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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9 Summary and conclusions

9.1 Introduction

The aim of this research was to seek out differentiation within the growing group of women in the Netherlands who have a child at an older age, and thereby to deepen our knowledge of this group. We sought the differentiation in the decision making process with respect to the timing of a (next) child. This research goal was finally formulated in two research questions:

1) What are the individual level concepts to be included in a theoretical framework for the study of differentials of timing aspects in the individual fertility life course?

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

To achieve our goal and find an answer to these questions, we have gone through a number of steps, starting with the precise conceptualization and operationalization of the relevant concepts, followed by the administration of interviews, data analysis, and interpretation of the results. In each of these steps important choices had to be made which had consequences for the further course of the research and the results obtained. In this chapter, we summarize all the stages and evaluate the choices made. Finally, we discuss further the results of the research analyses. What has this study produced? Have our questions been answered adequately? What societal consequences should be profiled, given the results of our research?

9.2 Research design and implementation of the fieldwork

9.2.1 Research design and sample composition

Our choice for the study of the detailed individual decision making with respect to the timing of children among mothers who have had a child at a later age has a number of consequences for the design of the research. First, it was immediately evident that the data we wished to study was not available from existing surveys, so that we were obliged to design our own survey. We opted for a structured questionnaire. The subject matter was complex, so this questionnaire was administered verbally (face-to-face).

The following choice was between longitudinal and retrospective measurement. Ideally, we would have designed a longitudinal research study in which women could be followed during their whole decision making process. That would have entailed us in having to follow the women for a period of several years. Such a procedure would not have been practically or financially feasible. So we, as so many researchers before us, had to opt for retrospective measurement. That is to say, we asked retrospectively how the decision making was arrived at. We took a number of measures to avoid the pitfall of obtaining unreliable data through the respondents’ memory errors. First, the moment
of measurement was no more than a year after the birth of the child concerned. Second, we used the life history calendar which visualizes for the respondents the course of time and the relevant events. Third, we paid careful attention to the introductions to the questions. For each item, the time period referred to was stressed.

Undoubtedly, a few memory errors will have arisen; that is unavoidable. We have however no reason to suppose that these errors have systematically distorted the data. Memory distortions often occur where socially desirable answers might be seen to be expected. The items in our questionnaire cover matters of an individual nature over which women may have a definite opinion, but where no norms of social desirability would be associated with the answers. It appears that almost all the women indeed reported undergoing a conscious decision making process concerning the timing of having children. This makes it more likely that these events are firmly anchored in the memory and give relatively little cause for memory errors.

The third choice concerned the composition of the sample. The choice to include only women (and no men) in the research sample was made on grounds associated with content. Since there is little empirical knowledge about decision making with respect to the timing of having a child, we chose to restrict ourselves to women. The influence of men was only included insofar as they influenced the decision making of their partners. So, for example, 15% of the women reported that their partner would actually have preferred a different timing for their child. Our exclusive choice of women does not therefore signify an assumption on our part that two partners are always in complete agreement with each other about the timing and other facets of the decision making process. Thomson and his colleagues (1990) found considerable effects of partner disagreement on the timing of a third child. Research into the dynamics between two people involved in decision making would in our opinion have shifted the emphasis too much towards power differences and communication skills. Such a topic would undoubtedly constitute an interesting follow-up research study.

The choice of retrospective measurement made it possible to select women stratified according to parity (1 and 2+) and age at the birth of their youngest child (30-34 and 35+). This stratification enabled us to ensure a variety of fertility careers in the sample of older mothers (LM sample). Our stratification provided us with a sample with four subgroups of older mothers.

The stratification has the disadvantage that childnumber and the age of the mother at childbirth are not free varying variables in our sample. They can therefore never be entered in an analysis that uses these variables as dependent variables, such as an event history analysis of the rate of childbirths at a particular age. We had to choose the less sophisticated method of data analysis of contrasting groups of late mothers via a logistic regression. There is in consequence a distinct difference in the thinking behind the approach to the data analysis. Instead of including time in the dependent variable (as would be the case in a rate analysis), we studied groups of women with respect to their differences and similarities. It is difficult to say what consequences this could have had for the final results and conclusions. It would certainly be interesting to design a study.
that could elaborate on our results with an event history analysis and which could give
time a more prominent place in the analysis.

