

The Freedom to Choose:

# Factors Shaping Women's Parenthood Decisions



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**The global fertility rate has steadily declined since 1950.**

**Half of all countries are below replacement levels of fertility, meaning more people are dying than being born.**

**A declining population has drastic long-term implications on society, including labour shortages, reduced public services, and healthcare challenges associated with an aging population.**

**The societal consequences of a declining populations are vast, but we must also consider the parallel dilemma: women's ability to exercise autonomy in their reproductive decisions is increasingly constrained by external influences.**

## **Abstract**

This report investigates the multifaceted factors that influence North American women's decisions in whether to pursue motherhood, and how society might empower women with the true freedom to decide based on personal desires and life goals rather than external factors that are often perceived or experienced as uncontrollable. Drawing upon one-on-one interviews, polls, and existing literature, the study explores how themes such as interpersonal relationships, financial stability, policy support, and the loss of personal and leisure time associated with having children impact decision-making. We will then delve into strategies aimed at mitigating external barriers that influence women's decision-making regarding having children. By addressing these barriers, my hope is to ensure that women's decisions on whether to pursue parenthood is driven by personal yearning and reflection rather than external restrictions or influences.

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## **Dedication**

To women everywhere – may our choices always be our own, not a reflection of external constraints.

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## Introduction

When I first chose this topic, I had the intention of understanding why modern women were either delaying having children, or not having children at all.

My interest came from a heartfelt concern about the future of humanity. We've already been experiencing the impacts of an inverted population pyramid (when a nation's population has less young people than older people) for decades (Chesnais, 2000); the lack of personal support and healthcare workers were top of mind. Who is going to take care of our elderly? What will happen to our public pension and healthcare system given an eventual reduction in taxpayers? Who would provide the essential services needed to sustain society, much less the manpower needed for society to thrive?

Then I watched a documentary called *Birthgap – Childless World* (Shaw, 2023) that explored the decline in fertility rate (the number of children born to women in a specific population), and its implications on the future of developed societies. The film's director, Stephen Shaw, interviewed several women throughout the three-part series who shared their stories about why they were childless and, in some instances, their regret. These women's stories prompted a pivotal change in my perspective. Many of these women were childless by circumstances – they never found the right partner, couldn't find time in their busy work schedule to entertain having kids, or were worried about finances, for instance.

While the societal concerns still exist, my focus shifted from needing to find a 'fix' for population decline to understanding the desires women when it comes to having children or remaining

childless. There's a different story at play here – one that still very much concerns the wellbeing of society, but from a different angle; something less tangible and perhaps less utilitarian than my previous concerns about population decline.

As I conducted my research, I realized that despite declining fertility rates, many women do, in fact, want to have children (although many do not), but may feel held back by specific circumstances or multiple external factors that they perceive prevent them from doing so. I felt a moral duty to explore this as I uncovered that complex, yet solvable, issues often posed as barriers to parenthood for women who might indeed desire children.

With that realization, my ultimate research question shifted from:

**What factors influence women to not want children and how can we encourage them to have children [to prevent population decline]?**

to:

**What factors influence whether women want to have children?**

and

**How might we create a society that empowers women to be mentally, financially, and physically secure enough to have children if they desire to?**

In this report, we will explore these two questions by first understanding the decision-making factors that women contemplate when they consider having children, and secondly, how society can make changes to better support women who decide they want to be mothers.

## Personal Experience and Bias

Before exploring research findings, I'll share my stance on having my own children and the factors that have influenced my personal journey.

At the time of writing this, my husband and I are eagerly anticipating the birth of our first child in July 2024.

I don't quite recall children being an absolute must-have for myself. Growing up with an older brother, I think I was in the camp of "two would be nice, a boy and a girl", but being a mother was not a life goal that I held on tightly to. There were many children in my life that I loved and saw often, from family friends to younger cousins, but I rarely imagined in high definition what my life would be like with children of my own.

It wasn't until my mid-20s, when I was in a long-term relationship with my now-husband that children were a more prevalent topic, both in conversation with him, friends, and in my own thoughts.

Weighing potential topics for this Major Research Project, I reflected on a conversation I had with my husband in the late summer of 2021, a few weeks before I started the Strategic Foresight and Innovation (SFI) program at OCAD University. It was a strategic conversation: we discussed what our potential timelines for having children could look like if I graduated in June 2024.

*When would be the best time to start trying?*

*How long would it take?*

*Could I balance being in graduate school, working full time, and being pregnant at the same time?*

*Would it be worth it I took a break from graduate school to have our first kid? If I did, would I ever go back?*

*Should I find an employer that has better maternity leave benefits?*

As I grappled on the topic of childlessness, revisiting that conversation made me acutely aware of the complexities that come with family planning, especially for career-driven women. Whether we like to admit it or not, there are tradeoffs that come with putting things like career, education, and leisure time over family, and vice versa. This made me wonder, when it comes to considering motherhood, how might we equip women with the appropriate resources, knowledge, and support systems needed to ease decision-making?

By witnessing close friends traverse this process, coupled with a desire to see a flourishing, abundant society for future generations, this topic has been constantly on my mind over the last year.

In the upcoming section, I will detail the methodologies used to gain valuable insights from engaging with women in varying stages of the decision-making phase before going into my research findings.

## Approach

### Research Methods

In addition to reviewing existing literature, I conducted additional research to better understand the actual stories and lived experiences of women, and the factors that determine whether they desire to have children. Primary research took the form of one-on-one semi-structured interviews with women and healthcare providers, and two posts on a popular social media site, Reddit.

#### Semi-structured Interviews

A total of 13 interviews were conducted with two different groups to gain qualitative insights.

The first group comprised of ten women with varying degrees of their desire to have children.

Additionally, three healthcare practitioners: two obstetrician gynecologists (OB/GYN) and one Registered Social Worker, were also included in my research as healthcare subject matter experts, as it was evident from existing research that healthcare providers have a large role to play in the realm of reproduction. To avoid confusion, the two OB/GYNs will be referred to as Dr. A and Dr. M.

Given the limited number of interview participants, these narratives are not meant to be used broadly as conclusions for the general population, but as additional qualitative insight to supplement existing literature.

#### Reddit Polls

Two posts were made on two different subreddits, which are interest- and topic-specific forums on Reddit.com: r/fencesitter and r/babybumps, to survey user ('Redditor') perspectives and opinions.

r/babybumps is an online community for "for pregnant Redditors, those who have been pregnant, those who wish to be in the future, and anyone who supports them."

r/fencesitter is "a safe place for those who aren't sure whether they want to have kids, or not." The 'fence' refers to the indecision around parenthood.

These forums are meant to provide a forum to share questions, ideas, concerns, and stories for individuals who may be navigating similar life circumstances and decisions.

The question I posed to r/babybumps was: "*What were the items on your 'pre-baby' to-do list?*"

To r/fencesitter community, I asked: "*What would need to happen in your life in the next 12 months to get you 'off the fence'?*"

The posts received 29 and 58 comments, respectively.

#### Limitations

The interviews were only conducted with women in long-term, heterosexual relationships, with 10 Canadian women. Questions about socioeconomic status, culture, and ethnicity were not explicitly asked.

These demographic limitations restrict the breadth of findings; thus, it would be valuable for additional research on this topic to incorporate these gaps.

The focus of the interviews was on having biological children and there were no direct questions asked about alternative methods of family building such as adoption, surrogacy, sperm or egg donation, egg freezing, or in-vitro fertilization (IVF) – though these topics were discussed in some interviews.

The Reddit posts were an open-ended, one-question post. Due to its nature of being a virtual text-based forum, back and forth conversation was limited and was a barrier to probing deeper into answers. Because most Reddit users are American, their answers may reflect a particular viewpoint that is not generalizable.

Further research on this topic could include the following research questions:

- How do LGBTQ2S+ individuals navigate decisions regarding family-building?
- How can we support unpartnered individuals who desire to have children?
- How do alternatives to biological children such as adoption, surrogacy, and assisted reproductive technologies impact whether and when people want to have children?
- How will increased age of childbearing impact future societies?
- How does socioeconomic status impact decision-making?
- How do perceptions and desires to have children change over time and life stages?

# Research Findings

In this section, we will dive into insights gathered from interviews and Reddit polls to answer my first research question:

### **What factors influence whether women want to have children?**

During the interviews, it quickly became evident that one's thoughts and stance on parenthood or childlessness is not static, although there are certainly cases where women shared that they have held a certain stance since childhood. Participants did not necessarily fall into neatly defined groups or category based on their desire, or lack-thereof, for children; instead, they could be placed more aptly on a range. Figure 1 depicts this range, from never wanting kids to always wanting kids, alongside the number of women interviewed that fall into an area of that range.

Through these conversations, I found that the women on the right-hand side of the range (always wanted kids) had similar decision-making and influencing factors as women who fall between the two extremes. The primary distinction lay in the timing or availability of certain life circumstances, such as employment status and tenure at work, and perceived readiness based on factors such as finances, living situation, and feeling like they've completed items on their 'pre-baby' bucket list. Amongst the interviewees, two women would be categorized as individuals who "have never wanted kids as long as they can remember".

We will first explore the stories and insights from the two women who have decided to remain childless before exploring the influencing factors.

**Figure 1**

*A Visual Range of Interviewees Based on Their Desire for Children*



### **Childless by Choice**

Incidences of voluntarily childlessness, or commonly termed 'childfree' in literature, has increased over recent decades (Agrillo & Nelini, 2008). A survey of nearly 1500 men and women between the ages of 18-34 conducted by Pew Research Center in 2023 found that 21% of women did not want to have children, whereas 45% want children, and 32% were unsure.

Of the ten women I interviewed, two interviewees were voluntarily childless and do not desire to have children.

While factors like affordability, loss of autonomy, and family structure were

considered, both women were still hesitant on having children if these circumstances were not a concern. They both shared that having children has never been in their interest for as long as their memory serves them. "I don't think there's ever been a time where I even thought about having them," is what one of the interviewees shared when I asked about her thoughts and feelings around having children.

To be clear, neither of these interviewees hold anti-natalist views, a philosophical stance that it is morally wrong for humans to procreate, and that people should abstain from having children (Räsänen & Häyry, 2023). In fact, both women mentioned their love for their nephews and shared that they like being around kids – and in one interviewee's case, she added that she

is in fact great with kids – but having their own children is just not for them.

The two interviewees openly spoke about some of the considerations they have around their decision. One expressed concern about aging and potentially not having anyone to take care of her in the future, but she emphasized that this alone wouldn't be a reason for her to have children (and how it would be inappropriate if it was the sole reason).

I found it interesting that while both women had a firm stance on not having children, their comments illustrated the complex nature of decision-making regarding parenthood. This decision often isn't black and white – even once a conclusion is reached, individuals still might go back and contemplate or revisit certain aspects of their decision.

As we were discussing the impact of friends having children, one interviewee shared, “It just kind of like comes into my mind every now and again like should I have done that [have kid(s)]?”. Similarly, while on the topic of birth control methods, the other interviewee explained that her and her partner are in their 30s, so if they wanted to have children, it would be in the next five to eight years.

The topic of regret is of interest to researchers who study voluntarily childless women, especially in their older adult years. In fact, some studies report that childless women have higher rates of life satisfaction in their later years (Stahnke et al., 2022 & Stahnke et al., 2022). Even so, I think it would be perfectly normal for to ask ‘what if’ every now and again, regardless of whether one has had children or not.

For women who have decided that they don't want to have children, birth control is a major consideration in their reproductive health. A method of permanent or semi-permanent birth control in women is tubal sterilization, more commonly referred to as ‘getting the tubes tied’, which involves either blocking or sealing parts of the fallopian tubes, or removing the tubes all together so that the egg released

during ovulation cannot be fertilized – thus preventing conception (Planned Parenthood, 2024).

