Timing children at a later age: motivational, behavioural, and socio-structural differentials in the individual decision making process of older mothers

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1 Introduction

1.1 Background of the study

Fertility is a popular research theme in the social sciences. An immense number of studies, with an enormous variety of theoretical perspectives and choice of fertility indicators, has resulted from this popularity.

The number of children in a western family does not vary as much as it did in the past. In the Netherlands, most couples who want to have children, intend to have (or already have) two children. Number of children has therefore become relatively less important as a fertility differential over the last decades. The focus of attention has shifted to other topics; one of these is the tempo aspect of the fertility life course. Indicators of fertility timing have been changing dramatically over the last few decades. The mean age at childbirth has been rising since the early 1970s and currently reaches the 30 years level. The mean age of the mother at childbirth rose from 27.4 in 1975 to 30.6 in 1999 (Statistics Netherlands 1999, 2000a). The mean age of the mother at the birth of her first child rose from 24.7 in 1971 to 29.1 in 1999. Changes in the age distribution of fertility as reflected by the age-specific fertility rates show that the rising average age has been brought about not only by a decrease in fertility at younger ages (below age 25), but also by an increase in fertility at higher ages, particularly above age 30 (Statistics Netherlands 1992).

The current very high age at childbirth has occurred before. In the period just after the Second World War, for example, there was also an exceptionally high mean age at childbirth. At that time, the high mean age could be explained by higher child numbers, so that women remained reproductive for a longer time, and by a higher mean age at first childbirth, mainly resulting from the delay caused by the war. Currently, there does not seem to be any such circumstance with so strong an influence on fertility behaviour. Delay in childbirth is apparently the result of intentional choice. Women now enjoy considerable personal freedom to plan their fertility life course according to their individual wishes. This study has investigated these choice processes for older mothers.

Dutch women happen to be among the oldest mothers from those industrialized countries for which data are available (Sardon 1990; Bosveld 1996; Beets et al. 1997). Between-country differentiation of the age at fertility can be viewed as an indication of the importance of societal influences on fertility timing. Opportunities and constraints resulting from the societal context lead to variation in the fertility age. The availability of childcare facilities, norms about mothers taking part in the labour force, or norms about the ideal age at childbirth in society all influence the timing of childbirth. Although the focus of this study lies on individual decision making about the timing of a (next) child and not on macro-level explanations, an understanding of the societal context of the fertility decisions made by older mothers remains important.
We may conclude from the above that there has been a strong tendency for the age at which Dutch women have their children to rise. The question at issue is: What are the causes of a high age at childbirth in the Netherlands? This research problem is elaborated in the remainder of this chapter.

1.2 Goal of the study and research questions

The main goal of this project is to obtain an overview of the possible reasons why women in the Netherlands have children comparatively late in their life course. The study deals with the question: How do older women arrive at the decision to have a child at a particular time in their lives? This question implicitly holds an individual-level perspective, which complements traditional demographic research on the aggregate level by adding information of a more detailed and idiosyncratic nature. This knowledge is important for in-depth understanding of the essential aspects of the process of fertility decision making.

We illustrate the above with some examples. The concepts most frequently used to explain variations in the timing of childbirth are female labour force participation and related concepts such as level of education, level of income, and socio-economic status. Although it is difficult to establish the exact causal relationship between these variables and fertility timing, it is a well-known fact that higher levels of education or labour force participation are correlated with having children later in life (Vermunt 1993; Groot & Pott-Buter 1992, 1994; Blackburn et al. 1993). Other studies show relationships between fertility timing and variables that are viewed as proxies for life values, such as religion, and level of urbanization of the municipality where women live (Vermunt 1993, Bosveld et al. 1991). These studies indicate that women with more liberal attitudes to life, or who live in urbanized surroundings, have their children somewhat later in the life course.

The aforementioned studies were not designed to unravel the individual decision making process with respect to the direct influence of attitudes towards motherhood on fertility timing. The correlation with fertility age cannot therefore be linked with the fertility decision making process. So, the focus on explanations of fertility timing has not until now been sufficient to gain full insight into the timing decisions of individual women. The tendency to focus on explanations at the macro level is partly caused by the lack of data at the individual level in traditional demographic surveys. In these surveys, the conceptual perspective is designed to explain aggregate fertility indicators, not to investigate individual level concepts such as motivation for fertility behaviour. The information gathered in this project is related more directly to individual decision making processes related to the timing of a child.

In De Bruijn's (1999) description of an integrated framework for fertility, he emphasizes the importance of the multi level approach. In addition to a universal and a social level, he uses two further levels pertaining to the individual. First, the individual level that makes
the link between social level outcomes and the determinants of fertility. Individual background (age, sex, education, socio-economic status) and fertility behaviour (contraception, age at childbirth) are on this level. Second, the individual level that pertains to the underlying thought processes. On this level, choices are made on the basis of goals, motivations and emotions towards having children. Individual level decision making concepts are rarely included in fertility studies. The goal in the present study is to include these concepts and reveal their contribution to fertility decision making, in addition to the more traditional socio-structural and socio-cultural background concept.