Neither was it possible to analyse the four LM subsamples together in one multivariate
analysis. This was also caused by the impossibility of separating the four groups in
homogeneous groups that represent four different fertility life courses. In a next study it
would certainly be recommended to design the study in such a way that age of the
mother at birth and parity can be analysed in one multivariate procedure.

9.2.2 Conducting the interviews

For the administration of the questionnaires, we brought in a research bureau with
professionally trained interviewers. They received supplementary training from us to
learn how to deal with the life history calendar and become thoroughly familiar with the
questions. The questionnaire included items about the use of contraceptives and fertility
problems. We therefore chose female interviewers, not too young, to discuss these
matters.

Approximately one hour was planned for the administration of each interview. In the
event, the interviewers often found it difficult to complete the discussion within the
hour, not because there were too many questions, but because in most cases respondents
felt at their ease and found it agreeable to discuss the topic. They often gave all kinds of
extra information on their own initiative.

9.3 Conceptualization, operationalization and validation of the most important
concepts.

9.3.1 The conceptual model

Bearing in mind that decision making with respect to the timing of a child is a subject
that to the best of our knowledge has not previously been the central theme in a research
study, (it is invariably included as an element of the decision making about whether or
not to have a child, or the number of children to have), we paid considerable attention to
the design of a conceptual model and the working out of the concepts within it. The
basis of the conceptual model was formed by the idea that a woman lives several
parallel life courses simultaneously which have to be combined at the moment that the
opportunity is lacking to carry them all out completely. The fertility career forms our
starting point. The subject of our research is in any case the timing of having children.
The most important competing life-course is the occupational career. Both life courses
are as it were driven by a motivation; for the fertility career that is motherhood
motivation and for the occupational career it is work-motivation. The motivations form
the input for the decision making process that women go through to arrive at a
combination strategy. Motherhood motivation, work motivation, and the combination
strategy form the core of our conceptual model. We added to that an output stage, based
on the generally accepted theory of rational behaviour that a behavioural intention
precedes the execution of the *behaviour* and that the relationship between intention and 
behaviour can be influenced by the *circumstances* under which the decision making 
takes place. The process is completed with an *evaluation* of the outcome. For every next 
child the process is repeated, and naturally the earlier stages then influence the decision 
making about the timing of a next child. The decision making process is influenced by 
the *socio-structural and socio-cultural characteristics* of the position of the woman.

9.3.2 Operationalization and validation of the three most important concepts.

**Motherhood motivation**

In chapter 5, there is a description of the way in which the concept of motherhood 
motivation was worked out in detail to fully fathom out its complexity. Motherhood 
motivation is not often included in research studies and, on the occasions when it is, 
researchers will have their own interpretation. Sometimes motherhood motivation is 
made equivalent to the number of children a person wants; an unjustified simplification 
in our opinion. Sometimes motherhood motivation is interpreted as an attitude to 
aspects of having children. We sought as complete a conceptualization as possible of 
motherhood motivation development and to that end we distinguished four components: 
the influence of having children on personal life (*personal consequences*), opinions with 
respect to what a good mother does (*motherhood opinions*), opinions about a good 
timing (*timing opinions*) and opinions about the ideal number of children (*number 
opinions*).

The four components were operationalized with items from previous research studies in 
the Value-of-Children tradition and from research into motherhood. A data reduction 
factor analysis made it clear that the components *personal consequences* and 
*motherhood opinions* were not one-dimensional, but could be split into 4 and 2 
subcomponents respectively. The personal consequences seemed to cluster round: 
*creation of a new life, psychological costs, quality of the mother-child relationship* and 
*enrichment of life*. Motherhood opinions clustered round the exclusiveness of the 
mother-child relationship and the freedom of choice for the woman to make her 
decisions herself. *Timing opinions* were operationalized with attitudes about older 
mothers and opinions about the maximum age at which a woman could have children. 
Finally, the *number opinions* were operationalized by the desired childnumber of the 
respondents.

