

**'Nature makes you blind to the risks': An exploration of womens' views surrounding decisions on the timing of childbearing in contemporary society**

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## **Abstract**

**Objective:** To gain an understanding of womens' views surrounding decisions on the timing of childbearing.

**Study Design:** This study was based on interviews with 18 childless women, from North-West England, in three age groups; six women aged between 18 and 24; six women aged between 25 and 34 and six women aged 35 or more. Data were analysed using a hermeneutic phenomenological approach with thematic analysis.

**Results:** Three main themes were identified. Women perceived themselves as *living within boundaries*, defined internally and externally; they aspired to *being a great mother or no mother*; and had *a desire to contribute* to family and society, at multiple levels. Risks associated with delaying childbearing had little or no influence on decision-making. The overarching phenomenon was social comparability; decisions were made in the context of women's knowledge and perceptions of others and a high degree of critical self-evaluation.

**Conclusion:** We conclude that social reality dominates womens' reproductive decisions. Whilst the biological reality is that fertility reduces and medical complications increase with maternal age, social discourses deter women from acknowledging this. Medical risks associated with advanced maternal age are undermined by the notion that women can choose when to start a family.

Keywords: Delayed childbearing; decision making; womens' views; pregnancy

## Introduction

In England and Wales the mean age at first birth increased from 25.1 years in 1988 to 29.8 years in 2012[1]. Despite a decrease in the overall birth rate during the last decade, births to women aged 35-39 and 40-44 continue to rise[1]. Live births to women over 40 quadrupled from 6519 in 1982 to 29,994 in 2012[1]. This changing demography is not unique to the UK; in the USA, there has been a 2% annual rise in first births to women aged 35-39 since 1978[2].

The trend towards later childbearing has raised concerns amongst health professionals because of the association with a range of poor pregnancy outcomes, notably increased perinatal mortality[3]. There is little evidence to suggest that such concerns influence women's decision-making; a meta-synthesis[4] of qualitative research questioning women's reasoning and perceptions of delayed childbearing highlighted the complexities associated with choices around timing. Findings suggested that women were unaware of perinatal risks associated with advancing age; although none of the included studies were UK-based and all focussed on questioning women over 30 years of age. Cooke et al.[5] reports a qualitative study of accounts of delayed childbearing in women >35 years. This study confirmed the findings of the meta-synthesis; a multiplicity of factors influence timing of childbearing. In her empirical work, Cooke went one step further by stating that decisions regarding timing of childbearing are often beyond women's control.

Decisions about the timing of childbearing have been a controversial topic of debate in the lay and professional media[6,7]. Whilst the health community has focussed on issues of safety, the wider public debate has concentrated on the social acceptability of older motherhood [6] and changing gender roles[8]. The social construction of motherhood is a dynamic process, deeply rooted in the social construction of womanhood [9]; women's biological ability to reproduce has led to an acceptance of the role as dominant child-carer. However, as women's lives have changed, the social construction of

motherhood has also shifted. In Western societies, an increase in paid-employment [10] and availability of contraception and abortion[11] have increased acceptability of the notion of women 'choosing' whether or not to become mothers. Nevertheless, the stigma associated with voluntary childlessness remains[12], and motherhood is generally seen as an inevitable part of a woman's life-course[13]. Society reinforces the belief that women are destined to become mothers; a woman who remains childfree is 'abnormal', lacking a crucial part of her identity[14].

Whilst explorations of the views of women classified as being of 'advanced maternal age' provide important accounts for this group of women, narratives across the age spectrum would provide insight into generational views. We therefore conducted an in-depth exploration of the perspectives of three different age groups of childless women to increase our understanding of decisions on the timing of childbearing.

## **Methods**

This interpretive study was guided by Heideggerian phenomenology[15], which aims to capture the "essence" of individual women's experiences relevant to the particular phenomenon. Here, the perspectives of childless women, across the spectrum of reproductive age surrounding decisions on the timing of childbearing were sought. Heidegger[15] recognised the difficulties in suspending personal beliefs and experiences; three of the authors of this paper are midwives, all of whom have children, one having given birth over 35 years. Neither of the remaining authors; a social worker and a sociologist have children. No attempt was made to bracket the researchers' experiences, although the credibility of the findings was enhanced by the use of multiple analysts [16].

