

# **Fertility Futures: 13-16 Year-old Young Women's Anticipations of Age for First-time Motherhood and Concerns About Fertility in Pronatalist Australia**

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## **Abstract**

Maternal age at first birth is of much demographic and sociological interest, because changes in first birth timing link to changes in the total fertility rate, and the status of women. This paper reports on some of the findings from exploratory research that canvassed 13-16 year-old young women's anticipations about entry age into first-time motherhood, and concerns about fertility. The orientation of this study was to gain some indicators that pronatalist messages emanating from the Australian Federal Government may have achieved more than the primary purpose of raising the total fertility rate, in particular younger first-time motherhood than has been the norm in Australia for the past 30 years. Participants' responses add substantial new information about young women forming their fertility futures under the influences of pronatalism.

**Key words:** pronatalism, maternal age at first birth, motherhood, young women, fertility

## **Introduction**

Until a relatively short time ago, women in the Australian public service were legally obliged to resign on marriage (Sawer 1996). Marriage and (the prospect of) childbearing were inextricably linked, and an unmarried mother was often stigmatised and socially excluded (Luker 1996). Less than 50 years on, women do not require marriage to legitimise having children. They can now have their own eggs frozen, choose an anonymous sperm donor, and be artificially impregnated at a time to suit them, with a partner who may be male or female, or with no partner at all. Not only do women not have to leave their employment to have children, they are likely to be paid for up to two years by employers investing in their return. Motherhood is a

malleable concept around socially-constructed 'proper' choices, rescheduled during each epoch.

So, too, has there been a socially-constructed, 'proper' time for the age of first childbearing. The average age of entry into motherhood has shifted considerably during the past century. Women born between 1908 and 1912 in Australia had their first birth, on average, at 26.4 years old, whereas women born between 1933 and 1937 had an average age for first birth of 23.3 years, the youngest of the century (Carmichael and McDonald 2003). In 2006, the national, average age for first birth was 28.2, the oldest on record (Laws and Hilder 2008). Since 1971, the average age for all Australia's women giving birth has risen 'almost monotonically' (Jackson 2006:6) to 30.8 years in 2006, also the oldest on record (Australian Bureau of Statistics [ABS] 2007). A 'cluster of concurrent changes' over the last fifty years has impacted the age at which Australia's women have had their children (Chavkin 2008:45). Cultural, social and political upheavals in women's lives after World War II; improved methods of contraception; the women's movement; changing gender roles from the 1960s onwards; and growing emphasis on women's education, career development and financial independence have turned the lives of women and those closest to them 'inside out' in a matter of decades (Thistle 2006:1).

Social pendulums swing, however, exemplified in attitudes to teen childbearing (Furstenberg Jr. 1991; Luker 1996), homosexual relationships (Yang 1997), the 'new momism' (Douglas and Michaels 2005)<sup>1</sup>, one parent families as a deliberate choice (Ambert 2006), and delayed motherhood (Bongaarts 2002), to name a few.

Commentators have been watching for a pendulum swing back to traditional gender roles:

The breeding creed is a powerful new ideology that defines women first and foremost as mothers . . . new in the sense that it is being articulated as a social goal in this country for the first time in almost one hundred years . . . a restatement of a very traditionalist view of women's role and women's possibilities. (Summers 2003:7-8)

McCrindle speculated on a 'resurgence of the stay-at-home mum and the traditional roles [of] mum, dad and three kids' (in Pilcher 2009:29). In his view, the GenZers (born 1995-2009) 'will be starting families in their early 20s', having witnessed many of their parents' generation leave parenthood too late, and miss out on children. One of Hewlett's (2002:231) research participants, GenYer Rachel (born 1965-1979), expressed a similar sentiment:

I used to be so critical of women who got married and had their children young. It seemed so wrongheaded – raising kids on very little money before they've seen the world or worked out your own identity. But now I think they may have been onto something. At least they have their children.

McDonald and Kippen (2007:7) predicted 'that Australian women [may] begin to have their children at somewhat younger ages than has been the case in the recent past'. Lattimore and Pobke (2008:xvi) suggested in like manner: conditions 'conducive to increased fertility are also likely to prompt earlier childbearing or slow the trend toward postponing childbirth'. Speculation about fertility trends is an

attempt to bridge the time lag of data accumulation which is often in the realm of decades once female cohorts complete their fertile years (Milligan 2005).