In this manner, we unpacked the concept of motherhood motivation into four 
components and nine empirical subcomponents. This quantity indicates the complexity 
of the concept and makes it clear that we cannot include motherhood motivation as a 
simple concept in empirical analyses. The distinction between the subcomponents in the 
analyses is to the benefit of the clarity of the results, because these can readily be put 
into words in concrete terms; on the other hand there is the disadvantage that, instead of 
one variable, motherhood motivation must now be represented in the analyses by nine 
variables. This can easily lead to imprecision. We tried to avoid vagueness as far as 
possible by including just a selection of the dimensions in each analysis.
Work motivation

The concept of work motivation was defined and worked out in the same manner as motherhood motivation, although somewhat less extensively. Two components materialized: the importance of work and a woman's reason to work (or not to work). In our research, we included a general item and an item that asked specifically about the importance of work prior to the birth of the child. The reasons for work were operationalized by eight possible answers within two categories: four reasons were work-related (earning one's own income, self development, for example) and four reasons were socially oriented (social contacts, doing something other than housework). It appears that women who work for a socially oriented reason find work just as important as do the women who work for a work-related reason. It is therefore mistaken in our opinion to think that career women derive their work motivation from the work itself, or that they find their work more important than do women who work just to get away from the house. We cannot therefore automatically assume that women who work for work-related reasons will more readily postpone having children than the group who work for social reasons.

Combination strategies

Two strategies to combine work and children were included in our research: postponement of pregnancy, and adaptation of work behaviour. Of course, it is quite possible for a woman to use both strategies. Postponement was measured with the question whether the respondent had consciously postponed having a child. The reported postponement is a woman's own subjective evaluation. Almost half the LM sample said they had consciously postponed pregnancy. The desire to work outside the home was the reason for postponement for 21% of the women, so that, of all the 11 items included, work most frequently had a postponement influence.

Examination of the life-course data on work behaviour around the birth of children also reveals that in this period most women make adaptations in the direction of working for fewer hours. The underlying reason was usually the wish to bring up their children themselves. A majority of the women therefore make their work career dependent on their fertility career, not because no childcare is available, or for other organizational complications, but because they prefer to look after the children themselves.

Our findings with respect to the combination strategies show that women more readily choose to adapt their work to having a child than postpone having a child because of anticipated complications related to work. The latter situation hardly occurred in our group of older mothers. It is also the case that women do not just choose one strategy; both strategies can readily occur in a life-course. If there is first a question of postponement, that is not to say that no further adaptations will be made to the number of hours worked. Most women who postpone pregnancy also reduce their hours of work later, around the birth of the child.

The conceptual model was designed on the basis of the available literature from various disciplines, with the aim of furthering a deepening of the knowledge related to the decision making on the timing of having children. The specification and elaboration of the definitions and conceptualization of motherhood motivation, work motivation, and
the combination strategies which we have added make in our view a valuable contribution to the understanding and conceptualization of the concepts.

9.4 Categories of older mothers (summary of the results)

Within the LM sample of older mothers, we distinguished groups on the basis of their age at the birth of their first child and on parity. In this section, we set the differences we found in a profile sketch.

9.4.1 Differences in the decision making on timing for the first child between young and (very) old mothers

For almost all the concepts in our model we found striking differences in the decision making on timing between women who had their first child before their thirtieth birthday (young mothers) and women who had their first child after they were thirty ((very) old mothers).

All the differences relating to motherhood motivation indicate that young mothers are more oriented towards having a family (family-oriented) than older mothers. Young mothers wish to have more children themselves than older mothers, they have lower age norms for the maximum age at which they would wish to have a(nother) child, and they perceive more drawbacks associated with having a child at a late age. The older mothers are less family oriented, but on the other hand they find the exclusiveness of the mother-child relationship more important during the decision making than young mothers. From these differences in motherhood motivation the image emerges of young mothers mostly oriented towards having a traditional family with several children, while older mothers pay particular attention to the interpersonal relationship between mother and child.

