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## **Motherhood in Spain: from the “baby boom” to “structural infertility”**

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Nota biográfica:

Biographical note:

Bruna Alvarez is lecturer at the Autonomous University of Barcelona. Her research is about motherhood, reproduction, and sexuality. She received her PhD in Anthropology in 2017 where she analyzed the politics of motherhood in Spain, asking how labor conditions and gender relations influence reproductive decisions of heterosexual couples. Since then, she has been doing research about sex education and family diversity at primary schools using participatory methodologies in Barcelona (Spain) and Ciudad Juárez (México). Her new research is about the process of how single and lesbian mothers in Spain become mothers through gamete donation, and reproductive mobilities between México and USA as women search for assisted reproduction care or medical care for abortion.

Diana Marre is Professor of Social and Cultural Anthropology and the Director of AFIN Research Group and Outreach Centre at the Autonomous University of Barcelona, Spain. She has been PI and researcher on over 20 research projects. Marre has authored and coauthored more than 80 publications in her fields of research. She was visiting Fellow/Professor at several institutions. Marre regularly participates in knowledge transfer activities on assisted human reproduction—adoption, gamete and embryo provision, surrogacy—for government, policy makers, civic and users’ institutions and associations. In 2020 Marre received the ICREA Acadèmia award for her work in the fields of Medical Anthropology.

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## Resumen

Esta investigación aborda la gobernanza reproductiva en España a través de cuatro dimensiones de regímenes morales: el mercado laboral, las relaciones de género, el discurso del feminismo institucional y las narrativas de la elección. Los resultados de 66 entrevistas semiestructuradas a padres y madres heterosexuales muestran que las madres son socialmente consideradas responsables de hijos e hijas, un factor clave para entender cómo España pasó del “baby boom” de las décadas 1950–1970 a la “infertilidad estructural” desde los años 1990.

## Abstract

We analyze the mechanisms of reproductive governance that influence reproduction in Spain through 66 semi-structured interviews with heterosexual parents. We examine reproductive governance through moral regimes surrounding four arenas: the labor market, gender relations at home, institutional feminist discourses, and the narrative of choice. We show that mothers are considered to be socially responsible for children, a fact that is key to understanding how Spain went from a “baby boom” between the 1950 and 1970s to “structural infertility” since the 1990s.

**Keywords:** Spain, feminism, motherhood, reproductive governance, structural infertility, work-family balance

**Media teaser:** We argue that Spain went from the “baby boom” to “structural infertility” in forty years due to moral regimes of reproductive governance.

Alvarez, one of the author researchers, interviewed Barcelona’s current mayor, Ada Colau in 2014, when she was the leader of the Platform of People Affected by Mortgages (*Plataforma de Afectados por la Hipoteca*). Colau had had her first son in 2011 at age 37, during her most intensive period of work at the platform. She explained in the interview that she had not initially planned to be a mother: “I saw myself doing a lot of things, and I understood motherhood as a choice. I had an intense, full life, and I rejected being a mother. I thought it was a big, big responsibility, and I was afraid.” In her narrative, we see that she thought of having a child as a choice and moreover that having a child was incompatible with having “an intense, full life” and “doing a lot of things.” This way of understanding motherhood aligns with what Sharon Hays called an ideology of “intensive motherhood,” according to which motherhood is “child-centered, expert-guided, emotionally absorbing, labor intensive, and financially expensive” (Hays 1996:8). According to this ideology, if Colau became a mother, she would have to dedicate all her attention to her child, leaving no time for a “full life” for herself. Despite her initial thoughts about the demands of motherhood, Colau did have a child, and she went on to become mayor of Barcelona in 2015 when he was four years old. She had her second child in 2017 at age 43. At the time of writing, she remains in office and is considering running for a third term. In the interview, Colau recognized that her mother’s experience influenced her decision to postpone motherhood. “To have an independent life, she left home very young, and she had four daughters. My sisters and I regret that she couldn’t develop more as a person beyond being a working mother, because she had to feed her family. I am the oldest sister, and she had me when she was 21.”