Dr. A, who has practiced as an OB/GYN for over 40 years in Ontario, shared the importance of duality in these conversations with patients, where the practitioner must respect the patient's autonomy over their own health decisions, but also present them with the facts to make an informed decision.

He went on to explain that the number of tubes he has untied for patients shows that there is potential for regret after surgery: “I would say that the people who regret it, almost every one of the people who have seen, who regret it, already have children, that the people who have no children, I'm not seeing them come very often.”

Another OB/GYN that I interviewed, Dr. M., who is based in the eastern United States, shared the following:

I've had patients sitting in my office crying because they had a sterilization surgery in their 20s. They had two kids, and they were really happy with their family....several years later they're in a different financial situation or oftentimes what I what I have personally seen most commonly is there with a new partner and they want to do it again.

Dr. Andrea Eisenberg, an OB/GYN practicing in Michigan, shares her experience in in a case study titled *The Right to be Childfree* (Eisenberg & Brummett, 2023). She recalls the story of a patient who walked into her office requesting to get her tubes tied. The patient was 23 years old – the youngest Dr. Eisenberg had seen requesting this procedure. This, and the permanence of the operation, gave her pause in how to address the patient's request.

In the consultation, the patient shared pages of research that she had done to make an informed decision about tubal ligation. She also shared her personal reasons for wanting the procedure:



I've struggled my whole life with mental illness. I've been on different medications and finally found some that help me. I'm not good with people . . . I just have a hard time being with people. I know I could never take care of a child and don't ever want to be in a situation where I have to worry if I'm pregnant. I have read articles about the risk of regret, but I won't ever regret this. I just know I won't. And if I really ever want kids in the future, I can adopt or have IVF.

After learning more about the patient's story, Dr. Eisenberg reflected on her apprehension, realizing the importance of respecting patient choices – and the amount of research they often do before requesting tubal ligation – while still providing them with safe and standard clinical care to guide their decision. She also realized the situational factors that might entice a young woman to undergo permanent sterilization – a request that is becoming more common (Stahnke et al., 2020; Tramontana, 2021), including fear of passing genetic disease; ineffectiveness or side effects of other birth control options; and sociopolitical reasons like abortion bans in certain states and fear of losing access to healthcare and insurance coverage after Donald Trump became president in 2016.

Conversations with, and research on, women who have chosen to be childless served as a pivotal moment in shaping the focus of this report. The paper co-authored by Dr. Eisenberg made me wonder: *would these young women still be getting their tubes tied if not for fear of insufficient healthcare?* My hypothesis is that access to adequate healthcare would dissuade some women from undergoing permanent surgery, whereas some would still prefer the procedure for many reasons, perhaps similar to those of Dr. Eisenberg's 23-year-old patient. I realized that

the former group – women whose decisions are driven by circumstance – was where I wanted to focus.

The change I wanted to see was not for every woman to have children, but for women to have genuine freedom to choose, unencumbered by external factors or circumstances that might be holding them back from having children if they want to. The freedom to choose should also come with mutual respect for the other people's decisions. In my conversations with voluntarily childless women, both spoke about the awkward, if not irritating, experiences they've had with people asking them whether they want to have children. As one interviewee put it, she had put lots of thought and reflection into this topic as to prepare for questions as to why she's not following the 'natural progression' of having children. Society has negative stigma amongst childless women (Ashburn-Nardo, 2017), often presenting a need for them to defend their personal choices.

As we'll see, there are many influencing factors that impact a woman's true freedom to choose whether to have children. I hope that my research approach places more emphasis on empowering women who want to or may want to be mothers by removing societal hurdles, rather than delving into why not all women want to have children. This nuanced shift reflects my desire to respect deeply personal circumstances as well as the autonomy and power of a women's own decision-making.

With that, the remainder of this paper will explore the factors that influence whether women want to embark on the life-changing decision of having children, and building blocks for a future where that decision is not contingent on these factors, but a woman's own desire and introspection.

## Influential Factors in Women's Desire for Children

From my conversations and research, I found that the influencing factors that determine whether women desire to have children fall under four broad categories, summarized below in Table 1.

In this section, we will explore each of the four categories in detail, with accompanying narratives from interviewees and Redditors who share their stories and perspectives in relation to how each of these factors that influenced their decision-making regarding parenthood.

**Table 1**

*Influential Factors in Women's Desire for Children*

Personal Relationships and Support	Economic Stability and Financial Planning	Policy and Institutional Support	Trade Off with Childless Life
1.1 Family Structure and Childhood	2.1 Financial Stability	3.1 Sociopolitical Concerns	4.1 Career Advancement
1.2 Support From Friends and Family	2.2 Professional And Academic Pursuits	3.2 Workplace Benefits and Flexibility	4.2 Lifestyle Change
1.3 Alignment With Partner	2.3 Affordable Childcare	3.3 Access To Healthcare	
1.4 Social Network			

### 1. Personal Relationships & Support

Support structures and interpersonal relationships play a marked role in the decision process of whether women want to have children. The four main areas that interviewees and poll respondents discussed were: family structure and childhood, support from friends and family, alignment with partner, and social network having kids.

#### 1.1 Family Structure and Childhood

All 10 interviewees highlighted the significant role of their own family structure in shaping their attitudes towards parenthood and influencing their desire to have children. Regardless of whether the individual shared fond memories of their childhood or struggles of how they grew up, perception of their

childhood and upbringing had an impact on whether they wanted children in the future.

It's not surprising that childhood experiences play a notable role in one's desire for parenthood. Some research shows that people who come from large families are correlated with having more children (Beaujouan & Solaz, 2013), perhaps one reason being that older siblings are well acquainted with childcare and nurturing for their young siblings, while younger siblings are exposed to large families from a young age (Morosow & Kolk, 2020).

While there is limited published research on how childhood maltreatment and trauma affect women's desire for bearing their own as a child, these qualitative findings, although limited, suggest that perceptions of one's childhood does have a long-term impact on life direction. On Reddit, two responses mentioned the

impact of family trauma on their hesitation to have children, with one commentor sharing “what got me off the fence was my abusive father dying. It was such a relief and I felt like my mental health was so much better knowing I would never have to interact with him again.”

An interviewee shared that one of the reasons why she originally didn’t want children was that it was challenging growing up for her – she had to navigate many important life milestones, like paying for school, finding a job, and moving on her own.

Similarly, another interviewee, raised by a distant father and a mother whom she acknowledges tried her best as a single parent but often fell short, revealed that in her youth, she contemplated having children out of determination to surpass her mother’s parenting efforts. Knowing now that it wasn’t the most sensible reason for wanting children, she still wanted to prove to herself that she could provide a better upbringing her own kids.

One interviewee who grew up with divorced parents shared how the impact on her childhood also made her realize that she didn’t want kids, as she didn’t want to put them through the same experiences of a broken relationship. Similarly, the other voluntarily childless interviewee grew up with a single mom and experienced the challenges faced by single mothers, further validating her decision not to have children.

Family structure perhaps not only impacts whether one may want children, but how many children they may want in the future.

“My sisters were 21 months apart and I was like three years after them, and so I was always very jealous. Growing up, I wanted them [kids]. I always knew. I wanted them close in age,” shared another interviewee, a mother of three young children.

Another mother of three fondly recalled her childhood relationship with older sisters:

Spending summers with them and being on the bus to school together... we were with

each other all the time and like that was that was really nice to have that. I couldn’t imagine like being an only child, so I knew that I wanted to have more than one.

On the other hand, an interviewee who is a single child also knew that she wanted more than one child, since she wanted her children to experience the companionship of a sibling.

The impact of family structure extends beyond childhood. If one’s siblings have children in adulthood, one would also be more likely to be exposed to the experience of raising children through nieces and nephews, which could further influence the decision to remain childless or pursue parenthood (Balbo & Barban, 2014).

A pleasant childhood doesn’t necessitate the desire for a woman to have children, just like how a traumatic childhood doesn’t mean that she won’t want kids. Another interviewee, who is in the decision-making phase, shared:

I had great life experiences being a child myself. I have great parents, I had a really great childhood and I would love to be able to do what my parents did... I also have a lot of good role models in my life of and like heterosexual couples who did not have children. I could see myself kind of being like them.

## 1.2 Support from Friends and Family

People really mean it when they say it takes a village to raise a child.

On the fencessitter Reddit post, several people commented that social support from friends or family would be one requirement to entice them to have children within the next 12 months. Familial support can include mental and moral support and practical support that comes in the form of childcare or helping around the house, for instance.

As one user put it, social support could be “people willing to hold the baby and friends not abandoning me after I give birth. People supporting me having a second child instead of

talking about how nobody should have children.”

In a March 2024 newsletter, writer Haley Nahman, a new mom, paints a picture of desperation during her first night home with her newborn daughter. Her mom was visiting from out-of-state to help her and her husband. It was 3am and she had just strained her arm through the small movement of adjusting her pillow – the result of pulling her legs back for five hours of labour. Her husband was in the bathroom; a previously trivial activity that now needed to be pre-scheduled around the newborn’s routine.

While he was gone I tried my mom again. “Everything okay?” It was her middle-of-the-night voice. I remembered it from all the times I roused her as a kid. Nightmares, fevers, stomach aches. She was coming over. For days afterward I pictured it: My mom scrambling through Bedstuy in her pajamas at 4am. Thirty-four years since I was born and she was still ready to run when I needed her. Finally, I understood why.

Historically, multigenerational habitation was more common in western societies as children would reside with their parents and ultimately inherit the family farm or business. This also meant that grandparents would be around to take care of grandchildren. As urbanization increased over the last several decades, younger generations found more economic opportunities in cities and moved away from their childhood towns (Eliot, 1961) – making familial support more of a luxury.

Perhaps another factor that has impact on nearness to family is the ubiquitous increase in cost of living and housing. In the current housing landscape, many young people can’t afford to live in the neighbourhoods where they grew up, or in the communities where their parents live. This is particularly true in large cities like Toronto and Vancouver, where the average home is over \$1 million. In Canada, 50,000 people moved from Ontario to other provinces between 2022-2023, many being

millennials in search of affordable housing (Butler, 2023).

A Reddit user ponders this point:

Moving to my parents town would impact our careers and it’s also too expensive to live there. I wonder if that’s a common phenomenon that people can’t afford to live where our rich boomer parents live and there are no jobs there anyway? Additionally, our parents, while loving grandparents, are just too old to pick up the slack. So generationally I think the age many urban-dwellers end up being, for various reasons (money, career, lifestyle, romance), before having kids means their parents are too old to support them meaningfully.

From a personal standpoint, living near my parents was a major decision factor for where my husband and I would settle down before expanding our family. Given that his family was situated in various cities around Canada and the United States, we knew having my parents close by would be of major benefit to our growing family and the grandparents to-be, who want to be very involved with their grandchildren.

While having assistance from family can be convenient, many parents successfully navigate raising children without support from their relatives.

One interviewee who recently moved to a new community in British Columbia, whose parents and in-laws live out-of-country, expressed that it was hard not to envy the support her sister gets from her mom when she baby sits her nieces and nephews. While they still get virtual support from family, getting other support (i.e., for babysitting) requires making close friends who could provide last-minute support in emergencies.

Conversely, an undecided interviewee shared that while she knows she would have tremendous support from her and her partner’s family, there other considerations to weigh on whether she wants to have children.

### 1.3 Alignment with Partner

Regardless of where they were in their decision-making process, the women I interviewed frequently expressed the importance of finding the right partner to share in the journey of decision-making.

Whether both partners have decided that children are a non-negotiable early in the relationship or are both opposed to having children, they should ideally be on the same page – having children is a major life-altering decision that deserves a proportionate amount of dialogue. Relationships where women didn't have alignment with their partners on the topic of children didn't seem to last long-term.

