty also outlined the reproductive experience of Blanca. She got pregnant for the

first time when she was 18 years old but lost her baby in the seventh month of pregnancy. She believes that children cannot be planned. In explaining why, she argues, 'because it already happened once with my baby. Then, anything can happen, it is not in our hands'. I draw on the work of Shirani and Henwood (2011) to argue that when futures are planned according to specific time horizons, unexpected events like waiting and miscarriage are experienced as disruptive for women's transition to motherhood.

Uncertainty also shapes the visions of the future of women that have not experienced the transition to motherhood. For them, planning the timing of first childbearing is shaped by the idea that 'anything can happen' because the future is uncertain. This is the case of Jacinta. For her, 'having children is like a dream, I don't see it as something certain because anything can happen'. A similar understanding of the relationship between planning and making time is revealed in the interview with Maite. She believes it is not possible to know what will happen tomorrow because the future is uncertain: 'I might want to have a child, or two, or maybe have a partner, but I don't know what is going to happen tomorrow. I can plan many things, but what happens tomorrow, I don't know'.

Several scholars argue that uncertainty makes the planning of the future not only more difficult (Leccardi & Rampazi, 1993), but also futile and worthless (Giddens, 2006; Shirani & Henwood, 2011). My interviews reveal that this contingent and dynamic understanding of time shapes the future as uncertain and creates a tension between the expectation of planning childbearing and women's reproductive agency in shaping the timing of their transition to motherhood. The interviews I conducted reveal that to deal with this tension, women deploy strategies that involve reshaping their understanding of the future by reducing its temporal breadth and bringing it closer to the present. In the case of Consuelo, it is by making short term plans:

> I never make long term plans, because I think that it is unlikely that a 10 year plan might actually occur. (…). Life is so dynamic, it's so variable, each decision will trace a path that you can end up taking, there are so many paths to move forward. In the end what I'm saying is that making a plan that then is going to be like 'oh, but…'. For me it's more comfortable to make short term plans. That has worked better for me.

Consuelo faces the uncertainty of the transition to motherhood by reconfiguring the extension of the future from long to short term through an 'extended present' (Nowotny, 2005). Similarly, Maite, manages this uncertainty by shifting from a future to a present time

horizon. In discussing the future, she explains that she prefers to live 'day by day' and focus on the present. As she argues, 'I don't know what's going to happen tomorrow'. I always say the same thing. I live day by day, but I don't know what is going to happen tomorrow'. Other studies have also demonstrated that outlining a short term future and focusing on the present are strategies through which individuals seek to manage uncertainty and gain control over the course of their lives (Leccardi, 2014; Leccardi & Rampazi, 1993; Shirani & Henwood, 2011).

I argue that women's understanding of the future plays an important role in the making of the timing of the transition to motherhood. The extent to which the future is accounted for as certain or uncertain, known or unknown, fixed or flexible, under or out of control, and as a long or short term period, is decisive for women's capacity to allocate the timing of first childbearing. Women's particular understanding of the future can enable or constrain their reproductive agency in planning the transition to motherhood.

6.2 The ambivalence of agency

Luz is a 62-year-old woman from upper socioeconomic background and mother to 11 children. For her, motherhood was natural and a part of her 'DNA'; she always assumed she would be a mother and never asked herself if she wanted to have children. Luz never thought much about the future. She seized what life gave her in the present. She did not plan her life or her transition to motherhood; her children were born 'whenever they came'. In narrating the making of the time of her transition to motherhood, Luz argues, 'look, [it was] not that planned, not that planned. I mean, we never said 'ok, now'. To be honest it was just when they came'. Silvia and Lucía also did not plan the timing of the transition to motherhood. For them, the absence of planning was not a source of conflict, distress or disappointment. On the contrary, pregnancy was experienced as a joyful surprise. In discussing the timing of birth of her children, Silvia argues, 'then zero programming, the surprise, the joy, just that. But not because I said, 'I will have him at this age, at this age I am going to have the other', no'. Similarly, Lucía was also happy about the 'unplanned' timing of her pregnancies:

No, I didn't plan. I never said 'no, now I want to have the first, the second', no. I just had them, but I never planned to have a child, it was just like that. (…). It wasn't planned. I mean, my oldest son was born when I was still studying. My oldest daughter

was born like two years after. But every time I got pregnant it was like 'good'. I mean, I was happy, everyone was happy.

In this Chapter I have argued that planning is often associated with women's reproductive agency and their ability to shape the timing of the transition to motherhood. However, the narratives of older women like Luz, Silvia and Lucía demonstrate otherwise. The joy experienced in their transitions to motherhood is not an adaptive tactic to deal with the unforeseen consequences of things going differently to plan, but the satisfaction of experiencing things just as expected and desired. In their narratives, the absence of planning is not problematic, inconvenient or disruptive, but rather a means of reproductive agency through which they shaped, by action or deliberate absence of it, the timing of their first childbearing.

For younger women, choosing not to plan as a means of reproductive agency in the transition to motherhood is enacted through reconfiguring the meaning of uncertainty. As I have discussed in this Chapter, the women tend to make sense of uncertainty as something negative, often associated with constraints and insecurities. However, uncertainty also takes on a different meaning related to freedom, excitement and the opportunity for change. In discussing uncertainty, Jacinta mentions enjoying not knowing what will happen tomorrow. As she argues, 't's like I don't know what tomorrow is going to be like and I don't worry, I see it as something more positive'. Similarly, Elisa narrates the excitement she felt by experiencing the transition to motherhood through uncertainty:

I think it would have been boring because you are already prepared, you are ready to see the two marks of the [pregnancy] test. That is what I mean, because I, truly, I would love to turn back time, and see again those two marks, because what happens to you, what you feel, it was phenomenal.

Some narratives from the interviews also challenge prevalent understandings of choice in the transition to motherhood. In this Chapter I have argued that choice is a way through which women shape the timing of first childbearing. However, choice is not just a means of reproductive agency in the transition to motherhood. For younger middle and upper class women, choice can also be experienced as an obligation. Denbow (2015) and Jacques and Radtke (2012) assert that choice can be experienced as pressure, burden and constraint in the context of reproduction. My interviews reveal that when there is no alternative 'but to choose', and when alternatives to choose from are constrained in practice and leave no

space to act otherwise, choice is lived not as a means of freedom, but as constraint. Matilde and Olivia are young women with no children who feel bound to choose when to have children. In discussing this choice, Matilde explains:

No, I haven't decided. But I think that it needs to be decided. (…). I think that it's going to have to be something that just happens, because since I have avoided the decision all this time, I don't know if one day I'll make it.

Similarly, Olivia suggests that an unexpected pregnancy would help her not having to choose the timing of childbearing. As she says, 'it would even help me not to have to think about it so much'. In the narratives of Matilde and Olivia, a transition to motherhood that 'just happens' emerges as a tactic to resolve the struggle of having to decide when to have children. This tactic suggests that choosing the timing of the transition to motherhood is burdening when choice is perceived as mandatory and experienced as a constraint. In this regard, the possibility to act otherwise enables a broader space for agency but does not necessarily imply more freedom in making the time of childbearing. I follow Franklin and McNeil (1988) and Jacques and Radtke (2012) in arguing that under specific circumstances choice can be more constraining than liberating.

Agency in making the timing of the transition to motherhood is also ambivalent when it involves younger women from lower socioeconomic background. Denbow (2015) and Kawash (2011) have noted that in the literature, the agency of these women is often neglected and interpreted as incompetence, irrationality, bad judgement, lack of opportunities and structural disadvantage. However, in a study conducted in urban Philadelphia, Edin and Kefalas (2005) demonstrate that poor women choose to become mothers at a young age because they view motherhood as a virtue and a personal achievement. As they argue, 'the choice to mother in the context of personal difficulty is an affirmation of their strength, determination, and desire to offer care for another' (p. 185). The interviews that I conducted also reveal that agency plays an important role in the ways in which lower class women shape their timing of transition to motherhood.

This is the case of Paloma, a 48-year-old woman from lower socioeconomic background and mother to three sons. Paloma had a difficult childhood and experienced poverty and hardship growing up. During those years, she suffered from hunger, homelessness, violence and abuse. Paloma feels that her life is what 'she had to live'. There are many things in her life that she did not choose, but she did choose when to become a mother. When Paloma

was 17 years old, she deliberately had sex for the first time to get pregnant and have a child. In narrating her choice, she argues, 'it was during a time when I felt very lonely, very lonely (...). I wanted to have a child. I wanted to have someone who loved me, have someone to take care of, to give him love'.

From an outsider perspective, one could interpret Paloma's choice as irrationality, bad judgement, and lack of agency. However, delving into her story enables making sense of her choice as agency. Paloma managed her sexuality to shape her timing of transition to motherhood according to what she wanted. This choice was not 'free' but constrained by her personal history and place in society. However, within the space of what she perceived as possible, becoming a mother seemed to be the best choice to get what she wanted from life. The story of Paloma suggests that choice is also enacted in circumstances of disadvantage and constraint, and that making sense of reproductive agency in these circumstances requires taking into account women's subjective standpoint of their life possibilities and aspirations.

6.3 Shaping time: contraception, abortion and ART[38]

6.3.1 Silence and sanctions: the socialisation of sexuality

Rosa is a 59-year-old woman from middle socioeconomic background and mother to five children. She always knew that she would have children but her transition to motherhood was not what she expected. Rosa had sex for the first time at the age of 14 and did not use contraception because she did not know how to 'take care of herself'. Rosa got pregnant and gave birth to her first daughter at the age of 15. At first, she did not realise she was pregnant. After missing her period for the second time she thought she might be expecting a baby, but 'kept silent' because she was scared and only told her boyfriend four months later. Looking back on her transition to motherhood, Rosa narrates:

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[38] In this section I address contraception, abortion and ART as ways through which women shape the timing of their transition to motherhood. I focus on these aspects because they are the most meaningful in the narratives of the women I interviewed. However, they are not the only ones. Some women I interviewed also shaped when to have children through abstinence, the 'natural' method I discussed in Chapter 5, and adoption. The case of adoption is particularly interesting. One of the women I interviewed became a mother through adoption and other two considered adoption as a way to 'have children'. However, in the majority of the narratives of my interviewees adoption is not outlined as a means of transition to motherhood. I follow Herrera (2011, p. 41) in asserting that this accounts for 'the substantial symbolic power of blood, biology and genetics' of parenthood in Chile.

I was 15. The truth is that I didn't programme the girl, she just came on her own. The fact is that back then you were embarrassed to tell that you were already having [sexual] relations. How could you take care of yourself? No, you couldn't. (…). It was more like a taboo. Parents were overwhelmed to talk about it, so you were also afraid to talk about it. Then it was very lonely that part of sexuality.

Like Rosa, the narratives of older women reveal that the timing of their transition to motherhood was made with little knowledge on sexuality and fertility. This 'not knowing' meant that they were 'ignorant' of how babies 'were made' and unable to assess when they were pregnant. Alicia recalls believing that pregnancy occurred through hugs and kisses. As she explains, 'I used to think that you could have a baby by hugging, that ignorant. And that is why when two people hugged strongly and kissed, they could get pregnant'. 'Not knowing' is also the framework through which Rafaela makes sense of her experience of getting pregnant and not realising until months after. As she recalls, 'I didn't know anything at all. Then I got pregnant immediately. In fact, I was already like four months pregnant when I first realised'. A study conducted in Chile by Bernasconi (2010) also reveals that older women received little information on sexuality and portrayed themselves as being 'in ignorance' with regards to sexuality and reproduction.

The narratives of older women, especially those from lower socioeconomic background, reveal that the experience of 'not knowing' is intertwined with the fact that the socialisation of sexuality and fertility was shaped by silence and sanctions; no one talked about them and their practices were prohibited and penalised. As Rebeca mentions, 'my mother obviously never talked about those topics. She didn't talk about motherhood, she didn't talk about sexuality, those topics were not discussed at home'. At that time, sexuality in Chile was not 'the subject of a conversation' (Bernasconi, 2010, p. 867). Owing to a culture shaped by a conservative Catholic moral[39], sexual practices, particularly those out of wedlock, were considered a taboo and a sin. As such, they were sanctioned and lived by women through fear, shame and guilt. For Irene, sexuality was lived through fear of sanctions. As she recalls, 'I was afraid, I didn't even try to do anything', because the woman that raised her used to tell her, 'you are going to get pregnant, and then I am going to beat you up'. Rebeca and Irene's narratives suggest that reproductive agency was hindered by the lack of information

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[39] As I will reveal throughout this Chapter, the conservative moral doctrine of the Catholic Church continues to play an important role in shaping women's reproductive agency in the transition to motherhood. Among others, Dides (2004) and Valdés and Guajardo (2004) have argued that in Chile prevalent conservative discourses regarding sexuality and reproduction are strongly influenced by the Catholic Church.

and sanctions that shaped their sexuality. Arenas, et al. (2016) and Herold, et al. (1994) argue that in Chile the lack of sexual and reproductive education is associated to unintended pregnancies. In the case of women like Rebeca, this lack of knowledge meant a lack of power to allocate the timing of first childbearing.

Women's narratives also suggest that the socialisation of sexuality has changed over time. Ester asserts that, 'yes, it has changed, it has changed a lot, because before it was like a taboo to talk about intercourse or about contraception, or the condom, all the methods that are available now'. Similarly, Maite argues that:

> It has changed a bit. Why? Because before nothing was known about sexuality, nothing. Women got pregnant when they were little girls, they got pregnant and the parents never told them 'take care of yourself, this exists'. No, it was not something that existed. Today that's a bit more, people talk about it.

The narratives of younger women reveal that these changes are reflected in the increasing legitimacy of discussing sexuality and fertility within the family and at school[40]. Adela recalls that her parents talked to her 'openly' about sexuality: 'I was lucky to have parents that were very open with the sexual topic. I mean, from young age they talked to me and my siblings very openly about sexuality'. Elisa observes this change in the sexuality lessons that she had at school. As she narrates, 'I remember that when I was in primary school, I had a workshop, there were some sexuality classes'. The work of Bernasconi (2010) also reveals that younger Chilean women learn about sexuality and reproduction as part of the school curriculum. This greater legitimacy to discuss sexuality and fertility has had an important impact on women's capacity to make the timing of their transition to motherhood.

However, the narratives of younger women also reveal that the changes in the socialisation of sexuality and fertility have not been as linear as it is often argued. Silence and sanctions continue to constrain women's reproductive agency in the present, especially for those from lower socioeconomic background. Blanca and Manuela became pregnant 'unexpectedly' at a time they considered 'earlier' than desired. What is common to their stories is the way in which the lack of knowledge, silence and sanctions constrained their capacity to shape the timing of first childbearing. Blanca got pregnant when she was 18 years old and never

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[40] Despite significant efforts since the 1990s, policies regarding sexual and reproductive education in schools in Chile remain inconsistent and precarious, and are not effective in empowering women to decide about their sexuality and reproduction (Arenas, et al., 2016; Dides, 2004).

discussed her sexuality with her mother. As she explains, 'there is no communication on that side, and I don't like it because she is my mother, even if I said something, she wouldn't take it the right way, so I save myself those problems'. Similarly, Manuela got pregnant when she was 17 years old and never talked about sexuality with her parents. As she recalls, 'we never talked about the topic of intercourse, at least in my house we never talked about it'.

A feature that underlies the socialisation of sexuality and fertility among my interviewees is the understanding of sexuality as bound to motherhood. As Bozon, et al. (2009) argue, in Latin America there is still a strong connection between sexuality and reproduction, particularly among lower class women. The narratives of the women I interviewed reveal that sexuality is often linked to pregnancy and the possibility of having children. Laura decided not to have sex until after she married because it involved the possibility of childbearing:

> I didn't have sex until I met my husband, until I married him, because I felt that the minute that I had sex, there was always going to be the possibility of reproducing. Then I couldn't take the risk of having sex with someone and that I could reproduce, if I didn't feel that that person was the one I had chosen as the father of my children. (...) it is like I can't untie sexuality from motherhood. I mean, they go together.

In the other interviews that I conducted, the link between sexuality and motherhood was not as explicit as it was for Laura, but it was also outlined by the 'risk' of pregnancy. Several studies have documented that in Chile sexuality is often associated to the 'risk' of early and unintended pregnancies (Araujo, 2009; Arenas, et al., 2016; Dides & Fernández, 2016b). The narratives of my interviewees reveal that the fear of pregnancy has been present over time but its specific meanings have changed. For older women, risk is related to morality and decency; being sanctioned for having a child out of wedlock and behaving improperly. For younger women, risk is related to aspirations and achievements; 'ruining their lives' by not being able to attain personal and professional goals. These ideas of pregnancy as risk are revealed in the narrative of Soledad. In comparing her and her mother's generation, she argues:

> [Before it] was the fear of pregnancy, the judgment, pregnancy before marriage, after marriage, all of that. In my time it wasn't pregnancy out of wedlock, but age and things like [that]. (...). Of course, I wanted to study. I wanted to have a base before becoming a mother so that I could offer the best to my children.

6.3.2 Contraception: the ethics of self care

Consuelo is a 30-year-old woman from middle socioeconomic background with no children. She had sex for the first time when she was 16 years old and recalls being 'terrified' of getting pregnant. Consuelo describes her first sexual intercourse as 'improvised' because they did not use any contraception. Looking back, Consuelo says that she was 'irresponsible'. More than six years went by before she decided to go to the gynaecologist for the first time to start using contraception. She argues that she did it to 'have tranquillity' and avoid the 'risk' of getting pregnant. Today, she believes that contraception is essential to shape the timing of the transition to motherhood. As she argues, 'I am going to take the pill until I decide to stop taking it because then I will get pregnant'. Then, it goes hand in hand with this capacity that we have to choose when to become mothers'.

The narrative of Consuelo reveals the prevalence of contraception as a means of reproductive agency in shaping the timing of the transition to motherhood. However, this has not always been the case. The narratives of older women show that in the past the access and legitimacy of contraception was more constrained than today. Irene argues that before, 'there were no things to take care of yourself and not have more children'. Similarly, Rafaela argues that before it used to be more difficult to access contraception:

> To get contraceptives you had to have a medical prescription, or if you were underaged they were never going to sell contraceptives to you. Now it's not like that. (…). Now the girls start taking care of themselves when they start menstruating, they start taking care of themselves, or their mothers take care of them so that they won't get pregnant. And you can get contraception at the clinic, precisely to protect the girls. They sell them to you at the pharmacy, they don't put any obstacles for you to buy a contraceptive.

Rafaela's narrative is shared by Elisa. She also believes that the accessibility of contraception has increased over time. For her, 'now there are so many things to take care of yourself. In fact, they even given them away. You go to the clinic, to *SAPU*[41], and they give you the contraceptive, they give condoms'. As I discussed in Chapter 2, the use of contraceptive methods in Chile has increased significantly since their introduction as part

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[41] Emergency Primary Health Care Service.

of family planning policies in the 1960s (Fernández, et al., 2016). Over time, more and more women have resorted to contraception as a means of shaping their fertility.

Several scholars argue that contraception is a means of reproduction agency through which women can control pregnancy and time childbearing (Bledsoe, 1996; Bozon, et al., 2009; Denbow, 2015; Hayden & O'Brien Hallstein, 2010; Patosalmi, 2011). In the interviews I conducted, young and middle aged women from all socioeconomic backgrounds narrate managing the use of contraception according to when they want to become pregnant. For them, contraception is also a means of reproductive agency[42]; a way of enacting choice in shaping the timing of childbearing, gaining control over fertility, and managing the 'risk' of pregnancy. Dides (2004) and Harold, et al. (1994) have documented that among Chilean women, contraception is perceived as enabling a separation of sexuality from fertility by avoiding unintended pregnancies. This represents the views of Amalia. For her, contraception:

> allows you to live sexuality in a calmer way. Without the fear of getting pregnant and being able to have sex whenever you want. So, I have the impression that it generates more freedom to decide what things you want to do and when. It's good.

This prevalence of contraception is intertwined with a narrative of 'self-care'[43]. In the interviews I conducted, when women talk about the use of contraception, they often refer to it as a means to 'take care of yourself' (*cuidarse*). This 'self-care' involves both the idea of caring for oneself and being accountable for one's behaviour. For Blanca, contraception is a means of 'taking care of yourself' and 'being responsible' regarding pregnancy:

> It's taking care of yourself and postponing motherhood, and being responsible because it's not about just bringing children into this world. You have to have precaution and be careful, a baby is not just any thing nor a toy. So, if the woman doesn't have the resources and doesn't have the support of the family to have a baby, then it's better that she takes care of herself.

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[42] However, some women also experience contraception as a constraint. Matilde mentions that the pill made her feel 'enslaved' for having to run every time she heard the alarm she had set as a remainder to take her contraception daily. Ignacia argues she 'hates' hormonal contraception because it makes her get varicose veins and cellulitis but uses it anyways because she 'doesn't want to become a mother yet'.

[43] In researching sexuality among three generations of Chilean women, Bernasconi (2010) also notes the expectation that women have to 'care for themselves'.

With the prevalence of contraception, 'taking care of yourself' has not only become possible, but also expected. The narrative of 'self-care' outlines that women are expected to care for themselves by managing their fertility and the 'risk of pregnancy' through contraception. Elena decided to start taking contraception because she felt that she had to 'take care of herself'. As she tells me, 'I decided to go to the gynaecologist because I didn't want to have children, so I had to take care of myself'. I argue that the narrative of 'self-care' is consistent with a neoliberal and postfeminist framework that emphasises the timing of the transition to motherhood as a matter of individual choice and responsibility, and that neglects the structural, institutional and relational constraints that shape reproductive agency. Several scholars have also argued that this 'ethics of care' (Rose, 2007) outlines women as autonomous, rational and self-regulating subjects that have to surveil their fertility, manage risks and carry the burden of their reproductive outcomes (Araujo, 2009; Denbow, 2015; Fixmer-Oraiz, 2010; Jacques & Radtke, 2012; McCarver, 2011).

Neglecting the mandate to 'take care of yourself' shapes a sense of self as 'negligent' and 'irresponsible'. In the interviews that I conducted, the failure to 'care for oneself' is perceived as a matter of individual responsibility for which women are held accountable. This is the framework through which Manuela makes sense of her experience of not using contraception the first time that she had sex:

> I was very irresponsible. (…). I was 17 years old, it was with the father of my children. Yes, and it just happened, it happened naturally, we weren't looking for it, we didn't talk about it. It just happened, it just happened very naturally. And the truth is that I always had the idea of telling my parents that I needed to take care of myself. But it was like, how do I tell my parents that their daughter had sex?

The story of Manuela reveals a tension between the mandate of 'caring for oneself' and the constraints to use contraception as a means of reproductive agency. However, the interviews that I conducted reveal the perception that now 'everyone can take care of themselves'. As Ester argues, 'now there are a lot more methods to take care of yourself. That is why I can't understand that young women nowadays just keep having children'. In this narrative, the use of contraception is outlined as a matter of will and intention. Women that fail to determine the timing of childbearing are often portrayed as careless; as if they did not *want* to 'take care of themselves'. This framework leaves little room to make sense of cases like Manuela's, as it neglects the constraints that still restrict women's reproductive agency and explain why sometimes women *cannot* 'take care of themselves'. I follow Boyer

(2018), Bute (2010) and Hayden and O'Brien Hallstein (2010) in asserting that the timing of first childbearing is not just a 'personal choice' because it is enacted within cultural, social and economic constraints.

The narratives of the women I interviewed reveal multiple constraints to the access and use of contraception. These constraints are structured according to socioeconomic inequalities and are more significant for lower class women. Among my interviewees, women describe facing social sanctions and moral judgments when accessing contraception. For Blanca, 'it is frowned upon to use contraception, because 'oh, you are having sex', because everyone knows that you are having sex if you are using contraception'. Like Blanca, several young women I interviewed perceive that taking contraception means being framed as a 'loose woman' (Bernasconi, 2010) for being sexually active. In their narratives, the experience of buying condoms or birth control pills at the pharmacy was shaped by fear and shame, and by feeling stigmatised by the public gaze.

The young women I interviewed also narrated several institutional constraints to accessing contraception. According to conservative health legislations in contemporary Chile, institutions like hospitals and pharmacies restrict the access to contraception until a certain age or by requiring accompaniment by a 'responsible' adult. These restrictions constrained Manuela's capacity to 'take care of herself' through the use of contraception:

> I remember that one day I went to book a doctor's appointment, and they asked me, 'what for?'. And I said, 'I need to see the matron', but very quietly because there were people behind me. And they said 'yes, but you have to come with your mother'. So, I couldn't tell my mum that she had to take me to the matron or the gynaecologist, I couldn't. So, how could I take care of myself? I really couldn't. Moreover, I was underaged, if I went to a pharmacy to buy contraceptives, they wouldn't sell them to me because I was underaged.