When she had her first child, Colau was 16 years older than her mother had been when she had Colau, a typical example of shifting demographics in Spain. This family’s experiences mirror those of declining fertility and motherhood postponement in Spain more broadly, as Spain moved from a baby boom to “structural infertility” (Marre 2009) in only four decades. Spain has

been described as experiencing structural infertility—that is, low fertility for social, political, and economic (rather than biological) reasons. For many women in Spain, it is difficult or impossible to arrive at the level of stability that they feel is necessary for motherhood, because of job inequalities (Gálvez, Rodríguez-Modroño and López 2020, Horwitz and Myant, 2015; Marre 2009), the lack of affordable housing (Marre 2009), the lack of public policies to support families and mothers (Bernardi 2005; Comas d'Argemir, Marre and San Román 2016; Salido and Moreno 2007), men's limited participation in household work and family care (Abril et al. 2015; Alvarez 2017; Martínez et al. 2011), the rejection of motherhood by the Spanish feminist movement (Marre 2012; Valiente 2003), and motherhood as a choice or a lifestyle (Alvarez 2018; Beck-Gernsheim 2011; Marre 2012; Valiente 2003). Often, when the “right time” arrives, it is too late for women to reproduce “naturally.” At this point, the only way they can have a child is through assisted reproductive technologies, such as adoption, medical assisted reproduction with gamete or embryo donation, or surrogacy.

Based on 66 semi-structured interviews with heterosexual parents, seven interviews with feminist academics, and online participant observation in a motherhood blog, we analyze the shift from baby boom to structural infertility in Spain through four moral regimes: the labor market, gender relations at home, institutional feminist discourses, and the narrative of choice.

### **Reproduction in Spain**

Colau's mother was born in 1953, at the beginning of the baby boom in Spain, when the total fertility rate (TFR) started to increase in the postwar period. In contrast, during this same period, the rest of Europe was entering the second demographic transition (Coale 1973; Van de Kaa 1996; Watkins 1993), a social and demographic change from “traditional” societies with high levels of fertility and mortality to “modern” societies, with low levels of fertility and mortality. By 1978, near the time when Colau's mother was having her four daughters, the TFR in Spain was 2.77 children per woman; the highest in Europe. However, by 1993 the Spanish TFR was below 1.3 children per woman. Using the cases of Spain and Italy, researchers coined the term “lowest-low fertility rate” (Kohler, Billari and Ortega 2002: 641) to classify countries with a TFR lower than 1.3 children per woman, far below the demographic replacement rate of 2.1 children per woman. From 2012 to 2017 (when Colau's children were born), it was 1.32 children per woman. 2019, the last year with data, had the lowest number of births in Spain since 1941 (Benitez 2020), returning Spain to a lowest-low total fertility rate: 1.23.

Although Spain is an extreme case of falling fertility, it is not an exception. Rather, falling fertility is a worldwide phenomenon, although it is extremely heterogenous both within and across countries. Between the 1950s and the 1980s, all European countries experienced a decrease in TFR (Balbo, Billari and Mills 2013; Sobotka 2017). The same thing occurred during the 1990s and 2000s in Asia (Anderson and Kohler 2013; Frejka, Jones and Sardon 2010; Sobotka 2017) and Latin America (Morgan and Roberts 2012; Sobotka 2017).

Demographically, fertility decline is related to the postponement of motherhood, also known as the *postponement transition* (Balbo, Billari and Mills 2013; Kohler, Billari and Ortega 2002; Sobotka 2017). In Spain, the average age of first-time mothers was 31 in 2019 (compared with 25 in 1975). Nevertheless, several demographic studies show that the postponement of motherhood is just one of several causes of declining fertility (Balbo, Billari and Mills 2013; Beets 2011; Mynarska 2009; Sobotka 2004, 2017; te Velde 2011 among others). While on average women have one child each, this statistic hides the fact that many women have no children at all. In Spain, only one in ten women born in 1955 (the beginning of the baby boom) did not have children (Miret and Cabré 2010), while four in ten of their daughters born in 1975 (the end of the baby boom) will not have children (Esteve, Devolder and Domingo 2016). However, this does not reflect women's reproductive desires. Many women in Spain have fewer children than they would like, experiencing a “child gap” (the difference between the number of children desired and the number of children born). Spain has the highest “child gap” in Europe,

followed by Italy and Greece (Bernardi 2005). Despite Spain's low TFR, the Spanish state has not gone very far in supporting parents. For example, there is universal public school but only starting at age three. The result is that care for very young children is in mothers' hands or, for the families that can afford it, in those of paid care providers.