## **Participants**

Nulligravid women were included, in three age groups: Six women aged between 18 and 24 (all University students; age 18-24) were included to provide insight into the perceptions of young educated

women. Education being previously suggested as a primary reason for delaying childbearing[11]: Six women aged between 25 and 34 (age 25-34); enabled capture of views from women at an age when they are most likely to begin childbearing[1]. Six women aged 35 or more (age  $\geq 35$ ), represented those defined as being in the category of 'advanced maternal age' in the UK. Women were excluded if they were seeking infertility treatment or were caring for a child for whom they were not the biological mother. We also excluded health professionals, as knowledge of age-related health risks may have dominated their narratives.

A purposive sampling strategy was used to target childless women of reproductive age, ensuring that narratives would be meaningful to the topic [17]. Women were recruited from the North West England, UK, initially via personal communications, local networks and university organizations. Following the initial recruitment, snowball sampling was used to access other eligible women. This was particularly helpful for the older age group, who may not have volunteered to talk about a sensitive topic without a personal recommendation.

### **Data collection**

To capture participants' experiences, in-depth, respondent-led, individual interviews were conducted. Baseline details were collected using a brief interviewer-completed questionnaire, informed by earlier work [4]. A narrative interview approach was adopted [18]; commencing with a broad open question, followed by minimal prompts. This enabled participants to articulate what they considered important, rather than being led by interviewer priorities. Interviews took place in a venue chosen by participants; either in their home, University or work place. Interviews were audio-recorded and transcribed verbatim. Contemporaneous field notes were taken to capture interview nuances. Following each interview, entries were made in a reflexive diary to provide an overall description; an analysis of the interview

technique (including researcher-respondent relationship), to document learning points and responses; and record developing themes.

### **Data Analysis**

Analysis was guided by the principle of transforming lived experience into a textual expression of its meaning[18]. Within phenomenology, it is proposed that thoughts and language are inextricably linked[19] and therefore interpretation of the narratives provides important insight into beliefs and experiences. To gain this insight and subsequently the meaning of the phenomena, van Manen suggests a reflexive approach, using themes as structures of meaning. Three approaches are detailed; firstly, 'wholistic [sic] approach', considering the narratives in their entirety. Secondly, 'selective approach' is suggested; highlighting statements that appear to be significant within the narrative. Thirdly, a 'detailed approach' is recommended, considering every sentence or paragraph in detail. Although not explicit within van Manen's writings, a key component of Heidegger's approach is the hermeneutic circle, whereby the researcher is encouraged to move between the whole and the parts of the data. This was achieved, manually, by moving within and between individual texts and field notes in a cyclical process.

Thematic analysis provided a means of adhering to the principles of Heideggerian phenomenology. Using van Manen's three stages, the text was considered as a whole by reading and re-reading the transcripts to achieve familiarisation. Next, sections of text that related to childbearing and age were highlighted in individual transcripts. Other interesting text sections were also highlighted, attached to memo notes to explain the rationale for their selection. Thirdly, each sentence was considered for relevance and placed into clusters, according to commonalities. Sub-themes and main themes were generated through the amalgamation of clusters, after returning to the original transcripts. This process was repeated several times by two authors, independently, before confirming overall interpretation and defining the essential structure of the studied phenomenon with input of the wider research team to

ensure that the key messages being conveyed were truthful to the participants' accounts. The study findings were not returned to participants for member checking, however, to increase the credibility of the interpretation the interviewer summarised the main points of each narrative at the end of each interview.

### **Ethical Considerations**

Ethical approval was obtained from Tameside and Glossop Research Ethics Committee (August 2009, Ref 09/H1013/43) and the University of Manchester. Informed, written consent was obtained from all participants. All data were de-identified and electronically password protected to ensure confidentiality. Anonymity was maintained by using pseudonyms.