In some cases, the private ideologies of the practitioners also shaped institutional constraints for women's access to contraception. Both in private and public hospitals, doctors, matrons and nurses refuse to prescribe contraceptives like the morning-after pill because it goes against their personal beliefs. Ignacia, who is a doctor, recalls being the only professional in her practice that prescribed the morning-after pill. In making sense of why the other doctors refused to prescribe the pill, she argues, 'because they were like from

Universidad de los Andes[44], and they thought it was abortive and from the demon'. Other studies have also documented this intersection between religious beliefs and medical practices (Roberts, 2012), and the ways in which such views constrain women's reproductive agency (Burns, 2005).

The narratives of the young women reveal that money is also an important constraint that shapes inequalities in the use of contraception, outlining a scenario in which 'choice is accorded through one's ability to pay' (Fixmer-Oraiz, 2010, p. 43). Contraceptives, especially the pill, are perceived as expensive and not accessible to everyone. This is the view of Matilde:

> I think they are very expensive, it's theft. They should be free. And they are very expensive, the ones I used were like 16 thousand pesos[45]. So, that's obviously a limit because a girl that is 18 years old, 19 years old, and she can't access those, she has to take other ones which are of lower quality, or they have to go to the doctor's office, where there is always prejudice if she is young.

Matilde's narrative reveals that money and socioeconomic background create a distinction not only in the access to contraceptives, but also in the access to 'good' and 'bad' contraceptives. Decades of neoliberal reforms in Chile have shaped a 'privatisation of quality', in which healthcare is assumed to be better when it is private. Within this framework, young lower and middle class women perceive that the contraceptives provided by the public health system are of 'lower quality' and less efficient as a means to 'take care of themselves'. As Maite argues:

> In the public health systems they give you condoms, but they are not very good. Like there is the 'but'. It's like, ok, you can go to the public health system, maybe they will give you birth control pills, but those pills are not going to be like the ones that a private [doctor] can give you (…). If you want to take care of yourself you have to go to a private [doctor], and that costs money, so it's not accessible to everyone'.

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[44] Private Catholic University in Chile affiliated to the *Opus Dei* and associated to a conservative right-wing political party.
[45] Approximately 19 GBP.

6.3.3 Abortion: the ethics of responsibility

Carmen is a 28-year-old woman from middle socioeconomic background who has decided not to have children. She became pregnant when she was 19 and 22 and both times decided to have an abortion. Her narrative of abortion is complex and ambivalent. Carmen experienced abortion through physical pain and suffering. She was alone and kept it a secret because she was afraid of being sanctioned. She struggled negotiating abortion with her boyfriend and ended her relationship[46]. She felt 'irresponsible' for taking risks out of despair. But Carmen also experienced abortion through relief and agency. Ending the pregnancies made her feel happy and alleviated; it meant 'taking a load off'. It also made her feel that she was making a choice about what she wanted. As she argues:

> I decided to abort. I decided not to have children, and I decided that through abortion.
> And I didn't want to go through that situation because no one likes to abort, it's not
> something that I am proud of, 'look, I have two abortions', no. But that's how it is, and
> I decided it. It has positive and negative consequences, and you have to live with that.

Abortion was also a complex and ambivalent experience for Gracia. She always wanted to have children, but when she got pregnant at 17 and 21, she thought that it was not the right time to become a mother and decided to end the pregnancies. Her narrative of abortion reveals the difficulties of her experience: social sanctions, conflicts with her partner, emotional and physical pain, fears and anxiety. However, in making sense of her abortions, Gracia also describes them as 'an act of courage'. What is common to the stories of Carmen and Gracia is the narration of abortion as a complex and ambivalent experience. Abortion was not something they 'wanted to do' or something they 'chose freely' (Bachiochi, 2004; Boltanski, 2013; Foster, 2004). However, abortion allowed them to challenge the linear relationship between pregnancy and childbearing and determine when not to become mothers. For them, abortion was a way of taking back the control of their reproductive life (Birns & Hay, 1988; Hayden & O'Brien Hallstein, 2010).

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[46] One puzzling aspect of my findings is the ways in which women negotiate the timing of the transition to motherhood with their partners. In the interviews I conducted, 'reproductive choice is often narrated as an individual experience (read: female) rather than a partnered experience' (Bute, et al., 2010, p. 61). In most women's narratives, the timing of first childbearing is portrayed as a first person decision. On a few cases, especially in the narratives of middle and upper class women, it is narrated as the couple's decision. Rarely, the timing of transition to motherhood was the source of conflict between men and women, and when it was, it was not due to time but to the way in which it was enacted, for example, through abortion or adoption. Overall, this suggests that childbearing is largely outlined as a female decision and responsibility (Quek, 2014). This is an argumentative thread that I will address throughout the empirical chapters and that I will return to in Chapter 9.

The ways in which women perceive and practice abortion as a means of reproductive agency have changed over time. In the past, abortion was practiced for birth control and family planning (Boltanski, 2013). The narratives of older women reveal that in a time when contraception was not yet available and abortion was not criminalised, women resorted to abortion to determine the timing of transition to motherhood as well as the frequency of childbearing (Fernández, et al., 2016). As Lucía argues, 'before, I believe that many women resorted to abortion not to have children'. Similarly, Rafaela states, 'before, there were many abortions. I believe that a lot more than now'. The she adds, 'in fact, my mum told us once, 'no', she said, 'I should have had like 12 children', because they got pregnant very easily and then had abortions'.

The narratives of younger women reveal that in the present, the meaning of abortion is being reshaped by autonomy. For decades, feminist discourses have outlined abortion through the right of women to decide (Boltanski, 2013). Not surprisingly, Chilean women are also reshaping the meaning of reproduction through autonomy (Dides, 2004). In the interviews that I conducted, the right of women to decide over their bodies and fertilities is the framework through which many women make sense of the voluntary termination of pregnancy. In discussing abortion, Amalia argues, 'I have always believed in the right of women to decide'. Similarly, Elisa asserts that, 'in the end each one decides if you want or don't want to have [a child], the body is one's own, and you see what to do with it'.

Despite being perceived and practiced as a means of reproductive agency in the transition to motherhood, the legitimacy of abortion continues to be controversial and contested. As Boltanski (2013) argues, abortion is often subject to condemnation and portrayed as a 'shameful' and 'horrible' act. The interviews that I conducted reveal several cultural constraints that shape abortion as a forbidden and sinful practice. Looking back on her upbringing, Loreto recalls being told that abortion was something that 'couldn't be done' because it was something 'ugly' and 'bad'. Similarly, Consuelo remembers being taught that abortion was a sin: 'when I was young, I was educated by nuns and abortion was not permitted. 'Abortion is a sin and you go to hell'.

The conservative doctrine of the Catholic Church has had a profound influence in the women's understanding of abortion. The interviews I conducted reveal that the voluntary termination of pregnancy is forbidden and sanctioned because abortions are believed to subvert the 'sacrality' of life'. Rebeca and Manuela are against abortion and claim that they

would never practice it. For Rebeca, 'life is above everything', and for Manuela, 'above all, the respect for life is fundamental'. Some of my interviewees also believe that abortion is an 'unnatural and horrible violation of divine laws' (Luker, 1985, p. 33), because they believe that only God can take life. As Victoria argues, 'God is who gives and takes life'.

For younger women, the cultural constraints on abortion as a means of reproductive agency are also shaped by the narrative of 'being responsible'. In the interviews I conducted, it is often argued that if women decide to have sex and take 'risks', they have to be responsible and assume the consequences of their actions. This narrative is consistent with the neoliberal and postfeminist framework that I discussed earlier in this Chapter, and that outlines the timing of the transition to motherhood as a matter over which women are responsible (Denbow, 2015; Fixmer-Oraiz, 2010; Jacques & Radtke, 2012; McCarver, 2011). In discussing why she would not resort to abortion, Maite asserts:

> If you messed up because you were horny, you are screwed, you are just going to have to have the baby, be responsible (...). I mean, I also put myself in that position, and I say, ok, I also don't take care of myself, I also don't want to get pregnant, but if it happens, I'm going to be responsible, because I'm a correct woman. If I liked doing 'the thing', at least you have to take charge.

As revealed by Maite, the narrative of 'being responsible' is embedded in an understanding of the transition to motherhood as a matter of will and choice. It assumes that the timing of pregnancy could have been otherwise and that women's reproductive agency is enacted in a space with no constraints. In this narrative, women are assumed to have the capacity to manage their fertility in order to determine when to have children. The failure to do so is interpreted as negligent and careless behaviour. An unexpected pregnancy is a 'fault' that women are compelled to mend by taking up the moral obligation of 'being responsible'; carrying on with the pregnancy and taking care of the child. This is the view of Jacinta. For her, 'the child is not guilty of the fact that his mum didn't take the pill or that the condom broke, things like that. I feel that killing someone for a mistake is not valid'.

Within this framework, the possibility of an abortion outlines a sense of self in which women are not only 'irresponsible' but also selfish, cowardly, and weak. As Gandolfo (2005, p. 112) notes, women that subvert childbearing are 'often viewed as selfish, and are faced with having to defend their 'aberrant' choice'. This is related to a prevalent norm in Chilean

society that expects women to be 'good mothers' that fight for their children. In discussing women who have abortions, Ana argues:

> They are cowards, for me they are cowards, because you have to face anything that comes. As it's said; you have to bite the bullet because you cannot murder a little person who is not to blame for the things that one does. One has to be responsible for children.

The interviews that I conducted reveal that abortion is also challenged by social and institutional constraints. As I discussed in Chapter 2, with the criminalisation of abortion in 1989, the voluntary termination of pregnancy became illegal and punishable by law. This meant that women who aborted became criminals and that abortion became a clandestine practice enacted in precarious conditions that involved several risks for women (Dides & Fernández, 2016c; 2018). These risks outline Carmen's abortion experience:

> I feel that it was irresponsible because it was a moment of despair. I said, 'this man [the doctor], I don't know who he is'. He didn't let my partner in, he said 'you go in alone, he can't even wait outside'. So, it was like very, well, I cannot say that it was like very unhygienic, but I think that nothing was sterilised.

The narrative of Carmen also reveals the financial constraints that women face in having abortions in clandestine settings. The first time she had an abortion, the doctor charged her a 'student fee' of 300,000 CLP[47]. As she recalls, 'I collected the money almost like a fundraising through small notes'. The second time she had an abortion, she inquired about having the procedure at a private clinic, but it was too expensive. As she says, 'I started inquiring and it was 1,800,000 CLP[48] to have an abortion in a private clinic in an upper class sector'. Dides and Fernández (2018) demonstrate that in Chile the practice of abortion as a means of reproductive agency is structured according to socioeconomic inequalities. A similar perspective is revealed by Laura, who is a gynaecologist and works at a private clinic in Santiago. For her, the unequal access to economic resources constrains the practice of abortion:

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[47] Approximately 343 GBP, equivalent to the minimum salary in the country in 2019.
[48] Approximately 2,060 GBP, equivalent to six times the minimum salary in the country in 2019.

Yes, there are abortions, but the truth is that they are paid. I mean, or you get the Misotrol[49], which you have to buy on the Internet or the black market. Or you pay directly to a clinic, to a matron, or to someone to perform an abortion, but that is money.

As I discussed in Chapter 2, the enactment of Law 21.030 in 2017 decriminalised abortion in the cases of life risk for the mother, unfeasibility of the foetus, and rape. This represents a partial but significant step in enabling women to terminate pregnancy and shape the timing of first childbearing. However, the unyielding opposition from conservative sectors determines that abortion as a means of reproductive agency continues to be controversial and contested, and that constraints to its practice will endure at least in the near future[50].

6.3.4 Assisted reproductive technologies: the ethics of artificiality

In Chapter 5, I introduced the story of Dominga, the 41-year-old woman from upper socioeconomic background and mother of one child. She always knew that someday she would have children but postponed motherhood because first she wanted to study, work, live abroad and travel. When Dominga felt that she wanted to become a mother, she was 37 years old and single. She decided that she wanted to 'give herself time' and 'go at her own rhythm'. Aware of the 'limits of biology' and the risks of further postponing motherhood, she decided to freeze her eggs. Dominga believes that science gave her the freedom to become a mother at her own time:

I froze eggs because I wanted to become a mother, and, well, I'm not going to be [a mother] at 30, and I froze them at 37. Just because I'm already at 37 doesn't mean that I will become [a mother] now, because it's not for me. Anyways, it will be for me whenever I want it to be. And if science is there to help me, a lot better.

ART also enabled the transition to motherhood of Beatriz. She always wanted to have children. When she realised that she was infertile because of severe endometriosis, she thought 'well, science has to help me'. After 10 years of reproductive treatments, Beatriz got

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[49] Misotrol is a drug for the prevention and treatment of gastric and duodenal ulcers, and is also used for the induction of abortion before the 12th week of pregnancy.
[50] Despite its partial decriminalisation, women are still forced to get abortions in unsafe and clandestine settings. The obstacles to terminate a pregnancy are multiple, and include 'objection of consciousness', which means that health professionals can refuse to perform an abortion because it goes against their personal beliefs (Dides & Fernández, 2018).

pregnant at the age of 42 through ICSI. The stories of Dominga and Beatriz reveal that ART are a means of reproductive agency through which women shape the timing of their transition to motherhood. By outlining a space to act otherwise, they enable pregnancy for women struggling with infertility due to age or reproductive obstacles. Among my interviewees, these technologies are widely perceived as increasing women's reproductive agency (Patosalmi, 2011), and women's choice and control over reproduction (Franklin, 1995; Franklin & McNeil, 1988).

The practice of ART outlines complex and ambivalent reproductive experiences. Several studies document that the space for choice that they enable comes with high costs (Daly & Bewley, 2013; Franklin, 1997; Marafiote, 2010). In the interviews that I conducted, women narrate that the efforts to achieve childbearing through these technologies involved not only physical pain and discomfort, but also emotional distress, and feelings of anxiety, fear and frustration. Beatriz describes them as 'an immense weariness. It is a weariness, the physical is an important burden, but the mental, a lot more, your psychological part gets affected'. A similar experience of fear, pain and disillusionment is narrated by Gracia:

> I started doing the treatments, but at the same time I was afraid, because they were intense treatments with terrible hormones. (…). I had two attempts, from which I got pregnant once, but I had a miscarriage. So, the peaks were too much, too strong. The bombing of hormones to the body, well, and the illusion and then the fall. (…). [It was] too strong for the body, for us, for the person, for the body.

A study conducted by Herrera, et al. (2013) reveals that the great majority of people in Santiago de Chile agree with the use of ART to conceive children. Accordingly, most of the women I interviewed support these technologies as a means of enabling the transition to motherhood. They argue that women 'deserve' or 'have the right' to have children and that resorting to science and technology is valid if it helps them achieve it. For Rebeca, 'everything is valid for becoming a mother'. She agrees with ART because they can 'give you the joy of being a mother'. My interviews reveal that women tend to legitimise these technologies as a means of reproductive agency because they enable women to become mothers, thus reproducing the prevalent conflation between womanhood and motherhood in Chilean society. I draw on the work of Inhorn and Birenbaum-Carmeli (2008), to argue that ART can also contribute to reinforce 'motherhood mandates' and prevalent ideas of reproduction as a 'female' issue.

However, ART are also enacted within social constraints related to prevalent ideas of the nature of reproduction. Gracia experienced her attempts to achieve pregnancy through these technologies as an 'issue' closely scrutinised by others. As she narrates, 'it was very intense for all of us, and the pressure from everyone, they are all attentive to what happens and how it happens'. As revealed in the narrative of Gracia, the constraints of ART as a means of reproductive agency also have to do with 'how' pregnancy happens. For Elena, assisted fertilisation is a 'taboo' precisely because of how it happens:

> It's also like a taboo, people don't say much, it's like a secret. 'Yes, it seems that they can't have a baby, but they are in treatment'. Because the treatment means that others know that you are undergoing a series of very 'unpoetic' issues. That you are going to the clinic to get your semen taken, that they are monitoring you and checking every morning if your egg has gone up or not. So, people don't want that to be known.

The narrative of Elena reveals that the 'taboo' and secretive character of ART is related to the fact that it subverts the idea of reproduction as 'natural'. In the interviews that I conducted, the intervention of technology to enable pregnancy, the setting in which it occurs; clinics, hospitals, and lab, and the procedures through which it is enacted; surgery, testing, sampling, and injections, are perceived to shape reproduction as something 'artificial'. In discussing these technologies, Matilde struggles with the idea of artificially forcing something that should be natural: 'it's such an invasive procedure. So, I don't know if anti-natural is the word, but it has a lot of artificiality. I think that it's a supernatural effort for something that should be natural'. Other women I interviewed also struggle with the 'artificial' character of ART because it goes against 'the will of God'. This is the case of Rafaela. For her, 'if you are going to be a mother it's because God puts you on that path. But doing [those] things, I think that they are against life, against the law of God'.

Women's narratives reveal that these technologies are often delegitimised as a means of reproductive agency in shaping the timing of childbearing because its 'artificiality' subverts the 'natural' and 'divine' character of the transition to motherhood. Bledsoe (1996) and Roberts (2012) have also noted that assisted reproduction is often rejected and considered 'harmful' because it is believed that its 'artificial' character disrupts reproduction as a process that should be governed only by nature and God.

The practice of ART is also constrained by socioeconomic inequalities. Assisted reproduction is known to be very expensive and to impose heavy financial burdens on

people (Inhorn & Birenbaum-Carmeli, 2008). The interviews that I conducted reveal that access to these treatments is segmented by economic capital because they are expensive and require a significant amount of money. This is the case of Beatriz. She spent several millions of pesos[51] to undergo fertilisation treatments:

> In one treatment, in hormones, [I spent] a million and a half, a million and two hundred thousand, not less than that. And then what the medical team charged for placing the inseminated eggs with in vitro, that was at least a million. In the first in vitro I spent like three million and two hundred thousand, in the second like close to four [millions].

The economic burden of these technologies excludes lower and middle class women that cannot afford to finance treatments in the private health system (Herrera, 2011). This inequality shaped the experience of Elisa. When she was 18 years old, she had a tumour in one of her ovaries and the doctors told her that getting pregnant was going to be difficult for her. Dealing with the risk of infertility, she inquired about egg freezing but realised that it was inaccessible for her because of the financial costs. As she narrates, 'I inquired about egg freezing, but it is too expensive, it is too expensive here'.

6.4 Conclusion

In this Chapter, I have argued that shaping the timing of the transition to motherhood has become an essential aspect of women's reproductive agency in contemporary Chile. Over time, motherhood has ceased to be perceived and practiced as a 'destiny' and has become a 'matter of choice'. Today, the timing of first childbearing is not something that 'just happens' but something that has to 'be made'. For women, making this time involves asking themselves 'the question of children', reflecting on when to become mothers, and making plans and calendars to allocate childbearing in the future. It also involves managing the body, sexuality and fertility according to a dialectics of avoiding and achieving pregnancy. By denaturalising motherhood, women's capacity to 'make time', to control and determine 'when' to have children, becomes not only possible, but also desirable, expected and assumed as given.

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[51] One million pesos equals approximately 1,141 GBP.

For decades, feminist and gender scholars have debated about the social and subjective implications of choice for women in the field of reproduction (Bachiochi, 2004; Bute, et al., 2010; Chodorow, 2003; Denbow, 2015; Edin & Kefalas, 2005; Fixmer-Oraiz, 2010; Franklin & McNeil, 1988; Jacques & Radtke, 2012; McCarver, 2011). The findings discussed in this Chapter allow me to contribute to this debate by outlining the ambivalences and complexities of the politics of choice in making time. Choice is at the core of the women's narratives of reproductive agency in the transition to motherhood. The capacity to choose when to have children is often defined and experienced as a way of increasing freedom, autonomy and control over reproduction. However, ideas that women are capable of 'making time' are often bound to ideas that they are accountable for those 'times made'. Women often experience choice through neoliberal and postfeminist views that outline female subjects as autonomous, rational and self-regulating individuals that can choose when to have children and are responsible for the timing of first childbearing.

Lived experiences of reproductive agency reveal that women are not free nor equal to make the time of the transition to motherhood. Choice is not just a matter of will, because it is shaped by cultural, social, institutional, and relational constraints and structured according to socioeconomic inequalities. Women's efforts to enact choice through contraception, abortion and ART are constrained by ideas of reproduction as 'natural' and 'sacred', moral and legal sanctions, and lack of knowledge and money, among others. These constraints particularly affect the reproductive agency of poorer women, who often are unable to 'take care of themselves' and have to bear the consequences of 'unchosen' pregnancies. Choice is based on the assumption that women are able to determine time by controlling their bodies, sexualities, and fertilities. However, experiences related to unexpected pregnancies, infertility, waiting and miscarriage, reveal that childbearing is more uncertain and less controllable than often assumed. Regardless of women's lack of space to act otherwise, the inability to allocate the timing of first childbearing is often interpreted as a personal failure and as irresponsible, careless, and negligent behaviour. This reveals that when choice is enacted under uncertain, constrained and unequal circumstances, it deviates from freedom and control over reproduction and can reinforce prevalent social inequalities.

But the politics of choice in making the timing of the transition to motherhood transcend the dialectics of subjection and subversion. My findings reveal that choice is enacted in diverse ways that reshape and challenge prevalent understandings of choice as reproductive agency. Some women make the timing of the transition to motherhood by deciding not to choose when to have children and by experiencing pregnancy whenever it

occurs. For them, freedom and control over childbearing are enacted by avoiding choice. Others make the timing of the transition to motherhood through choice but feel burdened and overwhelmed by the obligation and responsibility to decide when to have children. For them, choice is also experienced as a constraint to their freedom over childbearing. My findings reveal that choice can be an important means of making the timing of first childbearing, but that the relationship between choice and reproductive agency is more complex, nuanced and ambivalent than often portrayed.

CHAPTER 7

AGE AND AGEING
Conflicting times

The transition to motherhood is shaped by norms that outline when is the 'right' time to experience first childbearing. In this Chapter, I outline the age norms that shape the transition to motherhood in contemporary Chile and address the ways in which women negotiate and reconcile them in making the timing of first childbearing. I draw on the work of Neugarten (1965; 1979), Elder Jr. (1975; 2016), and Settersten (1996; 1997; 2003) to understand age norms as expectations based on chronological age that define social calendars and the appropriate timing for life events and social roles. Age norms prescribe individual behaviour by specifying boundaries before and after which transition should occur, and by outlining rewards and sanctions according to whether events are considered 'early', 'on time', or 'late'. In this Chapter, I explore the age norms that shape biological and social fertility (Martin, 2017) and that outline the boundaries of childbearing as being 'too early' and 'too late'. These norms are closely related to cultural beliefs on the female body, the nature of reproduction, social and gender roles, and the female life course, and are shaped by meanings of age and ageing that are not univocal and change over time. In this Chapter, I argue that the age norms that shape the timing of first childbearing are multiple, conflicting, and dynamic, and that in making the time of childbearing women often have to manage and reconcile competing ideas on the 'right' time to have children.

7.1 Conflicting times: biological and social fertility

7.1.1 Biological times: fertility and the female body

Soledad is a 37-year-old woman from upper socioeconomic background. She married when she was 24 years old and decided to wait before having children. Soledad had her first child when she was 29 years old and always knew that she wanted to become a mother 'before she was 30'. In making sense of this age deadline, she argues that she did not want to have children at 40 and be an 'old mum'. For her, the timing of motherhood is a matter of health and the physical ability for childbearing:

I mean, it's because of the eggs. I mean, eggs grow old, sperms don't. That's why some people freeze eggs. But also, the uterus grows old. We have the issue of menopause. I mean, it's not like you can become a mother when you are 70 years old. There's a time in your life for everything. And I also think that nature is wise, because after a certain age, even if you want to, you are no longer capable.

The narrative of Soledad reveals that the age norms that regulate childbearing are embedded in the understanding of motherhood as a biological process enacted by the female body. These age norms are outlined according to biological fertility as 'the physical ability to conceive and carry a child to full term' (Martin, 2017, p. 91). In the interviews that I conducted, when women talk about motherhood, they often refer to pregnancy, carrying and feeling the baby in the uterus, growing a belly, having morning sickness and swollen feet, giving birth and breastfeeding[52]. This biological account of motherhood is also revealed when women argue that the female body is 'made' for childbearing. For Dominga, women 'have that physiology that makes us be aligned with the role of motherhood'. Similarly, for Gracia, 'motherhood is very linked to the uterus, to the body, very linked to that. There is a whole issue with the body that is very, very strong'.