### **The governability of motherhood**

July 2020 marked the 25th anniversary of the publication of *Conceiving the New World Order* (Ginsburg and Rapp 1995). The book put reproduction at the center of social theory, showing that the biological phenomena that occur in women's bodies in relation to reproduction—menstruation, pregnancy, birth, and breastfeeding—have political implications (Ginsburg and Rapp 1991) and are the result of reproductive politics. Briggs (2017) shows that all politics are politics of reproduction by analyzing how the neoliberal shift in the United States—in terms of macroeconomics, policies, and legislation—is experienced from inside households. Because real salaries have been frozen for years in the US, all adults have to be in the labor force and their working hours have increased. And because public support is lacking, responsibility falls on individuals and households and care is privatized—following the neoliberal logics of production—through stratified reproduction (Colen 1995; Constable 2009; Hochschild 2003; Salazar Parreñas 2001; Zelizer 2005). Stratified reproduction is a system of power relations that enables some women to make use of the reproductive labor of others—such as ova donation, pregnancy, birth, and childcare—to form their own family, because of infertility or the lack of time to care for their children. For some women in Spain, the only way to balance work and family is to hire another woman, to whom they will pay less than they themselves earn. For others, grandparents are the main providers of childcare.

We can understand the politics of reproduction in Spain through the lens of reproductive governance (Morgan and Roberts 2012, Morgan, 2019), described as the ways that different historical actors produce, monitor, and control reproductive behavior and practices through moral regimes. Inspired by the Foucauldian concept of “regimes of truth” (Foucault 1998 [1976]), Morgan and Roberts described moral regimes as shared moral standards that govern “intimate behaviors, ethical judgements, and their public manifestations” (Morgan and Roberts 2012:242). Moral regimes work as socially constructed “truths,” also described as biopolitical rationalities of reproduction (Krause and De Zordo, 2012).

In Spain, the politics of reproduction have been analyzed from the perspective of the postponement of motherhood (Marre 2018; San Román 2020) and the resulting structural infertility (Alvarez 2017; Comas d'Argemir, et al. 2016; Marre 2009, 2012). To be able to reproduce at later ages, some people outsource reproduction through international adoption (Marre 2009), egg donation, or surrogacy (Marre, San Román and Guerra 2018). In 2014, Spain was the second country in the world after the US in the number of international adoptions (Marre, San Román and Guerra 2018; Selman 2009) and, since 2016, it is the first country in Europe and the third in the world in the number of assisted reproductive treatments performed (ESHRE, 2016; FivCat, 2014; SEF, 2017). Despite 25 years of research on the politics of reproduction around the world, in Spain reproduction is still considered private and invisible, the opposite of production, which is located in the public sphere “where politics and economics live” (Briggs 2017:2).

### **Interviews and analysis**

Alvarez is a member of the community on which the research focuses. Using snowball sampling, she branched out from her social network to create our sample of heterosexual couples. She conducted interviews with 66 heterosexual persons, including 21 couples. All participants were middle-class couples who had children in Catalonia and, except for one female participant, all of the participants worked outside the home. Separately, seven female

academics and politicians with public profiles or responsibilities who described themselves as feminists were also contacted through email and interviewed. Alvarez also conducted online participant observation of the most-read motherhood blog in Spain *The Club of Bad Mothers' Blog (El Club de Malasmadres)*, from October 2014 to September 2015, paying particular attention to the tags “entrepreneur mothers” (*madres emprendedoras*), “work advice” (*asesoría laboral*), and “work-family balance” (*conciliación*). We focused on heterosexual parents because we were interested in analyzing gender relations at home.

We developed a semi-structured interview guide based on the themes that emerge in Hays’ (1996) study about social constructions of motherhood, including retrospective questions about the decision to have children, issues related to work-life balance, men and women’s labor conditions, and the sharing of family responsibilities. Most interviews were done individually, although one couple wanted to be interviewed together. All names are pseudonyms.