Behind this recent spate of speculation about motherhood trends has been Australia's movement into pronatalism. Pronatalism is a State-level ideology promoting birth increase that governments of developed and some developing nations have adopted in the interests of future economic stability and age balance (Demeny 2004). This has been a 'near-Copernican shift' as governments have had to break from 'thirty years of persistent alarm' about overpopulation to now address population decline (Wattenberg 2005:194). In 2004, the former Federal Treasurer of Australia provided a clear and simple message for population growth: have 'one for your husband, one for your wife and one for the country' (Costello 2004). Social policy matched this message also in a clear and simple way setting an international precedent. The creation of a generous, unilateral, non-means-tested, lump-sum Baby Bonus paid to the birth (or adoptive) mother became a congruent financial endorsement of the tandem message to 'procreate and cherish', a coinage that resonated with the older warning, 'populate or perish'. A sharp increase in birth numbers after 2004 suggests that such messages have spoken to the national psyche, at least in the short term. Sustained population growth, however, is achieved when as many women as possible have the all-important third child (McDonald 2002). The younger a woman commences childbearing, the more likely it is, by widening her fertility window, that she will go on to have 'one for the country'.

Messages in the public domain have emphasised the age limitation of the female fertility window. Concerns in recent years about the ageing population that have

translated into pronatalist social policy have fused with the medical discourse of the risk of delaying conception. Women's concerns about fertility are predominantly based on the medical scientific message that the 'probabilities of pregnancy [are] twice as high for women aged 15-26 years compared with women aged 35-39 years' (Dunson et al. 2002:1399). Such a message converts to a risk narrative that constructs female fertility as a personal resource ebbing with age, not a new message, but one newly emphasised in the pronatalist State<sup>2</sup>. For example, the press articles, 'Don't leave motherhood too late, doctors warn' (*Sydney Morning Herald*, 20 June 2009:4), and 'Few know real risks in delayed motherhood' (*Sunday Age*, 21 June 2009:2) orient on how rapidly female fertility declines with age. This message is at odds with Dunson et al.'s (2002:1403) discovery of 'the enormous heterogeneity in fertility among healthy couples that is not accounted for by age'. Nevertheless, messages about age-limited, female fertility (and, to a lesser degree, male fertility) in the public arena suit the pronatalist agenda and the assisted reproduction industry.

Information supplied by representatives of the assisted reproduction industry has invariably shaped age-related fertility messages. Beck's (1992:211) litany of risks included the assisted reproduction industry that he described as possessing a 'golden goose' capitalising on an 'insatiable appetite for medicine' within a culture obsessed with ameliorating risk. Abboud (2005:25) detected 'a false infertility crisis through deliberate distortion of infertility data' by an Australian industry worth over A\$170 million in the only country with unlimited government reimbursement for *in vitro* fertilisation treatment<sup>3</sup>. In a short time, assisted reproduction technology (ART) providers have metamorphosed from 'medical cottage industries into 21<sup>st</sup>-century conglomerates' (Saville 2004:13). When reproduction is commodified, with a

corporate sector maximising market share, a falsified infertility alarm sends a message that 'women should have their children young, while they are at the height of their fertility' (Summers 2003:9).

The rational choice for women whose life script includes having children may be to avert the risk of much-publicised age-related fertility problems by attempting to conceive naturally as early as possible or practicable before the sand trickles too far down the fertility hourglass<sup>4</sup>. Motherhood is surrounded by risks, but the risk of delaying family formation and possibly jeopardising natural conception may seem a risk too far. This position is compatible with risk aversion theory in that the costs and benefits of any choice occur in the future, are therefore largely unknowable, and hence a risk (McDonald 2000). 'If there is a perception that economic, social, intimate or personal futures are uncertain, decision-makers may err on the side of safety in order to avert risk' (McDonald 2002:425). Coupled with the national recommendation to 'procreate and cherish', the uncertainty and (supposed) fragility of (female) fertility promulgated by the ART industry may have a derivative effect: earlier motherhood debut than has been the norm in Australia for the past 30 years to avert the risk of (potential) conception difficulties.