A biological understanding of motherhood conflates childbearing and fertility. In doing so, it limits the timing of the transition to motherhood to the duration and rhythms of the fertility of the female body, and reifies this timing as a fact of nature. For Luz, 'motherhood is something constrained by nature', and for Luisa, a woman can have children 'until the nature of the body permits it'. The interviews that I conducted reveal a shared expectation that women should become mothers within the limits of female fertility and according to its rhythms. These norms, closely linked to the idea of the 'biological clock' that I addressed in Chapter 5, are diverse and associated to women's age and socioeconomic status. In women's narratives, the timing of first childbearing has to be allocated before menopause, understood as 'the end' of the female reproductive life. For Carmen, 'when your body stops producing eggs and you reach menopause, you can no longer have children'. Similarly, Paula argues that 'when you reach menopause, you no longer have the period. From then on you no longer ovulate, you no longer have eggs, you have no possibilities of becoming a mother'.

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[52] These features are often mobilised to distinguish between a biological transition to motherhood and other means of transition to motherhood such as adoption, and to justify the preference of the first over the latter.

These norms also suggest that within the 'natural' limits of female fertility not any time is the 'right' time to experience childbearing. The women I interviewed often argue that fertility decreases with the passing of time because the uterus and eggs 'grow old' and become 'dysfunctional'. As I discussed above, for Soledad, 'eggs expire' and 'the uterus grows old'. Similarly, Loreto argues that, 'eggs grow old. Eggs grow old and that's why eggs start having more problems to keep, because they already have, they are older, they have older cells'. The idea that the passing of time affects the quantity and quality of eggs is often related to the belief that there is a 'biological timeline' for the transition to motherhood because fertility declines with age (Macintosh, 2015; Martin, 2017).

In the interviews I conducted, women often mention that the 'right' time to experience the transition to motherhood is before 35 and 40. These ages are temporal markers that trace a before and after in the decline of fertility and are used as normative standards to determine when women should allocate first childbearing. For some interviewees, fertility starts to decline at 35 and from then on, the risks and difficulties associated with pregnancy increase. In discussing the timing of motherhood, Amalia argues that, 'all the gynaecologists say that it has to be before 35. It's like if you don't want to have problems, get pregnant before 35'. The age of 35 is often used as a 'magic number' that acts as a deadline for having children (Martin, 2017) and as a threshold age for pregnancy outcomes (Billari, et al., 2011). For other women I interviewed, 40 is the age that marks the deadline for childbearing. For Victoria, 'after 40 it's said that women reach menopause and we can no longer have children. (…). It's said that our organism turns off and it's no longer fertile'.

The ages of 35 and 40 as normative markers of the timing of the transition to motherhood emerge transversely in the narratives of the participants, but seem particularly significative for younger middle class women. For Adela, 35 is the limit to make a decision on motherhood and 40 is the deadline for childbearing:

> The next year I'm turning 35, so 'it's a good time to ask ourselves if yes or no, to make plans and organise a bit the topic [of childbearing]. (…). Because between 35 and 40, after 40 it's more difficult. So, I said 'ok, at 35 I'll think about it seriously'. Not necessarily to get pregnant at 35. I mean, I want to become a mother at 37, at 38, even maybe at 40. But thinking about it seriously, that definitely.

The biological time norms on the transition to motherhood outline that the 'right' time to have a first child is in the early 20s. In the interviews I conducted, this age symbolises an

optimal functioning of female fertility and lower risks for pregnancy and childbearing. For Olivia, women are 'the most fertile around 20 years old. I mean, that's what's always said, like around 20, that's the best age'. Similarly, Laura, who is a gynaecologist, argues that from a biological perspective, 'the younger the better'. Reflecting upon her own experiences, she argues:

> I mean, if you are 20 and you get pregnant, believe me that it's the most likely that pregnancy will have no problems. (…). I lived it, when I was less than 30, that is when my youngest son was born. The pregnancy was absolutely normal. It was a normal delivery, the baby weighed 3 kilos 300 grams. I didn't have any problem. I worked all the time. I mean, from the biological point of view, the younger the better.

Women's narratives reveal that the age norms that regulate the timing childbearing are shaped in an important way by the expert knowledge of health professionals. My interviewees often mention that women should have their first a child at a certain age or before a certain age because the doctor 'said so'. For Ana, it is more difficult to have children as women grow older because, 'doctors say so, matrons also say so, that it's more difficult to have a child at 40 than at 20'. Diana decided not to have another child because the doctor advised her not to given the risks of pregnancy at her age:

> I wanted to have another child after I had a loss. My daughter must have been four by then, I must have been around 40, 41. And the doctor told me, 'why do you insist?' He said, 'you already have three children, stay like that'. And I thought he was right.

The narratives of Ana and Diana suggest a medicalisation of the age norms that regulate childbearing. The age dynamics of female fertility outlined by doctors often act as normative parameters through which women shape and make sense of the timing of their transition to motherhood. Several scholars working on fertility have also noted the ways in which medical narratives have become prevalent in women's understandings and experiences of reproductive time (Friese, et al., 2008; Martin, 2017; Perrier, 2013; Sevón, 2005).

7.1.2 Social times: security and responsibility

Violeta is a 38-year-old woman from middle socioeconomic background. She got married when she was 26 years old. She does not want to have children, but feels that she has to make a 'final decision' on motherhood before she turns 40. For her, this age deadline has to

do with the health risks of childbearing at an older age, but also with the conditions for mothering. For Violeta, motherhood is not just about 'giving birth', but also about caring for others:

> For me, the concept of motherhood is not associated to the biological, like to reproduction, to bringing the child into the world. For me, motherhood is given by the sacrifice, by the work that you can do for another, and that that other depends on you.

The narrative of Violeta suggests that the age norms that regulate childbearing are also embedded in the understanding of motherhood as a social role. These age norms are outlined according to social fertility as 'the normatively established conditions for having and raising a child' (Martin, 2017, p. 93). Among my interviewees, motherhood is not just a biological process but also the performance of care, upbringing, and protection. In their narratives, mothering is associated to actions like feeding, cooking, cleaning, and educating, and to ways of being such as affectionate, loving, protective and responsible. For Consuelo, 'being a mother, just like being a father, is not the one that breeds, is not the one who gives birth. Ultimately, it's who raises you and loves you'. Similarly, for Luz being a mother is not just about childbearing. For her, 'apart from the fact of giving birth, there is the fact of upbringing, and when I say upbringing I mean protection, feeding, and beyond, education'.

The narratives of my interviewees reveal that women are socialised into the role of motherhood from early childhood. Most of them mention that they were taught to take care of others from a young age by playing with dolls and being responsible for their siblings. Luisa remembers that, 'since we were little girls, they taught us to play with dolls so that when we were older, we would have children and take care of them'. This socialisation is transversal to the experiences of my interviewees, but the responsibility of caring for others is particularly significant for lower class women. This is the case of Rebeca. She argues that she was a mother from an early age because she had to take care of her younger siblings:

> Since I was a girl, I was a mother, because I took care of my siblings. Yes, my siblings were younger than me, so I used to change their diapers, prepare their bottles. If they woke up in the middle of the night, I would get up to see them because my mother didn't wake up, she wasn't much of a mother. So, if you ask my brother or my sisters, they always considered me the mother. For them, more than a sibling, I was a mother.

The interviews that I conducted reveal that being a mother is subject to social time norms. Women are expected to experience childbearing only after achieving milestones related to education, labour and financial stability, and reaching a state of mental and emotional development related to maturity and responsibility. Only then are women considered to be 'prepared' and 'ready' to be mothers. These social calendars are related to concerns about the ability of the mothers to raise their children in an appropriate and sustainable manner (Billari, et al., 2011; Cooke, et al., 2010; Martin, 2017).

Prevalent social time norms on the timing of the transition to motherhood indicate that the 'right' time to have children is after achieving educational and work milestones. The narratives of my interviewees reveal that women are expected to have children after they finish studying and have a job. Elisa recalls thinking, 'I am going to become a mother after I finish studying' because that is what she 'had always been told'. This is particularly relevant for younger lower and middle class women. For Blanca, to finish studying and having a job before having children is important 'because that way I'm going to be able to help my family. When I complete my degree, I'm going to help my family. So that then I can have children and give them a good quality of life'. I will further discuss the relationship between the timing of the transition to motherhood and women's educational and professional trajectories in Chapter 8, when I address the norms that shape the female life course in contemporary Chile.

Prevalent social norms on the timing of the transition to motherhood also indicate that the 'right' time to have children is after achieving maturity and composure. In the narratives of my interviewees, these attributes have to do with both having experienced and leaving behind recreational activities like travelling, partying, and going out with friends. Dominga felt that the 'right' time to have children was after 'having ticked all the boxes' of things she wanted to do. As she argues, 'motherhood caught me after having ticked many boxes. I have already done so many things, and now I wanted to do different ones'. For some women, the 'right' time to have children resembles a transition from adolescence to adulthood associated with becoming responsible. This is the case of Loreto. When she got pregnant at 16, she knew that she could not be an adolescent anymore because she had to be responsible:

> I skipped adolescence. I mean, I think I went immediately into being a young adult because when I knew I was pregnant I realised immediately that I couldn't do the

things my friends were going to do at that age, at 16. So, it was like that, I was happy, I assumed my responsibility and saw that I could also be happy in that reality.

The social time norms that regulate the timing of the transition to motherhood are structured according to age as a temporal parameter to determine the 'right' time for childbearing. Settersten and Mayer (1997, p. 239) posit that 'age is often used as a predictor of an individual's physical and emotional maturity, of an individual's readiness to assume certain responsibilities'. The narratives of my interviewees reveal that age is important because it is believed that achieving the maturity and responsibility required for mothering takes time. Age matters because 'how old' women are is an indicator of their ability to bear and nurture children. This is the view of Matilde:

> I think that the decision [of when to have children], is one of the most important decisions you make in life. So, it has to be made thinking of all the possibilities because the issue of age, of the timing, is important. The issue of where you are living, where you are going, are you planning to be with family soon. I think that all of those things are very important.

My interviews suggest that the right age for childbearing according to social fertility is not homogeneous but rather diverse and related to women's age and socioeconomic status. For women who are older and lower class, the 'right' time to have a first child is at the age of 25 and in the late 20s. For Rafaela, 'it's ideal to have the first child at 25 because you are more mature, you know what it is [to have] a child, taking care of him, protecting him'. For Blanca, the 'right' age to become a mother is at 27, 'because, for example, if one studied, then you can work and support the baby. Or you have a job for a long time, and then you can also be promoted. And you are more mature'. In their narratives, the age of 25 is symbolised as the 'right' time to have children because, according to social calendars, by then women have had enough time to achieve personal professional milestones that are important for 'good mothering'.

For younger middle and upper class women, the 'right' time to have a first child is at the age of 30 and during the 30s. For Maite, 30 is the 'right' age to become a mother because:

> You already have a lot of experience, you partied all that you had to party, perhaps you already travelled. Most people at 30 already completed their degrees, so you are already working, and it's not like you are starting to work because you are already 30

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and on average most people finish [university] at 25, 26. So, you have your life more consolidated, that's why I see myself having my first child at 30.

Similar to Maite, Consuelo considers that 33 is the 'right' time for childbearing because it gives her 'the time to do everything'. As she argues, 'I want to feel good, live, and not having children and say 'oh, because I had children, I couldn't do that'. (…). I want to be ok, calm and fulfilled, and then say 'ok, let's have children'. The narrative of Consuelo reveals that doing 'everything' before having children is important to achieve the maturity and responsibility that women are expected to have before becoming mothers.

Among my interviewees, 30 seems to be the prevalent age that outlines the 'right' time for childbearing. This is by far the age that was most often mentioned by the participants when I asked them about when women should become mothers. Maite sees herself having her first child at 30 because 'it is the average age for everyone'. For Elisa, 30 is also the 'right' time for childbearing because 'everyone says so':

> That [age] was already in my head. I always used to say that. They asked me 'when do you want to become a mother?' And I used to say, 'I don't know when, if it's going to be planned or not', but I always imagined that number, 30 was always in my head. (…). Also, because of what I used to hear. My aunt, my mother, everyone talks about it, everyone says that that's the adequate age. They always told me that.

7.2 The ambivalence of time

In making the transition to motherhood, women often have to manage multiple and competing age norms on the timing of childbearing. The 'right' time to have children outlined by biological and social norms is not only different, but also contradictory and in tension. Several scholars working on the timing of childbearing have also noted the conflicting character between the biological and social 'clocks'[53] that outline women's reproductive experiences (Billari, et al., 2011; Daly & Bewley, 2013; Martin, 2017; Perrier, 2013). These age norms characterise time in an ambivalent way. Time is both enabling and constraining for the transition to motherhood. While it allows achieving maturity and responsibility, it also increases the risks for pregnancy, fertility, and health. Martin (2017)

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[53] In the literature, the 'clock' is commonly used to refer to time. However, as I have argued in Chapters 3 and 5, both terms should not be used interchangeably because 'clock time' is just one of several ontologies of time and is based on particular assumptions about the nature, boundaries and dynamics of time.

and Perrier (2013) have also accounted for this ambivalence by suggesting that while time decreases women's biological capacity to conceive, it increases women's social, psychological and emotional readiness for childbearing.

These conflicting age norms that regulate the timing of the transition to motherhood are revealed in the narrative of Laura, who is a gynaecologist. For her, there is a problematic desynchronisation between the 'biological' and 'social' times in the transition to motherhood:

> I think that currently the social part is not the same as the biological part, because women want to study, do specialities, subspecialties, masters, doctorates, many things. (…) I think that it's critical because with all of this, motherhood has been postponed, but the biological clock hasn't varied at all. So, the only thing that happens is having pregnant women that decide to have children at 35, when the pregnancies have a lot more risks, when there are more problems to get pregnant, more abortions, more malformations.

The multiple and conflicting character of the age norms that shape the timing of first childbearing means that in becoming mothers women both reproduce and subvert some of these norms. The timing of the transition to motherhood of some of the women I interviewed complies with the biological age norms, and, at the same time, disrupts the social age norms of when to have children. This is the case of Rebeca. She had always wanted to become a mother, but when she got pregnant at 17, she felt that it was not the 'right' time to have a child. Rebeca believes that 'bringing a child into the world has to be done with responsibility'. In reflecting upon the timing of her transition to motherhood, she argues:

> It wasn't my dream to get pregnant under those circumstances. My dream was to study, like I told you. And the fact of having a baby was a great responsibility. I had nothing; where to live, where to be.

Rebeca's narrative is structured according to the disruption of the social age norms that shape the timing of first childbearing. In her view, becoming a mother at the age of 17 meant that she was not prepared to assume the personal and material responsibilities that she thought were necessary to take care of a child. However, her narrative reveals no struggle with the biological age norms that shape the timing of childbearing. In telling the story of becoming a mother, Rebeca does not refer to problems associated to her ability to conceive

and bear children. As Perrier (2013, p. 76), suggests, 'in terms of the physical labour of pregnancy, a younger biological age would be an advantage, but in terms of parenting, older age would have its benefits'.

The timing of transition to motherhood of some women I interviewed also complies with the social age norms, and, at the same time, disrupts the biological age norms of when to have children. This is the case of Dominga. She always knew that she wanted to be a mother, but, as I previously discussed, she decided to have a child only after she had 'ticked all the boxes' of things she wanted to do in life. Dominga had her son when she was 41, after having studied, worked, lived abroad, partied and travelled. This made her feel fulfilled and ready to become a mother. As she argues, 'and the moment when I said 'yes', was when I felt that I had really done everything. And now what? Now I am more composed, now I want to form a family'. However, she knew that getting pregnant at that age had risks. As she explains, 'the risk that you don't get pregnant because your eggs are too old and don't work well. It's a lot more difficult'. The narrative of Dominga reveals that her transition to motherhood reproduced the social time norms of childbearing, but also disrupted the prevalent biological time norms of childbearing by getting pregnant at an age that is considered to pose risks to the ability to conceive and bear children. As Martin (2017, p. 97) argues, 'women's capacity to conceive may decline before they feel socially or emotionally competent to have a child' and 'when women feel socially and emotionally prepared to have a child, they may no longer be in the optimal biological range to have a child'.

The narratives of my interviewees that do not have children reveal the challenges of reconciling competing age norms in planning future childbearing. Making the 'right' time for the transition to motherhood by complying with both biological and social time norms involves not only planning fertility, but also synchronising different life course trajectories, and developing detailed calendars and schedules to achieve milestones before pregnancy. This is the case of Consuelo. She wants to be a mother, but she wants to have children only after she feels fulfilled and that she achieved the stability required to raise a child. Consuelo also believes that reproduction has physiological boundaries and that female fertility 'expires' with the passing of time. That is why she has created a detailed biographical schedule that allows her to allocate childbearing before 35 and after achieving important personal and professional milestones:

> I'm very organised, planned. Very. That's the way I have to…, all my life is like that, everything is planned. At least the three next years are planned. I have to change jobs

because now my contract is on a fee basis, and I can't start having children on a fee-based contract because of an issue with the contractual benefits. So, travelling and being a mum at 33. Those are my short-term plans.

The work of Perrier (2013, p. 83) reveals 'the impossibility of synchronising biological, psycho-social and intergenerational times for women in late modern societies'. Nonetheless, women are expected to manage and reconcile these different age norms in making the timing of the transition to motherhood. The narrative of Consuelo reveals that it is possible, to some extent, to time the first childbearing within the boundaries of the age norms of biological and social fertility. However, it also suggests that this 'right' time is defined by a very narrow period that leaves little margin for contingency or change. Her experience reveals that making the right time for the transition to motherhood involves substantial efforts to reconcile competing time norms by anticipating, planning and coordinating, and to manage multiple risks, requirements and deadlines. I follow Perrier (2013, p. 78) in asserting that 'it is very difficult for women ever to reach the right time for motherhood, that is, a time when higher education is finished, careers are established, financial and relationship security is achieved and yet there is still biological time'.

7.3 'Too young', 'too old': the disruption of age norms

7.3.1 'Too young': the fear of disruption

In the previous section of this Chapter I introduced the story of Rebeca, a 39-year-old women from lower socioeconomic background and mother of two children. Looking back on her life, Rebeca mentions that she was 'too young' when she experienced the transition to motherhood. She was 17 when she got pregnant and recalls having almost nothing at that time; she had not finished school and had no money or place to live. For her, becoming a mother at that age meant not only that she wasn't 'prepared' to take care of a child, but also that her aspirations for the future were truncated:

All my dreams were cut. The fact of studying, the fact of being what I wanted to be, being a psychologist. So, for me it was very complicated to have been pregnant, especially under those circumstances. The fact of being alone, without being able to tell anyone, because I still couldn't tell anyone. So, I didn't have anything for the future.

The narrative of Rebeca reveals that subverting the age norms of the transition to motherhood by having a child 'early' is intertwined with adversity. Settersten and Mayer (1997) argue that age is often used as a predictor of the likelihood that an individual will experience social problems. Cooke (2013) has noted that early pregnancy is often framed as a social problem that has negative consequences for women and their children. In the interviews that I conducted, having a child 'too young' has a negative meaning associated to health risks for the female body, a neglect of childcare, and the disruption of the life course. The narrative of Rebeca also suggests that early childbearing is an experience structured according to socioeconomic background. Almost all the participants that became mothers when they were 'too young' were lower class. Other studies also reveal that early childbearing is prevalent among women from disadvantageous and vulnerable backgrounds (Cooke, 2013; Edin & Kefalas, 2005; Hărăguş, 2011; Perrier, 2013).

There seems to be an overall consensus among my interviewees in considering that women are 'too young' to have children when they are 18 years old or younger. In this narrative, age works as a symbolic marker of the childbearing capacity of the female body. As Diana argues, 'I once heard a doctor say that for little girls, I mean, 14, 15 years old, it wasn't so easy to have a baby, and they could have problems with their bodies'. Similarly, Jacinta believes that women should only have children when:

> Your body is prepared, because I think that the body of a 15-year-old girl is not prepared to have children. (…). I also think that organs mature a bit, they grow, they evolve with growth. So, I feel that, for example, the stamina of a 15 year old girl with a huge belly it is not the same as of a girl of 20, I think that the pregnancy would be a lot more complicated.

Most of my interviewees perceive that after menarche and during puberty the female body is enabled for pregnancy but not ready for childbearing. In their narratives, having a child at a young age is outlined as a risk for the health of the mother and the baby, and as a burden to the functioning of the female body. This reveals a tension between the possible and the desirable in the biological times of the transition to motherhood.

In being 'too young' for first childbearing, age also works as a temporal parameter that symbolises the extent to which women are suitable to mother and take care of their children. In the interviews that I conducted, being 20 or younger is often associated with an absence of the maturity and responsibility required for mothering. This association

between young mothers and irresponsibility is frequent in public discourses on childbearing (Perrier, 2013). For Olivia, becoming a mother before 20 'is irresponsible because you are too young, you can't take care of a baby because you are just developing yourself. It's like psychologically irresponsible'. Similarly, for Rebeca, having a child at a young age is also irresponsible:

> When you have the baby when you are young, it's different, you are not thinking about the little girl, that you have to change her diaper. You are going to be running around. Now young girls don't care; they are tired [because] they went out partying. There are mothers that are very irresponsible in that regard. So, you are out partying, or you are just thinking about partying, not that you are a mother.

Being 'too young' to become a mother is also associated with not being 'prepared' due to lack of knowledge and material assets. Cooke (2013, p. 4) asserts that 'much of the reason for the negative consequences of early childbearing is a lack of resources available to young parents, including money, time, and caregiving support'. This characterises the experience of transition to motherhood of Rafaela. She was 19 years old when she had her first child and remembers struggling with the fact that she did not know how to take care of her daughter. As she explains:

> I looked at my daughter like 'what do I do? I mean, how can I hold her correctly so that she doesn't fall? Something is going to happen to her'. If she sneezed, I believed that she had a bronchopneumonia. I was afraid of everything. And then, with time, I learned, I matured. But it was hard, it was really hard.

In the narratives of my interviewees it is often mentioned that when women become mothers 'too young', they abandon their children and neglect their care. As a consequence, their children end up being raised by their grandparents and other family members. This was the experience of Cecilia. Her daughter became a mother at 15 and her granddaughter at 16[54]. She has always been involved in the upbringing of her grandchildren and great grandchildren; caring for them, giving them housing, and paying for their education. As Cecilia narrates, 'my granddaughter had her daughter when she was 16. Well, because she

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[54] Some studies suggest that there is an intergenerational pattern to the experiences of women that become mothers 'too young'. For example, Cooke (2013, p. 2) argues that 'women from families with a history of early childbearing are themselves more likely to have early first births'.

works, she is 26 now, she doesn't care. She knows that she has her grandmother to take care of her girl'.

In my interviews, subverting the age norms of the transition to motherhood is also associated with the disruption of the life course[55]. Having a child 'too young' would cause women to skip important stages and interrupt their life trajectories. 'Screwing up their lives', 'truncating their future', 'throwing away their dreams', and 'cutting off their wings', are expressions often used by my interviewees to make sense of the impact of early motherhood on the female life course. Becoming a mother 'too young' is often outlined as disruptive because it is associated with skipping important life stages, like adolescence. This was the experience of Rosa. She had her first daughter when she was 15 years old and describes that the pregnancy made her miss important life stages. As she narrates:

> I lived the life of a 30 year old woman at 15. It was too early. But I made it through. I skipped stages because I never knew what it is to go to a party, for example, at 25, to go to a party and have fun with my friends. I didn't, at 18, I didn't know what it is to go out with my classmates to a club, to have a drink and talk. No, I skipped all of that.

The interviews I conducted reveal that becoming a mother 'too young' is also disruptive for the female life course because it represents a deviation from important life trajectories, especially education. Several studies have documented this intertwinement between early childbearing and the abandonment, interruption or delay of formal education (Cooke, 2013; Edin & Kefalas, 2005; Hărăguş, 2011; Sevón, 2005). This disruption characterises the first childbearing of Manuela. She had her first daughter when she was 17. When she realised she was pregnant, she had to leave school and she never finished secondary education. In discussing the impact of early childbearing in her life, she argues:

> I couldn't finish my studies. I was immature, I left things unfinished, and then that takes its toll on you. (…). Then one says 'oh, why didn't I do it? Why not?'. So, in the end, children end up being like a burden. 'Oh, for being a mother I didn't finish this, for being a mother I didn't finish that', and that's not the idea.

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[55] An in-depth analysis of the meanings and experiences of disruption among my interviewees reveals that is not just that early childbearing is in itself disruptive, but that prevalent social and institutional arrangements make it so. I will further discuss this when I address the norms that shape the female life course in Chapter 8.

