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Fertility Decision-making: a Qualitative Study in Scotland

Zhong Eric Chen

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The University of Edinburgh
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Declaration

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Zhong Eric Chen

May 2015

Abstract

Fertility studies using quantitative methods often present individuals or couples as autonomous decision-makers who make deliberate fertility decisions and have a fairly clear and consistent preference for family size and the timing of parenthood. This study aimed to explore the extent this view reflects experiences by examining how individuals talked about and made sense of parenthood and family.

Semi-structured interviews were conducted with thirteen women and twelve men residing in Scotland between February 2009 and May 2010. Respondents were first asked to respond to vignettes of fertility scenarios, designed to elicit discussions around the limits to reproductive autonomy. Using a life grid, respondents were also asked to reflect on their experiences and intentions around the issue of parenthood and family. During the interviews, respondents spoke about the reasons for and against having children, their preferences for and expectations of family size, the timing of parenthood and communicating with their partners in relation to parenthood. Respondents' accounts were analysed reflexively, focusing on the references they drew upon when constructing their accounts and locating the interview as a setting in which these accounts were generated.

Respondents' accounts highlighted the tension between the affirmation of personal choice and autonomy in principle and their subscription to a variety of powerful social norms. Respondents' rhetorical commitment to women's reproductive autonomy was very strongly articulated in their response to the vignettes.

When accounting for their own fertility preferences and decision-making processes respondents referred to a range of social conventions and constraints limiting their choices. Parenthood was described as a normative transition in terms of being 'natural' and 'expected' in the life course. Respondents, who identified as 'child-free' however, presented themselves as being made accountable for making the decision to not have children. A majority of respondents expressed a clear family size preference of two, but in practice respondents qualified this by taking into consideration a variety of biological, material and social circumstances. Respondents

saw parenthood as being constrained by the fulfilment of a range of common ‘preconditions’, which included the completion of education, being in secure employment, being in a stable relationship and having material and social resources for raising children; the postponement of parenthood until these preconditions were met was presented by respondents as being ‘responsible’. Further, the varying degrees of communication respondents said they had with their partners around the issue of parenthood, and the nature of that communication, suggested that fertility behaviours were rarely the outcome of explicit, conscious negotiations and joint decision-making by partners.

This study demonstrated that fertility decisions are guided by social norms around parenthood and negotiated constantly in response to changing personal and social contexts. The heterogeneity of the sample enabled a rich analysis of the role of gender and age on the differential experiences and expectations expressed in respondent’s accounts. This study adds to the small but growing body of literature that highlights the value of applying qualitative research methods to the study of fertility, which is particularly useful in gaining a deeper understanding of fertility as a social process.

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TABLE OF CONTENTS

Declaration	III
Abstract	IV
Acknowledgements	VI
Table of content	VIII
INTRODUCTION	1
CHAPTER 1: LITERATURE REVIEW	
1.1 Introduction	11
1.2 The demographic transition theory	11
1.3 The determinants of fertility and its future course	18
1.4 Chapter summary	31
CHAPTER 2: METHODS	
2.1 Introduction	33
2.2 Research aims	33
2.3 The respondents	34
2.4 Research instruments	38
2.5 Conduct of the interviews	46
2.6 Analysis and writing	49
2.7 Chapter summary	55
CHAPTER 3: THE FERTILITY VIGNETTES	
3.1 Introduction	57
3.2 Exercising personal autonomy	60
3.3 Individual's or couple's choice?	61
3.4 Factors to consider when having a baby	66
3.5 Chapter summary	73

CHAPTER 4: REASONS FOR HAVING CHILDREN OR REMAINING CHILD-FREE	
4.1 Introduction	77
4.2 Desires and motivations for having children	77
4.3 Desires and motivations for remaining child-free	91
4.4 Chapter summary	98
CHAPTER 5: FAMILY SIZE	
5.1 Introduction	101
5.2 Families respondents would like to have	101
5.3 Families respondents have or expect to have	111
5.4 Chapter summary	123
CHAPTER 6: TIMING OF PARENTHOOD	
6.1 Introduction	125
6.2 Age, the life course and parenthood	125
6.3 Preconditions and timing of parenthood	131
6.4 Chapter summary	146
CHAPTER 7: COMMUNICATION WITH PARTNER	
7.1 Introduction	149
7.2 Discussions between partners	149
7.3 Power and communication	162
7.4 Chapter summary	170
CHAPTER 8: FERTILITY DECISION-MAKING: CONCLUSIONS AND IMPLICATIONS	
8.1 Introduction	173
8.2 Meeting the aims of the study	174
8.3 Summary of key findings from each chapter	178
8.4 Key themes across chapters	181
8.5 Contribution to knowledge, conclusion and future direction	188