An interviewee recalls a conversation early into dating her boyfriend (now husband and father of their three children) on the topic of wanting children in the future: "if he had said no, we probably wouldn't have stayed together and same with if I had said no."

The two voluntarily childless interviewees had similar types of conversations with their long-term partners, stating that it was important for them both to be on the same page.

Creating a safe environment for honesty is key to having a conducive conversation, particularly in the scenario where both counterparts are still deciding whether they want children. In instances where one partner changes their mind over something as drastic as having kids, a strain can be put on the relationship. Karen Gail Lewis, a licensed family therapist and social worker, explains that while it's beneficial to have conversations about children as early as possible in a relationship, people can still change their minds later into the relationship, and being able to navigate this type of scenario has a tremendous impact on the relationship's outcome (Vanbuskirk, 2022).

One interviewee, who originally did not want children, shared that her and her previous long-term partner ended up growing apart quickly after she came back from a life-changing trip

abroad and, amidst a series of transformative experiences during her visit, decided that she perhaps did have a desire to be a mother.

Dr. A, who estimates he's delivered 18,000 babies over his four-decade career, shares that relationship stability is a common influencing factor that he's seen with his patients: "They want a strong supportive partner, strong supportive relationship and when they don't have that, they're not planning on having a baby. And sometimes that relationship doesn't come until much till much later in life."

He goes on to say that relationship stability is an important topic for pre-conception consultation, explaining that having a baby is a couple's decision because a pregnancy can end a relationship very quickly if both partners are not on the same page.

As I've come to understand through my conversations, the desire for children is not always binary. Exploring the possibility of having children requires a partner that is equally invested in the soul-searching and planning that such a significant life event requires. There is an additional layer of complexity when only one partner is uncertain, as one person's viewpoint might impact the other (Jones, 2016), making it more difficult to untangle what the individual truly desires.

Several Reddit fencesitters shared that they'd be more likely to decide on having children if their partners had a definitive stance on having children: "If my partner felt strongly, I would happily get off the fence towards yes."

While it might be satisfying to reach a decision point, the risk of being overly influenced by a partner's opinion could potentially lead to resentment in the future (Gains, 2022) if the undecided individual did not thoroughly consider their own wants. The same Redditor continues her comment, explaining, "I realize this is a security blanket, the concept that if he wanted it equally or more than I do will somehow prevent me from having to be the primary parent the majority of the time."

Expecting one's partner to do most of the parenting is bound to end up with disappointment, particularly if a birth mother is expecting the father of the child to do most of the work. Infants are dependent on their mothers for at least the first six months (Bornstein et al., 2012). Perhaps a healthier approach might be developing a process where both partners can share their hopes and misgivings regarding children, devising a plan to tackle the decision – like the approach taken by one of the interviewees and her partner.

The recent mother-of-two had shared her journey with her decision-making journey with her partner as they grappled with whether they wanted children in their future. When they were first dating, she was more enthusiastic about having children, whereas he was less certain. As time went by and life circumstances changed, their perspectives switched.

Over a few years, they had continuous conversations to check in on each other's feelings of readiness, adhering to a checklist of sorts that they had developed in preparation. Some of those items on the list included: completing post-graduate education, gaining practical experience in the workforce, and going on a dream trip – topics which will be covered in upcoming sections.

#### **1.4 Social Network**

The social contagion of having children has been well researched in literature: one's desire for children can be influenced by their friends and family (Berdnt et al., 2018). In my conversations with interviewees, they expressed both implicit and explicit pressures from family and friends to have children. Implicit pressure might stem from the desire for sameness to one's close friends, to be 'on the same path', whereas explicit pressure might come from would-be grandparents and older relatives asking when the couple will start trying for children.

Women may also be unconsciously influenced by seeing their friends and siblings have and raise their children, as they may internalize other's life milestones as what might be the 'appropriate' time to have their own children. Real-life exposure to the ups and downs of parenthood may also have positive emotional impact on women (McKlintock, 2015).

Personally, I'm very grateful to have several close friends who are going through a similar phase of entering motherhood or becoming a new mom.

In discussing exposure to children within family circles and friend groups, an interviewee shared "among like my close friends, I don't really know a lot of people that have kids yet, so still something I'm thinking about. I know for sure if my best friend has a kid, I'm gonna want to have a kid around the same time."

Another expressed that observing how having children has affected relationships in her social circle has affirmed her choice to remain childless: "I've seen their relationship even go up and down because of it...you can see the stress that the kids add."

One participant shared that while she has plenty of friends who have children, she hasn't felt explicit pressure because she also has people in her life who do not have children, and she can picture herself with the childless lifestyle that they have, too.

Despite the social pressures, women need to determine if their desires are their own, or if they are being heavily swayed by friends, family, or cultural expectations, whether implicitly or explicitly. While one interviewee was pondering some of the reasons why she wanted kids, for example, "Am I my parents only hope for having grandkids?", she reflected on whether these factors were a true portrayal of her own desires, and whether the desire would be the same if not for societal and cultural pressure and expectations.

One of the voluntarily childless interviewees shared her older sister's influence on her

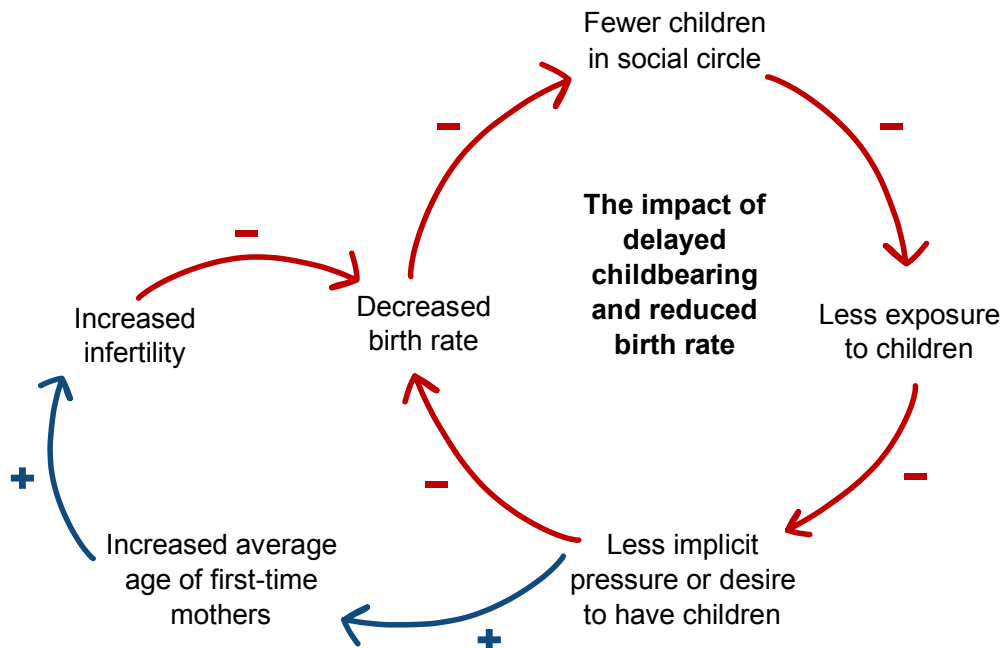
decision: “Because [my sister] and I are the closest and she never wanted really never really wanted kids that just like reinforced my thoughts as well.”

I wonder as an increasing number of women delay childbearing into later age (Johnston &

Touch, 2018; Minchillo, 2022), what might be the impact on declining birthrates? Would there be a negative feedback loop based on decreased social exposure? It will be interesting to see how declining birthrates will impact social spheres in the long run (Figure 2).

**Figure 2**

*A Feedback Loop Depicting the Impact of Delayed Childbearing and Reduced Birth Rates*



## 2.0 Financial Stability and Planning

Financial stability and accessible childcare significantly influence decisions on pursuing motherhood. Concerns over the cost of raising children, coupled with the availability and affordability of childcare options, play pivotal roles in shaping individuals' readiness to embark on the journey of parenthood.

### 2.1 Financial Stability

Financial stability was one of the most cited decision-making factors for prospective

parents in both interviews and both Reddit posts.

In Canada, the cost of raising one child between the ages of 0-5 ranges from \$14,960 per year for lower income families to \$28,730 per year for higher-income families (O'Neill, 2023). In the United States, a middle-class family can expect to spend an estimated \$12,980 USD annually, per child (Lino, 2017). These figures include expenses like food, transportation, childcare, and the increased cost of renting or buying a larger home to accommodate for a new member in the family.

**Table 2**

*Expenses Per Child for Two-Parent Households in Canada (O’Neill, 2023)*

Age of child	Average expense for one child per year		
	Lower income	Medium income	Higher income
0 to 5	\$14,960	\$19,560	\$28,730
6 to 12	\$15,910	\$20,670	\$30,200
13 to 18	\$17,890	\$22,690	\$32,360
19 to 22	\$17,760	\$22,550	\$32,180
Total \$ from age 0-22	\$379,510	\$488,390	\$706,660

Given these figures, it’s no wonder that women have delayed having children over the last few decades – we need more time to achieve financial stability. In 2021, the average age that a woman gave birth to their first child in the United States was 27.3, compared to 25.6 in 2011 (Schaeffer and Aragão, 2023). In Canada, these numbers are even higher: the average age of a mother at the birth of her first child was 29.2 years old in 2016. The compounding effects of rising housing costs and stagnant income means that women may choose to delay having children until they feel they are financially secure, which goes together with dedicating more fertile years to career advancement (Provencher et al., 2018).

Interestingly, Dr. A explains that in his practice, financial stability is often not a major criterion for women, given that Canada provides a good support system for people with children – for example, the Canada Child Benefit, which will be discussed further in the section on government interventions to support women who want to have children.

While a discussion about wage stagnation is not the focus of this report, it is important to highlight the role of an employer in the decision to have children. As we will briefly consider in Section 3.2, in addition to regular financial compensation, a significant influence on a family's financial well-being is the availability

and adequacy of maternity and paternity leave offered.

One interviewee mentioned switching from a contractor position to a full-time job that paid \$30,000 less within the same company to be eligible for maternity and paternity leave benefits. This was a point that I resonated strongly with. I made the difficult decision to switch from my employer that I'd been working at for 6 years to join a company that offered competitive maternity and paternity leave top-up.

There also seems to be a connection between feeling the need to own a home and being ready for a baby. Nearly 29% (7/24 respondents) on r/babybumps said that one of their to-do items before having a baby was to either buy a home, own a home, or move to a bigger house. In fact, 29% of the cost of raising a child in the United States can be attributed to housing (Lino, 2017). Figure 3 shows the rise in discrepancy between housing prices and disposable income in Canada between 1975-2021, communicating that real disposable income in 2021 has only doubled since 1975, but housing prices have increased almost five times in the same time span. No wonder home ownership seems far out of reach for so many.