In the case of lower class women like Manuela, a pregnancy earlier than expected is also experienced as a disruption of upward social mobility. As Cooke (2013, p. 13) suggests, having a child at a young age can be 'a mechanism by which that disadvantage may accumulate or be magnified over the course of individual lives'. This is the view of Luisa. For her, the pregnancy of her oldest daughter when she was 'too young' meant a constraint on her possibilities of achieving a better life in the future. As she argues:

> The fact that she had a daughter so young, she screwed up her life. She didn't continue working on what she wanted, on what she would have liked to be. (…). Now she tells my granddaughters that they should study, so that they don't end up being just like her, just like me, [because] we ended up doing the cleaning.

The narratives of Manuela and Luisa reveal that the extent to which motherhood is disruptive for the female life course is associated with women's socioeconomic background. Middle and upper class women often have more resources to manage the impact of an early pregnancy, making it less disruptive. This is the case of Loreto. She had her first child when she was 17 and her second when she was 18, but this did not disrupt her life. Her parents supported her so that she could finish school. When they found out she pregnant, they told her, 'you have to finish studying, and we are going to help you, but you have to finish studying'. She could also leave her children in a good kindergarten. As she describes, 'during those two years the children went to the kindergarten, which was good, it was free, and they fed them and everything. So, we could complete our degrees smoothly'. In discussing becoming a mother 'too young', Rebeca, stresses the extent to which socioeconomic inequalities shape the disruptive character of an earlier transition to motherhood:

> The fact of becoming a mother is beautiful but it also truncates your life. The economic part is what holds you back the most, because if you have a good financial status, it will not affect you, because you just resort to childcare and that's it. You can work, you can study, everything. But, the economic situation, it obviously affects you because you can't leave your baby alone, you can't leave it with anyone, I mean, especially in the places where one lives.

The narratives of my interviewees reveal that subverting the temporal boundaries of the transition to motherhood by being 'too young' is a practice that is socially sanctioned. Elder Jr. (1975) and Settersten (1997; 2003) have pointed that the subversion of age norms is often penalised through sanctions and social disapproval. In the case of the transition to

motherhood, Edin and Kefalas (2005, p. 65) argue that 'most still view early pregnancy as something of a tragedy, and girls in this situation may face censure from teachers, preachers, neighbours, and kin'. Discriminated, stigmatised, judged and ashamed are some of the ways in which my interviewees felt for becoming mothers while being 'too young'. Rosa had her first daughter when she was 15. She remembers 'hiding' the fact that she was going to have a baby because she felt 'afraid and embarrassed' of being pregnant at that age. Rebeca also remembers hiding her pregnancy because she did not want people to 'look down' on her for being so young. The narratives from the interviews suggest that the social sanctions associated with being 'too young' for childbearing are prevalent but have become flexible over time. In discussing the social sanctions to early pregnancy, Ana argues, 'before, it was hidden, because of the family, because of what others might say. Now not, now the girls go around with their bellies uncovered'.

7.3.2 'Too old': the risks of ageing

In Chapter 5, I introduced the story of Beatriz, a 54-year-old woman from middle socioeconomic background and the mother of 11-year-old twins. Beatriz always knew that she wanted to become a mother. After marrying at 31, she tried to become pregnant but could not because she suffered from severe endometriosis. After 10 years of undergoing reproductive treatments, she became a mother at the age of 42. In experiencing an involuntary delay to childbearing due to infertility, Beatriz struggled with her age and the fact the she was 'getting old'. For her, childbearing after 40 means that 'you are going to have a child with complications, or perhaps you are not going to be able to have [children], or you are not going to be able to carry the pregnancy to term'. But for her, ageing was not only a risk for her fertility and the health of her children, but also for her capacity for mothering. She mentions that because of her age, her sons are worried that something might happen to her:

> One of my sons is always worried. For example, I smoke in social contexts, sporadically, [and he tells me] 'mum, that is bad for you, you have to live many years, because you are already older', 'mum, take care of yourself'. They are like that all the time, they have that anxiety.

Like Beatriz, all the participants that became mothers or considered becoming mothers later in life were middle and upper class. Several studies also demonstrate that late childbearing is prevalent among women from more privileged backgrounds (Daly & Bewley,

2013; Friese, et al., 2008; Perrier, 2013). The narrative of Beatriz also reveals that subverting the time norms of the transition to motherhood is associated with risk. In the interviews that I conducted, the meaning of having a child 'too old' is often shaped by risks associated with infertility, health issues for the mother and the child, and the inability of women to take care of their children. This understanding of 'old' and 'late' motherhood has also been documented in other studies (Jarvie, et al., 2015; Perrier, 2013; Settersten & Hägestad, 1996).

There seems to be an overall consensus among my interviewees in considering that 40 or older is an age in which women are no longer suitable for first childbearing. In struggling to make a decision if and when to become a mother, Violeta argues:

> I decided that at 40 the issue [of motherhood] closes. (…). And that's given by my age, because mothering after 40, together with being a risk for me in terms of health, is also [a risk] for the child because he could perhaps have other health conditions. And it's also an issue of mental health. Exercising motherhood at 40 is not a minor thing, with stress, less tolerance, with less projection in life to give children what one thinks one should give to them over their lives.

Several of the risks associated with having a child 'too old' are related to the belief that as bodies age they become dysfunctional and are more likely to experience 'medical problems' (Settersten Jr. & Mayer, 1997). For several of my interviewees, when women are 40, their bodies are tired, worn out, more likely to experience illness, and less likely to comply with the requirements of childcare. For Ana, at that age, 'bones are harder, it's more difficult, the weight of the belly is more, is heavier. So, it's more complicated to have a baby, more dangerous'. Similarly, Violeta argues, 'your musculature also decreases, you start having diseases that are associated with age. So, a person that is so adult is no longer in conditions, from 40 onwards, to have children'.

The women's narratives reveal the understanding that the ageing of the female body poses risks to childbearing. Being 40 and older is often associated to the risk of infertility and inability to carry the pregnancy to term due to the fact that eggs and the uterus age and their functioning declines over time. In becoming a mother after 40, Dominga recalls struggling with the idea that 'if you are already 40 and more you are old because you are going to have difficulties to get pregnant. It's true, because it's more difficult, because your eggs are older'. Several scholars have noted that ageing increases the time it takes to conceive, the risk of

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miscarriage, and other pregnancy complications (Billari, et al., 2011; Cooke, et al., 2010; 2012; Daly & Bewley, 2013; Macintosh, 2015; Martin, 2017). In discussing the risks of becoming a mother 'too old', Laura, who is a gynaecologist, contends:

> First, it's more difficult for you to get pregnant. Second, you have more abortions because one is born with those, the ovaries, that are full, they are the same follicles that you had in your uterus, they are the same, they are not new ones. (...). So, after the 35 years that your eggs have been there, they start getting damaged because they have been there for too long.

Subverting the time norms of the transition to motherhood by experiencing childbearing 'too old' would also pose risks to the health of the mother (Cooke, et al., 2010; 2012; Macintosh, 2015). The narratives from the interviews reveal that pregnancy at 40 or after is associated with the risk of suffering from diabetes, alteration of thyroid function, and increase of blood pressure, among other things. These risks can affect the health of the pregnant woman and the development of the pregnancy. For Ana, having a child 'too old' is dangerous because 'blood pressure increases, you have the issue of blood pressure, you have a diabetes problem, and several more things, so it's complicated'. Similarly, Soledad argues, 'at 40 start all the issues associated to the thyroid, glucose, the issue of diabetes. So, if you become a mother after 40, your pregnancy has a lot more risks'.

Several studies have documented that having a child 'too late' also poses risks to the health and wellbeing of the child (Billari, et al., 2011; Cooke, et al., 2010; 2012; Macintosh, 2015). In the women's narratives, these risks have to do with illness, disability, congenital diseases, malformations, and chromosomal abnormalities, among other things. Overall, they are related to the risk of having a child with 'problems' and that is not 'healthy'. For Silvia, experiencing childbearing when women are 'too old' poses 'the risk of a child with malformations or congenital diseases. And it happens often. Down's Syndrome is very common in women of 39, 40'. These risks were the reasons why Rebeca decided not to have another child later in life. As she argues, 'well, the first issue that came to my mind was having a child with problems, which is complicated, [a child] that comes with some disease, or with Down's Syndrome'.

Subverting the time norms of first childbearing by having a child at an age that is considered 'too old' is also associated with risks related to women's capacity to mother. Scholarly work on late childbearing has documented the ways in which 'old' age is associated with lack of

energy for childrearing (Martin, 2017; Settersten & Hägestad, 1996), and perceived as a liability for good mothering (Chen & Landau, 2015; Settersten & Hägestad, 1996). In the interviews I conducted, the women often mention that becoming a mother 'too old' means having less energy and being more tired. Activities like playing, doing physical or outdoors activities, going to parent-teacher meeting, changing diapers, and getting up at night to check on the baby, would become increasingly difficult. For Jacinta, an older mother 'would get more tired playing with the child. She wouldn't have enough energy being old'. This lack of energy shaped the experience of Luz. As she conveys:

> My last daughter was born when I was almost 42. I have enjoyed her a lot. But the only thing that I don't like from that motherhood is when the body just can't handle it. Having to go to the meetings, getting up at night, picking her up, dropping her off, tolerating the loud music at midnight.

In narrating the constraints to mothering posed by late childbearing, my interviewees often associate the exhaustion and lack of energy to being a 'grandmother'. This displacement of the role of motherhood into a later stage of the life cycle is often shaped as negative and inappropriate for childcare. Chen and Landau (2015) and Friese, et al. (2008) have also documented that the reference to 'old mothers' as 'grandmothers' represents a delegitimisation of women's roles as mothers. Discussing her struggle with delaying the transition to motherhood, Consuelo argues, 'my problem is not that my child might be born with problems or some kind of syndrome. It's not having the energy to see my children grow and do things with them'. In making sense of her decision to have children when she is 33, she asserts:

> I am a bit afraid of being a grandmother and having to say 'you know what? I can't because I am tired. I can't because my back hurts. I can't because I have arthritis, osteoarthritis, or anything'. That's what I am afraid of. That's why I think I set [the deadline] at 33, because I think that I am going to be active enough for the first five, six years, that are the most demanding.

Becoming a mother 'too old' is also often associated with an inability to perform the role of motherhood in the future. Several studies reveal that 'old mothers' experience regrets and concerns about how much time they would have with their children and if they would get to know their grandchildren (Chen & Landau, 2015; Cooke, et al., 2012; Friese, et al., 2008; Martin, 2017; Perrier, 2013). For my interviewees, the association of ageing with illness,

disability, and death means that they might not be able to take care of their children as they grow older. In their narratives, this inability of care is usually associated with not being able to accompany them in their graduation or marriage, to support them financially and give them housing, and to help them raise their children. For Luz, late childbearing implies the risk of leaving the 'job' of upbringing 'half done':

> Being a parent is not giving birth, you have to educate them and accompany them. When you are over 50 you can have a stroke at any time, any minute you can become paraplegic, anything. It's a lot more likely than when you are 20. I mean, as your age increases, the possibility of poor health also increases, either partially or totally. And it would be leaving the job of upbringing your children halfway.

For the women I interviewed, assessing this risk often involves 'calculating' age difference and estimating how old they would be by the time their children reach important milestones like finishing school, getting married, or having children. For Adela, not being there for her children is one of the major risks of late childbearing and the reason why she engages in this calculation of the potential age difference between her and her children:

> A cost could be not being able to accompany your children for many years. I mean, if you become a mum at 40, and you can't project yourself beyond 80. Ok, you are going to see your children until they are 40. Fine. But, if you pass away before? What happens if you get terminal cancer and you are gone? You are gone by 50 and your child is 10 years old, you are gone by 60 and your child is 20 years old. You didn't get to see him get married or have children, you didn't accompany him in those things.

Subverting the time norms of the transition to motherhood by becoming a mother 'too late' is a practice that is socially sanctioned. In the narratives of my interviewees, women that experience childbearing at 40 or older are deemed individualistic, selfish and irresponsible for putting at risk their health, the health of their child, and their capacity to take care of their children over time. Cooke, et al. (2012) and Jarvie, et al. (2015) have also noted the prevalence of public narratives that depict negative representations of 'older mothers' as selfish. For Olivia, '[being a mother] beyond 40 is irresponsible because it's something dangerous for you, and it's something dangerous for a baby. That's why I think it's irresponsible'. Similarly, for Maite, women that become mothers when they are 'too old' are selfish because they neglect the wellbeing of the child. As she argues:

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I think they are selfish, because you are taking the risk of having more diseases. The child might have a syndrome, and you are selfish because in the end you are hurting him (…). So, in the end you are being selfish with yourself and with him because you are not offering him a life, a good quality of life. You are bringing him because you wanted to have a child, but you are not considering all the factors, all the other factors.

These social sanctions are also expressed in the stigmatisation of parents because of their age. In my interviews, some of the women that became mothers later in life narrate that their children feel ashamed and embarrassed of having 'old parents'. This is the experience of Beatriz. One of her children struggled with the fact that his classmates mocked his parents because of their age during a school ceremony. As she narrates, 'he felt ashamed of having his father at the altar. So, he told me 'mum, my classmates laughed because my father was old'. So that's a complicated thing'. Other studies have also documented the ways in which embarrassment and shame outline the social stigmatisation of 'old mothers' (Chen & Landau, 2015; Friese, et al., 2008; Jarvie, et al., 2015).

7.4 Deconstructing age and ageing

In this Chapter I have argued that the age norms that regulate the timing of the transition to motherhood are multiple, conflicting and ambivalent. There are not only tensions *between* biological and social time norms, but also *within* them. The biological age norms outline that the 'right' time for childbearing is when women are younger but not 'too young'. From a physiological perspective, the female body requires time to achieve its optimal functioning for reproduction, but time also has a negative impact on its ability to reproduce. The social age norms outline that the 'right' time for childbearing is when women are older but not 'too old'. From a social perspective, women require time to achieve the ability to raise and take care of a child, but time also has a negative impact on their capacity for mothering. These tensions between and within biological and social age norms shape the multiple and ambivalent character of the 'right' time for first childbearing and of what it means to be 'young' and 'old' for the transition to motherhood.

Ageing is a lifelong process and part of the continuum of human development (Crosnoe & Elder Jr., 2002; Elder Jr., 1975). However, in the narratives of my interviewees ageing refers exclusively to the passing of time on the female body that leads to being 'too old' and that poses risks for childbearing. Ageing is the process that occurs to the body, the uterus, the eggs, the placenta, and the bones after a certain age, which constrains female fertility. In

discussing the time boundaries of motherhood, Soledad argues that 'eggs expire' and that 'the uterus grows old'. Similarly, for Loreto, 'eggs age and that is a reality. So, the closer you get to 40, the older the eggs, the higher the chances of a child with problems, of more difficult pregnancies'. As revealed in the narrative of Loreto, ageing takes on a negative connotation because it portends the weariness of the female body; the decrease of its reproductive potential and increase of the risks of infertility and disease. My interviews reveal that in the context of childbearing, the meaning of ageing is constructed in primarily negative ways (Morgan & Kunkel, 2007).

The process of change over time that enables childbearing both in physiological and social terms is understood by my interviewees not as ageing, but instead as growth, maturation or development. In their narratives, these processes take on a positive connotation as they refer to the ways in which women 'prepare' and become 'ready' for childbearing. In discussing the 'right' time for the transition to motherhood, Jacinta argues that is important for the female body to *mature* and *grow* before childbearing. For her 'organs mature, they grow, they evolve as one grows. So, I feel that the stamina of a 15 year old, having a huge belly, is not the same than of a 20 year old'. For Paula, it is important that women *grow* and *develop* before becoming mothers. As she argues, 'well, you have to grow, you have to develop, you have study, you have to work, you have to have fun. You have to fulfil different stages'. The narratives of Jacinta and Paula reveal that the passing of time takes on a positive connotation when it is perceived as a process of change that enables the physiological and social capacity to conceive, bear and nurture children.

Women's narratives reveal that the meaning of ageing in the context of the transition to motherhood is complex and ambivalent. The notion of ageing is often mobilised to make sense of a negative process of change over time that affects the reproductive functioning of the female body and constrains childbearing. But the process of becoming older is not always negative for the transition to motherhood. It is often outlined as both necessary and desirable when it enables the physical and social capabilities to have and take care of children.

In making the timing of the transition to motherhood, women also have to manage and reconcile ambivalent and dynamic meanings of age. Elder Jr. (1975) and Mortimer and Moen (2016) assert that age is a social construction that is dynamic and continuously evolving. The interviews that I conducted reveal that changes in the meanings of being '20', '30' and

'40' have reconfigured the temporal parameters that determine when women are 'young' and 'old' for childbearing. For Violeta:

> Life expectancies have increased, medicine and technology have also advanced. So, my body at 40 years old [is] logically very different to the body of my mother at 40 years old, for issues of nutrition, access to health, and all of that.

This reconfiguration of the meaning of age shapes the understanding that now women are younger for longer and become older later. For Consuelo, 'older age is being postponed or delayed. Because we are young, that is my definition, we are younger for a longer time'. In making sense of this change, she argues, 'because now you realise that I am 30, I am 10 years away from being 40, and no, I am not going to feel old at 40, because 40s are the new 30s, and 30s are the new 20s'. These changes have reconfigured Consuelo's understanding of the 'right' timing of first childbearing. As she explains:

> I think that when one was younger, one used to imagine that at 30 years old one was already old, or you already had to be a mother, and have five children. Because when one was young, 30 years was old. Today it's really not like that. We are not old at 30. So perhaps when I was younger, I used to imagine myself at 30 with three children at home because it was the normal thing to do. Now I can't see myself with three children at home.

In making the 'right' time for the transition to motherhood, women have to reconcile meanings of age that are not only dynamic, but also complex and ambivalent. The time norms that regulate childbearing often outline age as a temporal marker that symbolises a particular stage in the physiological, psychological, social and emotional development of women and that determines the extent to which they are suitable for childbearing. In doing so, age is often mobilised as a standardised and homogeneous construct with a univocal meaning. However, women's narratives reveal that a tension between the objective and subjective meaning of age lies at the core of the timing of the transition to motherhood. Some of the childbearing experiences of my interviewees are outlined precisely by the contradiction of 'being young but feeling mature' and of 'being old but feeling young'. Other scholars have also documented that chronological age can differ with the subjective accounts of 'how young' and 'how old' people feel (Mortimer & Moen, 2016; Settersten Jr. & Mayer, 1997). In the field of childbearing, studies have also documented the ways in which

older mothers feel young despite their age (Chen & Landau, 2015; Cooke, et al., 2012; Macintosh, 2015).

Among my interviewees, Cecilia and Rebeca had their first child when they were young but they feel that they were mature despite their age. Cecilia had her first child when she was 18 years old and argues that 'even though I was too young, I was very mature, because I never left her with anyone, not even with my mother, [she was] always with me'. Similarly, Rebeca had her first child when she was 17 years old and also recalls being mature despite her age:

> I was always mature. I don't remember ever being a girl, because I was always taking care of my sisters, changing them, if they cried, if they didn't cry, combing their hair, washing them, showering them, bathing them, [making sure] that they didn't lack anything.

The narratives of Cecilia and Rebeca reveal a tension between the objective and subjective meaning of age in the transition to motherhood. They had children while being young but felt mature. For them, this means that they were able to be responsible, take good care of their children, and be 'good' mothers despite of their age. Just like the young mothers in the study of Perrier (2013, p. 79), they 'defended their early reproductive timing as moral, even if it did not fit a middle-class life course'. The stories of Cecilia and Rebeca subvert the prevalent negative understanding of 'early' childbearing as irresponsible, negligent and risky for the wellbeing of children. Other studies on the timing of fertility and motherhood have also demonstrated that early childbearing is not always a negative event because it can also be experienced as positive, agentic, strategic, and desirable (Edin & Kefalas, 2005; Hampshire, et al., 2012a; Perrier, 2013).

A conflict between the objective and subjective meanings of age also lies at the core of the experience of transition to motherhood of Alicia. She had her first child when she was 41 years old. She argues that then people used to think that after 30 women were 'too old' to have children, but that she felt young when she had her son. As she recalls, 'I said, 'well, perhaps my body is young. I might be a certain age but my body is young to have a baby smoothly'. In further explaining this tension between her age and how she felt, she argues:

> I could say that I had a child at an advanced age. No, it wasn't at 25, nor at 30. And I raised my son well. I consider that I didn't feel old having my child. I raised him well,

I didn't have problems. (…). I managed, I didn't feel old, at all. Even though I had problems with my spine, no, I didn't feel, and until now, I go out with my son and I am very happy. I feel young, I don't feel like his grandmother.

The narrative of Alicia reveals that despite being 'too old' for childbearing, she felt young. For her, feeling young meant that, despite her age, her body was able to perform its reproductive functions without problems and that she was able to raise her child as she expected. For her, feeling young meant that she was able to be a 'good' mother, despite her age. The story of Alicia subverts the prevalent negative understanding of 'late' childbearing as irresponsible, negligent and risky for the wellbeing of children. Friese, et al. (2008) have also noted the ways in which women's experience can subvert prevalent constructions of 'old age' as negative and resignify the childbearing constraints associated with ageing. Overall, the narratives of the women I interviewed suggest that age as a parameter to determine the 'right' time of childbearing is not consistent and univocal, but rather complex and shaped by tensions between its objective and subjective meanings.

7.5 Conclusion

In this Chapter, I have outlined the age norms that shape the transition to motherhood in contemporary Chile and addressed the ways in which women negotiate and reconcile them in making the timing of first childbearing. The findings demonstrate that there is no 'right time' (Perrier, 2013) or 'perfect time' (Martin, 2017) for the transition to motherhood, because there are multiple and competing ideas of when women should become mothers. This pluralisation and fragmentation of the age norms that regulate the transition to motherhood is embedded in the nature of motherhood as a biological and social experience, and is related to cultural beliefs on the female body, the nature of reproduction, social and gender roles, and the female life course. Despite the multiple and conflicting character of age norms, women are expected to become mothers at the 'right' time. Their experiences reveal the challenges of managing and reconciling prevalent norms on biological and social fertility, as well as dynamic and ambivalent meanings of age, ageing, and being 'too young' and 'too old' to become mothers. This multiple, ambivalent and conflictive normative setting suggest that contemporary reproductive experiences are structured upon a dialectics in which women both reinforce and subvert prevalent age norms in making the timing of the transition to motherhood.

The findings discussed in this Chapter also reveal that in making the 'right' time of the transition to motherhood, women not only negotiate when to have children but also a sense of self as 'good mothers' (Perrier, 2013). In prevalent social narratives, first childbearings that occur 'off time' are often shaped as problematic events caused by reckless individual behaviour. Women that become mothers 'too young' or 'too old' are often outlined as irresponsible subjects that take risks, endanger themselves and their children, and neglect the standards of good parenting. Childbearing practices that deviate from the 'right' time tend to be socially sanctioned and experienced by women through discrimination, stigmatisation and exclusion, and through feelings of fear, regret and shame. As I have demonstrated in this Chapter, being a 'good' mother is a matter of time, and 'young' and 'old' mothers often find themselves engaging in moral struggles to legitimise and demonstrate their mothering capacity to others. Chronological age has become the social standard for determining women's ability to conceive, bear and nurture children. My findings challenge prevalent understandings of 'young' and 'old' mothers as negligent subjects by demonstrating that women who experience early and late childbearing can also comply with the expectations of biological and social fertility, despite their age. These findings suggest that chronological age is not always a precise indicator of women's capacities of being 'good' mothers, and that it is important to deconstruct the meanings of age and ageing in order to grasp the complexities and nuances of the ways in which women make the timing of the transition to motherhood.

CHAPTER 8

POSTPONING MOTHERHOOD
The struggle for autonomy

In this Chapter, I address the norms that shape the timing of the transition to motherhood within the structure of the female life course and its changes over time. I draw on life course scholarship to understand the structure of the life course as cultural norms that organise human lives through an ordered sequence of socially defined events and roles (Brückner & Mayer, 2005; Giele & Elder Jr., 1998; Heinz & Krüger, 2001). This normative sequence shapes values and beliefs regarding the appropriate order of life course transitions, and outlines biographical orientations by which individuals plan and unfold their lives (Elchardus & Smits, 2006; Kohli, 2007; Macmillan, 2005). The postponement of the transition to motherhood has been one of the most important transformations of the female life course, and it has often been interpreted as a consequence of an increase in women's freedom to shape their lives beyond traditional gender roles. My findings suggest that women are also postponing the transition to motherhood precisely to enable it. In the context of the reconfiguration of prevalent norms of womanhood and motherhood, the timing of first childbearing is outlined by a struggle for autonomy. Women are expected to become mothers only after achieving educational, professional and financial milestones that indicate their independence and capability to nurture and raise children as 'good' mothers. This prevalence of autonomy in the transition to motherhood has ambivalent social and subjective consequences for women. While it enables freedom, independence and empowerment, it also overburdens women and reinforces isolation and gender inequality.