BIBLIOGRAPHY	191
APPENDICES	203
Appendix 1 NHS recruitment poster	
Appendix 2 NHS research ethics approval	
Appendix 3 Short biographical description of each respondent	
Appendix 4 Interview guide	
Appendix 5 Life grid	
Appendix 6 Interview information sheet and consent form	
Appendix 7 Demographic questionnaire – information about you	
Appendix 8 University of Edinburgh SPSS ethical review form	

Introduction

One of the central preoccupations of modern demography is to describe, understand and, ultimately, explain fertility trends. Demography itself offers few unique concepts and theories in this endeavour, as noted by Bogue (1969). Even its core ‘demographic transition theory’ draws on inferences and principles extracted from other disciplines.

Demography (and fertility studies in general) over the last century has experienced considerable shifts in its focus due to the changing ‘intellectual and institutional focus of the authors and their invested interest in the subject’ (Szreter, 1993:659). In the first half of the twentieth century, demography emphasised macro-level theories put forward by macroeconomists, social scientists and political scientists which framed fertility change as a result of structural changes leading to a desire for smaller families and having the means to control fertility. However, the emphasis changed in the latter half of the century up to the present day, favouring the micro-level theories of fertility developed by micro-economists, psychologists and sociologists which focus on the individual’s agency, rationality and motivation in exerting influence over fertility. The study of fertility determinants remains important and relevant in informing social policy, apparent in the growing body of literature around this topic from a range of disciplines (for example, see latest review by Balbo et al., 2013).

Over the last six decades, the methods used in fertility research have remained strongly grounded in the quantitative tradition, drawing on aggregate economic measures or large-scale surveys for their data collection and using statistical models for their analysis and interpretation. According to Caldwell (1996), the study of fertility was effectively a ‘quantitative problem’ best served by quantitative methods. This aligned with the use of quantitative methods preferred by different disciplines that had traditionally dominated the study of fertility. The quantitative approach that dominates demography and the focus of its attention – which included fertility – were defended by Caldwell, noting that:

Demography ... demands that conclusions be in keeping with observable and testable data in the real world, that these data be used as shrewdly as possible to elicit their real meanings, and that the study should be representative of sizable or significant and definable populations. (Caldwell, 1996:33)

It is, however, noted that from the late 1980s there had been increased attention given to the use of qualitative methods to complement more traditional quantitative approaches in demography: the aims were to gain a deeper understanding of demographic behaviours and phenomena, and to improve the quality of survey data by overcoming some of the methodological limitations faced during the conduct of survey methods (e.g. Obermeyer, 1997; Randall and Koppenhaver, 2004).

Demography continues to adopt concepts developed from other disciplines to aid the understanding of, amongst other demographic behaviours, fertility decision-making by individuals and couples. Notably, the concept of social norms has been increasingly utilised in demographic research in recent years, a development welcomed by demographers (e.g. Liefbroer and Billari, 2010). Within the sociological literature, the concept of social norms has been widely utilised, most prominently by Parsons (1937/1968, 1951) and Shils (1951), and earlier by Weber (1925/1978) and Durkheim (1950) in the study of social structure and social action. Central to the concept of social norms is the focus on how normative beliefs affect individuals' behaviours; a system of norms indicates the boundaries between what is regarded as acceptable (prescriptive norm) or unacceptable (proscriptive norm) in a group or society.

According to Parson (1951), norms influenced an individual's behaviours by becoming part of the individual's own preferences and goals. As such, most behaviours were embedded within the network of relationships they existed in. Positioning norms as shared beliefs, Homans (1950, 1961) suggested that norms are not behaviours themselves but what individuals *think* behaviours ought to be. The non-conformity to (or deviance from) a set of social norms can lead to individuals experiencing shame or stigma (Goffman, 1963) that requires management of the impressions of themselves to others and having to account for their deviant

behaviours (Scott and Lyman, 1968). It is therefore important to consider the set of social norms being negotiated and underpinning an individual's fertility decision-making process.