How will people’s perception of their readiness change as housing costs rise, and how will birth rates be affected? As one of the voluntarily

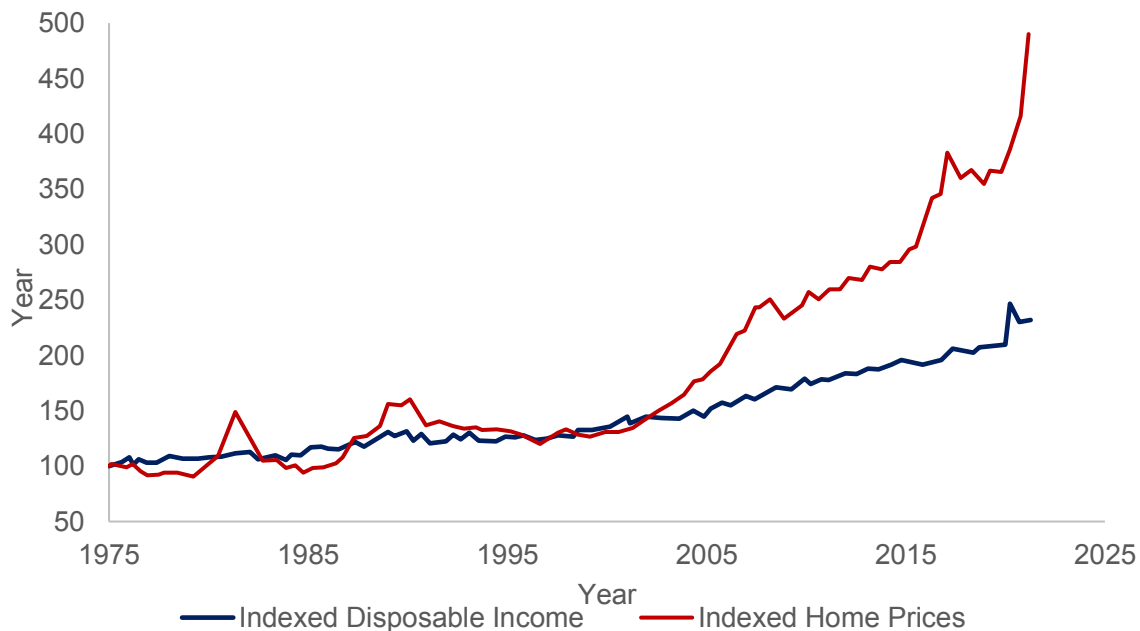


childless interviewees said, “Honestly cost of living is ridiculous... we can't even afford

ourselves, let alone if we had, like another mouth to feed.”

### Figure 3

*Real House Price vs Real Disposable Income in Canada (Stokes, 2022)*



Perhaps the requirement of home ownership is part of a larger self-imposed expectation that to be ready to be a parent, one must be able to provide the absolute best for their children. An interviewee said “I would want them to start off life like on the best possible foot that they can. I want my kid to have exactly what I had growing up. Like if they wanna do any activity I want them to be able to. I want to be able to take them on vacation.”

I wonder if some of these expectations, while rooted in a place of wanting our children to have a high quality of life, pose as unnecessary barriers to decision making. Perhaps, for women who feel they desire children but have financial or material barriers, reassessing whether certain expectations are essential can prevent unnecessary delays in pursuing parenthood.

While she has many thoughts and ideas about how she would want her kid to grow up, this

interviewee shared that she still needs to worry about her biological clock: “As I get older, maybe these other conditions, I won't care about so much cause the only thing that would be important is having like a healthy happy kid.”

Dr. M highlights that financial obstacles can be a concern for patients considering motherhood. While acknowledging that the decision ultimately rests with the individual, she points out that statistics on the cost of raising children often include expenses such as private tuition and mortgage payments for having a larger home so that the child can have their own bedroom – which may not be necessary for everyone. If the patient is approaching age 35 or over, they should also factor in the relative risks waiting to get pregnant later, because unfortunately, fertility will continue to decline. If other fertility options are being considered, it's important to prepare patients possible outcomes of procedures like egg freezing and

IVF, given that they don't have a 100% success rate.

## 2.2 Professional and Academic Pursuits

In speaking with a Registered Social Worker with 15 years of practice, she's noticed that financial goals have provided many clients with the impetus to take it upon themselves to pursue post-graduate education, such as a master's, doctorate, or professional degree.

Academic pursuits take time and substantial financial investment, which can both be seen as a barrier to raising children.

Professional pursuits are related to academic pursuits in that many people pursue additional schooling to build up their toolkit and have better odds at achieving career success. Or, in the case of law school or medical school, post-graduate education is a prerequisite for a certain career. But graduating and landing your dream job is just the beginning. The common narrative I've heard from women, and have experienced myself, is that once we've completed school and have landed the position we want, we need to consider how we can gain enough experience and esteem within the workplace – “earn our stripes”, as they say – to set ourselves up for a promotion or raise.

In a way, the desire for perpetual career advancement diminishes the freedom for women who want children to feel comfortable in pursuing their maternal desires.

When waiting for the 'right time' to have a baby, say, after the accomplishment of a certain academic or professional milestone, delays childbearing up to a certain age, it can be harder to conceive and puts the pregnancy at a higher risk (Wallace & Kelsey, 2010).

Though some employers offer insurance coverage for fertility treatment, they can still be costly. For example, a single cycle of in-vitro fertilization (IVF), can cost between \$10,000-\$15,000 in Canada, excluding costs of medication and additional administrative fees (Keller, 2023). In women under 40, the live-birth rate resulting from IVF was 32.3% after

the first cycle, and the rate increased to 68.4% success after the sixth cycle. For women ages 40-42, the rates of live birth decreased to 12.3% for the first IVF cycle and 31.5% for the sixth cycle (Smith et al., 2016).

In talking about the impact of career aspirations on patient's decisions to have children, Dr. A. explains that he's seen patients in high pressure business and legal environments that “fight their way up the rungs a lot more and then when they get to a certain point, they'll often say, oh, no, the ship's gonna sail without me. I gotta have a kid now because my biological clock is running out.”

Dr. M finds similar experiences in her practice, where patients with more demanding career paths tend to have a more directed approach to their planning, for example, having a specific schedule they want to abide by, which often can add more stress to the process if things don't go to plan. She shares that as age of pregnancy has generally increased over time:

Women are waiting until either them [partners] were established in their relationships and feel like it's a good time there or more establishing their career. And unfortunately, like with getting older, even though like the rest of your life may be in a better place, it can be more challenging to get pregnant because your fertility decreases and the pregnancy also has higher risks in terms of pregnancy complications.

## 2.3 Affordable Childcare

Affordable childcare was another critical factor in the decision-making process for having children.

In the r/fencesitter post, 10 Redditors replied that having access to affordable childcare would help get them 'off the fence'. For many families, childcare is currently financially unfeasible, and is a major reason why they have not decided to try for children. As one user replied, “Lack of affordable child care is the number one reason I'm still on the fence.”

In Canada, average full-time daycare costs in 2022 for one child between the ages of 0-4 amounted to \$649 per month or \$31 per day (Hornstein, 2023). In high cost-of-living cities like Richmond and Toronto, daycare can set families back an average of \$725-905 monthly.

Affordable childcare provides families with less overall financial strain, but also impacts the weight of financial stability and extrinsic motivation for career development in the decision to have children. As two interviewees demonstrated, it may make sense for a parent to stay home and provide full-time childcare in the case of childcare costs equating to or nearing the income of one parent, which becomes even more likely with multiple children. Even then, having a stay-at-home parent could introduce additional financial instability in the family if one partner is the sole provider.

In the 1960s, only 25% of married couples were double-income households. By 2012, this number had increased to 60% (Pew, 2015). Granted, part of this increase is due to the surge of women in the workforce and economic participation as the result of various successful social movements. However, given that 25% of parents in the United States say that they can barely afford the necessities food or shelter (Braga, 2022), having one stay-at-home-parent is simply a luxury that many families cannot afford.

For new parents with little to no familial support nearby, for example, grandparents that can take on childcare support while mom returns to work, affordable childcare becomes even more crucial.

In Ontario, the Canada-wide Early Learning and Child Care (CWELCC) program began in 2021 with the aim of “reducing fees to an average of \$10 per day for children under the age of six in licensed child care by September 2025.” As of 2024, the government-subsidized program had reduced childcare costs at participating childcare centres by 52.75% since program inception, saving Ontario families thousands of dollars annually. The CWELCC

program will be further discussed in the section on mitigation strategies (Government of Ontario, 2023).

### 3.0 Policy and Institutional Support

Sociopolitical factors, workplace benefits, and healthcare accessibility significantly influence decisions and attitudes about parenthood. Concerns over societal conditions, supportive work environments, and healthcare access weigh heavily on women considering starting a family, shaping their readiness and ability to navigate the complexities of raising children.

#### 3.1 Sociopolitical Concerns

It's a common narrative that it would be irresponsible to bring more children into a world with so much despair, political strife, and inequity. In such a connected world, it's hard to escape the toil of events happening even momentarily overseas, let alone locally.

In the United Kingdom, an activist group called the BirthStrikers have chosen not to have children until meaningful action is taken against climate change due to moral concerns about bringing children into a world that is facing harsh environmental conditions (Hunt, 2019). Blythe Pepino, the woman that started the movement, shared the following sentiment in an interview with *The Guardian*: “I realised that even though I wanted to have a family at that point, I couldn't really bring myself to do it...if there isn't a political will to fix this, we really don't stand much of a chance.”

This narrative seems to resonate especially with women who would consider themselves more ‘left-leaning’ in their liberal political ideologies (Stone, 2020). In a 2023 newsletter shared shortly after she was pregnant with her first child, Haley Nahman summarizes this notion as she shares her internal struggle about her desire have children when many of her values positioned her against motherhood:

It's not particularly popular (or easy) to frame parenthood as aspirational when you hold the concerns of the left. At least not in

my world. Sure, you can have kids as a leftist, but the primary conversations surrounding parenthood that I participated in concerned its problems: the right to abortion, the problem of climate change, the dubious ethics of adoption, the terrifying scourge of school shootings, the destructive influence of the nuclear family, the damage motherhood does to women’s careers and mental health, the alarming lack of support for parents in the West, the movement to destigmatize childlessness and celebrate non-traditional life paths, etc.

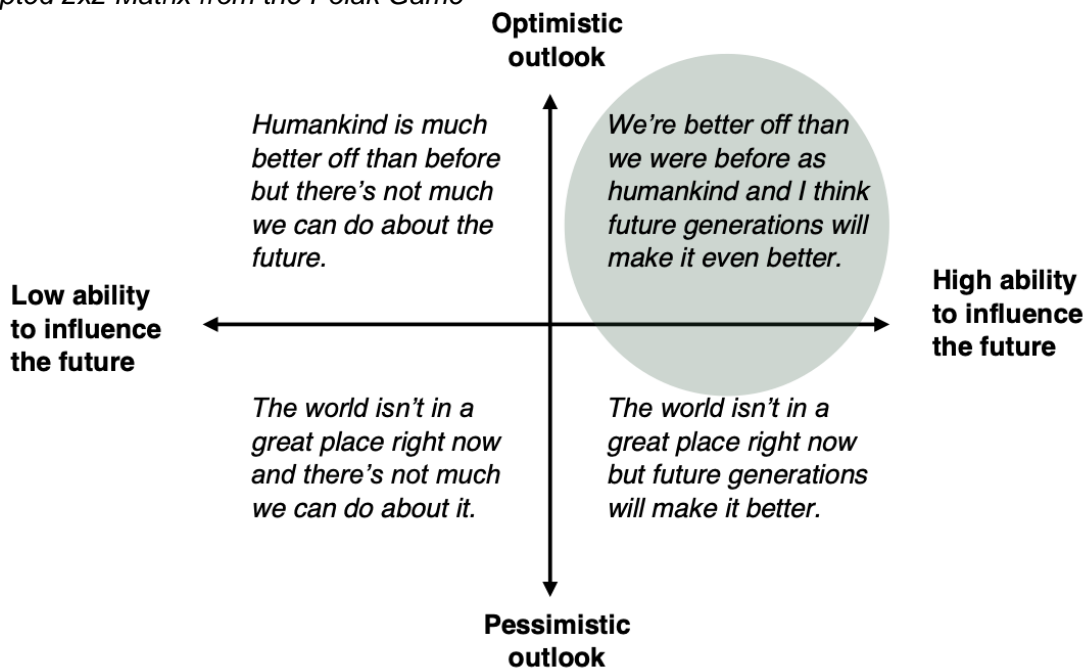
My conversations with interviewees briefly touched on the influence of environmental and sociopolitical concerns, but the weight of these factors did not have as much impact on their decisions on whether they wanted to have children. And it wasn’t that they didn’t believe that there are complex sociopolitical issues in the West and on a global scale that need to be addressed; one interviewee who has decided she does want children, shared that she has thought hard about “the world that I’d be bringing them [her future children] into.”