This theoretical frame informed research exploring 13-16 year-old female participants' fears about natural conception, and at what age they anticipated first-time motherhood. The rationale for recruiting from this cohort was based on Ryder's (1965) approach to the study of cohorts and social change: 'social change . . . occurs primarily via the behavioral patterns of new generations exposed to significant historical events at the formative stage of their socialization' (Hirschman 1994:205).

In Ryder's schema, the formative years are those of adolescence. Inglehart's (1981:882) suggestion aligns: 'fundamental value change takes place gradually, almost invisibly; in large part, it occurs as a younger generation replaces an older one in the adult population of a society'. Gathering the views of a young, female cohort entering the reproductive years exposed to the significant, Australian historical 'event' of the pronatalist, lump-sum Baby Bonus, 2004-2008, is a salient enterprise in detecting any shift in ideational age for first maternal birth.

Although members of this age group may have limited abilities to intuit the myriad influences that bear on their youthful visions, studies of young people's decision-making competence, their expectations of significant life events, and the developmental differences between young people and adults have found that 'by mid adolescence, most individuals have approximately adults' imperfect cognitive skills' (Fischhoff 2008:15). Australian research with young people about their hopes and fears for their future 'demonstrated that young people have the capacity to provide views which challenge adult ways of thinking . . . [and that] ordinary young people have important things to say' (Eckersley et al. 2007:54). Participants in the research project (the Project) focus group discussions also had 'important things to say' about envisaging their future mother-selves.

### **The Research Project**

Exploratory, mixed methods research was conducted in the Cairns local government area (LGA) between October 2007 and June 2008 in a public school setting with 13-16 year-old young women (n=230)<sup>5</sup>, all Australian residents, 95 per cent non-

Indigenous, and with a median age of 14 years and eight months<sup>6</sup>. Years 8, 9 and 10 female students completed a questionnaire with parent or guardian consent during Health and Physical Education class time. Invitations to join a discussion group were made to those who were contactable by email (n=61), 54 of whom became members of 17 forty-minute, semi-structured focus groups of between two and four participants. The three public secondary schools chosen are located in the north, in the centre and in the south of the Cairns LGA for socio-economic spread. The Australian Bureau of Statistics (ABS) socio-economic indexes for areas (SEIFA) profile for the three schools' enrolment districts where the research was conducted averaged decile 7, or in the fourth quintile. This determinant can describe the young women from this study as coming from higher socio-economic advantage in a regional city.

The two different data collection methods provided internal triangulation capacity to improve analytic reflexivity (Mays and Pope 2000). Quantitative data from the questionnaire were generated from the SPSS analysis tool. Transcripts of the 17 focus group discussions were subjected to framework analysis (Pope et al. 2000). Raw data excerpts are included under pseudonyms.

### **Fears about fertility**

The Project aimed to discover if this normally healthy group had fears about fertility. Twenty per cent of questionnaire participants expressed fears that they may not be able to become pregnant. In discussions, the effects on fertility of chemicals, contaminants in food, oral contraception, illicit drugs, sexually transmitted infections

and ageing concerned participants. Alisa was one of 44 discussion group participants (83 per cent) who contributed her ideas about factors that may impinge on (female) fertility:

*There's all these new, like, diseases coming out and that which could affect, like, your fertility rate. So, yeah, that's why I think, like, I do have a fear of not, um, being able to become pregnant.*

**Alisa, 15½, School**

**3**

Kodie had already experienced fecundity problems, and was most aware of her limited chances of conceiving naturally. She stated that an assisted reproductive intervention had been planned for her:

*At the beginning of this year, I was taken from school with major stomach cramps. They all thought it was my appendix but it was my ovaries – ovarian cysts and both of them were cancerous . . . If I don't at least fall pregnant before I'm 20, they'll take some of my eggs and freeze them.*

**Kodie, 15,**

**School 1**

Little is known about the prevalence of beliefs about the success of ART, or of how those beliefs may have altered with technological advances (Weston et al. 2004). The wide coverage of ART successes more so than failures has promoted the popular but often erroneous view that science and technology can compensate for the inability to conceive naturally. Zionne anticipated recourse to medical technology should she experience conception problems:

*I think with all the technology available to you nowadays, I don't think you really have to worry about not being able to, to become pregnant . . . Yeah, I have faith in technology.*

**Zionne, 15, School 3**

The effects of ageing on female fertility were considered by Katrina:

*I think another reason people have kids at not an older age is because they find it hard to conceive when they're older, and it's, like, easier when you're younger.*

**Katrina, 13, School**

**1**

This cohort of 13-16 year-olds expressed more concern in discussions about their own fertility than the quantitative results indicated.