8.1 Postponing the transition to motherhood

In Chapter 6, I introduced the story of Adela, a 34-year-old woman from middle socioeconomic background with no children. For a long time, Adela felt that she did not want to have children and that motherhood had no place in her life. Currently, she is seriously considering having a child for the first time. Reflecting on the timing of transition to motherhood, Adela notes that she will become a mother much 'later' than her mother and grandmother before her. As she says, 'my mum got married when she was pregnant at 21 years old. My grandmother got pregnant when she was 17 years old and got married when

she was 18 years old'. The narrative of Adela suggests that women in Chile are becoming mothers at an older age. This transformation of the timing of first childbearing is often referred to as 'postponing motherhood[56]' (Brown, 2009; Macintosh, 2015; Widmer & Ritschard, 2009), 'postponing childbearing' (Elchardus & Smits, 2006; Martin, 2017), 'delaying motherhood' (Jarvie, et al., 2015; Kuchner & Porcino, 1988; Wyndham, et al., 2012), and 'delaying childbearing' (Brückner & Mayer, 2005; Cooke, et al., 2010; Friese, et al., 2008; Giele & Holst, 2004).

As I discussed in Chapter 2, younger Chilean women from middle and upper socioeconomic background are becoming mothers at an older age (INE, 2006; 2007; 2018a). Among my interviewees, the perception that motherhood is being postponed often emerges from the comparison between their lives and the lives of women from previous generations in their families. In Paula's view, 'now one becomes a mother later. My mother already had three children at 33, and I didn't even think of having children when I was 33'. A similar impression is outlined by Consuelo. As she argues, 'my mum got pregnant of my older sister, when she was 17 years old. (...). So, yes, my life has been very different'. In Chile, the delay of childbearing characterises not only the practices but also the norms surrounding the timing of the transition to motherhood. There is a statistically significant negative correlation between women's age and what they consider the 'ideal' timing to experience the transition to motherhood (Yopo Díaz, 2018). As I discussed in Chapter 7, for older women the 'ideal' time for first childbearing is at an earlier age than for younger women, for whom women should become mothers at a later age.

In scholarly work, the prevalent narrative is that women are delaying childbearing because they are prioritising their wellbeing and self-fulfilment. Women are often portrayed as being individualistic, ambitious, and focused on advancing their personal development, establishing their careers, and achieving material comfort (Cooke, et al., 2010; 2012; Kuchner & Porcino, 1988). The few studies conducted in Chile reproduce this representation of women who delay childbearing (Calvo, et al., 2011; Fuentes, et al., 2010; Montilva, 2008).

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[56] I acknowledge that notions of 'postponing' and 'delaying' motherhood and childbearing are based on normative assumptions about having children that are rarely discussed. They reproduce a conflation between womanhood and motherhood by presupposing childbearing as a fixed and core event in the female life course. They are also embedded in a normative understanding of the timing of first childbearing in which 'postponing' or 'delaying' indicates the deviation and disruption of a 'normal' temporal order. While acknowledging these normative assumptions, I have decided to use 'postponing' and 'delaying' motherhood and childbearing throughout this Chapter, because these concepts are prevalent both in scholarly literature and in the narratives of my interviewees.

My interviews reveal that there are multiple reasons why women are postponing the transition to motherhood[57]. Achieving goals related to education, labour and material security and having 'life experiences', are often mentioned as motives to become a mother later in life. For Adela, women like her are deciding to postpone the transition to motherhood to 'become self-fulfilled'. For her, this involves, 'to get to know yourself better, become a professional, to travel'. Similarly, Consuelo decided not to have children yet because there are several things she would like to do first. As she explains, 'first I want to finish my studies, I want to get a specialisation, I want to do a Master's, I want to study abroad, I want to have life experiences'. For Adela and Consuelo, postponing motherhood is associated to 'taking the time' to do and achieve things in other areas of life. This is also the case of Olivia. She married when she was 27 years old but does not want to become a mother yet. In making sense of that decision, she argues:

> Because I felt that I had studied in the university for all those years, and now finally I was going to have my own money to do what I like, which is travelling, get to know other places, study, do other things. So, it wasn't my number one project because first I wanted to have a minimum amount of time to enjoy the present.

Becoming a mother at an older age is often associated with a significant increase in women's freedom, choice and control in enacting gender roles and timing childbearing (Kuchner & Porcino, 1988; Miller, 2005). As I discussed in Chapters 6, the transition to motherhood is increasingly perceived as a matter of agency, as something that women can decide upon and shape according to their will. In the interviews I conducted, women often associate postponing childbearing to an increase in women's reproductive agency. For Antonia, having children at an older age means that women 'are deciding to become mothers, and not because 'it failed', 'I didn't take care of myself', or 'it just happened'. I think that when you are 30 you decide to become a mother'. Delaying first childbearing would also be related to an increasing freedom in enacting gender roles. As Consuelo argues:

> Deep down there is a phenomenon of postponing for self-fulfilment. At least that's what happens to me. I don't want to become a mother yet because first I want to be a

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[57] I acknowledge that becoming a mother later in life is not always a matter of will and choice. As I discussed in Chapter 6, some women end up having children later than they wanted or expected due infertility and difficulties to achieve pregnancy. Other scholars have also argued that some respondents actively 'disidentified' with popular media representations of women who 'delay' motherhood to pursue educational and professional goals (Jarvie, et al., 2015; Perrier, 2013).

fulfilled woman, before a fulfilled mother. Because first I am a woman, before a mother. (...) First, I want to feel good myself, live, and not have children and say 'oh, because I had children I couldn't do this thing and I deprived myself of doing...'. So, I want to be ok, calmed, fulfilled, and then say, 'ok, let's have children'.

In the interviews that I conducted, postponing motherhood is often portrayed as a matter of self-fulfilment enabled by an increasing freedom to determine if and when to experience childbearing. This narrative is prevalent among the women that participated in my research, but also in the public space and in academic literature. However, my interviews reveal that the overemphasis on this narrative obscures the fact that women are also constrained into postponing motherhood and that delaying childbearing is a 'choice' made within significant social restrictions. Other scholars have also suggested that delaying childbearing is not always a voluntary choice (Cooke, et al., 2012; Kuchner & Porcino, 1988), because women often face a 'structural infertility' induced by the precarity of the social conditions for mothering (Marré, 2009).

In the interviews that I conducted, some women argue that they postpone childbearing not only because they *want to*, but because they feel that they *have to*. The narratives of younger middle class women outline the transition to motherhood as something challenging because the basic social conditions for childbearing are not given; education and health are privatised and expensive, and social protection is precarious. For Violeta, 'there are no conditions for having a child'. As she argues, 'in health there are no conditions, if you don't have insurance you are screwed, the health plans are too expensive, who can afford them?'. Similarly, for Adela, postponing motherhood is not just a personal decision. She believes that the delay of childbearing is due to the lack of social conditions for mothering:

> I believe that we are indeed all delaying the age to become mothers, [but] it's not just a personal and intimate decision, like 'oh, I want to be more mature to become a mother', no. It's because it's very hard, because in the society in which we are living it's hard to become mothers, there are no conditions. The economic conditions, the lack of social protection in health, education. And that's why I believe that a lot of people are delaying motherhood.

The narratives of Adela and Violeta suggest that the delay of childbearing is shaped in an important manner by the absence of the social conditions that enable women to become mothers. This reveals that postponing motherhood is not just a personal decision driven by

women's aspirations for self-realisation beyond traditional gender roles. I argue that the fact that women are having their first child later in life is embedded in the reconfiguration of the female life course, and that this process is driven not just by individualisation and the increasing freedom of women to make choices, but also by cultural norms that restructure the timing of motherhood within the sequence of the female life course.

8.2 The individualisation of the female life course

In Chapter 6, I introduced the story of Consuelo, a 30-year-old woman from middle socioeconomic background with no children. She has always wanted to be a mother, but she does not want to have children anytime soon. She has decided to place motherhood after achieving significant milestones and having different life experiences. Consuelo believes that in the present women have more freedom to allocate motherhood within the sequence of the life course. As she argues:

> Today is like 'I decide, and I will take the pill until I decide to stop taking it because then I'm going to get pregnant'. So, it goes hand in hand with that capacity that we have to choose when to become mothers and not give into the cultural imposition of society that says, 'you get married and have to have children'. Now the general rule is that people get married, travel, go to study somewhere, come back, and then have children.

The narrative of Consuelo is widely shared among my interviewees and reveals the belief that women today have more freedom to choose when to allocate the transition to motherhood within the sequence of the life course. This is also the view of Matilde. For her, 'before, they got married very young, and they expected their first baby one or two years after marriage, before you were 25'. Then she adds, 'now those things don't happen, women are prioritising other things, like education'.

This narrative of increasing freedom in shaping the timing of the transition to motherhood is often interpreted as part of the individualisation of the female life course (Brückner & Mayer, 2005; Elchardus & Smits, 2006; Kohli, 2007; Macmillan, 2005). This refers to the process in which the timing and sequence of life transitions become more flexible and diverse, and render life courses that are less predictable, stable and ordered, and more contingent, dynamic, and self-driven. The individualisation of the life course outlines that individuals acquire greater control over their lives and pursue a wider variety of

biographical trajectories. The fact that women are delaying childbearing and becoming mothers later in life is often interpreted as an indicator of the individualisation of the female life course (Brückner & Mayer, 2005; Elchardus & Smits, 2006; Macmillan, 2005).

My findings provide ambivalent empirical evidence with regards to the individualisation of the female life course. They reveal the generalised perception that women have greater freedom and choice to allocate the transition to motherhood within the sequence of the life course. However, they also reveal the persistence of cultural norms that shape the timing of first childbearing and determine the milestones that women should achieve before becoming mothers. This suggests that changes in the timing of the transition to motherhood in contemporary Chile are driven not just by individualisation, and that there are emerging social regulations that indicate the right time for childbearing within the sequence of the female life course.

In the past, the timing of the transition to motherhood was shaped by the cultural norm that women had to allocate first childbearing after finishing school and getting married[58]. Giele and Holst (2004), Kohli (2007) and Macmillan (2005), suggest that the female life course used to be organised around the sequence of school, marriage and motherhood. This is revealed in the narratives of my older interviewees. For Silvia, before 'you finished school, you got married, and you had children. I mean, that was it, there wasn't much more to choose from'. This norm shaped the timing of first childbearing of Diana. As she argues, 'my husband was my boyfriend since I was 17, I was still in school. (…) when I was 22 and he was 26, 27, we got married. And then our family life started'.

The normative sequence of the female life course in the present is different from what it used to be in the past. The reconfiguration of traditional gender roles has reshaped the transitions and trajectories that women enact in the course of their lives (Brückner & Mayer, 2005; Giele & Holst, 2004; Kohli, 2007). The narratives of my younger interviewees reveal that nowadays, women are expected to allocate the transition to motherhood after achieving important milestones related to education, labour, coupledom, and financial and material security. In discussing when women should experience first childbearing, Manuela argues that 'life should have an order. First finish studying, then working, then having a boyfriend, getting to know each other, getting married, having your house, and then

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[58] With some minor variations, the norms that shape the sequence of the female life course seem to be prevalent across socioeconomic status. However, what varies is women's capacity and willingness to reproduce those norms in making the timing of the transition to motherhood. I addressed this in Chapter 6 when I discussed the socioeconomic inequalities that structure reproductive agency.

children'. Antonia reveals a similar expectation of when to have children: 'I think that after a year of finishing studying, having an apartment or a house, my car. And I think that then would come the part of having children'. These cultural norms outline the timing of the transition to motherhood according to its temporal allocation in relation to other life transitions and trajectories. Despite differences between age cohorts, most of my interviewees agree that the life course has a normative sequence that shapes the 'right' time to have children. For Lucía, 'this world is so structured, you have to graduate, work, form your home, have children, have grandchildren'.

The narratives of the women I interviewed suggest that the female life course is shaped by norms that outline the 'right' time for the transition to motherhood. The content of these norms has changed over time, but the female life course continues to be structured around norms regulating the 'before' and 'after' of childbearing. In what follows, I argue that the variation of the cultural norms that shape the 'right' time for the transition to motherhood within the female life course is embedded in the reconfiguration of prevalent ideas of womanhood and motherhood in contemporary Chile.

8.3 Intensive womanhood

Rafaela is a 64-year-old woman from middle socioeconomic background and mother of three children. She married before she was 18 and by 19 she already had her first child. Rafaela would have liked to study and become a professional but could not because she had to dedicate herself to her husband and her family. During the 15 years that she was married, she was not allowed to work because her parents believed that women belonged in the house with the children. In reflecting upon these ideas of womanhood, Rafaela argues:

> In that time, you got married, and you had to dedicate yourself to your home, to your children, to take care of your husband, and the husband, back then, had to be the provider. You were the one that stayed at home taking care of the children, waiting for the husband, doing the things of the household. (…) . But before, going out to work, or being a professional, that was very rare.

The narratives of my older interviewees like Rafaela reveal that in the past womanhood was outlined by traditional gender roles. Being a woman was being a mother, a wife, keeping the

household and taking care of the family[59,60]. In describing this idea of womanhood, Rosa argues, 'being a woman is being a mother. Being a wife. Being the one that is in charge of the household'. The interviews that I conducted reveal that prevalent ideas of womanhood have changed and that what it is to be a woman is becoming increasingly complex and demanding. I argue that these changes are shaped by the emergence of an intensive womanhood. The narratives of my younger interviewees reveal that in addition to being a mother and taking care of the family and the household, women are also expected to study, work, and be autonomous.

The figure of the 'superwoman' is often mentioned when my interviewees address the current expectation that women have to do 'everything right'. Several scholars note that the cultural expectation of the 'superwoman' emerges to address the overlap of roles in the public and private space, and indicate that women can 'do it all' (Friedan, 1981; Martin, 2017; Newell, 1993; Smyth, 2012; Thurer, 1995). The emergence of this norm of intensive womanhood is revealed in the narrative of Ignacia. For her, 'being a woman is that you have to do everything right'. This means 'being a housewife. Having the house impeccable, pretty. Having a job and being good in that job. And being a good mother. And, also, being good-looking and attractive'. Similarly, for Laura being a woman today involves the following:

> You have to be a good mother, you have to breastfeed (...). You have to be a good worker, you can't miss work for any reason. You have to keep your body relatively well. Your house has to be clean. If your husband is going around with dirty shoes, it's almost as if it's your fault.

The norm of intensive womanhood takes a different shape according to women's socioeconomic status. The narratives of Ignacia and Laura suggest that for middle and upper class women, prevalent social expectations for being a woman have to do with being a mother, a wife, a housewife, a professional, and worker, but also with being accomplished, interesting, and attractive. The narratives of my lower class interviewees reveal that for them the norm of intensive womanhood is focused mainly on being a mother, a wife, a housewife, a professional and a worker. In discussing what is expected of women, Paloma argues:

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[59] This refers to the norms that shape womanhood which are not always an accurate reflection of what it actually was to be a woman at that time. For example, some of my middle and upper class interviewees studied and became professionals, and some of my lower class interviewees always had to work because of the financial needs of their families.
[60] In the narratives of my interviewees, care and domestic work are not understood as work.

The woman has to give birth, get up at six in the morning, has to cook, bathe the children, take them to the doctor, and from there go to work, come back, take care of the children, take care of the husband, and on, and on, and on.

The norm of intensive womanhood seems to have an ambivalent character in the narratives of my interviewees. While it is perceived as enabling women to develop, achieve self-fulfilment and make a greater contribution to society, it is also perceived as an expectation that is increasingly demanding, burdening, and challenging. This ambivalence is revealed in the narratives of Blanca and Laura. For Blanca, before, 'the woman was all day with her children, she raised all of them, and had many children'. She argues that now, 'the woman has to develop, has to grow as a person, as a professional. It's more difficult for women to achieve all of those stages'. Similarly, Laura believes that today women have more opportunities but that being a woman has become increasingly demanding. As she posits:

I think that it's a society that is very demanding with women, compared to before. Sure, probably women were more bored in their homes, but they had not even half of the demands that we have today.

The norm of intensive womanhood poses important constraints to the sequence of the female life course. The narratives of my interviewees reveal that women often have 'no choice' but to comply with the contemporary demands of being a woman. This is the view of Loreto. She believes that 'few can afford the luxury of saying 'I will dedicate myself to motherhood, or I will dedicate myself only to work'. It's like you have to be multiple. And that's very, very demanding'. This idea of having no choice but to enact an intensive womanhood also shaped the life of Elisa. In discussing the possibility of staying at home to take care of her baby, she contends, 'I can't just stay at home and not work, and dedicate myself to [my baby]. No, forget it, I can't'.

Intensive womanhood is structured upon a continuity of motherhood as the primary identity and role of women. As I have mentioned in previous Chapters, in contemporary Chile being a woman continues to be outlined primarily by being a mother and childlessness remains socially sanctioned. All of my interviewees acknowledge that women are expected to become mothers, despite performing other roles. As Lucía argues:

I think that it's expected that the woman is capable of managing her life, to be independent in many of her decisions. But, it's also expected that she keeps her natural role that is to be a mother. I mean, everything is conditioned to 'do all of this, but I also want you to be the mother in this household'.

Most of my interviewees have felt the social pressure of being required to have children. Olivia feels that 'being a mother is obviously expected. Everyone demands it, or asks you, or expects it, or finds it obvious'. Similarly, Carmen acknowledges that 'you are obliged to have children, society leads you to childbearing'.

8.4 Intensive motherhood

Amalia is a 40-year-old woman from middle socioeconomic background and mother of two children. She always wanted to have children and being a mother has been an important and rewarding part of her life. However, she also acknowledges that for her mothering has been exhausting. She believes that now there is a prevalent model of upbringing which outlines high expectations for mothering according to increasingly complex requirements of childrearing. As she argues:

You have to have time to raise your children. I mean, they have to be dedicated mothers. (…). It's like concerns for adequate nutrition, adequate education. There is a whole way of doing things that requires a lot of effort. A lot of economic effort, a lot of mental effort on how to raise your children.

The narrative of Amalia suggests that what it is to be a mother is becoming more complex and demanding. Hays (1996, p. x) has interpreted this as intensive mothering, 'a gendered model that advises mothers to spend a tremendous amount of time, energy and money in raising their children'. Other gender and feminist scholars have also noted that being a mother has become increasingly intense and demanding (Green, 2010; Martin, 2017; Smyth, 2012). In the case of Chile, Araujo and Martuccelli (2012) and Cerda (2010) have argued that the ideals of mothering have become very demanding and that women perceive that raising children is increasingly difficult. In the interviews I conducted, intensive motherhood is shaped by increasing demands of time, care, money and consumption that outline 'appropriate' childrearing. The narratives of middle and upper class women reveal that raising children is becoming more demanding in terms of time and care. For Amalia:

You started from something very basic and simple like taking care of the children, feeding them, and giving them love, to a world that is a lot more competitive and where children need to have other competencies, where they have to have other type of things. And where the workload is a lot more.

As suggested in the narrative of Amalia, raising children today involves a 'lot more work'. Driving children everywhere, helping them to study and do their homework, facilitating their social life, and making sure they eat and sleep well, are some of the practices that my interviewees mention to convey their mothering experiences. Valdés, et al. (2005) have also noted that in Chile ideas of being a 'good' mother are associated to higher nutritional, hygienic and healthcare standards in childrearing. Among my interviewees, Luz believes that mothering goes beyond the basic tasks of childcare:

Forming a family is not just about feeding them and changing diapers. One has to educate oneself to form a family. You have to be attentive to everything that's going on, you have to inform yourself, because you are an educator, counsellor, doctor, economist, cook. You have to learn a great range of things. (...). So, yes, it's very demanding.

The emergence of intensive motherhood is also shaped by the increasing financial and consumption requirements of nurturing. My interviewees often mention that taking good care of children involves buying more things. Both in Chile and abroad, scholars have noted that mothering has become entangled with consumerism and providing children with more material goods (Thurer, 1995; Valdés, et al., 2005). This narrative is prevalent among middle and upper class women like Elena. For her, nurturing requires more 'things' than it did before:

The bottles, the diapers, the foldable trolleys, because it's possible to find a cheap trolley. It's more paraphernalia, I think, also because you need to have the chair for the car, and all of those things that no one needed to have before.

My interviewees also mention that taking care of their children involves the need to buy brand clothes and 'modern' and 'technological' toys. Valdés, et al. (2005) have also noted that mothering in Chile is being shaped by the increasing consumption demands of children. This narrative is prevalent among lower class women like Paloma. For her, nurturing is more materialistic than before. As she argues, 'before, such materialism didn't exist. Before,

the child played outside, played with his spin, with his marbles, hide and seek, or with the ball. Today not, everything is technological'.

The increasing financial requirements that shape intensive motherhood are also related to the need of having money to have access to good education and healthcare. Cerda (2010) demonstrates that having children involves a considerable economic cost for Chilean families and that expenses related to childrearing have increased in the last decade. In the narratives of my interviewees, sending children to a good kindergarten, school or university, and accessing good medicines, treatments and healthcare are expensive and require having money. This is the view of Adela, for her:

> It is very difficult to raise children in Chile, it's very expensive. (…). It's very difficult. Education is very expensive, it's crazy how expensive it is. I mean, there are people that spend almost all their salary to pay for a relatively good education for their children. A lot of people. And it's even worse if you have a health problem. I mean, you can be bankrupt after having a severe health problem. I mean, if your child becomes seriously ill, you are screwed.

The importance of money for nurturing children is also significant in the experience of Ana. For her, 'you need a lot of money to have a child, because a child is an investment, because you invest in your child. You invest in medicine, in education, clothing, food'. In the interviews that I conducted, making and having the money to comply with the increasing demands of childrearing is often outlined as a female responsibility. This narrative is prevalent among my interviewees, but particularly for those from lower and middle socioeconomic background like Cecilia and Rafaela. Cecilia was responsible for providing for her daughter. As she conveys, 'I had to raise her, buy her what she needed, send her to school, buy everything that they asked in school, everything'. Similarly, Rafaela explains that she started working because she felt responsible for providing for her children. As she narrates:

> I went out to work, because I had to provide for my children. The oldest was still studying, she was in high school. And the youngest one was only four years old. So, then you have to go out to work, I mean, I couldn't just stay there.

Understanding this reconfiguration of norms on womanhood and motherhood is fundamental to make sense of the changes in the timing of the transition to motherhood

within the sequence of the life course. I argue that women are delaying first childbearing and becoming mothers later in life because achieving the social expectations outlined by intensive womanhood and motherhood is challenging and takes time. As Green (2010) and Martin (2017) suggest, women are postponing having children because they are unable to meet the cultural requirements of motherhood. This is clear in the narrative of Rebeca. For her, women are postponing motherhood to comply with social expectations of childrearing:

> I think that's why women are postponing motherhood, simply to have a better quality of life to receive a child. It's not the same if you have a good quality of life or if you receive a child with nothing. (…). If you have money, you can send him to school, you can send him to the childcare, or to a particular kindergarten. If you can afford it, they will take better care of him, they are going to give him a better education.

As I have discussed, changes in the timing of the transition to motherhood are often interpreted as a consequence of individualisation and women's increasing freedom to choose when to have children. I argue that women are postponing motherhood precisely to enable motherhood. Prevalent norms on womanhood and motherhood determine that women should experience first childbearing only after achieving important milestones that enable them to become 'good mothers' and provide an appropriate upbringing for their children. Kuchner and Porcino (1988, p. 261) argue that 'women seek to establish an autonomous life for themselves before beginning the task of parenting'. My findings suggest that women engage in a struggle for autonomy to enable their transition to motherhood.

8.5 Making time for autonomy

8.5.1 Marriage and coupledom: the fear of dependence

In Chapter 5, I introduced the story of Alicia, a 72-year-old woman from middle socioeconomic background and mother of one son. From a young age, she was taught that women had to be married to have children and that disobeying that norm was a sin that would be punished by her family, society and God. Alicia was not married when she decided to have a child and struggled with the thought that she would be stigmatised for becoming a mother out of wedlock. In explaining her views, she argues:

> I always had the idea that if I didn't get married, I couldn't have children, because that was what I was taught when I was a girl. (…). My mother always used to say, 'if you

have a child without being married, you will leave the house and no longer be my daughter', because she was very strict in that regard. (…) Then I always had the idea that if I didn't get married, I wasn't going to have a child.