I posit that despite acknowledging that issues like climate change and political strife were understandable reasons as to why people may not want to have children, perhaps having a strong sense of agency to enact change played a role in my interviewees’ stances.

The Polak Game, also known as “Where do you Stand?” is a tool used in foresight studies to determine where participants lie in terms of their general world outlook and their stance on the degree in which the future can be influenced (Hayward & Candy, 2017). The Polak Game uses a 2x2 matrix, where the x-axis measures the ability to influence the future and the y-axis measures one’s optimism or pessimism on the current world situation. Figure 4 depicts generic narratives within each of the four quadrants, demonstrating what an individual in each quadrant might think.

**Figure 4**

*An Adapted 2x2 Matrix from the Polak Game*



Perhaps the women I interviewed who have sociopolitical concerns and still want to have children lie more heavily in the right quadrants, defined by high optimism for the future and high hopes of being able to influence its outcome.

This interviewee, who is still on her decision-making journey, is optimistic about how future generations can impact concerns like climate change:

I think we can say, oh, the future is not looking good, but also is that something that we can think of in every sort of generation. Data shows us we need to do better and that's part of living. We're always going to see the good and the bad and we obviously wanna work towards carving out that future, but that's up to us to carve out and change... if we look backwards, it's a heck of a lot better than it was.

Another interviewee shared her perspective:

The reason I had such a hard time deciding was that was like I was thinking, if it's actually the right choice like am I doing something that will improve the world or make the world worse? Like what would be my impact like my legacy and stuff like that? But then I came to the conclusion that if I want to have kids, that's enough of a reason."

One of the premises of the Polak Game is that the notion of progress is relative based on where one stands within the 2x2 matrix (Hayward & Candy, 2017). Perhaps the social safety nets in Canada, such as universal healthcare, childcare benefits, and paid paternal leave, create a greater sense of stability and security for Canadians compared to American counterparts.

Based on my few conversations with Canadian interviewees and the Reddit respondents, I noticed sociopolitical concerns were more heavily weighted by the latter group, which tends to have a higher demographic of American, left-leaning users. Amongst the r/fencesitter respondents, 4 users said that they would require action against climate

change to decide to have children. This wasn't a surprise, given 33% of Americans aged 20-45 indicated that their concerns about climate change was a reason for choosing to be childless (Dillarstone, 2023).

### 3.2 Workplace Benefits and Flexibility

As I'd touched on in Section 2.0, employers play a tremendous role both directly and indirectly in how prepared women feel for having children. Monetary compensation from employment directly affects financial stability and aspects of work-life balance can determine one's perception of when they might feel ready for children, should they decide to have them.

Another aspect of how employers impact the decision-making process is the benefits and flexibility they offer employees. This includes health benefits, maternity and paternity leave policies, and flexibility.

On the Reddit r/fencesitter post more than 10% of respondents shared that if they had adequate paid parental leave, they would be more likely to decide on having children in the next 6-12 months. With the average length of maternity leave in the United States being 10 weeks (Shepherd-Banigan & Bell, 2015), these responses were almost expected.

In the United States, the federal Family and Medical Leave Act (FMLA) provides American employees with up to 12 weeks of unpaid leave for both adoptive and biological parents. However, eligibility criteria include having worked 1250 hours over the last 12 months; working at a location where the employer has at least 50 employees within 75 miles (120 km) if the company is private; and having worked for the same employer for a minimum of 12 months within the last seven years (U.S. Department of Labor, 2023). With these stipulations in place, the U.S. Department of Labor estimates that 44% of employees are not eligible for FMLA (Brown et al., 2020) Again, this is *unpaid* parental leave.

Given these statistics, it's foreseeable that paid parental leave is a common decision-making

factor for many - as of March 2021, the U.S. Bureau of Labor Statistics estimates that only 23% of workers had access to paid family leave (2023).

The benefits health benefits of a prolonged, paid maternity leave for both the mother and baby are indisputable: decreased infant morbidity and mortality, mother-baby bonding and attachment development, increased income over time, and improved stress management for the birth mother. Employers benefit in the long-term, too. Employees who get paid paternity leave are likely to have higher productivity and are less likely to leave voluntarily (ACOG, 2023).

Although there is still room for improvement, Canadian employment benefits are much more generous, which is perhaps why paid leave was not discussed as heavily with the interviewees I spoke with. In Canada, eligible mothers can get up to 15 weeks of maternity leave with employment insurance (EI) benefits. Separate parental benefits offer an additional 61 weeks to be shared between biological or adoptive parents, making a combined potential leave of 78 weeks of leave (Canada, 2023). Additionally, an estimated 58% of Canadian employers provide additional top-up on maternity leave EI (Benefits Canada, 2021).

Aside from adequate maternity and parental leave benefits from employers, there are other workplace factors that influence whether a woman feels supported to have children.

Interviewees mentioned the option for remote work, ability to take medical appointments and caretaker days, and a generally supportive manager as positive influences for having children.

Workplace benefits were a major consideration of my pre-pregnancy planning. Having previously been at an employer that didn't offer maternity or paternity leave top-up, finding an employer with flexible work options and paid leave was a priority for me. I'm grateful to have access to benefits that support working women

who also want to be mothers, and hope that this becomes more of the norm.

### 3.3 Access to Healthcare

Several women mentioned pre-natal healthcare preparations in our conversations, particularly around the mental, physical, and logistical considerations needed before trying to conceive.

On the r/fencesitter post, having access to universal healthcare was a commonly mentioned factor needed to convince respondents to 'get off the fence.' Access to prenatal and postnatal care is essential for the health of both mother and baby, especially for high-risk pregnancies such as people of advanced maternal age or pre-existing health conditions.

Some users mentioned goals around addressing anxiety and building up confidence for pregnancy and parenthood, getting therapy to overcome childhood trauma, losing weight, and becoming generally healthier before they were ready to have a baby.

Because most of the women I interviewed resided within Canada, universal healthcare was not a topic of concern. Instead, conversations related to healthcare revolved around doctors' appointments, better transparency around the timing and objectives of prenatal and postnatal appointments and working with a therapist to optimize mental health and relationships or understand oneself before having a child.

As I can attest from my own personal experiences, women generally aren't encouraged to be proactive about their reproductive health during doctor's appointments; I've often found myself having to consult various sources on health-related topics rather than receive proactive guidance from healthcare professionals. Unfortunately, the healthcare system isn't yet structured for holistic patient experiences that prioritize prevention over reactive treatment.

After trying to conceive for 7 months without success, an interviewee learned that she may have polycystic ovarian syndrome (PCOS), a hormonal disorder that is a common cause of infertility. PCOS affects 8-13% of women (WHO, 2023), but many women only discover they have this condition until they are trying to get pregnant. Following a 6-week wait for an appointment at a fertility clinic, she found out that her family doctor could have ordered bloodwork for her instead.

As she went through this process, she still had questions in the back of her mind around how much she truly wanted kids. She knew she wanted to experience life through a child's eyes; provide the nurturing and support to something outside of herself; and was also intrigued by the prospect of having a biological child with her husband. Conversely, she struggled with whether this desire came from cultural expectations or perhaps the pressure of providing grandchildren to her parents. She wanted to explore, after peeling back the layers of complexity and influence, what she personally and genuinely wanted for herself. Despite these thoughts, this interviewee shared that she wished she could have received her diagnosis earlier and not feel like she is 'running out of time.'

Another interviewee, still in the decision-making process, shared how having access to more information earlier on would have helped allay some of her uncertainties today. "Sometimes I don't feel good about my uncertainty... I feel like if maybe I knew more stuff or I was like a little more proactive when I was younger, I would feel less anxious about it."

While she is an advocate for her own health, she knows that not all women have the resources, time, or inclination to go out of their way to book health checks and seek proactive medical advice.

When discussing birth control options and PCOS, she says "I think people in like healthcare professions should be informing like patients about this more often."

## 4.0 Trade-Off with Childless Life

Having children will inarguably mean less 'me time', quality time with one's partner, and less autonomy in general. This contrast between a childless lifestyle and that of a mother was top-of-mind for many women, particularly in terms of impact to career advancement and leisure time.

### 4.1 Career Advancement

No matter what we're told, we can't have it all.

It's hard enough to climb the corporate ladder as a woman – only 7% of CEOs in North America are women (Laidlaw, 2023) – and being a mother makes it even harder.

The motherhood penalty represents the tradeoffs that women in the workforce make once they have children. The list of obstacles that working moms face is lengthy. For starters, a Harvard study found that women with children were six times less likely than childless women to be hired for the same job and perceived as being less committed to their jobs than childless women and men. Mothers also earn less than their childless counterparts, whereas there is no corresponding fatherhood penalty – in fact, fathers earn more, on average, than childless men (Correll et al., 2007)!

Part of the wage gap is the mother's role in parenthood as the default primary caretaker (Bornstein & Putnick, 2016) – they are more likely to be taking the kids to medical appointments, stay home with a sick child, and managing appointments. In fact, in a survey on parental care done by the Kaiser Family Foundation, 81% of mothers took their kids to doctor's appointments as compared to 2% of fathers (Ranji & Salganicoff, 2014). I must wonder if household management responsibilities are self-appointed due to traditional gender role expectations.

One interviewee shared the significance of career advancement as she continues to decide whether she wants children: "One of my

fears, I guess, is that I won't be able to be as successful in my career if I have all this time now that I dedicate to.. That's dictating a lot of my hesitation.”

Even planning for eventual motherhood requires a significant amount of strategizing. As I planned to inform my workplace about my pregnancy, I made a conscious effort to place myself in a position of potential advancement before my maternity leave began. This required maneuvering and timing conversations with my higher-ups to align with the promotion cycle as to minimize jeopardizing my chances with a pregnancy announcement; this required substantial forethought and truly took a mental toll on top of the typical challenges of pregnancy. I joked with other expectant friends about the weight of needing to ‘play the game’ to align our career goals with family goals, but it’s a burden that many mothers need to juggle.

## 4.2 Lifestyle Change

The loss of freedom that comes with motherhood is a common reason for not wanting to have children. In a review of 29 studies published between 1971 and 1981, the motive most frequently cited for not having children was “freedom from child-care responsibility, and greater opportunity for self-fulfillment and spontaneous mobility” (Agrillio & Nelini, 2008).

I, too, have found myself having moments of apprehension when I am doing something enjoyable but completely ordinary in my current childless life. It might be making last minute plans with a friend, winding down after work with a bath or quiet time, or deciding to have a frozen pizza for dinner. These decisions, no matter how mundane, will change with children and the time, attention, and nurturing that they need. My time will no longer be just mine, and my decisions will no longer be just for me.

One of my interviewees who does not want children shared that one of the biggest reasons for wanting to remain childless is independence, specifically portrayed as the freedom to go on trips anytime and saving

money to spend on her and her husband, as opposed to a child. The other voluntarily childless interviewee also mentioned the freedom to travel as a factor for her, since she didn’t get to travel much when she was young. I thought it was interesting that both interviewees labeled these factors as selfish reasons to not want children. I wonder if it’s fair to classify these as selfish considerations, as I feel that people should be entitled to pursue their own aspirations and dreams, whether they involve children or not.