### **Findings**

Eighteen women participated; 6 in each of the three age-groups. Interviews lasted approximately one hour (range: 23-102 minutes). All participants were heterosexual. Baseline details are described in table 1. Despite age differences, the main themes were common across all three groups; these were *living within boundaries*, *being a great mother or no mother* and *the desire to contribute*. Although presented separately, there was significant overlap of themes, highlighting the complexity of the area of investigation. Where differences were noted between age groups, these are highlighted in the text.

#### Essential Structure of the Studied Phenomenon

Across the age-spectrum represented in this study, women focussed mainly on the social aspects of childbearing, as opposed to health-related factors. The overarching phenomenon was social comparability; decisions were informed by critical self-evaluation in the context of comparisons with peers; women made decisions in the context of their knowledge and perceptions of others.

## **Living within boundaries**

Women reported two different sets of boundaries; personal boundaries and societal boundaries. When asked their opinion on the best age to have a baby (table 1), all but one woman, stated age 25 or later (some stipulating 'mid-twenties'). One woman stated 'when you are ready.'

### ***Personal boundaries***

Women in this study discussed their current views in relation to their personal expectations and their 'life plan'. All had assumed that they would get pregnant at some point. For the younger women (18-24) it was not a question of 'if' they would have children but stipulating when this would happen: '**will have** children by the age of thirty', '**I am going to** have a child in my late twenties' and '**we plan** to have a baby when I'm twenty-eight'. There was no acknowledgement of the potential for reduced fertility with advancing age; instead the timing clearly depended on social factors (e.g. career, house and stable relationship) that they considered necessary to have in place before embarking on a family:

I am very focussed in my mind that I want children before I'm 30. The only thing that would put me off is if I didn't have a stable partner....but I would keep going and going ....even until 40 [laughs] [Dianne, 22 years]

Another stated:

When I have completed my course, got a job and bought a house then I will begin thinking about starting a family. I am still very young and have ages yet.....I wouldn't want to leave it too long though ...having a baby at 40 is just not an option for me. [Linda, 21 years]

The women between 25 and 34 years also expected to start a family, once all their desired social factors were in place. However, they acknowledged reassessment of their previous views about the timing. They had delayed having a baby later than they originally planned as personal circumstances, particularly relationships and finding the right partner did not always coincide with their pre-conceived 'life plan'. For example, Tracey stated:

I really thought that I would have at least 2 children by now. That was the plan, but I just didn't meet someone that I wanted children with. Now I am in a stable relationship and we have talked about starting a family once I am settled into my job. [23 years]



While some participants recognised the general association between advancing maternal age and adverse pregnancy outcomes; on an individual level women tended to dismiss age-related risks as a significant influence on their decisions about timing of conception. Carol, for example, stated:

I know that as you get older there are some risks, like Down Syndrome, but I don't want to think about things like that until I need to. I am too busy enjoying life. [30 years]

Pamela perceived her own reluctance to engage with information about potential age-related pregnancy complications, as rooted in a deep instinctual longing to have a child reinforced through social and cultural influences:

Nature makes you blind to the risks. Maternal instinct is so strong that it can blank out risks to yourself or to a baby. This is reinforced by the media. [Pamela, 28 years]

In contrast with the younger women, those between 25 and 34 articulated a 'plan B' of using assisted reproductive technologies if they failed to conceive naturally, implying that they had considered the possibility that their fertility might decline with advancing age:

Obviously I would like to conceive naturally but if this doesn't happen in time then I know that I can get help....IVF. Women of all ages have babies now so, you know, I don't see why I should be any different [Cheryl, 34 years]

Women over 35 offered multiple reasons for their childlessness. Jane's account highlights a multiplicity of barriers including concerns relating to the physical impact of childbearing and changing body image as well as social consequences of pregnancy and birth:

The impact on my life really and starting from actually having, going through a pregnancy, and the changes it has on your body and the thought of a child popping out of my body – I've never quite got round that one (laughs). So that was a fairly good stopper really. I know you can have a caesarean and unzip but [I'm] generally negative about that. And then the actual looking after a child which I haven't really done. [47 years]

However, some of these women questioned previous decisions, regretting not planning to have a baby sooner:

It's more this thing if I don't have a baby ever, I'll be sat there in my chair when I'm 70 you know thinking 'oohhhh what could have been' [Cassandra, 42 years]