The narrative of Alicia suggests that for older women, marriage was the most significant event in the life course for timing first childbearing. Consistent with the doctrine of the Catholic Church, women were expected to become mothers after marriage. As Kuchner and Porcino (1988) point out, motherhood was often experienced as a natural progression following marriage. This is reflected in Irene's experience of transitioning to motherhood. As she recalls:

I, as an ignorant girl, used to say, 'someday I will get married to have children'. But I never thought of having children without getting married, I used to say 'someday'. And one day I got married and had children, because that's what I was taught.

The norm of sequencing the transition to motherhood after marriage often meant that having children out of wedlock was highly stigmatised (Bock, 2000; Gustafson, 2010). The narratives of my interviewees reveal that single mothers and their children were discriminated for being 'immoral' and 'illegitimate'. This stigmatisation outlined the childhood of Rebeca. She was born out of wedlock and remembers being discriminated for having a single mother. As she recalls, 'being a *huacho*[61] was discriminated by the whole society'. For her, this discrimination was due to 'the fact of being a single mother, the fact of not being born in wedlock'.

For several women I interviewed, it is still important to get married and have a partner before having children. This is becoming less associated with legal and moral constrains, and more with security and support for childrearing. Having stability, financial and emotional support, help with nurturing and care work, and being part of a team and forming a family, are aspects that my interviewees mention to convey the importance of having a partner for childbearing. Other studies also reveal that women expect to find a partner before becoming mothers (Brown & Patrick, 2018; Cooke, et al., 2010; Cooke, et al., 2012; Perrier, 2013). This view is prevalent among middle and upper class women like Elena. In discussing the importance of having a partner to become a mother, she argues:

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[61] As I discussed in Chapter 2, this term is often used in a pejorative manner to refer to an 'illegitimate' child; a child with no father or that has not been recognised as such by his or her male progenitor.

I didn't want to have a child alone because I knew that economically that's very difficult, and the infrastructure is a lot more difficult. So, if you have a child with someone who signed a paper and is committed to be with you at least for the next five years, it will be more sustainable. And, also, it's not just the partner, it's that they have grandparents, that they have uncles, there is a whole network to support the nurturing. So, I think that it's easier with a stable partner.

The importance of marriage for the transition to motherhood has decreased[62] (Brown, 2009; Brückner & Mayer, 2005; Elchardus & Smits, 2006; Heinz & Krüger, 2001). As I discussed in Chapter 2, in Chile most children are born out of wedlock and almost three out of four births are of single women (INE, 2018a). In the narratives of most of my younger interviewees, being married is not a prerequisite for the transition to motherhood. This is the view of Matilde: 'I think that getting married or not getting married is a detail. (...). I don't think that it's a requirement to become a parent. You can do it before or after. You can do it or not'.

Some interviews I conducted also suggest that women do not need a partner to have children and that they are better off on their own. This narrative is particularly relevant for lower class women who had to raise and provide for their children by themselves because their partners left them and never provided any support. This is the experience of Cecilia. She gave birth to her daughter when she was 18 years old and had to raise her by herself because her partner left:

If the man is responsible, one wouldn't be left alone, wouldn't be fighting alone. Yes, the father of my daughter, despite telling me that he loved me very much, he left me. Despite being with me or not, he could have given me [something] for my daughter, and he never gave her anything.

Most of the narratives of transition to motherhood of my lower class interviewees resemble that of Cecilia. In them, the figure of the male partner is shaped by disappointment, frustration, resentment and distrust. This relational hopelessness outlines autonomy as both a need and a value in the transition to motherhood. Women need to be autonomous before they have children because they cannot rely on their partners, and women can be

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[62] Nevertheless, marriage continues to be relevant for childbearing at an institutional level. This is clear, for example, in the fact that adoption laws indicate that married couples have priority to adopt over unmarried couples.

autonomous and have a child on their own because they do not need a partner. This was the experience of Irene. She got married before having children, but ended up raising them on her own and learning that having a partner was not very important:

> It's the role that we had to play, of being the mother, we wanted to have children and we have to assume what we wanted to do. Well, in the end I ended up alone with my two children, without a husband, and I still managed to get ahead with them. So, I think that the father is not so important.

The value of autonomy has reconfigured the meaning of single motherhood. In the past being a single mother was socially stigmatised, but now is often understood as an experienced shaped by freedom and choice, and associated with independence and emancipation (Bock, 2000; Salvo Agoglia & Gonzálvez Torralbo, 2015). 'Brave', 'strong', and 'empowered' are words which some of my younger interviewees from lower and middle socioeconomic background use to express the respect and admiration that they feel for single mothers. This has shaped Maite's aspirations for her transition to motherhood:

> Being a single mother? I think it's like having certain autonomy, independence. It's like not depending so much on others. Like 'I want to be a mother, I'm going to work for my child, I want to be able to give him the things that he likes'.

The narrative of Maite reveals a rejection of dependence and suggests that the autonomy she aspires to is defined by financial independence. Among my interviewees, having enough money to take care of one's child and not depend on others is crucial for childbearing. As I will discuss, allocating the timing of the transition to motherhood after milestones related to education and work specifically has to do with achieving the economic autonomy that enables childbearing according to prevalent norms of womanhood and motherhood.

8.5.2 Education: the foundations of autonomy

Antonia is an 18-year-old woman from lower socioeconomic background with no children. She is in her last year of high school and wants to continue studying and become an accountant. Education has always been an important part of her aspirations for the future. Antonia learned the value of education through the life story of her mother. She had Antonia when she was 17 and never finished school, struggled to get stable jobs, and had to work

hard to support her. Unlike her mother, Antonia wants to have children only after finishing her studies and becoming a professional:

> I think that now people are more concerned of getting ahead, of having their things. People are more worried of studying than having a family. Before, the main thing was to form a family, it was common to see girls of 14, 15 already married. Now you don't see that. It's like everyone is concerned with studying, getting ahead, having their things, enjoying themselves. And, afterwards, when they have everything ready, everything solved, start having children.

The narrative of Antonia suggests that the importance of education for women has increased over time. Finishing school, having a degree and becoming a professional are aspirations that currently shape the female life course. The narratives of younger women suggest that in the present these educational milestones are not only desirable but also expected. This is the case of Adela. In comparing her educational trajectory with her mother's, she argues:

> My grandmother never insisted to her 'have a professional degree because you might need it tomorrow', not at all. My mum, yes. My mum and my dad especially. From a young age they inculcated in me that it's better that you have a degree, because life is a lot more difficult without a professional degree.

In the interviews that I conducted, education is often associated with personal development and self-fulfilment. This narrative is prevalent among middle and upper class women like Adela. For her, becoming a lawyer was essential for her personal realisation. As she argues, 'I like very much what I do. I like my career, I like being a lawyer, I love what I do. So, it's not just for the money, but it's an issue of personal and professional development'. But among my interviewees, education is associated mainly with autonomy. Finishing school, having a degree and being a professional, is outlined as a requirement to have a 'good job' in order to be independent. For Matilde, education enables freedom. As she argues, 'education gives you freedom. So, women are prioritising that, we no longer want to be completely dependent on a man'. Similarly, Elena decided to have her first child after completing her degree in order to be autonomous. In explaining her decision, she argues, 'I had the idea that if anything happened, I had to be able to support myself. So, being a woman without a career, without a profession, no, it leaves you too vulnerable'.

Among my lower class interviewees, lack of education is often identified as the cause of their difficulties in finding good jobs and establishing better lives. Ana believes that she is poor because of her lack of education. As she argues, 'I think that if they would have given me studies, I would be a different person, I wouldn't be here'. This is also the case of Manuela. For her, not finishing school is the reason why she had to work more and harder to make ends meet: 'if I could have finished my schooling, I wouldn't have had to sacrifice a good job, it would have been easier'.

In the interviews I conducted, education is outlined as essential for the transition to motherhood. Given prevalent norms on womanhood and motherhood, having a degree is often mentioned as a requirement to achieve the economic autonomy that women need to be independent and provide for their children. This idea outlines a particular timing and sequence of the transition to motherhood within the female life course. Several studies document that women expect to become mothers after achieving educational milestones (Cooke, et al., 2010; 2012; Martin, 2017; Perrier, 2013), and that highly educated women become mothers later in life (Rindfuss, et al., 1984). In the case of Chile, studies also suggest that women are postponing the transition to motherhood to achieve higher educational levels (Calvo, et al., 2011), and that women with higher levels of education are delaying first childbearing (Aninat, et al., 2018; Yopo Díaz, 2018b).

Most of my interviewees argue that women should become mothers only after completing a degree and becoming professionals. This sequence is revealed in the narratives of María and Victoria. For María, women have to study and have a degree to be able to support their children, 'I think that it's important to study, to get at least a technical degree to be able to provide for the child, even if they are married'. Similarly, Victoria argues that since women cannot rely on their partners, they should have a degree before becoming mothers to be independent and able to provide for their children:

> I think that women should have their own profession. Hopefully have a job, something that gives you money so that you can have the tranquillity to decide to have a child. Because you never know. You can also marry a man that has money, but you don't know if after you have a child he will leave you. So, that's why it's important that women have their profession and that they work, that they are independent.

The norm of timing the transition to motherhood according to education is also reflected in the fact that women structure their educational trajectories according to their aspirations

for childbearing. For some of my younger interviewees, what and when to study is defined according to their plans to have children. This is the case of Jacinta. In explaining her decision to study architecture, she argues, 'I tried to look for a career in which I could work from home, I mean, thinking of the future, and where I would be able to be with my children'. Similarly, Blanca, decided to change her degree when she realised that she was pregnant in order to be able to provide for her child. As she narrates, 'I decided to change, when I was pregnant, I wanted to change degrees, because I said, 'I still have many years, and my baby is going to grow, I will need to provide for him soon'.

The norm of sequencing the transition to motherhood after education also implies that having a child before finishing school or becoming a professional is problematic because it threatens women's economic autonomy. As I discussed in Chapter 7, this is closely related to the idea that having a child 'early' is disruptive and has negative consequences. This is revealed in the story of Laura. She wanted to marry while she was still studying, but her family told her not to because it would disrupt her studies. As she narrates, 'my mum, my mother-in-law, everyone, said, 'no, what are you thinking? You have to finish studying, because imagine that afterwards you get pregnant, you are going to get delayed'.

The stories of transition to motherhood of some of my interviewees suggest that the risks to education and autonomy posed by an 'early' transition to motherhood are not a feature of the timing of childbearing in itself but rather of the institutional norms that outline the female life course. As I have previously mentioned, Manuela got pregnant when she was 17 years old and as a result, she could not finish school and struggled to provide for her children. Manuela wanted to continue studying when she got pregnant, but the school would not allow her:

> When I got pregnant with my daughter, Chile still didn't have the law that mothers could study. That's why the school kicked me out, because they couldn't have a mother that was pregnant. The director talked to my parents, and told me that I couldn't continue studying for the risk that I could have an accident. I mean, those were the pretexts that didn't allow me to continue studying.

Some of my lower and middle class interviewees have similar stories. They could not continue studying when they got pregnant because institutional constraints prevented them from doing so. This suggests that the 'disruptive' character of an 'early' transition to motherhood is not a feature of the timing of childbearing in itself, but rather of the

institutional norms that regulate the female life course. These findings have relevant implications for the ways in which we think about and address the 'disruptive' character of motherhood in scholarly work.

8.5.3 Work: the means of autonomy

Maite is a 20-year-old woman from middle socioeconomic background with no children. She wants to become a mother but there are many things that she wants to accomplish before having children. She wants to become a professional, have a good job and attain financial autonomy in order to be able to provide a good quality of life for her children. For Maite, it is very important to be autonomous and not depend on others. In discussing the importance of work, she explains:

> I don't like to depend on others (…). I prefer to work and have my own money, so that I can decided on what I spend it and when I spend it (…). And that's also why this thing with motherhood, I wouldn't like to, for example, have to ask a man 'I need money for diapers or for my child', no. I'm studying so that I can have my money, so that I can pay for my things, be independent, and not have to ask anyone.

The narrative of Maite suggests that work has become an essential part of women's lives. For her and other women I interviewed, having a job means having a regular income and access to social protection, which enables financial independence and not relying on others. In the present, female employment has become not only desirable but also expected. Mora (2006) and Valdés, et al. (2005) note that in Chile women are increasingly expected to work and make an economic contribution to the household. This reconfiguration of the value and meaning of work is revealed in Ignacia's narrative. For her, work is an essential aspect of prevalent ideas about womanhood:

> I think that today, together with motherhood and marriage, it includes the professional. I think this has come to be the most generalised vision. Because in the times of my grandmother or great grandmother, it didn't include work. In fact, it used to be negative in certain circles. But, I think that today yes. Most people would expect that their daughter, like in the generation of my mother, would expect that her daughter gets married, has a child, and is successful professionally.

The prevalence of work as a core aspect of womanhood has reconfigured the meaning of being a housewife. In the present, being a woman that 'only' takes care of her household and children is becoming delegitimised and stigmatised. 'Lazy', 'boring', 'plain' and 'uninteresting', are some of the attributes that are associated to being a housewife in the narrative of my younger middle and upper class interviewees. For Amalia, 'it is frowned upon for a woman to stay at home. That has changed and is no longer a possibility'. Similarly, Matilde remembers looking down on her cousin for deciding to stay at home after having children:

> I disparaged her for staying at home with her child, because she had a job, she had a good job. And she decided to stay at home, and it shouldn't be an issue for me. But for some reason, one sees that as if it was a bad thing.

In the interviews that I conducted, the importance of work is associated to personal development and self-fulfilment. Participating in the labour market is perceived as positive not only because it reconfigures the gender division of labour but also because it constitutes an opportunity for self-growth and personal improvement beyond the household and the family. This narrative is prevalent among younger middle and upper class women like Soledad. For her, work contributes to her self-worth and gives her a sense of purpose in life. As she argues, 'I like to work. I like the work that I do, I like to be recognised for my work. I like to make the workplace a pleasant place. And it entertains me, it motivates me, to have my own thing'. A study conducted by Mora (2006) also reveals that young Chilean women perceive work as crucial for their personal growth and realisation.

In the interviews I conducted, work is associated mainly with autonomy. In women's narratives, working and having a stable source of income and access to social protection is often outlined as fundamental for self-sufficiency and financial independence[63]. Mora (2006) and Valdés, et al. (2005) have also noted that Chilean women often associate work with achieving self-reliance and autonomy. This is the case of Beatriz. For her, work has been an essential part of her independence. As she argues, 'I felt that I had to work no matter what and always have my things. I mean, not depending on anyone'. Similarly, Susana argues that work has become fundamental for the economic autonomy of women:

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[63] For some of my interviewees, especially for those from lower socioeconomic background, working is also outlined as a necessity. This is the case of Cecilia. She has worked since she was 12 years old. For her 'work is everything' and without it she has 'nothing'. As Valdés, et al. (2005) argue, female work is often associated to the need of satisfying one's economic needs.

I feel that today they finish high school and are like 'I have to work. I can't imagine myself not working. Or else I'm going to have to go with someone and that I'm going to live in a house, and that someone is going to provide, and I'm going to do the housework. Because if I have that role, I am lacking something, I am less of a person'. It's like nowadays being a person is very linked with economic independence.

In the narratives of my interviewees, work is also outlined as fundamental for women to become independent from men and achieve gender equality. They often mention that work allows them to feel more secure and free to make decisions without having to 'report back' to their partners. This is reflected in the view of Irene. For her 'it's good that women, that one works and has her own money and is independent, and that one doesn't have to report back to anyone about what I do or don't do with my money'. In parallel, not working is perceived as a cause of subjection to men. For Rebeca, work means having the security and independence not to feel inferior for depending on her husband:

The fact of working makes me feel much more secure of myself, the fact of not working makes me feel a lot more insecure. (…). Because I have to depend on my husband, and that's what I don't like, because I have always been an independent woman, all my life. So, the fact of depending on my husband's money makes me feel inferior.

In the interviews I conducted, work is outlined as essential for the transition to motherhood. Given prevalent norms on womanhood and motherhood, having a job is often mentioned as a requirement to achieve the economic autonomy that women need to be independent and provide for their children. Female work in Chile is often understood as a part of mothering and women are expected to provide economically for their children (Mora, 2006). These ideas outline a particular timing for the transition to motherhood within the life course. Several studies reveal that women expect to be employed and achieve financial security before having children (Cooke, et al., 2010; 2012; Kuchner & Porcino, 1988; Martin, 2017; Perrier, 2013). In the case of Chile, studies also suggest that women are delaying first childbearing to consolidate their professional careers and have better prospects in the labour market (Calvo, et al., 2011; Valdés, et al., 2005; Yopo Díaz, 2018).

For most of my interviewees, women should become mothers only after having a job and achieving financial security. This sequence is revealed in the narratives of Antonia and Irene. In discussing why it is important to have a job before having children, Antonia argues, 'if you don't work, how are you going to feed your child, maintain your house? It's not

possible. I don't like being maintained by someone, so, I think that I can never stop working'. Similarly, for Irene it is important that women work before having children in order to enable their financial and relational autonomy:

> I think that one shouldn't be a fool nowadays, because if it doesn't go well with the person with whom we are living, we have to be able to get ahead by ourselves with our children. I mean, one does not have to be submitted to the man. If it didn't go well with this person, I take my son, my daughter, and I leave and continue my life alone with them.

The norms of timing the transition to motherhood according to work is also reflected in the fact that women structure their work trajectories according to their aspirations for childbearing. Several scholars demonstrate that women structure their professional careers according to the transition to motherhood (Giele & Holst, 2004; Heinz & Krüger, 2001; Martin, 2017; Widmer & Ritschard, 2009). In the case of Chile, women who have children often retire from the labour market or opt for part-time and more flexible jobs (Comunidad Mujer, 2018). Some of my younger interviewees relay the job and workday they want to have according to motherhood. They aim for jobs that provide good working conditions such as a stable work contract, a decent salary and social protection. This suggests that not all jobs enable the economic and social conditions needed for childbearing. It is for this reason that Consuelo wants to change jobs before becoming a mother. As she argues, 'I have to change jobs, because now I'm on a fee-based contract, and I can't start having children on a fee-based contract because of the issue of working benefits'. Women also choose jobs that are flexible and have workdays that are not too long in order to be able to spend time with their children. This is the case of Elisa. Anticipating the birth of her child, she decided to change jobs: 'I said, ok, I am going to work, but I will change [jobs]. I am going to look for options with more flexible schedules, something part-time, or something with 30 hours'.

The transition to motherhood also structures the work trajectories of women by determining the timing in which they join the labour market. Several of my lower and middle class interviewees narrate starting to work when they became mothers because they needed to provide for their children. This is the case of Ester. As she explains, 'I had to work to provide, because the father left. So, I had to work'. Some of my interviewees also narrate joining the labour market when either their husbands had difficulty providing for the family or when they separated. This is the case of Rafaela. As she says, 'I separated, I was left with

my children, I already had my three children. And just then I went out to work, because I had the need to provide for my children'.

The norm of sequencing the transition to motherhood after having a job becomes problematic when having children is outlined as 'disruptive' for women's working trajectories. Several studies document the ways in which becoming a mother can be detrimental for women's ability to work (Brown, 2009; Kuchner & Porcino, 1988; Sabat, et al., 2016). In the case of Chile, Cerda (2010) notes that having children makes it more difficult for women to work. The narratives of my interviewees reveal that women are unable to participate in the labour market when they have children either because of the lack of childcare services or the constraints of employability for women in reproductive age. Paloma could not work when she had children because she had no one to take care of them. As she recalls, 'I tried to work, but I didn't have the possibility for someone to take care of them, and in that time, there were no kindergartens like there are now'. Beatriz also could not work when she was planning to become a mother because her employers required her not to get pregnant for some time. As she recalls, 'they told me, 'you have to commit to two years without getting pregnant', and I couldn't do that'. As Undurraga (2018) notes, the prevalent gender inequalities of the Chilean labour market affect women's capacity to work and develop professional careers.

The narratives of Paloma and Beatriz reveal that having children can be disruptive for women's work trajectories and can put at risk their capacity to achieve and sustain economic autonomy over time. However, they also reveal that it is not motherhood in itself that is 'disruptive' but rather the prevalent social and institutional arrangements that make it so. The precariousness of social protection, social provision of childcare, labour rights and maternal jurisdiction, shape the disruptive character of childbearing in women's work trajectories. These findings also have relevant implications for the ways in which we address the 'disruptive' character of motherhood in scholarly work.

8.5.4 The ambivalence of autonomy

Autonomy is at the core of contemporary culture norms that shape selfhood (Rose, 1996; 1999; 2007) and womanhood (Friedman, 2003; Lawler, 2000; Mackenzie & Stoljar, 2000). In this Chapter, I have argued that autonomy is at the core of the reconfiguration of prevalent ideas of womanhood and motherhood in contemporary Chile. Other studies have also demonstrated that autonomy is restructuring the lives and identities of Chilean women

(Araujo, 2005; PNUD, 2010; Valdés, 2007; Valdés, et al., 2005). In this Chapter, I have also argued that the cultural norm that women have to achieve economic autonomy has reshaped the timing of the transition to motherhood within the female life course. Women are expected to become mothers after achieving educational and professional milestones that enable the economic autonomy they need to provide for their children and to be 'good' mothers. The narratives of my interviewees reveal that this prevalence of autonomy has had ambivalent social and subjective consequences for women.

The voices of my interviewees suggest that economic autonomy is fundamental for women's independence, freedom and self-determination. This is the view of Adela:

> I like to promote women to be independent, so that they have their professional degree, they can fend for themselves, and they don't depend on a man, don't depend emotionally or financially on a man. Because that way one can make decisions more freely.

In the narratives of my interviewees, autonomy shapes prevalent ideas of womanhood. Being a woman is often associated with being strong and sacrificial, being a fighter, being able to prevail despite challenging circumstances, and being able to achieve everything on one's own. This narrative is often referenced by lower and middle class women like Ana. In describing what it means to be a woman, she declares:

> We strive. Yes, without a doubt, we strive. Nothing is too big for us; we get ahead by ourselves. That [there is] not a man, that's not important, because I know that I can, I know that I can alone. I have already done it, and I have always done it on my own.

This narrative of autonomy shapes women's understanding of themselves and their capacity to manage their transition to motherhood. It constitutes a framework of meaning through which women can not only enhance their sense of individual agency but also cope with cultural contradictions in everyday life. The voices of my interviewees suggest that this narrative of autonomy has an empowering effect on them and on the way in which they shape first childbearing. However, at the same time, they reveal that this strong emphasis on independence and self-sufficiency neglects the social and relational dimensions that enable mothering, leading to the women becoming overburdened and isolated.

In the interviews that I conducted, when women talk about autonomy in the context of motherhood they often outline 'not needing anyone' and 'not asking anyone for anything' as a positive value. For them, not receiving money or help with care from others is outlined as something of which to be proud. This narrative is prevalent among lower and middle class women like Paula and Irene. As Paula argues, 'it's a matter of pride. I don't like to bother, I was raised like that. I try to not ask for favours'. Similarly, Irene outlines not relying on anyone as a positive value in her struggle to fend for herself and her children. As she argues, 'I don't owe anyone any money, I didn't ask favours from anyone, I didn't bother anyone. I struggled, and it was terrible, but I managed to get ahead'.

This strong emphasis on self-sufficiency also constrains the support the women can receive from others. This is the case of Consuelo. As she explains, 'I'm very self-sufficient, and sometimes that also plays against me. It's difficult for me to ask for help. Because I can do it alone, I have to be able to do it alone'. In the context of motherhood, this strong emphasis on self-sufficiency neglects the importance of interdependence for the upbringing of children and deepens the gender inequalities of care by placing the responsibility of economic and emotional nurture exclusively on women. This is revealed in the narrative of Maite. For her, while autonomy enables freedom and being less dependent on men, it also contributes to reproduce the paternal neglect of childcare. As she argues:

> On the one hand, I think that it's great that the woman has those freedoms, that she can subsist on her own, that she can work, that she can fend for herself, that she doesn't have to be so dependent on men. But, on the other hand, it tends to make the fathers of the babies more irresponsible, because there are fathers that don't bother to give them money. It's like, 'ok, because one is the mother, one has to raise the child because my child depends on me'.

The interviews that I conducted reveal that the efforts required to achieve economic autonomy often lead to the overburdening of women in everyday life. As I have discussed in this Chapter, this is largely the consequence of the social, legal and institutional arrangements that constrain the practice of motherhood in contemporary Chile. This is revealed in the narrative of Amalia. For her, institutional constraints are at the core of the tension between mothering and economic autonomy:

> I think that being a mother in Chile is very difficult. One, because there is this decision that mothers now go out to the labour market, but without the sufficient institutional

frameworks to accompany you in this entrance to the labour market. So, mothers are turned into a sort of octopus trying to deal with everything. The working hours are long. So, it's difficult to think of motherhood when there is nothing that enables you to work and have a family.