### **Ideal age for a woman to have her first baby**

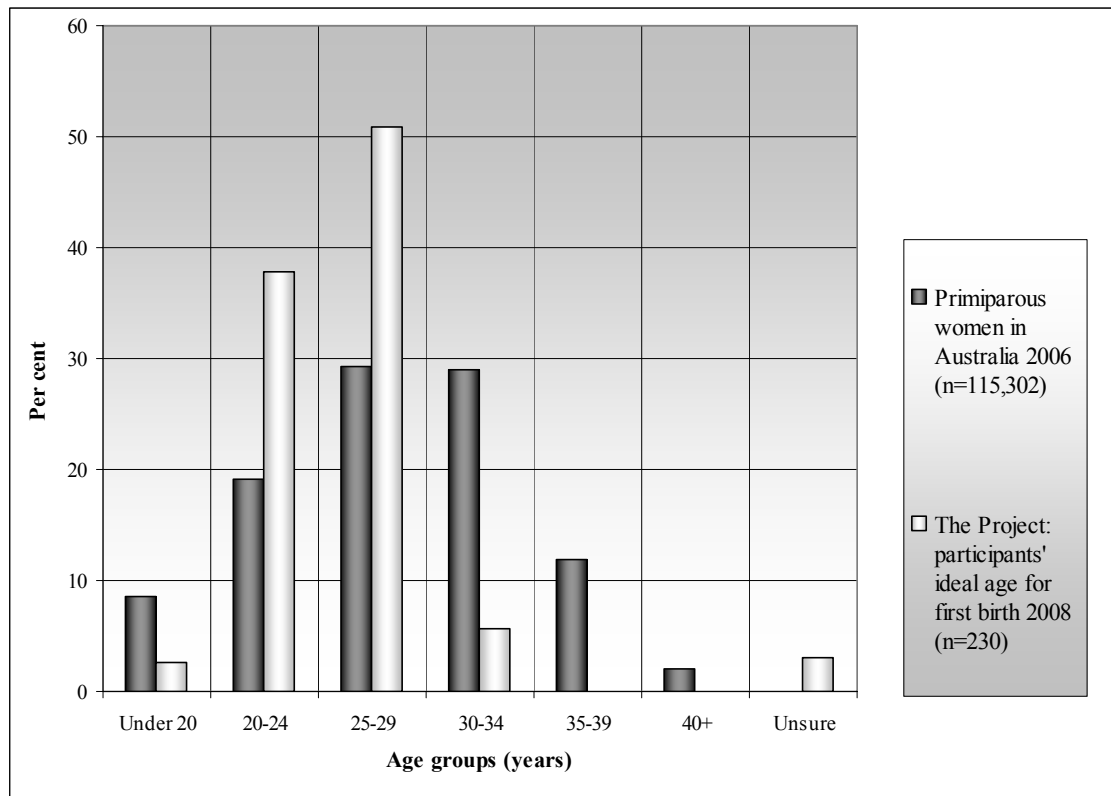
Questionnaire participants were asked what they believed was the *ideal* age group (under 20, 20-24, 25-29, 30-34, 35-39, 40+) for a woman to have her first child. The focus group discussions offered more latitude than the questionnaire for participants to volunteer their own intended or anticipated age at first birth. Not one participant chose the ideal age for first-time motherhood as over 35 years from the questionnaire or the anticipated age in discussion. Thirteen questionnaire respondents (5.7 per cent) chose the ideal age bracket 30-34 years for first-time motherhood; four focus group

participants (7.7 per cent) chose 30-31 years old (but no older) as the anticipated age to begin their families. The two data collection methods found that approximately half of respondents nominated the 25-29 year-old age bracket as the age span when they might have their first child, and over a third chose the 20-24 year-old age bracket. The mean, anticipated, age at first birth (primiparous age) for focus group participants was 25.5 years. The average age of first-time motherhood in Australia has slowly crept upwards, from 26.3 years in 1992 (the first collection of this kind in Australia) to 28.2 years in 2006 (Lancaster et al. 1995; Laws and Hilder 2008). The suggestion is that this group of young women may be expressing a birthing trend reversal.