We analyzed the data with a narrative thematic approach (Riessman 2008), which seeks to make sense of people’s experiences by finding patterns in their narratives (Morgan and Roberts, 2012). We paid particular attention to reproductive governance through the four moral regimes that emerged from the data. The main themes that emerged from the analysis of the 66 heterosexual couples were the difficulties surrounding being a working mother, unequal relations at home, and the narrative of choice. The data about the relationship between feminism and motherhood emerged from the interviews with the seven feminist academics and politicians.

### **Mechanisms of reproductive governance in Spain: four moral regimes**

In this section, we outline the four moral regimes by which reproduction is governed in Spain: a) labor market, b) gender relations at home, c) institutional feminist discourses, and d) narrative of choice.

#### **A. Labor market conditions in Spain: Not enough time or money for motherhood**

Spain’s transition from dictatorship to democracy coincided with a process of economic liberalization and deregulation of the Spanish labor market. The aim of deregulation was to make working conditions more flexible in order to decrease unemployment and facilitate private investment (Ferreiro and Serrano 2004). The outcome was a dual labor market: some jobs were long-term, full-time, and inflexible (mainly occupied by men) and other jobs were short-term, part-time, and/or flexible (mainly occupied by women and young people) (Baizan 2020; Ferreiro and Serrano 2013). The latter jobs were characterized by frequent changes in position, responsibilities, and work schedule (Gálvez and Rodríguez 2013; García-Valverde and Khurtsidze 2018), generating intergenerational dependence and inequity (Narotzky 2021).

Traditionally, it wasn’t considered necessary or desirable that a woman in a heterosexual couple have a job outside the home before embarking on parenthood. However, today, heterosexual couples are more likely to decide to have their first child or an additional child when both partners have a stable job, even though having this kind of job makes it more difficult for women to balance career and family (Hays 1996; Bueno and García Román 2020). In contrast, women who are part of the short-term, part-time sector find themselves in such a precarious situation that they may not contemplate motherhood, or if they do, they depend on a partner’s salary or live at risk of or in poverty (Foessa 2018). In both situations, motherhood has a cost (Bote and Cabezas 2012), such as reducing opportunities for employment (Moreno 2012), a good salary (Gálvez et al. 2020), and promotion (Dueñas and Moreno 2018).

Researchers across Europe have pointed to the “wage penalty” that women with children pay when compared to women without children and with men (see Molina and Montuenga, 2009 on Spain; Bratti and Cavalli 2014 on Italy; and Kleven, Landais and Egholt 2018 on Denmark). In 2020, a study by the Bank of Spain concluded that “the child penalty in earnings is 11.4% in the

year after the first child is born and continues widening to 28% in the long run” (Quinto, Hospido and Sanz 2020:17). In a survey carried out in 2020 by *El Club de Malasmadres* among 95,000 women, 75 percent of respondents said that motherhood had affected their job, and 37 percent reported having suffered direct discrimination, a situation that has been described as maternal mobbing (Yo no renuncio 2020).

One of our interviewees, Sara, was a chemical engineer who worked as a junior product manager with a full-time, fixed-term contract. When she had her daughter in 2008, she was given permission to reduce her hours, with a proportional reduction in salary. However, under these new circumstances she felt like she no longer “existed” at her company.

When I had my older daughter, after returning from maternity leave, I asked for reduced hours. They understood completely, but obviously, the pace had to be the one that they set, and it couldn't be planned. What happened was that if there was a meeting and I wasn't there, they held it anyway and that's it. (...) So of course, the feeling was like, “Hello! I exist!” I arrived at work, but they didn't keep me in the loop for a lot of things because I had a reduced schedule. (...) Since you're on leave, it seems like you don't care about your job.

In 2007, one year before Sara had her daughter, the number of contracts with a reduced schedule in Spain was one of the lowest in Europe—only 8 percent, in contrast with 48 percent in The Netherlands and 41 percent in Sweden (Marre 2009). Most of the reduced-schedule contracts in Spain were held by women with caring responsibilities. In the same year, women with full-time contracts had fewer children than women with temporary, part-time contracts (0.9 vs. 1.7 children per woman; Delgado 2007). This may be because having a breadwinner partner was more important to some women than being breadwinners themselves. This is the case of Marta, a young woman who reported:

I had finished my studies. I finished at age 26, and at 28 I had my first [baby]. Since I didn't have a job, nor did I have envision having a stable job, full-time, every day, I decided that it was the time [to have a baby] because I didn't have to depend on anyone [to help with the baby], I didn't have to give explanations to anyone... And that's what we decided.