My interviewees often mention the great sacrifices that they had to make to fend for themselves and provide for their children. This 'self-sacrifice operates as the primary moral commitment of 'good' mothers' (Smyth, 2012, p. 54). Stress, exhaustion, weariness and illness are some of the ways in which they describe the personal and subjective consequences of their struggle for economic autonomy. These consequences are particularly relevant in the lives of lower class women like Rebeca and Manuela. For Rebeca, managing these competing demands made her ill and stressed. As she explains, 'I lived taking care of everyone until I got ill. (…) [Always] taking care of everyone, I never took care of myself. And there was a moment when I got ill, I got stressed'. Similarly, for Manuela, it was exhausting to care and provide for her children:

It was too much. It was too much because a single person had to be divided into too many things: parent-teacher meetings for two, doctor's appointments, sometimes for both. So, on top of that, having to ask for permission at work, come back here, go there, and I spent all day like that. So, it was exhausting.

The narratives of my interviewees suggest that the prevalence of autonomy for the transition to motherhood has ambivalent consequences. While it enables freedom, independence and empowerment, it also reinforces isolation, burden, and gender inequality. These findings also suggest that in contemporary Chile, autonomy has become a much-needed strategy to address cultural contradictions in making the timing of the transition to motherhood.

8.6 Conclusion

The 'right' time of the transition to motherhood is shaped by cultural norms that allocate first childbearing within the sequence of the female life course. In this Chapter, I have argued that women are postponing motherhood and becoming mothers later in life due to changes in the normative sequence of the female life course. The contributions of these findings to scholarship on changes in the timing of the transition to motherhood are twofold. I demonstrate that postponing the transition to motherhood is not just a personal decision

driven by self-realisation and that women delay childbearing precisely to become 'good' mothers. In doing so, I also demonstrate that being a 'good' mother is a matter of time because the timing of childbearing within the sequence of the life course is taken as an indicator of women's capacity to raise and nurture children.

Postponing the transition to motherhood is often interpreted as a personal choice and a matter of individual will. A significant body of academic literature has made sense of the delay of childbearing as the consequence of the greater capacity of women to control and determine if and when to have children according to their aspirations of self-realisation (Brown, 2009; Brückner & Mayer, 2005; Elchardus & Smits, 2006; Friese, et al., 2008; Giele & Holst, 2004; Kuchner & Porcino, 1988; Macmillan, 2005). My findings resonate with this argument, but also reveal something that it is too often neglected; women are not 'just choosing' to become mothers later in life and they are often constrained into doing so. The conjunction of lack of social conditions for mothering with emerging cultural norms of womanhood and motherhood, has shaped a normative sequence of the female life course in which women are expected to delay childbearing until after achieving milestones that enable their economic autonomy. These findings suggest that postponing the transition to motherhood is not just an expression of the individualisation of the female life course, and indicate that female lives continue to be structured according to cultural norms on the 'right' time and sequence of life transitions.

Delaying childbearing is often interpreted as part of women's increasing freedom to live a life of their own beyond the boundaries of traditional gender roles. It is often argued that women postpone the transition to motherhood because they want to achieve self-fulfilment and personal growth in life domains outside the private sphere (Cooke, et al., 2010; 2012; Kuchner & Porcino, 1988; Widmer & Ritschard, 2009; Wyndham, et al., 2012). My findings also indicate that women are becoming mothers later in life because they are expected to be more than just mothers, wives, and housewives. However, my findings reveal that delaying the timing of first childbearing is an expectation driven not just by self-realisation but also by the need to comply with the cultural requirements of 'good mothering'. In a cultural setting in which women are expected to become mothers and prevalent ideas of motherhood have become increasingly demanding, women delay the transition to motherhood in a struggle to achieve economic autonomy and become 'good' mothers. These findings suggest that postponing first childbearing is not just a subversion of traditional gender roles, but also a subjection to prevalent cultural norms on intensive womanhood and motherhood.

CHAPTER 9

CONCLUSION

Despite changes in gender roles and fertility patterns, the vast majority of women have children during the course of their lives. When to have children has become an increasingly complex and contested matter, and many women struggle to determine the 'right' time to become mothers and shape their fertility accordingly. This thesis has explored the ways in which women make the timing of the transition to motherhood in contemporary Chile. By focusing on time at an ontological, normative, experiential and subjective level, I have taken a novel approach to understanding the nuances and complexities of the process of becoming a mother, as well as its changes over time. In these last pages, I summarise the key findings of this research, critically address some prevalent assumptions about the timing of the transition to motherhood, engage with contemporary debates on the intersection of motherhood, time and agency, and finalise by proposing new lines of inquiry for future studies in this field of research.

9.1 The ambivalence of choice

The capacity of women to decide if and when to become mothers has been at the core of the transformations of the transition to motherhood. For decades, feminist and gender scholars have debated about the social and subjective implications of choice for women in the field of reproduction (Bachiochi, 2004; Bute, et al., 2010; Chodorow, 2003; Denbow, 2015; Edin & Kefalas, 2005; Fixmer-Oraiz, 2010; Franklin & McNeil, 1988; Jacques & Radtke, 2012; McCarver, 2011). The findings of this research contribute to this debate by outlining the ambivalences and complexities of the politics of choice in making time. The comparison of narratives of older and younger women indicates that there has been an increase in women's ability to shape the timing of first childbearing, but that this choice is ambivalent with regards to agency and freedom. This ambivalence derives from the tension between normative constructions and lived experiences of making time. Women are often constrained to choose within multiple constraints but are assumed be to be free, equal and able to determine when to become mothers.

That women are more able than before to determine if and when to have children is a prevalent argument in scholarship on time and motherhood. Drawing on theories of 'late'

and 'reflexive' modernity (Beck & Beck-Gernsheim, 2002; Beck & Beck-Gernsheim, 2004; Giddens, 2006; Giddens, et al., 1994), it is often argued that as women have gained freedom from tradition and convention, they have to make choices to shape the timing of their first childbearing. The findings of my research resonate with this interpretation. They reveal that when to have children has increasingly become a matter of choice in contemporary Chile. In the past, women understood and practiced motherhood as a 'gender fate' (Miller, 2005, p. 48). Becoming a mother was a natural event in the female life course, and other than general considerations like allocating first childbearing after marriage, the time to have children was something that 'just happened' and that women did not think much about. Over time, motherhood has ceased to be perceived and practiced as a destiny and has become a matter of choice. Today, the timing of first childbearing is not something that 'just happens' but something that has to be thought of and made. Through the gradual legitimisation of addressing sexuality and reproduction in the public space, and the increasing access to contraception, abortion and ART, many women have become able to control their fertility and determine when and when not to experience pregnancy and childbearing. These transformations are widely interpreted and experienced by women as an increase in their freedom and power to control their reproduction and life course.

However, the relationship between choice and freedom is a problematic one. My findings reveal that choice is at the core of the norms that shape when women should become mothers, and that when choice is shaped as norm and expectation it is often experienced as a constraint. As Franklin and McNeil (1988, p. 553) assert, 'more choice does not necessarily guarantee freedom'. The lived experiences of making the 'right' time of the transition to motherhood reveal that the feeling of having 'no choice but to choose' (Giddens, 2006, p. 81) can be an overwhelming and burdening one. Other gender and feminist scholars have also noted the ways in which choice in the fields of reproduction and motherhood can be constraining (Denbow, 2015; Jacques & Radtke, 2012; Franklin & McNeil, 1988). I take this argument further by asserting that constraints shape not only the act of choosing, but also the ways in which these choices are to be made.

The findings of my research suggest that when to experience first childbearing is expected to be chosen not through instinct, desire or naturalness, but rather through planning, rationality and reflexivity. Women are often expected to ask themselves 'the question of children', reflect on when is the best time to become mothers, assess the costs and benefits of possible timings, and make plans to allocate childbearing in the future. They are also often expected to monitor and keep track of time, and engage in mathematical calculations to

determine how much time they have left to become mothers and how old they would be by the time their children achieve important life milestones. Enacting these choices often involves 'taking care of oneself', avoiding risks, and managing one's body, sexuality and fertility according to a dialectics of avoiding and achieving pregnancy. In this normative setting, transitions to motherhood that occurred through 'unexpected' and 'unplanned' pregnancies are socially sanctioned precisely because they fail to comply with the norm of choice in making the time of the transition to motherhood.

9.2 Towards situated agency

In contemporary Chile, women are expected to choose when to become mothers. However, their lived experiences of making the timing of the transition to motherhood reveal that when to have children is not just a matter of reflexivity, rationality and personal will. Gender and feminist scholars have rightly criticised theories of 'late' and 'reflexive' modernity for overemphasising rational choice and reflexivity, outlining disembodied and disembedded accounts of agency, and neglecting social inequalities (Adkins, 2002; Miller, 2005; McDermott & Graham, 2005; McNay, 1999; McRobbie, 2009). As McDermott and Graham (2005, p. 62) assert, 'grounded in the life worlds of the privileged, theories of reflexive modernity may therefore over-emphasise the rational, conscious choices of reflexivity'. Drawing on a situated account of agency (Mahmood, 2005; Madhok, et al., 2013; Mackenzie & Stoljar, 2000; McNay, 1999; Meyers, 2002), in this thesis I have argued that making time is not 'just a matter of choice' because when to experience first childbearing remains constrained by gender norms, restrictions to reproductive agency, and social inequalities.

In contemporary Chile, women are still expected to become mothers. Having children might no longer understood and practiced as 'natural' or as a destiny, but this does not mean that alternative gender roles and identities are given the same social and moral value. I follow Meyers (2001, p. 753) in asserting that 'where there is only one real option and no genuine choice, there is no autonomy'. Women who do not want to have children are still constrained to negotiate the transition to motherhood and struggle to construct the course of their lives apart from childbearing. Women are also expected to become mothers at a particular time (Cooke, et al., 2012; Martin, 2017; Perrier, 2013). My findings reveal that, perhaps more than ever before, the transition to motherhood is subject to norms that indicate the 'right' time for first childbearing. When to have children is a choice constrained by time norms that indicate that women should become mothers at an age that is not 'too young' and not 'too old', and at a moment in the course of their lives when they are mature and responsible, and

have achieved educational, career, financial and relational milestones. Women who experience the transition to motherhood are rarely free to choose when to become mothers. Not anytime is the 'right' time and they often struggle to negotiate the timing of their first childbearing against these prevalent time norms.

The choice of when to have children is also constrained by cultural, social, institutional and relational restrictions to reproductive agency (Boyer, 2018; Bute, et al., 2010; Hayden & O'Brien Hallstein, 2010). The space to act otherwise regarding fertility, pregnancy and reproduction is shaped by the social contexts in which lives are embedded. I follow Miller (2005, p. 140) in arguing that 'women's agency has not been freed from structure but rather structural and material concerns continue to shape expectations and experiences'. In contemporary Chile, there has been significant progress towards expanding women's reproductive agency, nonetheless, their capacity to choose when to have children remains limited in important ways. The lack of socialisation on sexuality and reproduction, and the legal, institutional and relational obstacles to effectively access and use contraception, abortion and ART, outline that sometimes women are less able to determine when to get pregnant and have children. To date, many women do not receive sexual education in school, cannot exercise their right to access emergency contraception, and are unable to voluntarily terminate their pregnancies. This has a significant impact on their capacity to determine when to experience first childbearing.

Institutions and social relations are also relevant in shaping women's choices regarding the timing of the transition to motherhood. Women often have to negotiate the timing of first childbearing against norms and restrictions posed by the education system, the workplace, the family, medical experts, and the Church. The 'right' time to become a mother, the 'risks' of having a child before or after the time expected, and the potentially 'disruptive' character of first childbearing, are often determined at an institutional level and shape constraints to women's ability to choose when to become mothers. Two features of the institutional and relational constraints to the ways in which women make the timing of the transition to motherhood seem to be particular to the Chilean context in contrast to Western developed countries. The family of origin continues to play an important role in enabling and constraining women's reproductive agency. During adolescence and early adulthood, women's socialisation on sexuality and reproduction as well as their access to contraception depends to a great extent on their parents. Also, male partners or husbands do not seem to play an important role in shaping when women become mothers. With few exceptions, men

play a passive role restrained to complying with women's will[64]. This might have to do with the methodological approach of my research that focused on how women, and not couples, make the timing of first childbearing. But it might also have to do with the prevalence of cultural ideas of reproduction as a female 'issue' (Bute, et al., 2010; Quek, 2014), and of the father as a secondary parental figure in the Chilean family (Montecino, 2018).

Making the timing of first childbearing through choice is also a process that is shaped in important ways by social inequalities. Mackenzie and Stoljar (2000, p. 4), argue that agency is 'shaped by a complex of intersecting social determinants, such as race, class, gender, and ethnicity'. In this research I focused on class differences, and my findings reveal that in contemporary Chile the space to act otherwise with regards to first childbearing is shaped radically differently along the lines of socioeconomic inequalities. Experiences of not being able to 'take care of oneself', of not having access to contraception, and of pregnancies that were 'unintended', 'unexpected' and that occurred 'early', tend to be prevalent among lower class women. In a neoliberal society like Chile, where most social services are privatised, reproductive agency is often restricted according to financial capacity. Obtaining 'good quality' contraception, paying for an abortion, and having access to reproductive treatments like egg freezing and IVF, require money and often exclude women for whom economic resources are scarce.

9.3 Neoliberal and postfeminist agency

In contemporary Chile, the timing of the transition to motherhood is largely perceived as a personal matter and an individual decision. Despite the multiple constraints and inequalities that women face to determine when to become mothers, it is often argued that women are free, equal and able to determine when to get pregnant and have children. Because the transition to motherhood is believed to be a matter of will and choice, women are often held accountable for their reproductive outcomes. This understanding has significantly permeated women's appraisal of the transition to motherhood. The voices of my interviewees reveal the generalised perception that women have children 'too early' because they are irresponsible and decided to take 'risks' without 'taking care of themselves'. They also reveal the widespread perception that women who delay the transition to motherhood are individualistic, selfish, materialistic, and concerned only with

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[64] In some cases, younger women from middle and upper socioeconomic background mentioned 'discussing' or 'agreeing' when to have children with their partners or husbands. However, in most cases, the timing of the transition to motherhood was narrated as something determined solely by women.

collecting life experiences and personal and professional achievements. In this regard, women are 'increasingly exhorted to make sense of their individual biographies in terms of discourses of freedom, autonomy and choice – no matter how constrained their lives may actually be' (Gill & Scharff, 2011, p. 6).

My findings suggest that the ways in which women make the timing of the transition to motherhood in contemporary Chile is shaped by neoliberal and postfeminist accounts of agency. Drawing on the work of gender and feminist scholars (Dubriwny, 2013; Gill & Scharff, 2011; McRobbie, 2009; Thornton, 2014), I assert that prevalent idea of making the time of the transition to motherhood are outlined by normative ideas of women as rational and autonomous agents that make choices, free from the ties of tradition and structural constraints, in order to become mothers at the 'right' time. This involves, among other things, disciplining their bodies and managing their sexuality and fertility, as well as keeping track of the passing of time, calculating age differences, and assessing the costs and opportunities of having children at different times according to biological, relational, institutional and social calendars. This way of making the time of the transition to motherhood is an empirical testimony to the reality that 'the autonomous, calculating, self-regulating subject of neoliberalism bears a strong resemblance to the active, freely choosing, self-reinventing subject of postfeminism' (Gill & Scharff, 2011, p. 7)

Following Dubriwny (2013), I argue that this neoliberal and postfeminist rhetoric shifts the focus of the timing of the transition to motherhood from culture and society to individual and self. This means that women are responsible for making the 'right' choices and are placed as responsible for the consequences of those choices. As McRobbie (2009, p. 19) argues, they are 'compelled to be the kind of subject who can make the right choices'. Being the kind of subject that makes the 'right' choices often involves devising individual tactics to solve cultural and social contradictions surrounding the transition to motherhood. The struggle for autonomy is precisely one of these tactics. In a neoliberal context like contemporary Chile, women often have to engage in a struggle to achieve educational, professional and financial milestones to be able to achieve by themselves the conditions that outline the 'right' time for the transition to motherhood. Devising and implementing these strategies has substantial subjective consequences. Women's lived experiences reveal that in the struggle to make the 'right' time to become mothers, the costs of achieving autonomy are often sacrifice, exhaustion and burden. By outlining the transition to motherhood as a personal, private and individual matter, this neoliberal and postfeminist rhetoric places the

responsibility and efforts to make the 'right' time on women, while leaving structural and institutional dimensions unaddressed and unchallenged.

9.4 A critique of 'clock time'

The transition to motherhood is to a great extent a matter of time. In this thesis, I have argued that an analysis of time at an ontological level is fundamental to make sense of the ways in which women understand and shape the timing of first childbearing. In contemporary Chile, chronological age and social calendars are the core of women's understandings of when to become mothers. It is often argued that women should have their first child at 30, and that they should not experience pregnancy before 20 or after 40. It is also often argued that women should become mothers after finishing school and having a university degree, having a partner or being married, and having a job and a stable source of income. Chronological age and social calendars are structured according to clock time. Drawing on the work of time theorists (Adam, 1990; 2006; Elias, 1989; Zerubavel, 1982; Zerubavel, 1985), I have argued that 'the clock' shapes time as objective, linear, abstract, standardised, neutral and disembedded from the rhythms of the body. This understanding of time is a social construction, but it has become naturalised to such an extent that it is often used interchangeably with time. As Zerubavel (1985, p. 42) notes, even though 'the sociotemporal order is based, to a large extent, on purely arbitrary social convention, it is nevertheless usually perceived by people as given, inevitable and unalterable'. This becomes evident in the case of the biological clock.

The notion of the biological clock has become prevalent to address the timing of the transition to motherhood (Brown & Patrick, 2018; Easton, et al., 2010; Friese, et al., 2006; Keeney & Vernik, 2007; Lahad, 2012; Martin, 2010; Martin, 2017; Moss & Maner, 2014; Wagner, et al., 2019). The vast majority of studies in the field use the biological clock to characterise the durations and rhythms of female fertility, but rarely problematise or discuss the implications of making sense of the times of the female body through 'the clock'. Adam (2006, p. 115) suggests that 'the clock' has become the parameter 'to regulate and rationalise the pace and seasonality of organisms and beings'. Following this argument, I assert that the biological clock has become the parameter to regulate and rationalise the timing of the transition to motherhood. The biological clock shapes reproductive time as quantitative and limited, as linear, progressive and irreversible, and the passing of time as a risk to health, fertility, and social responsibility. This understanding of time shapes women's experiences of becoming mothers through time pressure, the perception of

'running out of time', and feelings of fear, anger and frustration. Time in general, and the clock in particular, are means of social control (Adam, 2006; Elias, 1989; Nowotny, 2005), and through the biological clock, women are constrained into timing when to become mothers according to the boundaries and dynamics of biological fertility.

The biological clock also outlines a particular relationship between time and agency. Women are responsible for making the timing of first childbearing within the duration and rhythms of female fertility. Given that the eggs, the uterus and the female body 'lose' their reproductive potential, women are expected to keep track of time, manage the risks of ageing, rationally assess 'how much time is left' according to mathematical calculations based on chronological age, and devise calendars and plans to allocate childbearing at the 'right' time. Consistent with the belief that women choose when to become mothers, the biological clock outlines that women are responsible for making the time of the transition to motherhood as well as for their reproductive outcomes. These expectations of individual control over time are challenged by lived experiences of uncertainty and contingency in the transition to motherhood. Experiences of infertility, waiting for pregnancy and miscarriage outline that fertility is not as subject to individual control as it is often assumed to be.

This tensions between 'clock time' and lived experiences of making the timing of the transition to motherhood are also revealed in the uses and meanings of chronological age. In contemporary Chile, how old women are has become the most important indicator to determine their ability to conceive, bear and nurture children. Women are often considered 'unsuitable' to become mothers if their date of birth situates them as being 'too young' or 'too old' according to the 'right' time for first childbearing. However, chronological age standardises biological, social and subjective dimensions of time that are often fragmented and in tension. A woman can be 20 years old and be mature and responsible to become a mother. A woman can be 30 and feel that she is not yet ready to have children. A woman can be 40 years old and have no problem becoming pregnant and giving birth to a child, and feel young, strong and full of energy to raise her children. My findings reveal that the clock is a prevalent and powerful symbolic tool in shaping women's understanding of time in becoming mothers, but fails to account for the complexities and nuances of lived experiences of making the time of the transition to motherhood.

9.5 The multidimensional nature of time

The temporal experience of women is a contested and controversial issue. For decades, gender and feminist scholars have criticised the hegemony of the natural, linear, objective, and abstract time of industrial capitalist societies, and have argued instead that time has a dynamic and multidimensional nature (Bryson, 2007; Hughes, 2002; Leccardi, 1996; Schües, et al., 2011). As Leccardi (1996, p. 175) asserts, 'women's time is by definition non-monolithic. It allows for the recognition of the simultaneous presence of numerous, concrete and diversified experiences of time'. In this thesis I have made a twofold contribution to this debate. I have empirically demonstrated that the timing of the transition to motherhood is shaped by multiple ontologies of time and that in becoming mothers women often have to negotiate and reconcile ideas of time as determined by 'the clock', nature, God, and technology. Furthermore, by arguing that each ontology of time outlines particular spaces for individual action and responsibility, I have provided a non-binary and non-linear assessment of the relationship between time and agency that is vital to account for the nuanced ways in which women make the timing of the transition to motherhood.

Despite changes in gender roles and reproductive agency, the transition to motherhood in contemporary Chile remains bound to ideas of nature in important ways. Fewer women believe that women are born to be mothers and that childbearing is a natural event in the female life course. Nevertheless, many still believe that women have a maternal instinct and that the female body is made for childbearing because of its pregnancy, childbirth and breastfeeding capacities. Some also oppose abortion and ART precisely because they believe they go 'against nature'. Ideas about nature play an important role in the timing of the transition to motherhood. Some women believe that the time to become mothers is when they feel the 'call of motherhood'; a strong, pressing, and 'natural' desire to have children. The transition to motherhood in contemporary Chile also continues to be shaped in important ways by ideas of God and religion. Many women believe that God 'sends children', that children are always a 'blessing', and that God punishes women with infertility. Some also reject emergency contraception, abortion and ART precisely because they believe they are sinful practices that go against the will of God and the teachings of the Church. Religiosity plays a significant role in the timing of the transition to motherhood. Some women believe that God determines when women have children, and often interpret their experiences of getting pregnant 'too early', not being able to get pregnant, and having a miscarriage, as the will of God.

It is often argued that 'the old barriers stopping people – the laws of nature, God's word, social customs and class imperatives – are gradually wearing away' (Beck & Beck-Gernsheim, 2004, p. 93). My findings suggest otherwise. Nature and God remain important forces in shaping the timing of the transition to motherhood in contemporary Chile. Furthermore, these forces are not always experienced as 'barriers' when it comes to making the timing of first childbearing. These time ontologies outline more restricted spaces for reflexivity, instrumental rationality, and individual choice, but, at the same time, relieve women from the burden of making the 'right' time and being responsible for their reproductive outcomes. In contexts shaped by cultural contradictions, social constraints and inequalities, and reproductive uncertainties, this lack of space to 'act otherwise' (Giddens, 1984, p. 14) is not only constraining but also comforting. Women often feel sheltered by the belief that the timing of the transition to motherhood happens for a reason and is meant to be. Some women also strategically resort to these time ontologies to make sense of their own childbearing experiences and cope with unexpected and disruptive reproductive outcomes.

9.6 The complexities of the 'right' time

For decades, life course scholarship has been engaged in a debate about the nature, extent and character of the reconfiguration of the normative sequence of the life course (Berghammer, et al., 2014; Brückner & Mayer, 2005; Elchardus & Smits, 2006; Kohli, 2007; Macmillan, 2005; Widmer & Ritschard, 2009). Often drawing on the thesis of individualisation (Beck & Beck-Gernsheim, 2002), it has been argued that as individuals acquire greater control over their lives, the timing and sequence of life transitions become more flexible and diverse, and render life courses that are less predictable and ordered, and more dynamic and self-driven. In this thesis, I have contributed to this debate by outlining the age norms and the normative sequence of the female life course that shape the timing of the transition to motherhood in contemporary Chile. My findings reveal that time norms have changed but that this process has not been characterised by flexibilisation, but rather by pluralisation and fragmentation. There is no 'right time' for the transition to motherhood precisely because there are multiple, ambivalent and conflicting ideas about when women should become mothers. These findings also suggest that agency in lived experiences of timing first childbearing goes beyond subjection and subversion because the conflicting and competing character of time outlines that women simultaneously reproduce and challenge prevalent time norms in becoming mothers.

