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ABSTRACT

Postponed parenthood is a growing family pattern in Canada. To examine this trend, an exploratory study of 46 couples who were delayed parents was conducted in Toronto. The members of each couple had worked at least 5 years prior to the birth of their first child after the mother was age 30. Responses by both husbands and wives to a questionnaire revealed that finances, careers, and the biological timeclock were the most frequent reasons for delaying childbirth. Respondents reported reading childrearing books, experiencing little outside pressure to have children, and not caring what the sex of the baby would be prior to the birth. Almost one-half of the women took some time off from work, with their employers quite supportive during and after the pregnancy. When asked to advise other delayed childbearing couples, most pointed out that maturity was important and that one had to be prepared to alter one's lifestyle. The 1984 demographic trends from Statistics Canada are presented, existing literature is reviewed, and 18 impressions subjectively gathered during interviews are enumerated. Some implications for family educators and researchers are given. References and data tables are included. (NB)

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Postponed Parenthood: A Growing Canadian Family Pattern (x)

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National Council on Family Relations, Dearborn, Michigan,
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Abstract

Postponed Parenthood is a growing family pattern in Canada. The 1984 demographic trends are presented, and the existing literature is reviewed. An exploratory study of 46 couples, who were delayed parents was completed in Metropolitan Toronto. Selected findings of this study are presented. Some implications for family educators and researchers conclude the paper.

Postponed Parenthood: A Growing Canadian Family Pattern

"To have a baby when you are well over thirty is not just a case of "panic-breeding:" a failure of nerve when faced with the shortness of life, the inadequacy of personal achievement, and the basic loneliness of every individual.

The birth of a child can be, and is for many women, an opening-up of the new, an unfolding of love, not only for the baby, but perhaps for those from whom we have been guarding and protecting ourselves, and a step on the journey toward deeper understanding of ourselves and others. We can never possess our children. But through them, and with their help, we have a chance to grow as human beings." (Kitzinger, 1985, p. 172).

Introduction

The 1980's ushered in the growing phenomenon of delayed parenthood in the United States (Wilkie, 1981) and Canada (Statistics Canada 1986). Taking postponed parenthood as a birth to a woman aged 30 years and over, we can delineate seven types of "later" parents (Table 1).

Table 1 about here

The options available for women who give birth after the age of thirty can be found in Table 2.

Table 2 about here

Canadian Demographic Trends

Canadian statistics clearly demonstrate the growing number of older mothers and Table 3 covers the facts related to 1984.

Table 3 about here

Not all of the women who give birth after the age of 30 are married. Table 4 indicates the marital status of Canadian women in that age category.

Table 4 about here

In 1984, there were a total of 377,031 births. The percentage of births to Canadian women over the age of thirty constituted 26 percent of all births. (Statistics Canada, 1986)

Review of the Literature

Two exploratory studies (Schultz, 1979; Bing and Coleman, 1980) investigated the lifestyles, factors influencing the decision to have children and the psycho-social effects of delayed parenting.

In her study of eighty women in major cities across the United States, Schultz describes a variety of academic, economic, social and philosophical reasons for the decision to postpone motherhood and identifies the women's fear of losing their freedom as the underlying theme. To the working women, motherhood involved sacrificing emotional and financial independence to accept a "tradiction" female role: a position which they felt contradicted their self-concept. It is not, Schultz argues, until motherhood is perceived as a positive role that these women can and do feel comfortable sharing themselves with dependent children.

The second area of discussion in Schultz' analysis focuses on the specific events and turning points that led the respondents to have their first child. From her findings, Schultz categorizes the following realizations/occurrences, referring to them as the "Six M's of Motherhood:"

Mysterious Metamorphosis: an unexplainable, insistent longing for a child.

Menace of Menopause: a fear that time is running out.

Mortality: a reaction to the death of a parent, close friend or spouse.

Money: the improvement or readjustment of personal finances.

Maturity: the awareness of having matured and developed a stronger sense of self.

The findings of this study also suggest that the older mother benefits from a strong psychological motivation throughout her pregnancy and birthing because of her maturity and preparation. In many cases, the only reported negative aspect of the process was the attitude of the hospital staff. Bing and Coleman's study (1980) of delayed childbearing reaffirms many of the hypotheses put forth by Schultz. For example, Bing and Coleman report that a desire for career advancement, a clear work identity, freedom, a stable marital relationship or finances were commonly cited reasons for delay. They suggest that the increased risk of fetal malformation or Down's Syndrome in women over 30 can be controlled through improved medical techniques. Complications of pregnancy, birthing and miscarriage are serious at any age. Older women were also viewed as being better able to cope with the stresses of motherhood.