### **Societal boundaries**

In addition to personal definitions of the optimum childbearing age, participants acknowledged the influence of society in framing the 'acceptable' age to have a first baby. Women talked about societal norms surrounding notions of being 'too old' or 'too young' to have a baby which were reinforced by families, peers and the media. For example, Jane stated:

I learnt a lot about children [through work] and the importance of ... looking after kids properly. But as a side issue of that I also became aware of ages of people having kids and what was assumed by [profession] to be reasonable, you know, like too young or too old ... I mean I don't know if it's just me, but if you are a child and you're in a family you know then it's kind of an assumption, I suppose cos it's my parents assumption that you grow up, you get married and you have kids. Wasn't really discussed but that's kind of what happened. So I think I just made an assumption that at some point in my life I would be married and have children and it wasn't until I got old enough to start questioning those beliefs, which was probably in my early 20s, that I started thinking that not having children was an option. [Jane, 47 years]

Within the popular media women recognised increasing focus on 'celebrity culture' and a preponderance of coverage of older 'celebrity' mothers. These, overwhelmingly positive, narratives, along with portrayals of assisted reproductive technologies which tended to emphasise successful outcomes were considered likely to raise women's expectations of having a child later in life. Participants, however, suggested that this could provide false hope to women.

I think that we are presented with news about how older women have been able to use IVF 'til they're older and older which makes women think they can push the boundaries. People outside the medical world think that things can always be sorted and especially career focussed women think they can push the boundaries. [Pamela, 28 years]

The importance of a relationship commitment before starting a family was also evident, suggesting that, for some, the stereotypical heterosexual paired unit remains as the ideal prerequisite for parenthood:

I'm not starting a family until he puts a ring on that finger [waves her left hand in the air]....  
[Rebecca, 25 years]

However, several of the women discussed the apparent disparity and potential conflict between societal norms regarding the appropriate age to start a family for women compared with men. They identified an increasing tendency particularly among urban professional men, within their social networks and beyond, to delay forming committed relationships beyond their mid-thirties; this perceived trend was a source of significant anxiety for these women who were concerned about declining fertility and eager to seek an appropriate partner:

There seems to be a phenomena in London where men don't want to settle down. Men of 35 saying 'I'm not ready to settle down'. Women have a lot more pressure because of the worry of biological pressure [Pamela, 28 years]

Some of the women suggested that they had to weigh up finding the 'right' man with finding a willing father:

...when I did meet somebody... they didn't want children ... and that influenced me not to, you know, because of them I think. I didn't have my own sort of, natural, 'whatever it is' desire to have children. So I think I missed my opportunities where I could have had them and it was too late. So I see it as too late now. [Suzanna, 50 years]

### **Being a great mother or no mother**

The majority of women in this study justified decisions regarding whether or when to have a child on the basis of their ability to be the 'best mother possible.' Women described two main facets as important: providing (physically and emotionally) for the child and being self-fulfilled. To provide effectively, women believed that they required emotional maturity, financial stability and a steady relationship.

For the younger women (aged 18-24), developing personal maturity and gaining 'life experience' were the most important reasons for delaying childbearing:

I think around 27 or 28 [to have first child] .....they have life experience behind them to be able to offer that child what they need ....in a stable way...If you are responsible for another life as well as your own you need that life experience [Dianne, 22 years]

This view of needing to be 'ready' to be good mother was reinforced by a frank remark from another woman, regarding her priorities:

I will have children at some point but I would make a lousy mum at the moment. When I have children I want to give them everything they need, including my time. I don't feel settled enough yet...it just wouldn't be fair on them [June, 30 years]

Recognition of a shift in views towards active consideration of having a child was a gradual and ongoing process for Pamela:

Until a year ago I used to think that I wouldn't be good enough. I wouldn't be a good mum because I would be too emotionally all over the place, whereas now I feel more settled in myself [28 years]

For Jane, who was involuntarily childless, anxieties concerning the potential effect of her own childhood experiences on her parenting ability acted as a barrier to having children earlier:

My childhood, which I would say wasn't the happiest of childhoods as I was pretty lonely as a child, so I wasn't convinced that I would make a good parent. [47 years]

However, for Dianne you could also be too old to be a good mother:

At 40 there is a negative impact on the child because they grow up and have very old parents...when they need them as grandparents they won't be around or they will be very elderly and need looking after

Self-fulfilment was a more complex aspect of being a good mother. Women illustrated their views by drawing on examples of individuals they admired or disapproved of. All the women had reference groups from which they made social comparisons. Younger women had two reference groups; former school classmates who had already started a family and fellow university students. For the former group, they made a downward/negative comparison, almost disassociating from them as peers:

I know this is a really snobby thing to say but some of the girls from my class [school] had kids [children] as soon as they left. It was almost as though they didn't have anything else to do....I know that they may go on to have careers later in life but you would think that they would want an independent life first....I don't really have anything in common with them now [Tracey, 23 years]

Whereas for the latter, they made a positive comparison:

My uni [university] friends are all very driven and determined to be successful individuals in their own right before settling down. I think that it's right to fulfil your own career aims before being burdened [laughs and blushes].....not burdened as such but ....you know starting a family. [Lauren, 19 years]

The non-verbal communications during these narratives were particularly interesting [field notes]; when discussing peers with children there was much head shaking and scowling facial expressions, whereas conversation about university peers were punctuated with nodding heads and smiles.

Women between 25 and 34 more often described multiple sources of social comparison (media, friends, mother, colleagues, women who used technology):

My mum had me when she was 18 which I think is just too young...although that was the norm then. Some of my friends have had children and still managed to keep a good job but one of my close friends left it a bit late; she was 38 but was lucky to have successful IVF and now has a lovely little girl....these women who have babies in their 50's and 60's is just not right [pulls a face] [Cheryl, 34 years]

Perhaps, as suggested by one woman, their larger, more developed social networks allowed them to make additional comparisons. Alternatively, it may be that these women were at an important juncture in their life and making multiple comparisons was a way of weighing up their decisions. Older women had a clear reference group; friends of a similar age with children.

I'm a strong believer of 'two's company, three's a crowd' and I've seen so many friends and people break up as soon as the baby comes in to the relationship and I love [partner] to bits and I thought 'I can't spoil this' and he felt the same so we talked about it, but we didn't make this decision lightly, it took 7 years and we finally went to the doctor and said 'look we really want to do something about this' so [partner] had a vasectomy...but we honestly thought when we got married we would have children but I just so liked what we'd got and so did he...we don't even have a cat for that reason because it is 'two's company'! [Grace, 40 years]

Women also drew on temporal comparisons when articulating their decisions to delay starting a family.

Reflecting on the past, allowed women to rationalise their current situation:

I grew up in like a bit of a bad atmosphere, my parents separated and they never really got ...it was always in my mind if I ever have a family or have a kid I mean I want really to be in the right atmosphere so I think that for me was quite important. Another thing I, I never really, I mean let's say if I would have met someone when I was twenty-something I don't think I would have been ready to have a baby either. I think for me it was important to live, experience things in life, travel, do the things I really wanted to do. I didn't want to have a baby and then think that somehow I stopped doing a lot of things I wanted to do in life just because I have a baby [Esther, 39 years]

### **The desire to contribute**

All women expressed a desire to be valued and this was manifest in their motivations to make a positive contribution to family life and wider society. Self-fulfilment arose from contributing in the right way at the right time.

### ***Contribution to family life***

Being part of a family was important to all women interviewed. Women's perception of their personal position within their family appeared to have a bearing on decisions regarding the timing of conception. The younger group of women talked about contributing to family life as a daughter or as a sibling, suggesting that it would be premature and almost unnatural to alter their role at their current age:

I get on really well with my mum and I think I'm a good daughter...I sometimes babysit for my little sister [name] but I couldn't do my mum's job...I'm too young and not ready for that responsibility. My mum is the person that keeps our family together and that's the way it should be. [Linda, 21 years]

Women between 25 and 34, suggested that they liked to have some family responsibility, but that they were not ready to take on full time commitments to children:

My sister has kids and I'm always looking after them, taking them out and buying them things...it's nice to be an aunty...but my sister is 5 years older than me...she's the sensible one in the family. I'm not ready for all that serious stuff...part time is ok. I get the best of both worlds [Rebecca, 25 years]

Although none of the older women ( $\geq 35$ years) appeared distressed about their childlessness [field notes], some seemed to draw on other positive affiliations, which may have increased their self-esteem.