Note that despite Marta's full financial dependence on her partner, she described herself as not having to “depend on anyone.” It seems that for Marta, the key area for asserting her independence was childcare.

In 2018, the 30 percent wage gap in Spain between men and women (GESTHA 2018) can be explained in part by the fact that men spend more time employed and because a greater proportion of women than men have part-time contracts (23.8 percent vs. 7 percent in 2019; INE 2020). Most of the women with part-time contracts were between 35 and 44 years old, coinciding with the age span during which many women in Spain are caring for young children. Furthermore, women did not have time to work full time because they were caring for their children (Gálvez and Rodríguez 2013), a “truth” that is assumed by employers. Monica Oriol, the president of the Catalan Entrepreneurs' Circle (*el Círculo de Empresarios*), said, that she preferred employing women before age 25 or after age 46, “because in between, what do we do about the problem?” (Morán, 2014). The problem, of course, was motherhood. That year, a woman who had just had a child described her experience of asking for a reduced schedule to accommodate her care responsibilities on *El Club de las Malasmadres*. Her boss, instead of granting her request, concluded that she did not have time to work because of her caring responsibilities:

I'm a month away from returning to work after maternity leave. I've tried everything to reach an agreement with my company. I am a manager with its corresponding rank. It's a split schedule [mornings and evenings with a mid-day break] (every day) because it's a shopping mall. When trying to reach an agreement that would be beneficial to everyone, with different hours, but without even thinking about a reduction [in hours], and the answer to everything is NO. [They



said that] if I'm a mother and I don't have time to work that I should resign from my position. (Luz. Comment 90 on the post entitled: "When the workday is on our mind." Rodríguez 2015).

According to Dueñas and Moreno (2018) women with children have few options to reduce their hours in the Spanish labor market. They can try to negotiate a reduced contract, try to become civil servants—since the public sector has work policies that are more family friendly—or stop working.

The labor market is a mechanism of reproductive governance because its conditions compel women to postpone the decision to have children until they obtain a stable job (Simó, Steinhage and Golsch 2002; Bueno and García Román 2020). This is the case of Maria (age 35, children ages four and seven) and her husband Joan. They had always wanted to have children, and she described their path to being parents as follows:

You make sure that you're ok, that you have economic stability, that you have room in your life for it, and we said, "Look, next year we'll start trying."

Maria was able to wait until reaching economic stability before having children. However, in Spain, by the time they land a stable job, many women are no longer able to reproduce without help, leading them to engage some form of assisted reproduction (Marre 2018) to become a parent. In addition to being able to afford these services, they may also need to be able to pay for childrearing services (Baizan 2020).

## ***B. Gender relations at home***

Although 64 percent of the Spanish population agree with an egalitarian family model, 91.9 percent of women are responsible for household work, compared to 74.7 percent of men (Domínguez-Folgeras 2015). With the birth of their first child, heterosexual couples in Spain show a traditional sexual division of work, although the participation of men in household tasks and caring has increased in recent years (Domínguez-Folgeras 2015). Several studies in the Spanish region of Catalonia show that, although men now spend more time on caring tasks than in the past, women still shoulder the main responsibility for them (Abril et al., 2015; Comas d'Argemir 2016; Marre and López 2013).

Although our female research participants reported feeling satisfied with their partners' participation at home (Alvarez 2020), most of them also felt that they were in an unequal relationship. They reported that they did more housework and childcare than their partners, because they supposedly had more time and expertise than men.

Montse and Jan were a blended family with two children in common (ages 9 and 13). Montse was a primary school teacher, so she had the same schedule as their children. Jan was a car mechanic who worked until early afternoon, had a two-hour break, and worked three more hours in the evening. Montse explained that she took on more responsibilities at home because of Jan's schedule, even though she thought it wasn't fair:

It's not fair. But it depends on our work schedules. At five I tend to be home, and he doesn't get home until eight at night. Our [available] hours are different. Aside from household tasks, I also take the kids to their extracurriculars, because there's no way he can do it. (...) He tries to help out as much as he can.