A significant difference between Bing and Coleman's study (1980) and Schultz' report (1979) is the former's inclusion of older expectant fathers. They found that one of the primary concerns of older fathers was their worry about and acceptance of economic responsibility. This issue took on special meaning for husbands whose wives had been working and contributing to the family income. Bing and Coleman also found that men were likely to feel isolated in their role as father, and that they had difficulty

integrating a career with their desire to parent. Unfortunately, they were unlikely to discuss their problems with other men.

Kern (1983) studied 75 married and unmarried women in the Washington Metropolitan Area. Individual interviews were held with 75 women, who at the age of 35 or older gave birth to a child or children. For the vast majority of interviewees, family and friends were supportive of the woman's decision to have the child. For all who had experienced histories of infertility, the pregnancy was greeted with delight and incredulity. Only 16 women reported medical or physical complaints during their pregnancy, in contrast to the 45 who complained about their physicians. Complaints ranged from physicians' paternalism and lack of respect to deep concern that the physician "did not like older mothers" and "treated me as if I were ill..." Several women reported changing physicians when doctors spoke of the likelihood of cesarean sections.

Another study was completed by Scott (1984). For her thesis, Scott studied 80 women, all over the age of 30. Scott points out that despite the best planning there is often an initial shift to more traditional male/female roles after the birth of a child. Dual-career couples may have a particularly difficult struggle to maintain their professional commitments, both because most career-oriented jobs do not have the flexibility demanded of childrearing needs and because the baby itself may be a powerful, positive, competitive force. Professional women may fear that adding a second major role to their lives at a critical point in their career may seriously interrupt their goals. The extent to which this will happen depends on the woman's expectations, the type

of work she does, the amount and quality of support she will get from her partner, childcare arrangements, her economic situation, and her openness to unpredictable changes in identity as she takes on the mothering role.

Fathers were included in a study by Daniels and Weingarten (1982). The study was based on interviews with 36 couples who began raising families in their early 30s and 14 couples who had their first child in their 40s. Men in their 30s were more flexible when it came to child-rearing chores than younger husbands. The couples in their 30s were more likely to have developed routines of sharing from the time they were married. More wives were employed so that men were used to sharing chores like cooking and cleaning. It seems that there is an easy transfer to the child. The couples indicated that later parenthood was more desirable.

In 1982, two small Canadian exploratory investigations were completed by Danaher and Roberts (Schlesinger, Danaher, Roberts, 1984). Each of the studies included ten couples, who had delayed parenthood. Danaher found that all individuals believed that the advantages of delaying childbearing outweighed any possible disadvantages, especially since the decision to have a child was a conscious choice. Having a child when older was seen as lending the advantages of increased maturity, financial security, and the chance of having achieved many personal and career goals. All firmly believed that in spite of any adjustments or sacrifices, having a child was a most rewarding experience. Roberts found that most couples went to prenatal classes together, and most fathers continued to be actively involved in child care. This

finding reflects the increased awareness generally of a father's role in parenting, and of the importance of parental involvement in meeting the father's own needs and those of his family. Expected support systems, such as the extended family, neighbours, friends and community, seemed almost non-existent for this group. Most couples had only each other for active support, and most felt isolated and/or lonely as a result.

Canadian Study:⁽¹⁾

Forty-six couples, who were postponed parents, were interviewed in their homes. Both mothers and fathers were questioned by means of questionnaires. The setting was Metropolitan Toronto.

The members of each couple had worked at least five years prior to the arrival of the first child after the mother was age 30. The subjects were middle-class, white, educated couples, largely Protestant in religious background. They volunteered for the study after an article appeared in the "Toronto Star" requesting couples to help out in our study.

Selected Findings

Finances, careers, and the "biological timeclock" were the most frequent reasons for delaying childbirth. It also appears that our couples read childrearing books, had little outside pressure to have the baby, and it did not matter to them what the sex of the child would be prior to the birth.

Nearly half of the women took time off from work, with their employers quite supportive during and after the pregnancy. Pre-natal

classes were attended, but not post-natal classes. One-half of the women had ultrasound tests, but only a few had amniocentesis, most breast-fed their baby.