I've never imagined myself with a child in the back seat of my car ... although I do that with my nephew and nieces now. I always try, when it's their birthdays ... try and give them a day or time rather than a gift, you know, go off to the park, go out for a day with Auntie [name] you know, I feel time is more important. I'm aware of kids and what they want and everything... I do have a good personality with kids, it's not that I don't get on with kids and all the kids in my neighbourhood do come and knock on my door, and friends kids, and I do babysit and I'm godmother to quite a few so there's nothing like, it's not that I don't like kids. [Charlotte, 43 years]

### ***Contribution to society***

All women stated that they wanted to make a contribution to society, which tended to be expressed in terms of career success and being able to 'pay their way':

There is plenty of time to have a family. I don't want to sponge off others. I want to get a decent career behind me so I can achieve something first. I want to be in a position to make a difference in life before settling down. It is important to me to be known as [name], the person who achieved something and contributed not just [name] the mother [Jo, 23 years]

No participant suggested that having children was a way of contributing to society. In fact, many believed that early childbearing prevented one from being of value to wider society. Women aged 18 to 24 were particularly scathing of peers, who had children when they were young, stating that this prevented them from making a valuable contribution:

I think that some young women who have children are simply a burden on the tax payer. I couldn't do that. I want to pay my way before I have children. I don't think that you can be a good role model if you are unemployable [Lisa, 20 years]

Interestingly, one participant, Tracey, suggested that perhaps those who are starting a family early and often having several children may in fact be overpopulating society with what she perceived to be the

'wrong' kind of people. Conversely, those who she considered may have more to offer society may delay conception resulting in fewer potential good citizens:

The wrong type of people are having lots of children early...I mean, that sounds terrible, but you see young women on the bus with lots of children and you wonder what contribution they are making to the wider world. Whereas women with better social background are delaying having children because of career aspirations resulting in less children of the right type...I can't believe I've just said that, but you know what I mean...we don't want the wrong type of breeding. [Tracey, 23]

Tracey was clearly embarrassed about verbally articulating her honest opinion [field notes] but suggested that this was a view shared amongst her peers.

## Discussion

This study aimed to gain understanding of women's views about timing of childbearing. By selecting childless participants, we were able to capture the essence of decision-making for those who may or may not embark motherhood. Uniquely, we explored the views of women from different age ranges in one part of England, this enabled broader insight into women's views. Nevertheless, the snowballing approach is likely to have restricted our sample; all volunteering participants classified themselves as 'White'; all but one was 'British'. The level of education of participants was generally high; although this limits the transferability of the findings, it offered real insight into the current dilemmas facing educated women. The majority of young adults in England attend University and therefore we believe this to be an important sample.

Being influenced by our predominantly midwifery backgrounds, we had anticipated that participant responses would be framed around discourses of risk; this was not the case. In fact, medical risks associated with delaying childbearing received little attention from the participants. Whereas others have acknowledged the influence of medical discourses on definitions of older mothers [20], personal expectations and societal values framed definitions for the women in our study. Whilst, the pivotal role of media in raising public awareness of risk has been repeatedly acknowledged [21,22], here the participants suggested that the media was more influential in down-playing potential risks. Although the media provides a platform in which risk messages are conveyed within society[23], the audience of such messages has to be receptive. In our study, the dominant messages assimilated by participants were those portrayed by celebrities; positive messages surrounding childbirth at an older age reinforced notions of normality and achievability, to the extent that timing was less of an issue.