### **Comparison with national and regional birth data**

National maternal first-birth data for 2006 (Laws and Hilder 2008) displays the tendency toward delayed fertility with almost equal percentages of women birthing their first child between the ages of 25 and 29 (29.3 per cent) as between the ages of 30 to 34 (29 per cent). By contrast, the Project participants nominated a much earlier first birth as ideal (Figure 1).

**Figure 1: The Project participants' ideal age group to start a family compared with national maternal age at first birth data, 2006 (%)**



Source: Laws and Hilder 2008; The Project 2008.

Participants' responses to ideal age of maternal first birth were concentrated in the two age brackets 20-24 and 25-29 years with small representation in the under-20 and over-30 age brackets. This is very different to the national picture. The small percentage of participants' ideal first-birth age of under-20 years (2.6 per cent) is congruent with the national trend. Births to teen mothers have declined over the past 15 years. In 1992, 11.4 per cent of all first births were to mothers under the age of 20 (Lancaster et al. 1995). By 2006, this had dropped to 8.5 per cent of all first births (Laws and Hilder 2008). In that time, first births to mothers aged over 30 years have increased, from 24.8 per cent of all first births in 1992 to 43.0 per cent in 2006. The small percentage of participants' ideal first-birth age of over 30 years (5.7 per cent) is highly *incongruent* with the national trend toward delayed fertility.

Delayed motherhood concerned a number of participants. Fallon believed that entry into first-time motherhood over the age of 30 was an outdated model of family formation. She chose the age of 25 as more appropriate for her first baby:

*Thirty was when our parents were having children, thirty-ish, but things have changed since then.*

**Fallon, 15, School**

**3**

Similarly, Mena does not intend to model her mother's choice, and anticipated her entry into motherhood between 25 and 29 years:

*But when my mum and all of them were having kids, like, they all had them when they were older. Mum was, like, 40 when she had me.*

**Mena, 15, School**

**2**

Hedda's mother was 28 at the time of her first birth, but Hedda envisaged becoming a mother between 20 and 24. Hedda believed that first-time motherhood is in the process of an age re-orientation:

*Soon 30 is gonna be like how everyone thinks of 40, and then it's just gonna get lower and lower.*

**Hedda, 14, School**

**1**

Fallon, Mena and Hedda's overturning of their mothers' experiences recalls Inglehart's (1981:882) idea: 'fundamental value change takes place gradually, almost