After the birth, most had help at home, but this did not last long. Most mothers decided to stay home for a while after the birth. More women than men felt overworked, isolated, and depressed after the birth. Most had some future plans for their child.

The couple indicated that they felt closer to their parents and parents-in-law after the birth. Some lamented the fact that their parents (in-laws as well) lived too far to appreciate the grandchild. A little over half of our couples planned a second child.

The birth of the child appeared to have some negative effect of the sexual life of the couple in that there appeared to be less frequency, less spontaneity, less privacy and the women were tired. In their social life the couples told us that they went out less, they had home entertainment more, and had less finances for their social life. On a personal level most men and women after the birth were more caring, less selfish, more fulfilled, happier, and more contented. In their marital relationship they shared activities, were closer and had more in common.

When asked to advise other delayed childbearing couples, most pointed out that maturity was important, and one has to be prepared to alter one's own lifestyle. It appeared from our interviews that the mothers were still doing the major childrearing and homemaking tasks. The men were continuing their careers, while many women had put their careers on hold. Thus delayed childbearing had changed mostly the lives of the women, while the men indicated not as many changes. In general

we got the impression that delayed childbearing was a positive, joyous, and new experience for our couples, who despite some ups and downs enjoyed this new change in their lives. They all recommended it highly.

Impressions Gathered During Interviews

The following points relate to the impressions we obtained on a subjective basis, and are related to the interviews in the homes of the subjects. Husbands and wives were interviewed separately, using the same questionnaire.

1. Many expressed a feeling that delaying had decreased their fertility. They felt that long years on the pill prevented the wife from becoming pregnant as quickly as they thought she would. Several had friends who had waited and never became pregnant. They felt this should be given consideration in timing.
2. Some stated finances as a reason for waiting to have children.
3. Many respondents were not prepared for the amount of energy required in raising a child.
4. Most parents said that they really never knew what they were in for despite reading and hearing about parenting.
5. Most subjects said they had no expectations from their baby but their intensity gave the impression that they had a lot "invested" in the child, especially when they spoke of giving up travel, independence, social life, and sexual spontaneity, "but it was worth it."

6. The career-oriented respondents looked at the experience of parenting as a "career in itself" and set goals and objectives, budgeted and time managed in accordance.
7. The mothers interviewed appeared very content to stay home with their child. At the same time, it appears they all intended to go back to work or to their career when their child/children are in school.
8. The "ideal state" seemed to be part-time work for mothers. They were able to nurture and spend a lot of time with their children on a regular basis, and still grow themselves career-wise and independently.
9. Women who stayed home full time with their children did not feel the recognition or support that working mothers seemed to get from society at large. Their contribution was not acknowledged in the same way. Perhaps the fact that they had gone from being paid for their work to being unpaid, had some bearing.
10. It appears that some mothers felt the salary they earned and the training they received were so high that the decision not to go back to work initially was a very traumatic experience for them. The decision to stay home with the baby or children has proven to be very satisfying for both mother and father.
11. Some parents appeared to miss emotional support of grandparents who are either living out of town or are too old to provide the support they would like for themselves and their children.

6. It seems of significance, it appears most of the couples communicated differently with their friends. Whereas with and respect used to be the topic of conversation, now it tended to centre around their visit with other couples that had children.
7. Financial pressures were frequently cited as affecting the type of children used, the number of recreational activities in which the family was involved, the number of social outings taken, and the type of vacations taken by the couple.
8. Most seemed extremely committed to their children and were making great sacrifices for them. A common feeling was that the parent is the best-equipped individual to care for a child (especially an infant). Institutionalized group day care did not appear to be well-regarded.
9. One characteristic shared by all dual working, delayed childbearing couples, is a tendency to discuss and negotiate all aspects of life, after the birth of their child, as opposed to parents who fall into more traditional roles without conscious planning and agreement.
10. Couples with a high formal education appeared to place emphasis on their "responsibility" to help their child/children attain their goals and expectations. Other couples seemed to want to help their child/children maintain a sense of well-being and help them develop in the direction they chose.
11. Several of the couples were extremely close to their children. They all expressed surprise at the depth of the relationships.

which developed, but for some, their entire lives revolved around the baby. The energy they had put into their careers was now focussed on the children to the extent that they were "childaholics."