According to Montse, this unfair situation occurred not because her partner did not want to contribute at home. Rather, Jan was not able to contribute because of his working hours. Tobío pointed out that the condition for men to participate in care work is "knowing how to, being able to and wanting to" (2012:413). It seems that Jan's work schedule kept him from being able to do care work. While women in Spain are seen as not having time to work, men in Spain are seen as not having time to care, because more of their time is spent on paid employment.

Abril and Pere had their daughter (age 10) when they were in their forties. As Hochschild and Machung (2003:143) described for the US, Abril, a clinical psychologist, reported that she and Pere have “her” and “his” tasks:

He takes care of the garden. We share the cooking, but I manage the logistics of grocery shopping, clothes, laundry, and ironing. I also manage [our daughter’s] studies because she asks me more. And because of my professional bias, I’ve been more on top of it (...), just like with languages. But she also does stuff with her father, for example, PowerPoint on the computer. He’s very good with technology things (...). She studies with me and does technology with him. We each have different abilities and she turns to one of us or the other depending on what she needs.

While he is responsible for the garden and technology, she does the grocery shopping, clothes, laundry, and ironing. Why do women specialize in the household and childcare? Because girls are enculturated in female worlds in which knowledge of and expectations regarding household work and childcare are transmitted by women from older generations. Among our research participants, men had learned about household tasks through the first female partner they lived with, not from their own mothers or grandmothers, and of course not from their fathers, who, in line with the breadwinner model, did nothing at home. This model had been reproduced in the next generation (Ciccia and Verloo 2012). In this sense, there is a moral regime that defines women as knowing best (Alvarez 2020), and consequently, as responsible for the household and childcare.

This could explain the differing perceptions of household work held by Petra and Mateo, who were interviewed separately. Petra, who finished her job as a butcher at 9:30 pm reported, “I share household tasks with my mother-in-law. My partner doesn’t do anything.” However, Mateo, her partner, who finished his job as an administrative assistant in the public sector at 3 pm, reported that Petra “does what she can because her workday ends very late, around 9.30 at night. And my mother and I have to do everything.” In the couple’s narratives, they described themselves as egalitarian, because their unequal distribution of time spent on household tasks depended on external factors rather than their decision. However, they seemed to have concluded that a woman was needed for household tasks. They disagreed on which of them did more work, but both agreed that Mateo’s mother was needed. This view aligns with Ortner’s (1972) classic argument that women are seen as “naturally” responsible for certain social functions, such as household tasks and childcare.

This moral regime governs gender relations in the sense that women feel that they are—and are socially considered to be—more responsible for household and care tasks than men. This perception in turn influences how heterosexual couples organize their households.

### **C. Institutional feminist discourses**

In 1982, seven years after the end of Francisco Franco’s fascist-influenced dictatorship (1939-1975), the Spanish Women’s Institute (*Instituto de la Mujer*) was founded, following United Nations recommendations that encouraged countries to create public institutions to work for gender equality. These institutions represented what is known as “state feminism” (Threlfall 1998; Valiente 2002). Numerous women joined these new and other existing institutions, such as universities, public administration, and politics under what became known as “institutional feminism” (Reverter 2011). These women became reference points in the newly democratic Spain. They insisted on women’s right to education, to paid work outside the home, to political participation, to contraception, to divorce, to abortion, and to remaining childfree (Establier 2004). Perhaps because many of them were upper- or middle-class and many of them did not have husbands or children, they did not take into account that most women in Spain were responsible for care. As a result, they did not propose solutions, for example public childcare

centers to promote childcare as a societal good. Spanish feminists with institutional responsibilities did not include motherhood in their claims because of its links to women's traditional role, as celebrated under the dictatorship (Valiente 2003). Some of these early Spanish feminists had children, while others did not. But both groups shared a common social construction about motherhood: it was private and intimate.