When discussing how kids would impact potential early retirement for her and her husband, an interviewee shared that “[her husband’s] dream is to retire and start a community garden and just be a volunteer and go traveling. Live around the world basically. And he thinks that the way to achieve that would be to not have children.”

Of course, the many decisions won’t necessarily be binary if one does decide to have children. The same interviewee shared,

Travelling is a personal goal of mine and I don't think that my decision to have kids with influence that or not”, it just requires more planning and perhaps a shift in mindset to accommodate the evolving dynamics of balancing personal goals with family responsibilities.

In the Reddit post on r/babybumps, a forum primarily for women who are expecting, several people mentioned that their pre-baby bucket list included travel or going on a dream trip with their significant other. Similarly, users shared that they wanted to take the time to grow as a couple and enjoy their childless lifestyle before the baby arrives. While going on a trip seems trivial, I understand the sentiment behind it as I had the same item on my pre-baby to-do list.

Perhaps the significance of a trip, which has a beginning and an end – *one last trip before the baby comes* – symbolizes the bookend of one chapter of life to start another.

For me, the excitement of expanding our family was sometimes countered by saying goodbye



to the life as a unit of two. This is something that I grappled with during my current pregnancy – *how is life going to change?*

On this topic, I found these thoughts, shared beautifully from an interviewee, very comforting:

I do value autonomy. I value my own free time for creative pursuits...I've been very independent in my life. It's going to be a lot for me to give up, but I'm also receiving. So there's letting go to let in, and I'm trying to prepare myself for that transition.

This comment was a light-bulb moment for me. In hindsight, it seems obvious – every action has a consequence, an opportunity cost. But I had not come across this idea stated with such pith. Sure, having children comes with its challenges, but from what I've witnessed, and from what interviewees share, it also comes with invaluable rewards and joys.

One mom was gushing during our interview when I asked her about her favourite part of having kids.

I love it. Every holiday, every birthday, every time I get to watch my children discover or something, you know, we took them to the circus this summer, and my phone is full of videos and pictures of my son and not the circus.

Interviewees who already have children (and wanted them) had also considered the new limits on their freedom that comes with children, but seem to have resolved it as an inevitable, if not welcome, new stage of life.

“On a Saturday night, we're not going out, but we don't feel resentful. Our relationship is less romantic, private. Now it's more family time, but I don't think as that as a bad thing for us.”

## Discussion

The decision-making process regarding parenthood for women is deeply influenced by interplay between and within factors around relationships, finances, sociopolitical environment, and one's satisfaction with their current life.

Many of these factors are interconnected, highlighting the need for holistic and integrated solutions if we want to truly empower women in making life-changing family planning decisions. Figure 5 illustrates some of salient aspects of the dynamics between the four categories of influencing factors, while Figure 6 shows a more detailed view of major dynamics between and within categories.

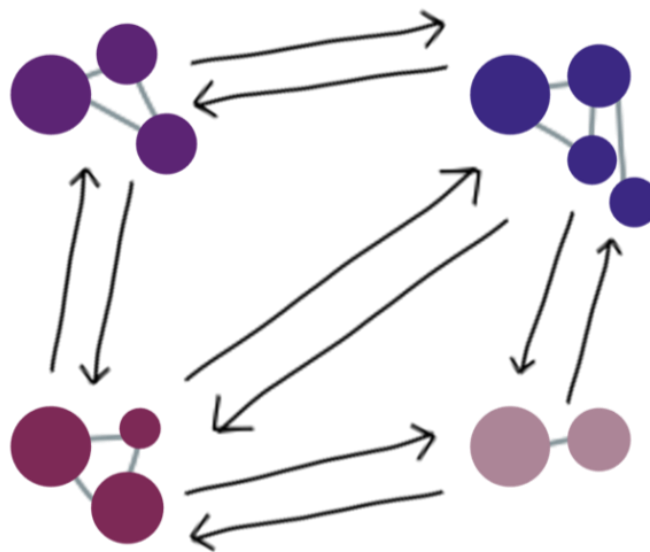
Even with all these factors considered, there is a major one that was not explicitly mentioned in any of my interviews or Reddit posts: the overarching impact of capitalist society. Generally, as a developed country's wealth increases, the birthrate falls (Simon, 2011).

Perhaps the emphasis on individualism and consumer materialism that is associated with capitalism (Butler, 2021) has also enticed women to prioritize their careers over starting a family. At the same time, increased costs of living that come with a higher quality of life also produce pressure for women to acquire a certain amount of financial stability before the possibility of having children.

In the following section, we will explore different strategies that can be undertaken by society, employers, and governments, to lessen the influence of certain factors that pose as barriers to decision-making for women who want to have children.

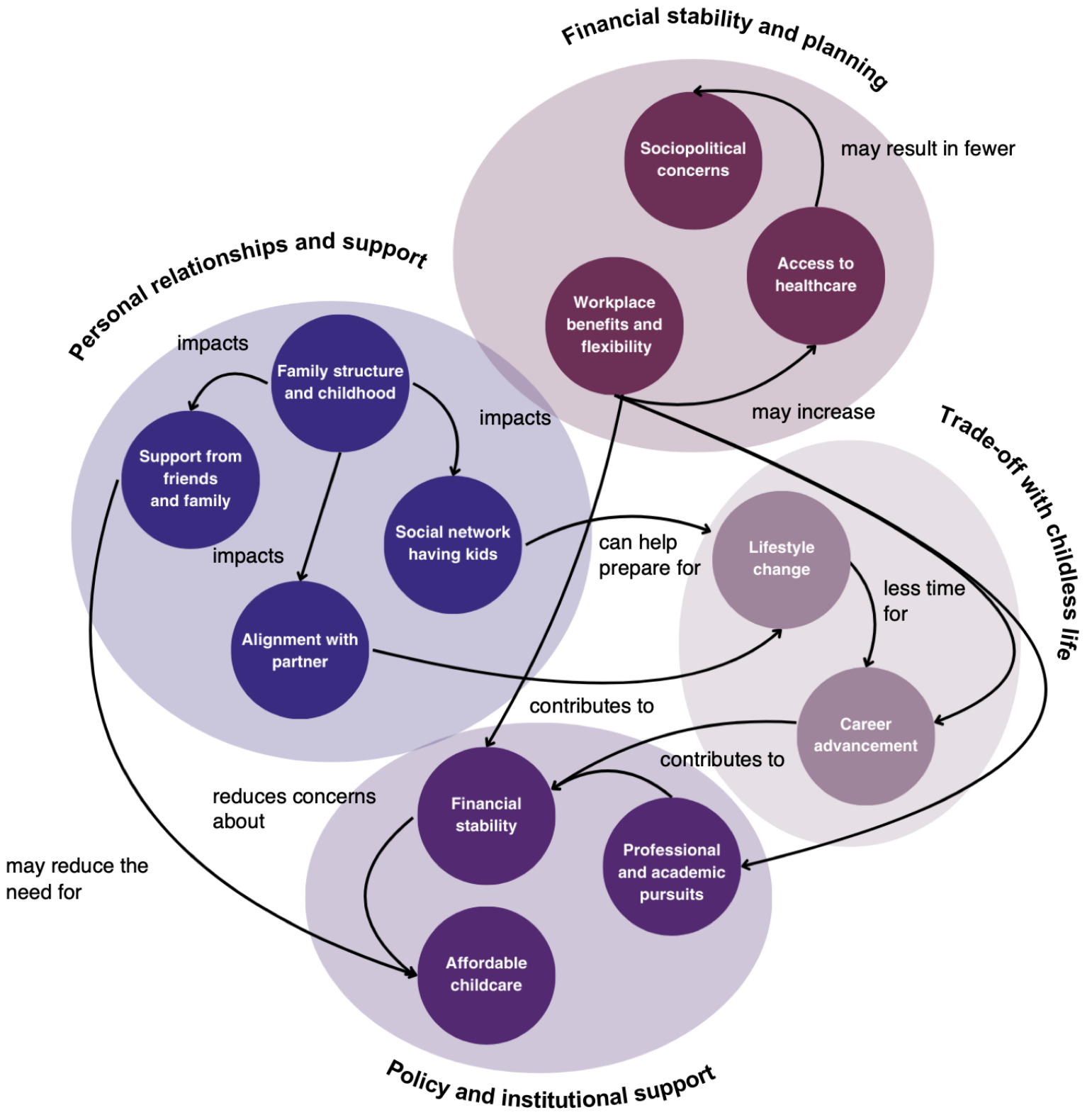
**Figure 5**

*A Simplified View of the Interconnectedness of Influencing Factors*



**Figure 6**

*Dynamics Between Influencing Factors*



**Strategies to  
Empower  
Women in  
their Journey  
to  
Parenthood**

As we've seen, the decision on whether to embark on the journey of motherhood is multi-faceted, complicated, and in some cases, evolves over time. From the impact of childhood family dynamics to the fear of losing one's foothold in her career, this decision – one bearing literal life-long consequences – can require years of planning and forethought.

Now, let's delve into ways to create an empowering environment for women to navigate this decision. Through policy change, social change, and economic alignment, we can support women who desire to have children but are held back by external factors as discussed in the previous section.

These strategies aim to answer the second research question: **What strategies could be employed to foster a supportive ecosystem where women aspiring for motherhood are empowered to attain mental, physical, and financial readiness?**

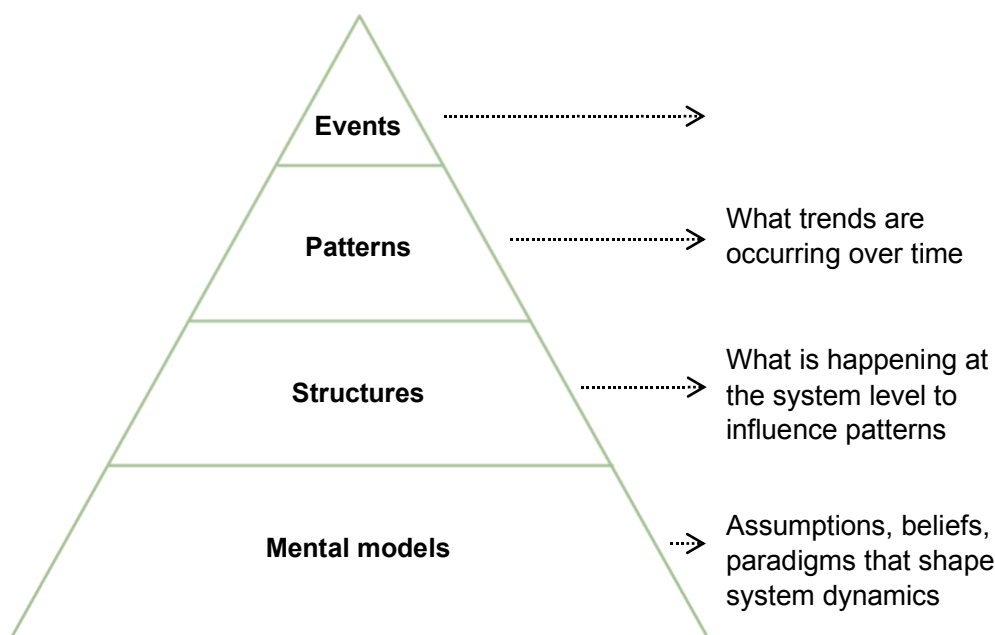
I will caveat that this is not an exhaustive list of solutions, but a starting point for potential mothers, policy makers, and employers to consider and build upon.

Previously, we explored the major influencing factors that impact whether women feel compelled to have children.

Each of the four sections can be broken down into an Iceberg model, or Causal Layered Analysis (CLA), a tool in systems thinking that allows users to define a problem by splicing it into several 'layers': events, patterns, structures, and mental models (Donella Meadows Project, 2024). This framework allows us to analyze, and better understand the phenomenon at each level so that we can address the situation at varying levels of root cause. Figure 7 below depicts a CLA with an explanation of each layer and Table 3 details specific CLA attributes for each influencing factor.