18. Despite the sacrifices, most parents interviewed seemed very happy to have children when they were older.

Implications

The growing pattern of postponed parenthood has implications for family life educators.

1. Post-natal support systems, such as self-help groups, educational seminars, and classes, may be helpful to older couples who have their first child after the age of 30.
2. During pre-natal classes more content needs to be included on the social-psychological aspects of "older" parenthood.
3. In Family Life Education programs, the topic of delayed parenting should be included.

Research Implications

4. More inter-disciplinary research is needed to examine the short-term and long-term effects of postponed parenthood.
5. A follow-up long term study (5 years) of children born to older parents would give us some insight into parenting for this age group.
6. With more couples having two children after the age of thirty, we could examine the changes in roles, family functions, and

childrearing methods among this age group.

Conclusions:

Postponed Parenthood is an increasing phenomenon in Canada. We have attempted to introduce the topic, and give the reader some idea about the varied factors which are involved in becoming older parents. An exploratory study completed in Toronto, hints at some of the variables which will have to be examined further through research. We need more Canadian data. We leave the last word to one of our respondents.

"I think many people have children too early, in terms of not knowing who they are, and they have to suffer through their growing pains. Having a child is an emotional and mental commitment as much as a financial one and you have to be knowledgeable enough about yourself before you can assume responsibility for another human being."

FOOTNOTES

- (1) The following graduate social work students helped in collecting the data. Mary Benedetto, Yetta Cohen, Dan Downey, Sarah Smith, Daniela Tiger and Dawn Walcott.

REFERENCES

- Bing, E. and Coleman, L.
1980 Having A Baby After Thirty. New York: Bantam.
- Canada, Statistics
1986 Births and Deaths Vital Statistics, Vol. 7, 1984. Ottawa:
Minister of Supply and Services.
- Daniels, D. and Weingarten, K.
1982 Sooner or Later. New York: Norton.
- Kern, I.
1983 "No Better Time: The Choice of Parenting After 35."
Washington, D.C., (November) unpublished.
- Kitzinger, S.
1985 Birth Over Thirty. New York: Penguin.
- Schlesinger, B., Danaher, A. and Roberts, C.
1984 "Dual Career, Delayed Childbearing Families: Some
Observations." Canada's Mental Health 32(March): 4-6.
- Schultz, T.
1979 Women Can Wait: The Measures of Motherhood After Thirty.
Garden City, N.Y., Doubleday.
- Scott, L.
1984 "Sooner or Later: A Question of Choice." Telus 5(Spring): 10-13.
- Wilkie, J.R.
1981 "The Trend Toward Delayed Parenthood." Journal of Marriage
and the Family, 43(August): 583-591.

Table 1: Types of Postponed Parents

1. First marriage, first child after mother is age 30.
2. First marriage, one set of children prior to age 30, one or two children after age 30.
3. Second marriage, had child(ren) prior to age 30 in first union, becomes a postponed parent in second union.
4. Late marriage, older parenthood follows.
5. Early marriage, tried to have a child, unable to have one. With medical help have a child after age 30.
6. Voluntary childless couple, changes their minds.
7. A never-married woman who decides to have a child after age 30.

Table 2: Options for Women Who Became Postponed-parents (age 30+)

1. Go back to work as soon as possible.
2. Take maternity leave of 17 weeks (Canada).
3. Take maternity leave - specific periods.
4. Take leave of absence - 6 months - 2 years, if possible.
5. Stays home indefinitely.
6. Husband stays home, wife returns to work.
7. Job sharing with husband - if possible.

Table 3: Births to Canadian Women Aged 30 and Over in 1984
by Marital Status and Age Range (excludes Newfoundland)

Status	Age Range				Total
	30-34	35-39	40-44	45-49	
Married	69,000	18,125	1,900	73	89,998
Single	4,207	1,108	147	4	5,466
Divorced	1,554	651	108	6	2,319
Widowed	135	81	24	2	242
Total	75,796	19,965	2,179	85	98,025

Source: Statistics Canada (1986)

Table 4: Births to Canadian Women Aged 30 and Over in 1984
By Marital Status (excludes Newfoundland)

	<u>No</u>	<u>% of all births over age 30</u>
Married	89,998	91.8
Single	5,466	5.6
Divorced	2,319	2.4
Widowed	242	0.2
Total:	98,025	100.0

Source: Statistics Canada (1986)