Aim and objectives of the thesis

Fertility studies using quantitative methods often present individuals or couples as autonomous decision-makers with a fairly clear and consistent preference for family size and the timing of parenthood. This study aimed to explore whether this is the case by examining how individuals talked about and made sense of fertility, parenthood and family using a qualitative research approach. Reviewing the literature on fertility studies (in chapter one), several questions were posed which served to address the overarching aim of the study. These were:

- How important are children for people compared to their plans for themselves and their own life projects?
- Do people have a preference for a given number of children and plan their lives accordingly?
- Are there factors people consider as necessary 'preconditions' when thinking about the timing of parenthood, family size and whether to have children at all?
- What had been the experience of reconciliation of family formation with other life demands including work and education? Are there gendered differences?
- Do interpersonal interactions, living environments and social networks have an influence on individuals' fertility preferences and decisions?
- How do couples discuss or negotiate parenthood? Do they start from some kind of clearly defined personal preferences?

In order to address these questions, a qualitative research approach was undertaken (described in chapter two) using Scotland as an example of a developed country in which the empirical research was conducted.

Scotland's fertility

As in many developed countries, Scotland's fertility had been of socio-political interest given the implications of the population ageing, with its attendant serious social and economic consequences. Invited chapters on the subject had been published alongside the Scottish annual review of demographic trends by fertility researchers (Graham and Boyle, 2003; Graham, Jamieson and MacInnes, 2008). It had been argued that within the context of Scottish demography – characterised by its excess of early deaths, low fertility and population ageing – these phenomena may be viewed as a positive development rather than as a problem (MacInnes and Pérez Díaz, 2007). Other studies had focused on investigating meso- and micro-determinants of fertility, including the empirical analysis of geographical variation in fertility (e.g. Boyle et al., 2007) and the exploration of individual attitudes to fertility (e.g. Dey, 2007).

More people than in the past are experiencing a number of different family formations and transitions throughout their adult lives in Scotland (Morrison et al., 2004). The latest national statistics by the General Register Office of Scotland (GROS) showed that the number of marriages in Scotland had been in decline since the early 1970s; from over 40,000 annually, reaching the low of 27,524 in the year 2009, before seeing a gradual increase year-on-year since to 30,534 in the year 2012 (GROS, 2013). The reverse trend is true of the number of divorces in Scotland; from 2001 there had been a gradual increase in the number of nullities and dissolutions, peaking at 13,012 in the year 2006, before gradually decreasing through to the lowest level of 9,862 in the year 2011. Childbearing no longer takes place only in the context of marriage. Of all births in 2012, 51.3 per cent were to unmarried parents, the highest proportion compared to 44.0 per cent in 2002 and 30.3 per cent in 1992. The proportion of births registered solely in the mother's name, however, had fallen, reaching its lowest level at 5.2 per cent over the past three decades, suggesting an increase of births to mothers who were in a stable relationship with their unmarried partners. These statistics suggest increased dynamism of family forms, which need to be considered when relating fertility research.

In terms of its fertility trends, the Total Fertility Rate (TFR) in Scotland has fallen below replacement level since the early 1970s and has remained at a low level since. It reached its lowest level of 1.48 children per woman in 2002, before slowly climbing up to 1.80 children per woman in 2008, the highest level for 26 years. In 2012, the TFR was 1.67 children per woman. There is an increased trend in the mean age of motherhood; in 2012 this was 29.7 years-old, compared with 27.4 in 1991 and 26.1 in 1977. Similarly, there is an increase in the mean age of fatherhood where information was available. In 2012 this was 32.5, compared with 30.0 in 1991 and 28.6 in 1977. Birth data collected from the Scottish Morbidity Records, the Maternity Discharge (SMR02) by the Information Services Division (ISD) Scotland (2013) showed that in 2012, almost two thirds (62.1 per cent) of all first-time mothers in 2012 were aged under 30. First-time mothers aged 25–34 accounted for just over half (53.3 per cent) of all first-time births. Only a very small proportion (2.3 per cent) of all births is to mothers aged 40 and over. The high proportion of births to women from a narrow age range suggested there is an age norm for entering and ending childbearing in Scotland. In the next section, I will look at social determinants of fertility examined by Scottish demographers to explain the fertility trends observed in Scotland.