The differences between the two groups of mothers with respect to work and the combination strategies are in accordance with the picture sketched above. Young mothers work considerably fewer hours and make more adaptations in their work behaviour around the birth of their first child than older mothers. The choice to stop work completely was taken mostly by young mothers, while many of the older mothers remained in part-time work. Young and older mothers do not differ in the extent to which they consciously postponed the arrival of their first child. In both groups about half have done so. Older mothers who have postponed pregnancy state much more often that their work was the reason for the postponement, while young mothers mostly postponed because they did not yet want to give up their freedom. Here too, we see that the young mothers see for themselves the more traditional family-directed mother role, in which they expect to have to give up a large part of their freedom if they have a child, while for the (very) old mothers that loss of freedom plays no part. They are more work-oriented. We must also note here that young and older mothers do not differ in the importance they attach to their work. We saw previously that the motivations behind working outside the home (work–related or socially oriented) have no influence on the importance of work outside the home for a mother.
The circumstances under which young mothers made their timing decisions differed from those for older mothers. First, we see that the bivariate group differences showed, as expected, that older mothers took on average half a year longer to become pregnant than young mothers. In the multivariate analysis this difference disappears completely. This may be because infertility problems were not reported very often in the LM sample. Only 16% (n=56) reported experiencing some problems with infertility. Second, there is a striking difference in the circumstances concerning the presence of a (marriage) partner. Young mothers experienced less delay than older mothers through having had no partner for a certain period in their lives. We can therefore conclude that (very) old mothers have experienced more hindrance from their circumstances than young mothers, although in the case of infertility we have to be very cautious when drawing this conclusion.

The differences between young and older mothers concerning socio-structural characteristics are in accordance with the image of the traditional family-directed young mother and the older, more outside-the-family and work-directed mother. Older mothers are more often university graduates and young mothers more often have a lower or middle level vocational education. The higher education of older mothers could lie at the basis of their orientation towards matters outside the family. Moreover, it appears that (even when level of education is controlled for) older mothers have a higher income than young mothers. This greater earning power could have been brought about by the length of the work history. Bearing in mind that older women have on average spent a longer time on the labour market than younger women, they will have been able to invest more time in a career. As a result, their income position might be better. We may presume that this is the case, but unfortunately we have not controlled for it in our analyses.

In short, we may conclude that older mothers and young mothers undergo different decision making processes. Young mothers are more traditionally family oriented than older mothers. Older mothers opt more for the 'quality-child' and are more work-oriented. They work more often for the intrinsic value of their job.

9.4.2 Differences in the decision making on timing of older mothers between the first child and the non first child

The differences in the decision making on timing of older mothers for a first and a non first child abound. As we see below, these differences can to a large extent be seen to derive from two characteristics. First, having the first child brings more changes into the life of a woman and as a result the decision making on timing is experienced more intensely. Second, older mothers planning their first child are less family oriented and more child-oriented during the decision making than older mothers who already have one or more children.

1 Educational level was measured at the moment of the interview. All women were there-for over thirty years of age and in most cases had practically completed their education. The differences in educational level cannot therefore be attributed to age differences.
We found therefore that, for the first child, all four subcomponents of the personal consequences (both the positive: enrichment of personal life, the mother-child relationship, and the creation of a new person; and the negative: psychological costs) are of more importance in the decision making on timing than for a non first child. Women planning their first child reported a lower desired family size than women who already had more children. The last component of motherhood motivation, the timing opinions, revealed no differences

Work-motivation is also different for women planning a first child from that for women planning a higher birth order child. The first group reported work as being far more important, they had a higher level of labour force participation, and they worked predominantly for work-related reasons. The women deciding on a second or higher birth order child had a lower level of labour force participation, and worked more often for social reasons. Consequently, the combination strategies were also different for the two groups. Women planning a first child more often used the strategy of postponement to combine children with the desire to work outside the home. The most frequently mentioned reasons for postponement in this group were work and material circumstances. Women planning a second or higher birth order child more often chose the combination strategy of adjusting their work behaviour.