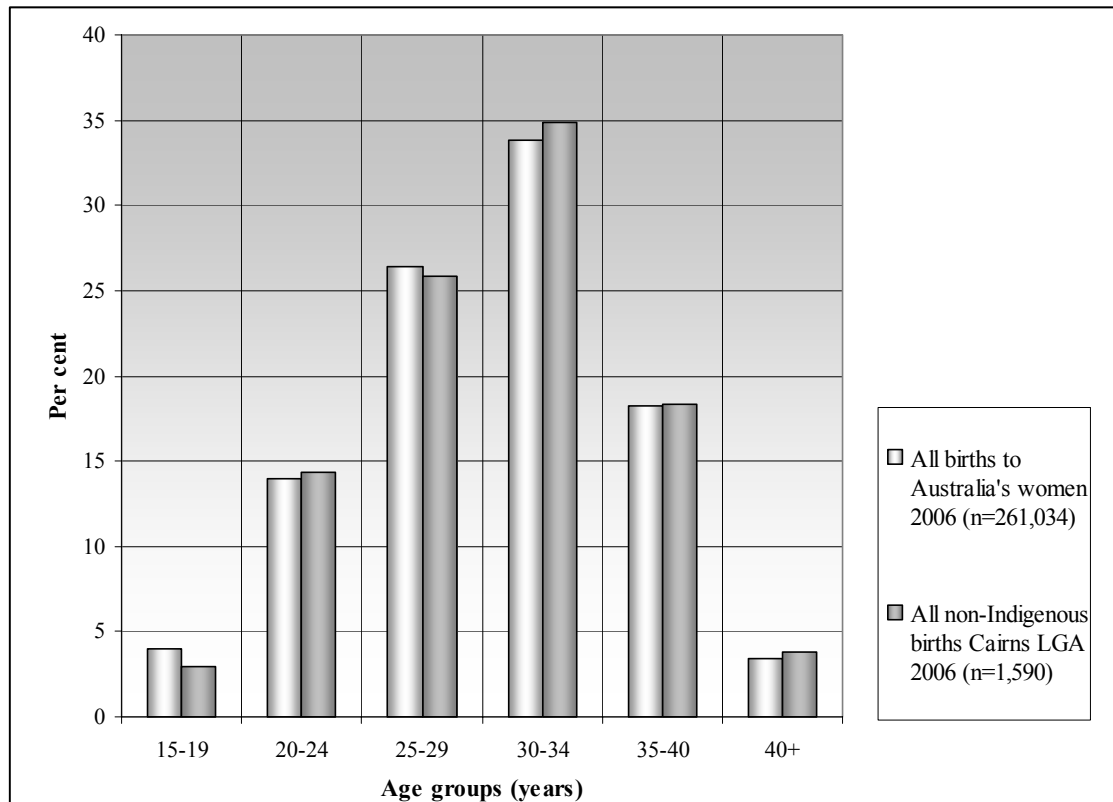
invisibly; in large part, it occurs as a younger generation replaces an older one in the adult population of a society'.

Results from the Project contrast with results from two national fertility studies that included young women's views, both undertaken before the 'event' of pronatalism. Fieldwork for the Fertility Decision Making Project ([FDMP] Weston et al. 2004) was conducted 2003 to 2004 with a nationally representative primary sample (n=3,201, 1,250 men and 1,951 women) aged 20-39 years. The mean ideal age of first birth for the FDMP sub-sample of 20-24 year-old childless women (n=262) was 26.8 years, 1.3 years older than that of the Project's participants. The Australian Temperament Project (ATP) was a 13-wave longitudinal study in Victoria conducted between 1983 and 2000. In the last wave, 1,250 male and female participants aged 17-18 years described their desired age at their first birth (Smart 2002). In the ATP, 14 per cent of the young women anticipated a first birth before 25 whereas 40.4 per cent of the Project's participants chose under the age of 25. In the ATP, 68 per cent of young women anticipated a first birth between 25 and 29, but only 46.1 per cent of the Project's participants chose this later age bracket. Although relatively few of the ATP female participants (14 per cent) wanted their first child between 30 and 34, even fewer (7.7 per cent) of the Project participants thought this age suitable. Results from this Project from the regional area of Cairns eight years after the ATP and four years after the FDMP thus show stronger leanings toward younger first-time motherhood.

ATP researchers also found that 'slightly more teenagers from rural and regional areas anticipated earlier parenthood than teenagers from metropolitan areas' (Smart 2002:35). The next check is on any difference between maternal birth data for the

Cairns LGA<sup>7</sup> and the nation (Figure 2) to allow for or eliminate any influences normally attributable to higher regional birthing patterns (ABS 2008).

**Figure 2: All births, Australia 2006; all births, Cairns LGA 2006 (%)**



Source: ABS 2007. Births to women who did not specify their age at the time of the birth are excluded.

The age-bracket spread of all births in the Cairns LGA in 2006 was almost identical to all births to Australia's women in the same year. Cairns LGA (excluding Indigenous births) was representative of the nation in 2006. In summary, the Project's participants anticipated their first births occurring between 25 and 29 or, secondarily, between 20 and 24, but definitely, and certainly not deliberately, much later than the age of 30 or earlier than the age of 20. If a single year could be nominated for

anticipated first-time motherhood for this group, it would be the year they turn 25. This is up to three years younger than the 2006 national mean primipara age.

### **Limitations of the study**

Young people tend to underestimate factors that will inhibit childbearing (Philipov et al. 2006). Any number of influences may intervene: their abilities to find a partner, finances, work and study imperatives, or even reproductive capacity. Only a longitudinal study can verify how much the anticipations of the young women in this study will be matched by actual behaviour.