**Figure 7**

*Iceberg Diagram or Causal Layered Analysis (Donella Meadows Project, 2024)*



**Table 3**

*Causal Layered Diagram of the Four Categories of Influencing Factors*

Layer	Personal Relationships and Support 	Financial Stability and Planning 	Policy and Institutional Support 	Trade-Off with Childless Life 
Visible	<ul style="list-style-type: none"> <li>• Living further away from parents/family</li> <li>• Less support from family</li> </ul>	<ul style="list-style-type: none"> <li>• Worries about affording children</li> <li>• Gap in wages vs. COL</li> <li>• Unaffordable childcare</li> </ul>	<ul style="list-style-type: none"> <li>• Fear of losing access to reproductive health services</li> <li>• Inaccessible, unaffordable healthcare</li> </ul>	<ul style="list-style-type: none"> <li>• Delayed or lack of desire to have children due to contentment with current lifestyle</li> </ul>
	<ul style="list-style-type: none"> <li>• ↓ in multi-generational homes</li> <li>• Unaffordable housing</li> </ul>	<ul style="list-style-type: none"> <li>• ↑ COL</li> <li>• ↑ need for post-grad education</li> <li>• ↑ women in workplace</li> <li>• ↑ women with post-secondary education</li> <li>• Stagnant wages</li> </ul>	<ul style="list-style-type: none"> <li>• ↑ political polarization</li> <li>• ↑ gender equality in workplace</li> <li>• ↑ privatization of healthcare</li> <li>• ↓ in women's healthcare rights in US</li> <li>• ↓ healthcare accessibility</li> </ul>	<ul style="list-style-type: none"> <li>• Social trends and cultural narratives surrounding the decision to have children</li> </ul>
	<ul style="list-style-type: none"> <li>• Cultural norms and societal expectations</li> <li>• Change in family-driven businesses</li> <li>• ↑ COL in metropolitan areas</li> </ul>	<ul style="list-style-type: none"> <li>• Economic systems and policies governing wages, benefits, employment</li> </ul>	<ul style="list-style-type: none"> <li>• Legal frameworks and institutional structures governing healthcare, employment, social welfare</li> </ul>	<ul style="list-style-type: none"> <li>• Gender norms and expectations influencing attitudes towards parenthood and child-rearing responsibilities</li> <li>• Social and cultural norms regarding alternative lifestyles and family choices</li> </ul>
Hidden	<ul style="list-style-type: none"> <li>• Importance of independence</li> </ul>	<ul style="list-style-type: none"> <li>• Importance of financial or career success</li> </ul>	<ul style="list-style-type: none"> <li>• Placing profits and politics over people's wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>• Importance of autonomy, leisure, pleasure</li> </ul>

Identifying strategies that tackle several layers across multiple CLAs will make for a more holistic solution.

The strategies revolve around three categories: community support and engagement, government interventions, and employer and institutional initiatives. Despite the categorization, these strategies are likely to be more successful and sustainable if there is involvement from the community, government, and private sector.

## 1. Community Support and Engagement

Factors addressed: 

Community-based approaches can be used to address factors related to personal relationships and support, policy and institutional support, and the trade-off with childless life.

### Community Exposure

The documentary *Birthgap – Childless World* highlights a ‘parenting preview’ program where childless individuals can test drive being a parent, giving them the opportunity to experience a day in the life of a family with young children. In part 3 of the documentary, a young woman shares, “I didn’t really want to marry or get a child before joining the program... I didn’t really like the concept of family or getting married. Visiting four families changed my view.”

This programmatic approach could be particularly helpful for women who don’t have close friends or family members with children and are less likely to have the opportunity to experience the realities of being a parent.

Another way to encourage exposure to the realities of raising children is to have public to share real-life experience of mothers and parents in raising children. For women in the decision-making phase, it’s important to get a variety of perspectives to have a more informed opinion. One of my interviewees

shared that she found it difficult to find resources that share experiences from childless individuals in her research, as the media she was consuming was more pro-natal.

### Community Support

For those who don’t have parents or other family close by that provide childcare support, community groups can help provide emotional and mental support for new parents. Community mom groups have become popular, giving fellow new mothers a chance to get outside of the house and develop a support system outside of their friends and family. An Australian study studied the longitudinal effects of participating in playgroups and found that mothers who participated in playgroups when their children were between the ages of 3 months to 3 years were less likely to report having no support from friends as those who did not participate, or participate to the same degree (Hancock et al., 2015). Digital support is helpful too – for example the Peanut app has become a popular online platform for new mothers to get together for playdates and form friendships alongside their children. An app store user review (Hjones, 2023) shows just how useful these types of tools can be for mothers who wouldn’t otherwise have support from their peers: “During such a life changing time and the first month or two of pregnancy was extremely lonely. I was the first person in my friendship group to be pregnant and I was struggling hard with the 1st trimester. I post my worries and struggles and there were amazing women on the other side with fantastic advice and help.”

In Japan, Kodomo Shokudo, or ‘Children’s Cafeteria’, is a prime example of how community members can band together to support families. Though the primary purpose of these kids’ cafés is to provide free or low-cost meals to children in need, with over 7300 cafeterias nationally, they’ve created a flexible model with limited government intervention, allowing them to adapt to the unique needs of mothers and children in the community. Most cafés are run by volunteers, either mothers or

older women who want to give back to the community after experiencing the challenges of motherhood and raising a family themselves. Much of the meals and ingredients are donated (Kobayashi, 2023). Kodomo Shokudo is a beautiful example of how successful child-rearing is often the product of not just financial, but collective efforts to foster a healthy society.

## 2. Government Interventions

Factors addressed: 

Government interventions play a key role in several of the influencing factors that determine whether women desire to have children. These interventions can help reduce or alleviate financial burden, promote work-life balance, and ensure that essential healthcare services are accessible to those who are contemplating having children.

### Financial Assistance Programs

Financial stability was a major cause of uncertainty for many of the interviewees and users polled on Reddit. Government assistance programs can help reduce the stresses of financially planning for children.

Canada has notable financial assistance programs nationally and at a provincial level. Notably, the Canada Child Benefit (CCB) allots tax-free monthly payments to eligible families with children under 18 years old. Families with an adjusted family net income of under \$34,863 can receive a maximum of \$7,437 per year for each child under 6 years old, and \$6,275 for each child between ages 6-17 (Canada Revenue Agency, 2023).

Ontario's CWELCC program, as introduced in Section 2.3 – Affordable Childcare, is another benefit aimed at reducing financial strain associated with raising children (Government of Ontario, 2023). Its goal of “reducing fees to an average of \$10 per day for children under the age of six in licensed childcare by September 2025” has benefited many families. The city of Brantford, Ontario, estimates that

CWELCC has saved their residents \$6000 annually per child since 2022 (City of Brantford, 2023).

Although the benefit has helped many Canadian families, the compensation structure, which puts a maximum on childcare fees for participating daycares is financially unsustainable for many participating sites.

A parent of two in Toronto shares that through the program, their childcare fees went from \$3100 to \$1400 monthly for two kids. However, their daycare is withdrawing from the CWELCC program because of funding shortages. Perhaps a more viable and equitable model might be to have an income-based fee for families.

In Québec, the provincial Family Allowance benefit is a nontaxable payment that is allotted to families based on several criteria, including the number of children under 18 and combined income. Québec also offers a supplement for purchasing children's school supplies and additional benefits for parents of handicapped children.

Another important aspect of financial assistance is educating potential parents-to-be on projected costs of having children, so that they have realistic expectations for what they need (and don't need) to consider. The increased popularity of second-hand markets such as Facebook Marketplace and 'buy nothing' groups make the journey of parenthood more affordable. Perhaps there is also a need to remind parents that they don't need to provide the absolute best for their children, only what they are capable of.

Influences from social media may lead mothers to believe that they are falling short as a parent if they can't provide their children with once-in-a-lifetime experiences or material possessions. Excessive time spent on social media can lead to comparison against the carefully curated lives of Instagram moms (e.g. having the perfect nursery and high-end baby items) and inflicting unrealistic expectations on oneself during a stage that is already riddled with



sleepless nights and post-partum stress. A study of 464 mothers found that exposure to idealized portrayals of motherhood on Instagram led to feelings of envy and anxiety (Kirkpatrick & Lee, 2022).

Throwing money at the problem isn't enough to solve the issue though. Hesitancies for having children extend beyond the material. If we want to holistically support women in having children if they desire to, we must continue to address societal gaps that make this decision even more difficult.

## **Healthcare Accessibility and Promotion**

### ***Access to Healthcare***

The Peterson-Kaiser Family Foundation estimates that it can cost \$18,865 USD in out-of-pocket costs for uninsured families to have a baby (Rivelli, 2024).

Discussing the intricacies of insurance in the United States, and barriers to universal healthcare (UHC) necessitates extensive research far beyond the focus of this report, but increasing access for women's health, prenatal and postpartum care is much needed in a country where 36% of counties are without hospitals or birth centres that offer obstetric care, leaving 5.8 million women without limited to no access to maternity care (March of Dimes, 2023).

Adopting UHC, where all citizens have access to affordable, essential healthcare services across the healthcare continuum, is a first step in reducing at least one major barrier for many women contemplating children in the United States.

Countries with UHC have higher life expectancy (Ranabhat et al., 2018) and higher quality of life (Lavidge, 2008) than those without. The World Health Organization states that UHC is the "most inclusive, equitable, cost-effective and efficient approach to enhance people's physical and mental health, as well as social well-being."

The United States is the only developed country in the world without UHC, and also the country that consistently has the highest healthcare expenditure per capita, with the lowest healthcare outcomes (Gunja et al., 2023).

With accessible healthcare being a top consideration for many Redditors who are still on the fence, there must be reform to support the multitude of maternal and infant healthcare needs.

Though Canada has publicly funded UHC, we face other challenges in healthcare accessibility, notably high wait times (Fraser Institute, 2023) and a shortage in family doctors (Li et al., 2023).

### ***Fertility Education and Awareness***

The dreaded female biological clock puts pressure on the timing of all these solutions. The unfortunate truth is that the highest chances of conceiving, due to the number of healthy egg follicles the body has for creating healthy eggs, is between the ages of 18-24 (Rose, 2018). By age 35, only about 6% of those follicles remain (Wallace & Kelsey, 2010); after the age of 35, the chance of getting pregnant each month is lower than 10% (George & Kamath, 2010).

This doesn't mean that all hope is lost – a 2003 study demonstrated that 85% of women between the ages of 35-39 successfully conceived after 2 years (Taylor, 2003) – it just makes the process harder.

Better mechanisms to educate the public around fertility decline is important so that there is a wider understanding of the risks of being pregnant at an older age, such as fertility issues, gestational diabetes, birth defects, and chromosomal abnormalities (Rose, 2018). In a study on fertility awareness in women with 94 participants, only 30.5% were aware of fertility decline after age 35, with women who are nulliparous (have not given birth) being more likely to be unaware (Deatsman et al., 2016). Some interviewees also mentioned the

concern of having enough energy in their youth to keep up with their children.

Perhaps there is a role for family physicians and public health officials to delicately place more emphasis on evidence-based family planning timelines. Early discussions with patients can encourage early detection of fertility challenges to prevent situations similar to what my interviewee faced when she discovered she had PCOS after months of trying, empowering women to have more time to research their options and make decisions about their reproductive health.

Other interviewees also expressed their dismay at their lack of education about women's health: "I'm learning more about myself on TikTok. Personally, it sounds so crazy, but I am and I almost wish that there was more talk about those types of stuff in doctor's appointments."