Thus, the components of work motivation differentiate clearly between the group of work-oriented mothers having their first child from the group of family-directed mothers who already have a child (or some children) and are planning the next. But the situation is complicated by the fact that the most dramatic changes in the occupational life course are made around the first childbirth. As we see in the flow-diagrams of chapter six (figure 6.4 a, b, and c), the overwhelming majority of the women choose to work less around the birth of the first child. Around the birth of the second child again fewer hours were worked, but the necessary adaptations were fewer and less drastic. The radical changes had already been made around the birth of the first child. This means that the work orientated older mother having her first child also eventually decides to work less.

The circumstances under which the decision making on timing occurs appears also to differ distinctly for first and non first children. Older mothers planning their first child have at some time spent a greater part of their adult lives without a (marriage) partner and have experienced more problems during the course of their fertility careers in becoming pregnant. Older mothers also reported more delaying circumstances in the planning of their first child. By far the most important of these was the age of the woman herself. Older mothers having their first child reported more often that their own age had led to further postponement in having children. This is remarkable, because eventually they were even older at the start of the family formation. For older mothers having a non first child, age has no further influence on the timing.

The differences with respect to the socio-structural characteristics of the two groups of older mothers are not restricted to income differences. Women having their first child have a higher family income, but make a smaller contribution themselves to that income than women who already have children.
From the above we can conclude that, within the group of older mothers, we must distinguish carefully between the decision making for a first child and for higher parities. The decision making on timing for a first child is more intensively experienced and the combination strategies have more impact than for non first children. In the first instance, the mothers having their first child are more work-orientated, but later, once the child has arrived, that is no longer to be observed in their behaviour. They also work considerably fewer hours after the birth.

9.5 Socio-structural and socio-cultural versus decision making concepts

Our second research question was: do the individual decision making concepts that involve opinions, psychological states (such as motivations 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, individual level concepts? We answered this question in chapter seven in the case of differentiating between young and (very) old first-mothers, and in chapter eight in the case of parity1 and parity2+ mothers. In both chapters, we reported that adding the socio-structural and socio-cultural variables to a regression model which already included motivational and behavioural variables did not significantly improve the fit of the model. In section 9.2.1, we described how level of education and income did have some differentiating power in the case of young and (very) old first-mothers, but we found no effects in the case of differentiating between parity-groups. These findings led us to conclude that the usefulness of the traditional socio-structural and socio-cultural variables is only limited when one is studying the broader decision making process of older mothers deciding on the timing of their children. The motivational and behavioural variables give us more differentiating power, and furthermore they are more directly linked to people’s decision making.

Thus, whenever the decision making and behavioural variables are available, they are more informative. But, in most cases in demographic research, they are not available, or if they are, then only a few of them. In that case the socio-structural and socio-cultural variables provide us with a model that has a good fit\(^2\), but which adds little to our understanding of the differentiation of groups of older mothers. It would be interesting to study the relative contribution of decision making variables and socio-structural and socio-cultural variables in each other’s area of fertility decision making. This would yield interesting information about how the socio-structural and socio-cultural variables can serve as proxies for the decision making variables.

\(^2\) We carried out two additional logistic regression analyses in order to test the goodness of fit of a model with only the socio-structural variables of income, religion, and level of education, in the case of young and old first-mothers and in the case of parity1 and parity2+ mothers. Both models produced a good fit, with p<0.001.
9.6 Suggestions for improvements

Interactions between variables
We chose a broad perspective and included many variables in our analyses. Given our sample size of 352 respondents, we could not consider the higher order interactions of these variables. When we look at the hierarchical models in chapter 7, we see that there are some exponential B-parameters that change because of the introduction of a new block of variables. This may well be the result of an interaction between those variables. Since including these interaction effects in a model requires a sufficiently large sample size, or the elimination of other variables from the analysis, we decided not to include interaction effects. It would certainly be most interesting to pursue these interaction effects in another study.

Elaboration of the evaluation stage
We included the concept of evaluation in our conceptual model, although virtually no earlier research had been carried out on this concept. Its operationalization was therefore explorative. This may be the reason for the lack of differentiating effects in our data. Furthermore, we were not able to connect the evaluation stage with the future developments of fertility decision making, since our questionnaire was entirely retrospective. Should the concept be operationalized in a longitudinal research study with a direct link between evaluation of the situation with a former child and the decision making process on a later child, there would be a better chance of gathering some interesting data.