Daria, one such early feminist, interviewed by Alvarez, had two children (in 1973 and 1974), while she and her husband were social science PhD students. Her research was about gender relations and work. Later, she was elected to political office in Catalonia. When asked about the relationship between motherhood and feminism, she answered:

I've never thought about it (...). It's a topic that from within feminism, people have worked on so that it wouldn't condition women's lives, (...) that it wouldn't be an obstacle for women to carry out work, social, and political activities. I've used the word "obstacle," and I've used it consciously because motherhood has been seen as making it difficult for women to launch themselves in many areas. (...) From within feminism, people have sought more to get women out of the home, but they haven't ever thought about motherhood. I had never thought about it, to tell you the truth. I'd experienced it, in any case. I'd never thought about it.

Although Daria was a mother, a feminist, a politician, and an academic working on gender relations, she had never thought about motherhood and feminism. In the public, political, and professional sphere, motherhood was a problem—an obstacle—and was often invisible. Linked to conservative ideology, motherhood was not discussed with colleagues.

Another example of how motherhood has been absent from Spanish institutional feminism comes from Alvarez's interview with Carmen Alborch,<sup>1</sup> a feminist writer, lawyer, and the Spanish Minister of Culture from 1993 to 1996 under the socialist party. She did not have children and she was an icon of the free, empowered, independent, intelligent woman. When she talked about motherhood, she associated it with conservative thinking:

From the most conservative circles of thought, the thought is this: if a woman isn't a mother, she isn't a complete woman. In fact, not long ago, Alberto Ruiz Gallardón [a conservative Spanish politician] declared that "motherhood is what makes women authentically women." This thinking was deeply rooted. To many women what happened was that they asked about your family. So, we learned to say, "Oh my family is well, my parents, my siblings are very well." But in reality, when they asked about your family, they were asking about your descendants.

To both Daria and Alborch, being—or presenting oneself as—a mother meant being conservative and traditional and, as we can see in the next example, also linked to low socioeconomic status. So, motherhood was something that feminist, professional, intellectual women had to hide. As Tara, a university professor who had her son in 1981, explained to Alvarez in an interview:

People have told me that I don't measure up, that I'm always talking about my family (...). At the university people have always known that I was a mother, and they always say that I talk a lot about my family. When my mother had Alzheimer's, everyone knew about it. And I've always reproached people that never talked (...). I show the photo of my grandson to the secretaries, to the cleaning ladies, not to anyone else! Not to the women professionals!

Being a mother was something that academic women did not talk about, because it suggested "not measuring up."<sup>ii</sup> Tara only showed pictures to female support staff, not female academics. Here we see that motherhood was not only linked to political conservatism but also to the working class.

The exclusion of motherhood from historic feminist claims has contributed to building a dichotomous imaginary: on the one hand, a free, professional working woman without children, and on the other hand, the domestic, care-providing mother. This way of imagining workers and mothers has functioned as a mechanism of reproductive governance in the sense that it defines

motherhood as a private, intimate, and an individual choice (not public and political). And when something is private, intimate, and a matter of individual choice, as we'll see in the next section, the state can deny responsibility for it.

#### ***D. The narrative of choice***

Increasingly, reproduction is described as the product of choice (Han 2014a, 2014b) and individual decision making (Zigon 2008). This way of understanding reproduction contributes to the “process of individualization” (Beck and Beck-Gernsheim 2002), by which social, civil, and political institutions, social rights, employment, education, and mobility are oriented around individuals instead of the group (Beck and Beck-Gernsheim 2002:xxi). Under this moral regime, individuals are responsible for managing their own lives, including reproduction—for example, choosing a partner (Beck and Beck-Gernsheim 1995[1990]; Giddens 1992) or deciding whether to have children. This “free choice” carries an implicit acceptance of responsibility for the outcomes of that choice. Therefore, when women “choose” to become mothers, they accept a particular social construction of motherhood, including ideas about what mothers should do (Donath 2015; Smith 2012).

Marta was 31 years old and had two children (ages one and three). She explained what it meant for her to accept the responsibility of having children:

You have children, in principle, because you want to. If you don't want children, don't have them. No one is forcing you. If you decide to be a father or a mother, you have to organize your life so that you can be one. And that means making changes.

In this line of thinking, having children is a private decision, rather than an action belonging to the public sphere. Therefore, public policies do not apply.