Social attitudes towards fertility and parenthood

The 2005 Scottish Social Attitudes (SSA) survey on attitudes towards fertility (Dey, 2007) provided an important examination of the determinants of fertility at the individual and contextual level, adding to the growing body of literature in the study of fertility taking a similar level of analysis (Balbo et al., 2013).

Based on the 2005 SSA data, Dey (2007) found that men and women would like to have more children than they actually have, with the average ideal family size being 2.48 children, whilst in practice the average is 1.24 for this group. The authors suggested that given

childbearing aspirations amongst respondents were comfortably above replacement levels ... Scotland's below replacement fertility cannot be attributed to low fertility ideals. Many people expected to have more children, but even allowing for age there was a gap between fertility ideals and expectations, especially amongst those who wanted larger families. (Dey, 2007)

At the individual level, lower fertility was found to be associated with higher levels of education, levels of female employment (i.e. women in full-time employment had lower fertility than those in part-time employment) and not being in a relationship. It had also been attributed to differences in lifestyle aspirations, negative perceptions of the cost and benefit of children, and sensitivity to financial and other constraints.

When the social context was taken into consideration, the study found that individuals who had close friends and/or relatives who had children tended to have high fertility. Individuals' living environment was also found to have an influence on individuals' fertility: individuals' perception of their local area was related to the number of children they have and expect to have; those who viewed their local areas as negative were more likely to have, and to expect, fewer children than their counterparts who assessed their local areas positively. These findings highlighted the significance of social context in the study of fertility, an approach Boyle et al. (2007) refer to as 'contextualising demography', which supported the earlier assertion by Hobcraft (2006) that the study of fertility would benefit from shifting its focus from events to processes.

Having provided the background to the intellectual origins of the thesis, the research aim and objectives, and background to Scotland's fertility, I will outline the structure of the thesis that follows this introductory chapter.

Structure of the thesis

The thesis is composed of eight chapters. Chapters one and two will respectively provide a literature review and a description of the methods. Chapters three through to seven each discuss an analysis of respondents' accounts in relation to different but interlinked themes. The thesis will be drawn to a close in chapter eight.

The literature reviewed in chapter one will provide an overview of the scope of fertility research over the last 60 years, situating the demographic transition theory and the more recent second demographic transition theory as central theoretical frameworks for describing and explaining fertility trends observed in countries as they reach different stages of their development. Some of the key concepts and assumptions underlying these theories and empirical studies will be critically explored in order to identify gaps in knowledge and to formulate sub-questions that will facilitate addressing the central aim of the thesis.

In chapter two, the research design and methods used will be discussed. The aims of the thesis will be iterated alongside a brief explanation for the rationale in addressing the research aim using a qualitative approach. The development of sampling criteria and the recruitment process will be discussed, and a breakdown of respondents' demographic characteristics will be provided. The use of semi-structured interviews as the research instrument, alongside the deployment of interview tools including fertility vignettes, the life grid and a reflexive interviewing session at the end of the interview, will be discussed in terms of how they aligned with the research aim and qualitative approach taken in this study. This will be followed by the description of the conduct of the interviews, focusing on the context in which they took place and the discussion of issues around reflexivity and ethics in research. Finally, I will outline how data generated from the interviews were analysed and organised into five key themes which will be presented in the five chapters that follow.

Each of the five data chapters has the same structure – two or three main sections will be sandwiched between an introduction and a chapter summary. In chapter three, the analysis of respondents' accounts in relation to the fertility vignettes is presented. The analysis of respondents' accounts will provide insights into how respondents consider the issue of communication between partners, and also how gendered powers function during fertility decision-making; examining the extent to which personal choice can be exercised within the context of a couple's relationship and the social conventions around the timing of parenthood. The issues identified in relation

to the fertility vignettes will be explored further in chapters four through to seven in relation to respondents' personal contexts.