Panel design
When this study could be repeated in the form of a panel-study, this would yield results that were less affected by the retrospective questioning we had to adopt in our study. In a panel-study it would be possible to select women at the beginning of their fertility life course (without any children yet) and follow the course of fertility events over a long period of time. It would then be possible to take measurements about all facets of decision making, when events have actually taken place; making the results less affected by memory-effects and effects of post hoc conformity-bias. Furthermore, when a random sample of women is selected at the start of the panel, there will be no problems with the dependency of birth order and age of the mother, like we have experienced in our study.

9.7 Societal implications

Before we will go into the societal implications of our study, we will first deal with the fact that our data were collected in 1993. One might argue that our society has changed in the field of the combination of children and work and fertility behaviour in such a way that our findings from 1993 can only be understood with the specific context in mind. We argue that our data are still topical in the present time. Female labour force participation has risen the past years, but not to a great extent. The same holds true for the number of child care places available. The government has been involved in the rise of the number of places, but up till today this has not have the effect of the
disappearance of the waiting lists. So, Dutch women are posed with the same combination problems as they were a decade ago. In principle, there were no major societal changes. Furthermore, their fertility behaviour also did not change much. The age of the mother at birth has been rising slightly over the last years. And certainly there are no signs of a decrease.

There is currently a lively discussion on questions concerning the timing of having children, both in political circles and in the media. A frequently heard opinion is that Dutch women leave it so late to have their children, because they want to work but they anticipate problems with the organization of childcare. Our results show that that picture requires some qualification.

First, we must conclude that the largest share of the older mothers in our study would not consider themselves as 'old'. This conclusion is in line with the fact that rather less than half say they have consciously postponed having children and that a respondent's own advancing years does not often lead to a hastening of the process of family formation, but rather to a slight further postponement of the first child. At the time of the data collection in 1993, the women who had a child after their thirtieth birthday did not feel that they belonged to the category of older mothers. And a very large share of them had therefore also not consciously postponed pregnancy. For them, having children at an earlier stage had simply never been a topic worthy of serious thought. That was in any event not yet necessary, since they had not yet reached the age which they considered to be (too) old to become a mother. The self image of the older mothers in our sample did not coincide with the image of the Dutch older mother one encounters in the literature.

The image of the work-oriented highly-educated older mother requires some qualification. Although we obtained some results which suggest this image, it must also be said that these women drastically reduce their work hours after the birth of their first child. After postponement, there then comes a reduction in the number of hours worked per week. This could well be the result of the economic independence expected of women by politicians and policy makers. After completing their education, women start (usually fulltime) work, but when the children are born then they choose a combination strategy and work fewer hours, or stop working completely. This choice is dictated by the strong desire of Dutch women to care for their children themselves.

Having a child at a late age brings with it medical risks (because more fertility problems and medical complications can arise) and the government and/or health insurers could consider launching a campaign to attempt to bring the fertility age down. Should they choose to do so, it would certainly not be sufficient to target the campaign at those who postpone pregnancy for work related reasons. Only a very small part of the target group would feel that they were being addressed. It would be more effective to direct the campaign to the dissemination of information about the medical risks. After our data collection (in 1993), the gynaecologist Van Velde initiated a publicity drive about the increased risks for mother and child in pregnancy at an older age. We may now conclude that these publications have not had the effect of a decreasing fertility age. On
the contrary, the age is still increasing, although somewhat more slowly than previously was the case.

Our research reveals that we cannot lump together all the mothers who have a child after they have reached the age of thirty. They do not all maintain the same life style, so that having children later is a logical consequence of their circumstances. Most probably, decision making on the timing of children has touched on individualization, and Dutch women make good use of the opportunities available to them to have children at the moment that suits them best, without allowing themselves to be over influenced by societal norms. This phenomenon is strongly anchored in our society, so we would not expect the fertility age to fall on its own accord within a short time. The next generation of mothers will also want to profit from the many opportunities there are in the Netherlands for personal development, and that is just more difficult to do if there are small children.