The above can be summarized in the two research questions which together form the basis of the study:

- What are the individual decision making concepts and mechanisms that determine fertility timing behaviour later in life?

- Do the individual decision making concepts that involve opinions, psychological states (such as motivation and choice) and behaviour give us different, or more insights into the underlying differentials of late timing than the more traditional socio-structural and socio-cultural background concepts?

Theoretical notions and former studies led us to expect some differences, but whether or not such results would be found depended to an important extent on the choice of concepts in the theoretical framework and the quality of the empirical study, including the reliable and valid operationalization of the theoretical individual level concepts. Conceptual issues have therefore received considerable attention in this study.

1.3 Aspects of individual decision making on the timing of a child

Time
The timing aspects of fertility can be viewed in two ways. First, the concept of timing has a strong age connotation. The timing of fertility is usually conceptualized as the biological age of the mother at childbearing. For first children, there is also the possibility of using time elapsed since marriage (or relationship formation) as a measure of the timing of births. For the timing of children of higher birth orders, birth spacing (time elapsed between two successive births) is often used as an indicator of the timing of the fertility life course. All these measures of time are objective in the sense that they are measurable in standardized time units.

Demographers tend to discuss time in terms of objective time, but there is also a more psychological notion of time experience (De Gans 1993). This observation brings us to the second important view of time in the study of the timing of fertility events: the notion of biographical age (Birg 1986). Biographical age is a subjective version of a time scale. Biographical age indicates the number of alternative life courses that are still open to a person. If one feels that life still has a lot of different options to offer, one has a low biographical age. If, on the other hand, one's life course is already substantially restricted
by previous choices, one has a high biographical age. Subjective age is important in the study of fertility timing, because subjective age does not have to correspond with biological age. A woman of 30 years of age might feel she still has ten years left to postpone first childbirth, while another woman of the same age might feel she is already late in having her first child. Women of the same biological age deciding upon the timing of a child may do so from different viewpoints depending on their subjective age.

**Intentional decision making**

The choice of an individual decision making perspective for studying fertility timing reflects an implication that women decide *intentionally* about their fertility life course. This is a valid assumption, because fertility behaviour in the Netherlands is well regulated. Contraception is widely available and its use is widespread (Latten & Cuijvers 1994; Bonsel & Van der Maas 1994). Unwanted pregnancies are rare. Dutch women have considerable control over their fertility behaviour and this assertion applies even more strongly to 'older' women than to the average population. The conditions for making intentional fertility decisions are favourable. Because the timing of fertility is in principle under voluntary control, when a woman is sexually active she has to make intentional decisions. That is not to say that she has to have made a positive decision to have a child. Deciding to postpone to have a child is also an intentional decision.

In this study, decision making is viewed as an intentional cognitive activity. It is based on a rational choice assumption, but it does not assume rationality in the strict sense of the word. *Rationality* has been a crucial notion in the decision-making literature, and the attention it receives from researchers from different scientific backgrounds is not surprising. Further discussion of the concept is beyond the scope of this chapter. The concept of rationality is used here with the connotation of *bounded rationality* (Simon 1982), that is, the kind of rationality that is based on the limited human capacity to perceive the environment. One cannot know everything and so one has to make a rational choice based on a few salient factors (De Bruijn 1992, 1999).

**Content and process of decision making**

It is helpful to view decision making as a composition of a decision making *content* and a decision making *process* (Fawcett 1991). Content refers to the *substantive* determinants underlying a decision, and process to *how* a decision was made. Both aspects are important for studying decision making on the timing of fertility.

Several authors (Bell et al. 1988; Van der Pligt & Van Schie 1991; Hargreaves Heap et al. 1992; Van de Brink 1990) have provided a general description of the cognitive process of human decision making. A decision maker has some behavioural alternatives, and depends on contextual opportunities and constraints. Together, these two factors determine the array of possible outcomes. The decision maker evaluates each of the outcomes. The decision maker's goal determines the decision rule and thus the choice of one of the available alternatives. This rather formal description of the process is an appropriate
manner in which to present the various components to be dealt with in any decision making process, including that of fertility timing.

**Life events**
Decision making on timing the fertility life course is not essentially different from decision making in any other kind of intentional behaviour. A distinctive feature of fertility behaviour is that it involves events (births) that have enormous consequences for one's personal life: consequences that are irreversible. Evaluations of possible outcomes will therefore probably be an important concept in the decision making process of timing a (next) child.