Even if we accept the (perhaps dubious) premise that free choice obligates a person to take individual responsibility for reproductive outcomes, without the support of the state, we must note that having children is not always an active decision. Roser and Gerard (ages 37 and 39), with children aged two and seven, described the decision process as if it were automatic rather than carefully contemplated. Gerard reported, “I had always thought, we both always thought, that we wanted to be parents.” Roser confirmed, “We had always talked about it, and a moment arrives in your live that you say ‘now.’”

Maria, whose case we explain above, went on to describe motherhood as something that came naturally: “It wasn't something that we thought about a lot, or pondered or questioned... It was something very natural.” Rather than making a conscious decision to have a child, the path to parenthood was “natural.” Maria and her husband had children at the socially accepted life stage and under the socially accepted conditions for childrearing. They had economic stability, a home, and had spent “enough” time together to know that they had found the right partner.

In fact, parents in Spain who actively contemplate whether to have children often decide against it for these very reasons. In Spain, as in other places, “free choice” in reproduction (and in other realms of social life) is seen as a self-evident truth. Having children is explained as a private decision made freely by an individual or a couple—just the opposite of what happens in Italy (Krause 2012), where people explained their pregnancies as non-choices, and something that “just happened.” However, the choice, is not as free as it appears. When women such as Maria tell us that they had children because they had reached the socially appropriate life stage, we must question to what extent having children was truly an act of will or more a social commitment to fulfill the expected life cycle.

## **Conclusions**

We have shown how motherhood is governed in Spain through four moral regimes surrounding a) the labor market, b) gender relations at home, c) institutional feminist discourses and d) the narrative of choice. In the labor market, motherhood is viewed as incompatible with being a good worker. It is assumed that, because mothers bear the primary responsibility for care, if a woman has children, she will prioritize them over her work. In short, it is assumed that mothers do not have time to work (Gálvez and Rodríguez 2013) because they must provide care. In this sense, motherhood has a high cost for female workers in the Spanish labor market.

Gender roles at home are based on the idea that women know best, and men do not have time to provide care, because they must work outside the home. Most participants reported that the woman assumed more household work and caring tasks. Knowing that they will bear the main burden for household and care tasks may discourage some women from having children.

In Spain, institutional feminist discourses about motherhood reinforce the moral regime according to which a woman who becomes a mother loses the opportunity to develop as a person. In contrast, a woman without children can be free, autonomous, and professional. Caring for children belongs to the traditional realm, to intimacy, and to the private sphere. Ironically, feminist discourse has worked as a mechanism of reproductive governance because it has tended to exclude motherhood from politics. Here we have yet another reason why so many Spanish women decide not to have children or to have only one.

Finally, if motherhood is viewed as an individual choice, it cannot be claimed as a social issue. Rather, couples—and especially women—bear responsibility for the outcomes of their private reproductive decisions. The moral regime of individual choice and responsibility discourages women from having children, in that it absolves the state of any responsibility for assisting families, leaving mothers to fend largely for themselves.

In short, by examining these four moral regimes, we can see how Spain went from a “baby boom” to “structural infertility” in such a short time span: under changing social circumstances, women are no longer able to shoulder the responsibility for reproduction alone.

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#### **Notes on contributors:**

Bruna Alvarez’s research is about motherhood, reproduction, and sexuality. She received her PhD in Anthropology in 2017 where she analyzed the politics of motherhood in Spain, asking how labor conditions and gender relations influence reproductive decisions of heterosexual couples. Since then, she has been doing research about sex education and family diversity at primary schools using participatory methodologies in Barcelona (Spain) and Ciudad Juárez (México). Her new research is about the process of how single and lesbian mothers in Spain

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<sup>i</sup> This article is in memory of Carmen Alborch, who died in 2018. I thank her for the afternoon we spent in the Hotel Sants lobby talking about feminism, motherhood, and life in general. We include her full name because, unlike other participants, Alborch spoke on the record as a former politician.

<sup>ii</sup> Marre, herself an immigrant mother of two children, experienced something similar while doing her PhD in the 90s. She was not allowed to bring her children to her university office, where she worked alone, when it was a holiday at her children's school.