The essential structure of the studied phenomenon was social comparability; this captures the reality and complexity of decision-making, emphasising that decisions were not made in a vacuum. Decisions



were made in the context of women's knowledge and perceptions of others and a high degree of critical self-evaluation. For participants, self-evaluation focussed on a critique of their social situation and expectations; their biological ability to reproduce was mainly unquestioned. The synergy between social comparison and self-evaluation is not a new concept[24]; and they remain important social constructs. However, the recognition of the centrality of such social processes in relation to childbearing decisions has received little attention. The findings of this study assert that social comparison theory can be used to underpin understanding of individuals' expectations and actions, related to reproductive health decisions.

Festinger[25] pioneered social comparison theory, which arose from his research around individual aspirations, social communication and social pressures. Pressures towards group uniformity and the rejection of those considered deviant were validated as important concepts[26]. This theory resonated with the study phenomenon, in that participants made definite judgments about accepted social tenets of their community of peers (reference groups). The comparative function of reference groups had been discussed by Hymen[27] who articulated their role in the valuation of self or others. Festinger's theory advanced thinking about these groups, by distinctly emphasising the comparisons with similar others. Although, in our study, participants tended to choose reference groups containing peers of similar ages, some women altered their reference group during self-evaluation. Self-evaluation in relation to multiple reference groups enabled the younger group of women to decide whether they were in a positive or negative position related to their perceived societal 'norms'. Changing of reference groups allowed for re-evaluation of self and renegotiation of decisions. Our study concurs with the views of Pettigrew [28], a proponent of Festinger's work, who emphasised the centrality of social evaluation processes within self-evaluation, concluding that they are inextricably linked.

In addition to social comparison, some participants also used temporal comparisons (comparing self at earlier time in life); this was particularly apparent in the older group of women who were able to reflect on their life-course. Suls and colleagues[29, 30], suggest that older adults use temporal comparisons for self-evaluation more frequently than social comparisons due to smaller social networks, arguing that the influence of such comparisons changes with age. We did not explicitly explore the extent of such networks. For our participants this process was used to either justify their earlier decisions or reminisce about what might have been.

During critical self-evaluation, participants discussed their expectations of self. In resonance with earlier studies [31,32] women had set their own life goals which they wanted to fulfil, prior to commencing a family. These goals were dominated by materialism and self-fulfilment; women wanted to own a property, have an established career and to be in a stable relationship. Some considered this latter point a challenge, as they believed that men were delaying fatherhood beyond a time considered acceptable to their partners. Interestingly, there seemed to be little compromise regarding these aspirations; women's 'plan B' was to delay starting a family until these goals were achieved, even in the knowledge of the potential for diminished fertility. Previous studies reported the ticking of the 'biological clock' to be a driving-force[33,34], however the view of childbearing a '*project*' to be managed and integrated into the life plan closely echoes a recent study of young childless Swedish women [35] In terms of age boundaries, participants discussed societal norms in relation to being 'too young or too old' to have a baby. This resonates with Shaw and Gile's[6] assertion that the definition of an older mother lies somewhere between teenage years and menopause; the defining point being contextually determined. The personal accounts of participants established definite lower limits on when to commence a family; this was evident from their downward comparison with young peers who had children.

One of the main aspects of self-evaluation related to the prospect of motherhood. Although all participants valued the family unit and believed that they made some contribution to it, their social and temporal comparisons led some to conclude that they may not be 'good enough'. Participants constructed a view of a perfect mother and compared themselves with this ideal. A good mother was perceived as emotionally mature, financially stable, in a steady relationship and self-fulfilled. To achieve this latter attribute, participants suggested that they need to know that they have made a valuable contribution to society through their careers. Interestingly, reproduction alone was not seen as a valuable contribution to society, reflecting a shift in the dominance of motherhood as a primary element of self-fulfilment.

## **Conclusion**

We conclude that social reality dominates women's childbearing decisions. Whilst the biological reality is that fertility reduces and medical complications increase with maternal age, social discourses deter women from acknowledging this. Medical risks associated with advanced maternal age are undermined by the notion that women can choose when to start a family. As stated by Taylor and Field[36, p116] 'Whilst ageing is a biological reality it is influenced by social and economic factors'. Social comparison theory may be used to underpin understanding of individuals' expectations and actions within midwifery. Health professionals, including Midwives can contribute to ensuring that women's childbearing decisions are well informed by engaging with the wider social community, through the media, for example.

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