**1.4 Relevance for society**

When a considerable quantity of women in a society choose to have their children relatively late in life, there are health as well as socio-economic implications. The enormous amount of newspaper articles, television programs, and editorials in women's magazines on child-timing can be viewed as an indicator of the fact that the age at which women give birth has strong societal repercussions. We mention three examples of such discussions in the popular media and social science literature.

There is some concern in the Netherlands about the low numbers of children being born. With a total fertility rate remaining at just above 1.5 for a number of years now, some people find the prospect of a future insufficiency of wage earners to support the rapidly growing group of inactive elderly a cause for concern. The age at which women have their children is cited as a cause for the declining number of children. In other words, if the Dutch want to be able to support their elderly at an acceptable level of prosperity, there will have to be more children, and women will have to start their childbearing earlier in life. If one wishes to stimulate women to have their children younger, one must understand why at present they start so late.

There is a concurrent debate in progress on the implications of the rising age at childbirth for the demand for medical fertility techniques. Older mothers have higher chances of needing some medical care surrounding their conception, pregnancy, or delivery (Te Velde 1992, Merkus 1992), so that society is laid open to higher medical costs. Some argue that these costs will become excessive, and the age limit for eligibility for medical facilities may have to be reduced in future. The costs incurred surrounding conception and childbirth are indeed age specific, but the costs for mothers aged 25-40 are only a little higher than the costs for the 20-24 age group. From age 40 upwards, the costs per child show a strong increase as a result of higher levels of medical fertility care and artificial deliveries (Bonsel & Van der Maas 1994). The financial effects may seem small when viewed in the light of the national budget on fertility care, because the number of births for mothers older than 40 is low (Latten 2001). Results from a scenario research executed by the STG (Stichting Toekomstscenario's Gezondheidszorg) show that a technology...
scenario, in which fertility techniques are widely available, has little effect on the age at which women have children (Bonsel & Van der Maas 1994).

Women who have children later in their life course have had more time to invest in education and a professional career. Their ambition to work outside the home might be greater, and their need for child day-care facilities might be high (see chapter 2 for an elaboration of this topic). The facilities they need include day-care facilities, parental leave, leave for pregnancy and delivery. For years now there has been a shortage of these facilities in the Netherlands. The waiting-lists for day-care centres are several months long. In the Netherlands these topics are controversial, because there is no agreement on how much government money should be invested to solve the shortage, and in which facilities the available money should be invested (Schippers 1998; Groot & Maassen van den Brink 1998; Hooghiemstra & Niphuis-Nell 1993)

1.5 Scientific context

This research project is part of the Life course patterns in post-war birth cohorts program of the demographic section of the Department of Planning and Demography of the University of Amsterdam. The topic of fertility decision making fits very well in the Priority Program on Population Issues of the Nederlandse organisatie voor Wetenschappelijk Onderzoek [Netherlands Organization for the Advancement of Scientific Research]. This study became affiliated with the Priority Program during the course of the research. Although not an official part of the Program, in this way facilities provided by NWO were made available for this research project.

1.6 Outline of the study

The objective of this study is to provide insight into the individual level decision making concepts and mechanisms of older mothers which influence their fertility behaviour. The insight sought is a broad overview of the ways in which these women rationalize and explain their behaviour; in other words, the focus is on insights into the individual level of decision making.

In chapter two, we describe the demographic and societal background of fertility behaviour in the Netherlands in the last few decades. An account of the rising age at fertility is given. This is followed by the investigation of the Dutch context which is assumed to have an effect on the decision making of individual women. None of the concepts in the second chapter are of central importance in this study, but they serve as important background material.

The conceptual issues and operationalization of the individual level notions receive a great deal of attention. In chapter three, we describe a conceptual framework for the study of individual level fertility decision making. Chapter four is devoted to the methods of this
empirical study — a survey among older mothers in the Netherlands — and the sample of older mothers is described. The two chapters which follow provide detailed information about the conceptualization and operationalization of the two most important concepts of the conceptual model. In chapter five, a detailed description of the conceptual issues and operationalization of the concept of motherhood motivation is given. The same procedure is followed in chapter six for the concept of the orientation towards alternative life activities. The results presented in these chapters provide descriptive details of late motherhood, motherhood motivation, and orientation towards alternative life courses. An overview of determinants in the decision making process is thereby achieved.

In chapter seven, the differentials between mothers of different age groups are described. We also consider the relative contribution of each of the concepts to the explanation of the difference in age at birth of the first child. The focus in chapter eight is on differentials related to birth order in the decision making process of older mothers. We also pay attention to the relative contribution of decision making and behavioural versus socio-structural and socio-cultural variables.

In the concluding chapter (chapter nine), we have evaluated our conceptualization of the central notions of fertility decision making. We also give an interpretation of the empirical results and the explanatory power of the conceptual model used.