Just three of the 230 participants (1.3 per cent) did not want children, and not one of the 54 focus group participants anticipated themselves without children. This is not representative of national data of childless women which indicates that up to 20 per cent of women will remain childless, deliberately or involuntarily (Merlo and Rowland 2000). A self-selection process may have contributed to this non-representation. The material distributed to potential participants was titled 'Mothers of the future' which probably acted as a screening device. It is probable that only those young women who envisaged themselves as mothers participated in the Project, apart from three respondents to the questionnaire. The sample size was, arguably, large enough to ameliorate potential bias.

This study from one regional area and from one socio-economy stratum of public education is unlikely to be a representative sample of all young women in Australia. The test of the validity of these findings and how young women intend to meet their

reproductive goals offers scope for further research in metropolitan schools, the private school sector, and other regions.

## **Discussion**

A causal link between data findings and the effects of pronatalism cannot be established by this exploratory research. Results lend support, however, to the possibility that motherhood in Australia may be in the process of being reshaped as a younger life choice than has been the norm for the past 30 years. The risk narrative surrounding female (and male) fertility has been accentuated in the pronatalist state. Therefore, the rational choice for women whose life script includes having children may be to avert the risk of needing to access assisted reproduction services by attempting to conceive naturally as early as possible or practicable. Participants' responses add substantial new information about young women forming their fertility futures under the influences of pronatalism that no other research has so far explored, in Australia or elsewhere. The way Australia's young women (and men) respond to messages about the dangers and disappointments associated with delaying (the attempt of) conception will continue to incite speculation about a pendulum swing until an adequate period of birth data collection can be consulted, and until research has had time to incorporate the influences of pronatalism as this exploratory study has sought to do. Researching a cohort on the cusp of (potential) social change in the pronatalist State, moving into their reproductive years and expressing the anticipation of younger entry into motherhood, offers the possibility of a new discussion, because implications are likely to be profound.

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**Endnotes**

<sup>1</sup> The ‘new momism’ is ‘the insistence that no woman is truly complete or fulfilled unless she has kids, that women remain the best primary caretakers of children, and that to be a remotely decent mother, a woman has to devote her entire physical, psychological, emotional, and intellectual being 24/7, to her children’ (Douglas and Michaels 2005:4).

<sup>2</sup> According to Menken (1985:469), over two decades ago, ‘[f]ew articles have attempted to describe the facts about the extent of infertility, and the one that received the most attention, published in the New England Journal of Medicine, concluded that fecundity declines more rapidly with age than had previously been thought (Federation CECOS, Schwartz and Mayaux, 1982)’.

<sup>3</sup> In 2000, the previous restriction of six cycles or procedures per woman for Medicare rebate was lifted to allow unlimited treatments with Medicare safety net to decrease out-of-pocket expenses (Jansen and Dill 2009). Over 12 years (1991-2003), assisted reproduction treatments rose by 77 per cent in Australia (Saville 2004). IVF is the most well-known treatment within the ARTs. Others include intracytoplasmic sperm injection, gamete intrafallopian transfer, zygote intrafallopian transfer, and use of a donor egg or embryo (Chavkin 2008).

<sup>4</sup> The symbol of an hourglass (used by the American Society for Reproductive Medicine to represent female fertility) is more precarious than the symbol of the biological clock ticking. Clocks keep ticking, whereas sands of an hourglass run out.

<sup>5</sup> Only female participants were recruited because of the orientation of the study: motherhood. To include young men, while potentially fruitful, would indicate a separate study on fatherhood or, alternatively, a study of parenthood with both sexes.

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<sup>6</sup> Age calculation in six-monthly intervals was based on month and year of birth at the time of questionnaire completion.

<sup>7</sup> The Cairns LGA comprises the Statistical Local Areas (SLAs) of Barron, Central Suburbs, City, Mt Whitfield, Northern Suburbs, Trinity and Western Suburbs. Births to mothers who identified as Indigenous and births to non-Indigenous mothers with identified Indigenous fathers are excluded because of the different birthing patterns of the Indigenous community, and the higher-than-national representation of Indigenous peoples in the Cairns LGA (ABS 2007).