Another interviewee shared, "I was so surprised and a few years ago when I stopped taking my birth control pill. Like how many options for birth control there were. How come no one told me about this?"

Offering an array of options for women to contemplate in areas such as birth control options, natural versus assisted reproductive fertility approaches, and healthcare considerations before trying to conceive, while also explaining factual evidence to empower patient decision-making, is an approach that balances the patient's autonomy and the recognizes the provider's expertise.

A holistic approach, such as the Family Health Team model in Ontario, could include a network of healthcare providers including family physicians, dietitians, social workers, mental health professionals, and referrals to community resources and specialists to support women in the parenthood decision-making journey.

Systemic changes must also occur in healthcare to give providers the resources needed to make these changes possible.

Unfortunately, prolonged discussions between a patient and provider are often limited by short appointment times.

As Dr. M said:

We generally have 15 to 30 minutes for a visit and we see them once a year or if they have complex problem, maybe see them every three months from monitoring or something like that, but, oftentimes you don't like get to know someone well enough provide more than medical level recommendations.

Another healthcare expert that I interviewed, a Registered Social Worker, emphasized her approach of following the client's lead in her social work and therapy practice.

Once initiated by the client I can discuss the clients wishes, goals, and future plans. I provide a safe place for the client to discuss their hopes, fears and plans while validating and ensuring the client feels heard. Within social work, my job doesn't allow for my own personal views or opinions to have a place, which I believe is a positive healthy boundary. Whether a client is choosing childlessness, or to have children- it is my job to support them to the best of my ability.

In addition to guidance and shared decision-making with healthcare practitioners, employers can also play a role in encouraging their employees to advocate for their own health by providing them with adequate health benefits.

### 3. Employer and Institutional Initiatives

Factors addressed: 

Employers and academic institutions can empower women with the freedom of having children by supporting work-life balance, providing adequate parental leave policies and benefits, and fostering an environment of gender equality in the workplace.

#### Flexible Work Arrangements

### ***For Employers***

Interviewees mentioned the importance of employer flexibility and sick days as an aspect of how the workplace can influence their decision on if, or when, to have children. A survey of over 1100 parents found that 61% of parents indicated they preferred a fully remote workplace model, whereas 37% preferred a hybrid model. Moreover, 62% of the participants said that they would quit their current job if they could no longer continue working remotely (Reynolds, 2021).

During the COVID-19 pandemic, many businesses and organizations all around the world quickly adapted their workplace processes to enable working from home. Remote work was a favourable shift for many parents who previously commuted to a physical location to work – from the time saved between childcare pick-ups and drop-offs, and additional savings from not having to pay for transit, this new way of working afforded them the ability to better balance workplace and family responsibilities (Green, 2022). However, as public health measures and vaccination efforts worked to decrease hospitalizations and deaths associated with the coronavirus, many employers began requiring employees to return to work for at least one day a week (Smith, 2023). As the debate continues around the effectiveness of remote versus hybrid models of work (Rozentals, 2022), one thing is certain, and should be considered by employers and academic institutions that want to support mothers and potential mothers – having flexible work arrangements will lighten some of the weight of decision-making when it comes to starting a family.

### ***For Academic Institutions***

Academic institutions can also provide flexibility in teaching schedules and methods of delivery to lessen the burden of balancing both academic pursuits and family planning for mothers or women contemplating parenthood.

Sebastián-González et al. (2023) published a comprehensive list of ‘ten simple rules’ to

create a mom-friendly environment for those who work in academia.

Besides remote teaching options, these rules include the consideration for working mothers in fellowship and grants; giving parents priority access to select teaching schedules; and organizing meetings and lab schedules during children’s school times.

The Faculty of Science at McMaster University in Hamilton, Ontario, has a program dedicated to supporting faculty members that are in various leaves of absence, including parental leave. Aptly named the Life Events Support Program, the initiative provides funds for a temporary research position while faculty members are on leave, so that research work can continue (Robb, 2024).

The program, founded by the first female Dean of the faculty, Maureen MacDonald, is a stellar example of how academic institutions can provide a supportive environment for family planning, alleviating some of the burdens of balancing both academic pursuits and motherhood.

## **Employer Benefits**

### ***Reproductive Health Benefits***

In addition to flexible work options, employer benefits can play an important role in supporting potential parents, reducing, or even eliminating, some of the factors that act as barriers to family planning.

To better understand the types of reproductive health benefits currently available to employees, I attended an Employee Health Care Conference in April 2024.

Panel discussions between employers and clinicians addressed some of the existing barriers to accessible reproductive healthcare, such as taking time off work to go doctor shopping; navigating the healthcare system to find the right specialist; being dismissed by the care provider; and having to ‘fight’ with patient’s insurance carriers to approve medication or care that the patient needs.

In response, benefit providers like Kindbody and Progyny offer comprehensive benefits to employers that are dedicated to supporting family building in their workforce. These benefits provide access to services like preconception care, pregnancy and postpartum support, IVF, artificial insemination, egg freezing, surrogacy, adoption, and return-to-work coaching. By offering a comprehensive range of services across life stages, from pre-conception to menopause, benefits solutions like these can make a profound impact on the personal lives of employees.

Each of these discussions also emphasized the importance of providing access to services and providers out-of-state in response to the Alabama Supreme Court ruling that frozen embryos are considered human beings, which could have implications on access to reproductive health in the future.

Employees from organizations like Delta Airlines and HCA, a healthcare system with an 80% female workforce, shared stories of how access to reproductive benefits were key in helping them start their families, often after multiple unsuccessful attempts via other avenues. The high utilization these benefits – a representative from Peloton quoted that 26% of their employees are registered for fertility benefits – is additional proof that employers have a role to play in reducing financial burden associated with family planning.

### ***Childcare Benefits***

Providing childcare benefits are another way that employers can offer support to working parents. The Boston Consulting Group conducted a study with five companies across different industries to determine the impact of offering childcare benefits, which included onsite childcare, services for back-up childcare, or childcare stipends (Kos et al., 2024).

The study included a survey of 988 parents employed by the five companies: Etsy, Fast Retailing, Steamboat Ski Resort, Synchrony, and UPS.

There were obvious advantages of offering childcare benefits for both the employers and employees.

These benefits, which are separate from parental leave, offered employees emergency childcare support, some relief from financial burden, and advantage in their career growth resulting from the peace of mind offered by the childcare benefits.

Employers also had a substantial return on investment when comparing the corporate expense to administer childcare benefit programs versus the potential costs saved from improved employee productivity and reduced absences, and cost avoidance associated with employee retention. The analysis suggested that retaining between just 1%-12% of employees eligible for childcare benefits would offset costs to the employer.

With only 12% of employers in the United States that currently offer childcare benefits, this is a strategy that is ripe for corporations to implement, not only as a method of supporting parents and potential parents, but for talent retention and acquisition.

## **Gender Equality**

### ***In the Workplace***

Until mothers have the same workplace opportunities as their childless counterparts (both men and women), the hesitation to have children based on fear of career interruption will always be an issue.

Nordic countries are often referenced as the gold-standard in gender equality, in which nations have made strides in upholding women's rights through policy and social change over several decades.

Denmark, the country with the best score on the United Nation's Gender Inequality Index (United Nations Development Reports, 2024), has near equal percentages of men and women over 25 years of age with secondary education (98.7% and 99.2%, respectively), a labour force participation rate difference of

11.3% between women and men (compared to 17.6% in Canada and 15.2% in the United States), and one of the lowest maternal mortality rates in the world.

Progressive policies in parental leave, childcare subsidies, gender equality laws, and active promotion for women in leadership positions have all contributed to closing the gender gap, both at work and at home (Lind, 2024).

In Sweden, which was the first country in the world to introduce a shared parental leave (Sweden, 2024), both parents are given 240 days each, equating to a shared 480 days of paid parental leave, with an extra 180 days for each additional child in the case of multiple births (e.g. a couple having twins would receive a shared 660 days of paid parental leave). Parental leave pay is approximately 80% of income for employed parents – but parents who are unemployed will also receive a basic level of parental leave pay (European Commission, 2024).

Clearly, adopting similar Nordic policies into North America would require extreme systemic reform: shifts in political ideology, legal frameworks, and social norms, not to mention the economic challenges in funding these programs, would make mimicking these policies in Canada and the United States unrealistic. However, incremental changes modeled after learnings from Nordic policies, and public-private partnerships with governments, employers, and businesses, could still make progress towards a more equitable society that supports women and their families.

### ***In Parenting Roles***

In addition to change in the workplace, a paradigm shift is required for gender roles in parenting. When I asked about the impact of societal expectations on women in relation to having children, an interviewee passionately gave an example of how her stay-at-home husband is seen as a hero and lauded as a “great dad” for everyday activities like bringing the kids to the grocery store or to their medical appointments – responsibilities that are

traditionally taken up by mothers. She lamented the invisible tasks that come with heavy mental loads, such as scheduling remembering medical appointments, planning social events, and planning meals, often falls on the mother.

Optimistically, she also remarks that today’s generation of fathers are much more involved in previous generations. This is further illustrated by research showing that millennial fathers are more likely to want to share the parenting load with their partners and spend three times as much time with their children as two generations ago (Marcoux, 2022).

So, while it seems we’re on the right path forward, we must as a society continue to advocate for fairness in parenting and in the workplace.

Interviewees offered advice around balancing parenting roles, such as having prior discussions about household roles and responsibilities prior to having a baby so that expectations are out in the open. For example, categories of discussion could include managing household finances, taking children to appointments, organizing social events, meal planning, and chores. Having routine conversations to check-in with each other is another important way to create a transparent environment for communication, ensuring that there is dedicated time and space for partners to discuss their needs.

As each family’s situation is unique, parenting roles will differ between families, but having these conversations in the decision-making stage can paint a clearer picture of what having a child might entail, how schedules will change, and what each partner can expect from the other.

Gender equality in parenting roles can help alleviate some of the challenges that are traditionally associated with motherhood by distributing the burden more equally across partners, and hopefully, providing reassurance to women who are contemplating starting a family but are hesitant due to unfair distribution of responsibilities with their partner.

## Conclusion

In this report, we sought to answer two major research questions:

**What factors influence whether women want to have children?**

and

**How might we create a society that empowers women to be mentally, financially, and physically secure enough to have children if they desire to?**

In conducting research to delve deeper into the stories of women on their decision-making journeys, it was uncovered that women's stance on whether they want to have children is often not a static 'yes' or 'no', but dependent on several external factors that impact their perception as to whether their life circumstance will be conducive to having children.

We then explored the multifaceted factors influencing women's decisions regarding having children, ranging from personal relationships to economic stability and societal policies.

By examining these factors, we've also highlighted the complexity of this decision-making process and the need for comprehensive strategies to support women's autonomy and genuine choices, so that their choices are less heavily influenced by external factors.

Through community support programs, legislative reforms in healthcare and familial support programs, and workplace initiatives, we can create an environment where women feel empowered to make decisions aligned with their own life goals. By addressing these external barriers, we can foster a society where the decision to have children is not dictated by societal norms or structural constraints but is instead a reflection of a woman's individual desires and preferences. True, sustainable change will require investment, and cooperation from different levels of

government, private companies, academic institutions, and community organizations.

It is my hope that the stories shared in this report will encourage other women to reflect on whether their life aspirations involve children and help equip them to evaluate how external factors may impact that decision, so that they can be confident in making strides towards a future that they truly want to embrace – not a future that is constrained by external factors.

I am hopeful for a future where society thrives as a collective, and individuals are empowered to pursue their aspirations without hindrance – whether that includes having children. When we remove barriers and equip women with the necessary information, resources, and support to make informed decisions about motherhood, we pave the way for a world that is uninhibited by circumstance.

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