Focusing on the time norms that shape the transition to motherhood and the ways in which women reconcile and negotiate them in becoming mothers, has also enabled me to challenge prevalent assumptions on 'early' and 'late' childbearing. Scholarship on the timing of fertility and childbearing too often interprets the experiences of 'young' and 'old' mothers in binary term with regards to agency. While young mothers are often portrayed as lacking agency, exceeding irrationality and being victims of their circumstances, older mothers are often portrayed as agents that make rational choices in order to maximise their individual achievements and personal wellbeing. I follow McNay (2000, p. 58) in arguing that 'complex processes of investment and negotiation provide much richer accounts of women's agency than dichotomous constructs of domination and resistance'. Through situated and nuanced accounts of agency, I have outlined the spaces in between subjection and subversion in which women negotiate the timing of the transition to motherhood. My findings reveal that having children earlier and later in life is shaped by complex interweavings of purposefulness and constraint. For some women, becoming mothers at a young age is also a way of enacting choice and being strategic within spaces to act otherwise shaped by personal circumstances and social inequalities. For other women, becoming mothers at an older age is a decision constrained by gender norms that reshape the normative structure female life course. In arguing that women postpone motherhood precisely to enable becoming 'good' mothers, I have also provided a novel interpretation to make sense of why women are becoming mothers later in life.

In this thesis, I have argued that becoming a 'good mother' is a matter of time. Drawing on the work of motherhood scholars (McDermott & Graham, 2005; Miller, 2000; Perrier, 2013), I have outlined that time is inextricably linked with morality and that women negotiate when to become mothers against social expectations of what it means to be a 'good mother'. As Miller (2000, p. 194) argues, 'becoming and being a mother is inextricably linked to perceptions of being a moral person, to measuring up to dominant and normative conceptions of 'good' mothering'. Being able to conceive, bear and nurture children as expected is often a matter of being the 'right' age and being at the 'right' moment in the life course. Accordingly, becoming mothers at different times tends to be associated with being 'bad mothers'. In contemporary Chile, women who become mothers earlier or later than expected in terms of biological and social fertility are often stigmatised as being irresponsible, selfish, unable to provide 'proper' childcare, and putting at risk their and their child's health and wellbeing. Consistent with the prevalent belief that women are free, equal, and able to determine when to become mothers, the timing of the transition to motherhood

is too often judged as the product of individual choices and less according to the social arrangements that enable women to make certain times instead of others.

9.7 Future research

The findings of this research make an important contribution to understand the intersection of motherhood, time and agency and to trace new lines of inquiry in these fields of research. One aspect addressed in this research that needs further exploration is the ways in which women negotiate the timing of transition to parenthood with their partners. This research privileged the standpoint of women and in doing so it has paid less attention to the interactional dynamics of making time within the couple. Furthermore, while there is a growing body of research addressing women's ideas and experiences of time in becoming mothers, the male standpoint remains largely unexplored. Time is a gendered construct, and, avoiding essentialist accounts of 'male' and 'female' time (Bryson, 2007; Leccardi, 1996), future research should explore gender differences in ideas and experiences of time, and outline the ways in which men make the timing of the transition to fatherhood. Doing so would represent a substantive contribution towards challenging prevalent understanding of reproduction as just a 'female issue' (Bute, et al., 2010; Quek, 2014).

In this thesis I have asserted that 'time always presupposes a view of time' (Adam, 1990, p. 43) and that to study time 'one first has to decide which kind of time is in question because there is no 'time itself' (Ermarth, 2010, p. 135). This has important implications for future research addressing time in relation to fertility and childbearing. I have argued that the ways in which women understand time has important implications for their first childbearing experiences. But additionally, the ways in which researchers understand time has important implications for their ability to grasp the depths and complexities of temporal experience. Acknowledging that the transition to motherhood is shaped by different ontologies of time enables overcoming narrow approaches based exclusively on chronological age, social calendars and clock time. It also enables reconfiguring prevalent approaches to the relationship between time and agency, and overcoming binary interpretations that associate time shaped by nature and God as constraining agency and time shaped by technology as enabling agency. This approach should make scholars aware of the underlying normative assumptions of using terms such as 'early', 'late', 'young', 'old', 'delay' and 'postpone' to characterise the time of women's reproductive experiences.

In this thesis, I have also deconstructed the relationship between choice and agency by arguing that choice can be experienced as a constraint (Denbow, 2015; Jacques & Radtke, 2012; Franklin & McNeil, 1988), and that agency can be enacted by the subversion of reflexivity and rational choice. Future studies on the transition to motherhood should further the empirical exploration of the relationship between choice and agency by outlining women's agentic practices that transcend instrumental reflexivity and rational choice, and addressing the ways in which women can create generative actions in seemingly disempowering situations like infertility, miscarriage and 'unexpected' pregnancies. In this thesis, I have argued that accounting for agency requires delving into the social, situational and subjective features that shape the breadth and meanings of spaces to act otherwise. Future research on the timing of the transition to motherhood should further explore the social conditions that constrain women into making particular reproductive times, and the ways in which prevalent time norms are produced and reproduced in public narratives like social policies and mainstream media. To do so would represent a substantial contribution towards challenging prevalent understanding of the timing of the transition to motherhood as a personal matter and an individual choice (Dubriwny, 2013; Gill & Scharff, 2011).

There is an evident middle-class bias in scholarship addressing the timing of the transition to motherhood. The great majority of studies in this field of research are either based on the experiences of middle-class, educated and professional women, or tend to assess women's reproductive experiences according to the normative standards of middle-class life trajectories (Perrier, 2013). When fertility and childbearing experiences of lower-class women are explored, they tend to be addressed exclusively in relation to teenage pregnancy and early fertility. In this research I have contributed to challenge this bias by addressing the ways in which women from lower, middle, and upper-class negotiate when to become mothers. However, further research is needed in order to account for the ways in which social inequalities shape the timing of first childbearing. Together with focusing on middle-class women, scholarship in this field of research also tends to overemphasise the views and experiences of white middle-aged heterosexual women that reside in urban areas. Scholarship addressing the intersection of time and motherhood should take intersectionality seriously (Crenshaw, 1989; 1991), and explore the nuances of reproductive experiences across the lines of racial, ethnic, age, sexual and geographical differences.

9.8 Epilogue

Making sense of the ways in which women make the timing of the transition to motherhood while negotiating my own path into motherhood has been an insightful experience. Over the past four years, I have thought more seriously than ever before if I want to have children and when would be the 'right' time to do so. This thesis did not provide easy or straightforward answers to these questions. Delving into women's lived experiences of the transition to motherhood reinforced my awareness of the costs, sacrifices and struggles involved in becoming a mother. However, it also introduced me to experiences of joy, love, happiness and self-realisation that I just begin to understand. Conducting this research was at times challenging. Some voices and experiences of the women I interviewed were a difficult reminder of the biological risks and social costs that are associated with the delay of childbearing, and made me feel concerned about the passing of time and the fact that I was not getting any younger. However, conducting this research was also comforting in many ways. Realising that other women shared my doubts and fears made me feel relieved that I was not the only one struggling with time. Furthermore, their lived experiences taught me that, in the end, any time can be a 'good' time for the transition to motherhood.

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Appendix I

UNIVERSITY OF CAMBRIDGE
Department of Sociology

PhD Research Project
Making the Right Time. The transition to motherhood in contemporary Chile

Questionnaire of Sociodemographic Characterisation

Name			
Date of Birth		Age Father	
Socioeconomic Status		Age Mother	
Place of Birth		Place of Birth Father	
Place of Residence		Place of Birth Mother	
Educational Level		Educational Level Father	
Occupation		Educational Level Mother	
Civil Status		Occupation Father	
Child(ren)		Occupation Mother	
Number of Children		Age Partner	
Child(ren) Age(s)		Place of Birth Partner	
Religion		Educational Level Partner	
Indigenous Peoples		Occupation Partner	

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Appendix II

UNIVERSITY OF CAMBRIDGE
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PhD Research Project
Making the Right Time. The transition to motherhood in contemporary Chile

Life History Interview

Interviewee	
Date	
Place	
Start Time	
End Time	
Description of the Situation	

I. IDENTITY AND BIOGRAPHY

To get to know each other better, tell me about who you are. How would you describe yourself as a person?

The way in which you see yourself today is different from how you saw yourself in the past? Is it different from how you think you are going to see yourself in the future?

For you, what is to be a woman? How are women expected to be in Chile today? Do you feel this has changed over time? Why? How was it before and how is it now? These changes, have been for the better or the worse?

Thinking about your life, how do you see the past/present/future? [emphasis on motherhood]
[Temporality, positive-negative, certainty-uncertainty, risk-security, opportunities-threats, possibilities of change].

What is your purpose in life? Why? What are the opportunities and difficulties to achieve it? Do you have a life plan or project? What does it consist of? How can it be achieved?
[Life project]

If you look at your life, why do you think it was been that way? Do you think it has been the product of your decisions or of the circumstances? In general, do you think that you have had control over your life? When yes? When not?
[Agency]

Looking at your life, has it been very different from the life of your mother/grandmother, mother/daughter, daughter/granddaughter? Why? Has it been very different from the people your age that you know? Why?

II. LIFE HISTORY

Must life have an order? Is it important to respect the sequence of the stages and events in life? How has that been in your own life?
[Structure of the life course]

Tell me briefly about your education, labour and family trajectories, from when they began until now (emphasis in changes and continuities in relation to motherhood).
[Education: primary, secondary, tertiary. Labour. Family: independence from parents household, children, partners, cohabitations, marriages, divorces].

If you think about your life, which have been the most important events? When did they happen? How old were you then? Why did they happen then? How do they relate to other important events?
[Trajectories and transitions; continuities-discontinuities, agency]

In this interview we have talked about you and your life. Is there anything else that you would like to say?

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Appendix III

UNIVERSITY OF CAMBRIDGE
Department of Sociology

PhD Research Project
Making the Right Time. The transition to motherhood in contemporary Chile

Motherhood Interview

Interviewee	
Date	
Place	
Start Time	
End Time	
Description of the Situation	

III. MOTHERHOOD

What is for you to be a mother? What place does motherhood have in who you are and in your life? Since when did you want/have you wanted to be a mother?

What is to be a mother in Chile? How are mothers in Chile expected to be today? Do you feel this has changed over time? Why? How was it before and how is it now?

It is said that motherhood is a part of being a woman, what do you think about that?

It is said that women have a maternal instinct, have you felt it? When? What is it?

What does it mean to be a woman with no children? What does it mean to be a single mother?

It is said that in Chile there are more and more single mothers by choice, what do you think about that?

It is said that in Chile fewer children are being born and that that is a problem, what do you think about that?

IV. SEXUALITY AND CONTRACEPTION

Have you had sexual relations? When was your first sexual relation? How old were you? Why did it happen in then?

Have you used contraception, which one(s)? Why? What are the advantages and disadvantages of using contraception?

How is the use of contraception seen in Chile? Do you feel that it has changed over time? Why? How was it before and how is it now?

V. TRANSITION TO MOTHERHOOD

Have you had or want to have children? Why?

There are people that say that women that don't have children regret that decision in the future, what do you think about that? How do you see your future without children? How would you see your future without children?

Have you ever been pregnant? When and how did your first pregnancy occur?

What does an 'unwanted' pregnancy mean? What can women do with those 'unwanted' pregnancies?

Do you know what abortion, egg freezing, assisted reproductive technologies and adoption are? What do they mean to you? Would you consider, would you have had considered, to resort to any of them in your life? Under what circumstances?

What changed and what remained the same in your life while and after having a child? (ask about labour education labour and family).

VI. TIMING OF MOTHERHOOD

When did you have your first child? At what age? Why then? (explore negotiation with education, labour and family/partner). What would have happened if you would have had him/her before/after? What would you have done if you couldn't have gotten pregnant?

When do you want to have your first child? At what age? Why then? (explore negotiation with education, labour, family/partner). What would happen if you had him/her before/after? What would you do if couldn't get pregnant?

The age at which you were/want to be a mother, is similar or different to the ages at which your mother and grandmother were mothers? Why do you think that is?

Can when to become a mother be planned? How was it in your experience?

The age at which a woman has her first child, is important? Why?

At what age should women have their first child? Why? Do you feel that this has changed over time? Why? How was it before and how is it now?
[Discourses about medicine, religion, consumption, body, moral]

In Chile, what are the time limits to have a first child? From when and until when? At what age? What are the risks and problems? What are the positive aspects?
[Biological, emotional, social and other dimensions]

It is said that women in Chile are postponing motherhood, have you heard that before? What do you think about that?

There are people that say that women have a biological clock? Have you heard that before? Where? From whom? What does it mean? What do you think about that?

VII. SEQUENCE OF MOTHERHOOD

What changes did you have to do (are going to have to do) in your life before becoming a mother? Why?

What stages or conditions are important to fulfil before becoming a mother?
[Partner/Marriage/Education/Labour/Home/Financial Situation].

How important was it/is it going to be for you to comply with this(ese) condition(s)? Why?

Do you think that in Chile is important to comply with this(ese) condition(s)? Why? Do you feel that this has changed over time? How was it before and how is it now?

In this interview we have talked about what motherhood means to you and about how motherhood is in Chile, is there anything else you would like to say? What do you think about this interview and what we have talked about?

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Appendix IV

Table I. Characterisation of the participants

	Name	Age	SES	Education	Occupation	Relationship status	Children	Religion
1	Antonia	18	Lower	Primary	Student	Single	0	None
2	Elisa	21	Lower	Secondary	Student	Partner	0	None
3	Blanca	22	Lower	Secondary	Student	Partner	0	Catholic
4	Manuela	36	Lower	Primary	Construction worker	Partner	3	Catholic
5	Rebeca	39	Lower	Primary	Unemployed	Married	2	Evangelical
6	Ester	45	Lower	Primary	Saleswoman	Partner	2	Catholic
7	Paloma	48	Lower	Primary	Domestic worker	Partner	3	Catholic
8	Victoria	49	Lower	Primary	Domestic worker	Married	2	Catholic
9	Ana	49	Lower	Primary	Domestic worker	Single	1	Catholic
10	Luisa	61	Lower	Secondary	Cleaning worker	Separated	2	Catholic
11	Cecilia	63	Lower	Primary	Domestic worker	Single	1	Catholic
12	Irene	64	Lower	Primary	Domestic worker	Separated	2	Catholic
13	Maite	20	Middle	Secondary	Student	Single	0	Catholic
14	Matilde	26	Middle	Tertiary	Dentist	Partner	0	Catholic
15	Carmen	28	Middle	Postgraduate	Sociologist	Partner	0	None
16	Consuelo	30	Middle	Tertiary	Lawyer	Partner	0	Agnostic
17	Adela	34	Middle	Tertiary	Lawyer	Partner	0	Agnostic
18	Violeta	38	Middle	Tertiary	Social worker	Married	0	None
19	Amalia	40	Middle	Postgraduate	Lawyer	Married	2	None
20	Paula	44	Middle	Secondary	Secretary	Single	1	Catholic
21	Beatriz	54	Middle	Tertiary	Housewife	Married	2	Catholic
22	Lucía	58	Middle	Tertiary	Doctor	Divorced	4	Catholic
23	Flora	58	Middle	Secondary	Therapist	Married	5	Catholic
24	Rosa	59	Middle	Primary	Merchant	Married	5	Catholic
25	Rafaela	64	Middle	Secondary	Domestic worker	Married	3	Evangelical
26	Alicia	72	Middle	Secondary	Secretary[1]	Single	1	Agnostic
27	Silvia	73	Middle	Tertiary	Medical technician[1]	Married	3	Catholic
28	María	74	Middle	Primary	Domestic worker	Widow	3	Catholic
29	Jacinta	18	Upper	Secondary	Student	Single	0	Catholic
30	Ignacia	28	Upper	Tertiary	Doctor	Engaged	0	None
31	Olivia	29	Upper	Tertiary	Chemist	Married	0	None
32	Soledad	37	Upper	Tertiary	Journalist	Married	2	Catholic
33	Laura	39	Upper	Tertiary	Doctor	Married	3	Catholic
34	Dominga	41	Upper	Postgraduate	Journalist	Partner	1	None
35	Elena	47	Upper	Tertiary	Psychologist	Divorced	3	Catholic
36	Susana	55	Upper	Tertiary	Teacher	Single	2	None
37	Gracia	55	Upper	Postgraduate	Historian	Married	2	None
38	Loreto	57	Upper	Postgraduate	Teacher	Married	4	Catholic
39	Luz	62	Upper	Secondary	Housewife	Married	11	Catholic
40	Diana	73	Upper	Tertiary	Housewife	Married	3	Catholic

[1] Retired.

Appendix V

Table II. Characterisation timings transition to motherhood

	CHARACTERISATION			TRANSITION TO MOTHERHOOD		
	Name	Age	SES	Age	Occupation	Relationship status
4	Manuela	36	Lower	17	Student[1]	Married[3]
5	Rebeca	39	Lower	17	Domestic worker	Single
6	Ester	45	Lower	18	Student[1]	Partner[4]
7	Paloma	48	Lower	18	Student[1]	Single
8	Victoria	49	Lower	27	Domestic worker	Married
9	Ana	49	Lower	29	Domestic worker	Partner
10	Luisa	61	Lower	20	Housewife	Married
11	Cecilia	63	Lower	18	Domestic worker	Partner[4]
12	Irene	64	Lower	20	Housewife	Married
19	Amalia	40	Middle	31	Lawyer	Married
20	Paula	44	Middle	38	Secretary	Single
21	Beatriz	54	Middle	42	Housewife	Married
22	Lucía	58	Middle	23	Student	Married[3]
23	Flora	58	Middle	22	Student[2]	Married[3]
24	Rosa	59	Middle	15	Student[1]	Married[3]
25	Rafaela	64	Middle	19	Housewife	Married
26	Alicia	72	Middle	41	Secretary	Partner
27	Silvia	73	Middle	23	Housewife	Married
28	María	74	Middle	23	Domestic worker	Married
32	Soledad	37	Upper	29	Journalist	Married
33	Laura	39	Upper	29	Student	Married
34	Dominga	41	Upper	41	Journalist	Partner
35	Elena	47	Upper	31	Psychologist	Married
36	Susana	55	Upper	29	Teacher	Partner
37	Gracia	55	Upper	39	Historian	Married
38	Loreto	57	Upper	17	Student	Married[3]
39	Luz	62	Upper	23	Housewife	Married
40	Diana	73	Upper	24	Housewife	Married

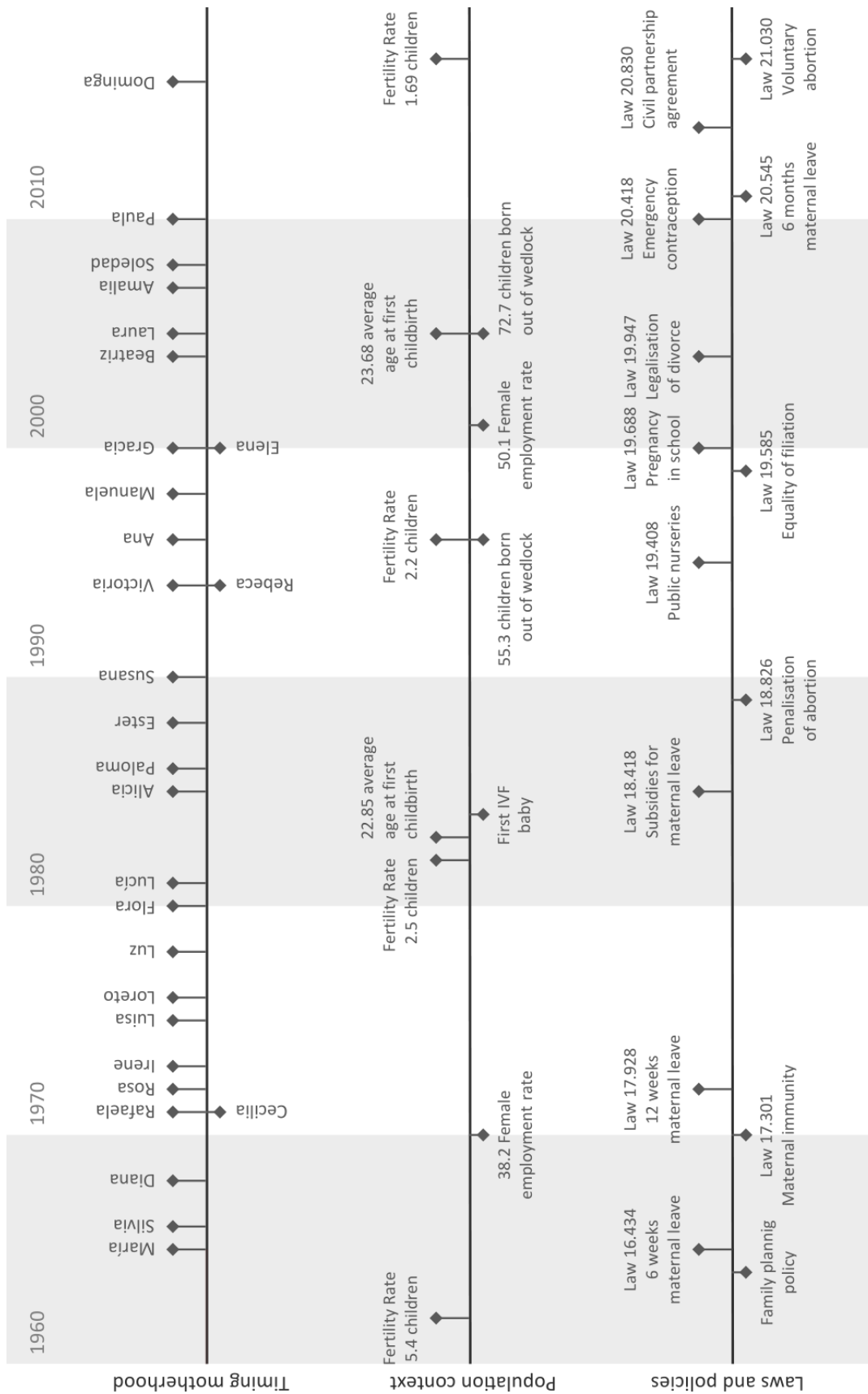[1] Had to drop out of school because of her pregnancy and never finished secondary education.
[2] Left university because of her pregnancy and never completed her degree.
[3] Her marriage was produced or advanced because of the pregnancy.
[4] Her partner left her because of the pregnancy.

Appendix VI

Diagram I. Contextualisation of transitions to motherhood

Appendix VII

UNIVERSITY OF CAMBRIDGE
Department of Sociology

PhD Research Project
Making the Right Time. The transition to motherhood in contemporary Chile

Informed Consent

You have been invited to participate in a research project on time and motherhood that is being conducted as part of the PhD programme of the Department of Sociology of the University of Cambridge. Your participation in this research is voluntary and will consist of two encounters of approximately and hour and a half during which interviews and life calendars will be done. In them, you will be asked about your identity and the most significative events of your life, and about your experience and views on motherhood in Chile. The interviews will be recorded and transcribed, but all the shared information will be kept strictly confidential and used only for academic purposes. To protect your identity and privacy, this information will always be used anonymously and using pseudonyms.

Do you have any questions?

1. I confirm that I have understood this document and that I have had the opportunity to ask questions.

2. I understand that my participation in this research is voluntary and that I have the freedom to end it at any time without explanation.

3. I accept that the interviews are recorded and transcribed.

4. I accept that my answers are used with academic purposes and that my identity and privacy are protected.

5. I accept to participate in this research.

_____

Name of the Participant   Signature   Date

_____

Name of the Researcher   Signature   Date

Martina Yopo Díaz | Department of Sociology | University of Cambridge
Free School Lane, Cambridge CB2 3RQ, UK | +56 9 95997781 | miy21@cam.ac.uk

Appendix VIII

Subject   **Ethical approval - Martina Yopo Diaz**
From   Odette Rogers <ohmr3@cam.ac.uk>
To   <miy21@cam.ac.uk>
Copy   <mm2051@cam.ac.uk>
Date   2016-06-23 16:34

Dear Martina
Cc: Dr Monica Moreno Figueroa

This is to confirm that your PhD project on Motherhood in Contemporary Chile has been approved by the Sociology Ethics Committee.
Best wishes
Odette

Odette Rogers
Undergraduate Secretary
Sociology Department
HSPS Faculty
Cambridge
Free School Lane
CB2 3RQ
Tel. 01223 334528