Desire and motivation for and against parenthood will be the theme explored in chapter four. Accounts from respondents who said they desired having children (including those who were parents or not yet had any) are analysed separately from those who said they did not want to have children and would like to remain child-free. The deployment of discourses by respondents in describing and accounting for parenthood or remaining child-free will be discussed to examine the extent to which parenthood can be perceived as a normative transition in the life course.

In chapter five respondents' discussions about family size will be examined. Firstly, the advantages and disadvantages identified by respondents associated with different family sizes preferences will be discussed, highlighting the normative construct of family based on size. This will be followed by respondents' descriptions of the families they actually have or expect to have, which in practice can differ from their preferences and be accounted for using different discourses that again expose social norms around fertility and parenthood.

In chapter six, I will examine how respondents considered the timing of parenthood in relation to age and the fulfilment of various 'preconditions' before having children. Analysis will look at how respondents construct what they perceived as an appropriate age for parenthood through the discussion of lower and upper age limits for parenthood. Common factors that were identified as important to meet before having children include consideration of education and employment; material and social contexts; and relationship contexts and marriage.

The final data chapter (seven) will turn to the communicative aspect of fertility decisions within the context of the couple, examining the extent to which respondents discussed fertility and parenthood with their partners. The first will look at the variation of experiences in communication with partners around the issue of fertility and parenthood in terms of the context in which such discussions had arisen;

the content of discussions; and the importance or necessity of having these discussions. In the latter half of the chapter, the analysis turned to the power in communication between respondents and their partners, exploring the tensions between joint decision-making and the exercise of personal autonomy.

The thesis will be concluded in chapter eight by firstly reiterating the research aims, objectives and methods and making an assessment of the successes and limitations of the methods used. A summary of the key findings from each data chapter will be presented, along with some further discussion of cross-chapter themes that emerged, before finishing with some thoughts about the implications for future fertility research.

In the next chapter, I will provide a literature review on relevant fertility research.

Chapter 1: Literature Review

1.1 Introduction

In this chapter I will review literature relating to the demographic transition theories offered in explaining the fertility trends experienced by developing and developed countries (section 1.2). I will then unpick some of the key concepts and assumptions underlying these theories and in empirical studies (section 1.3). In section 1.4 I will sum up the chapter with an iteration of the research aims and key questions I will address in my research considering some of the gaps in knowledge and some of the criticism of current approaches to studying fertility.

1.2 The demographic transition theory

The formulation of the ‘demographic transition theory’ in its classic form has been attributed mainly to the works of Notestein (1945) and, to a lesser extent, to Davis (1945). The origin of this concept can be traced back to earlier works by Thompson (1929) and, even earlier, to Malthus (1798). It was developed from generalised historical observations of the demographic changes in Europe in the nineteenth century, rather than based in theory that was detailed enough to explain the timing or progress of the transition across countries or across social groups within countries. According to the theory, in every society that undergoes modernisation, birth and mortality rates will shift from a high to a low level, with the equilibrium of population growth marking the end of the ‘transition’. The demographic transition was observed to occur in all societies beginning in Western Europe, and now virtually only sub-Saharan Africa has yet to embark on the sustained fertility decline as described by the demographic transition theory.

Maintenance of high fertility pre-transition

Notestein (1945:39) argued that high fertility levels in pre-transitional societies were maintained by ‘props’; for example, ‘religious doctrines, moral codes, laws, education, community customs, marriage habits and family organizations’, which were necessary to counterbalance the prevailing high mortality rates at the time. The

decline in fertility, Notestein (1945) asserted, was in response to the decline in mortality rates and regulated through the use of contraception. With regard to the role of declining mortality rates in fertility decline, accordingly, a couple's desired family size indicated the specific intended number of surviving children they wanted, rather than the number of births. Therefore, accordingly, the reduction in fertility can only happen when the chances of child survival had been improved. Extensive empirical research using macro-level data conducted in the latter half of the twentieth century, however, was inconclusive with regard to whether a declining mortality rate was a precondition for fertility decline (e.g. Chesnais, 1992; van de Walle, 1986). Studies using micro-level data (e.g. Taylor, Newman and Kelly, 1976; Preston, 1978) further argued a lack of evidence of a one-to-one replacement of child loss, leading to the broader conclusion that increased child survival was 'probably not a necessary precondition for fertility decline' (Taylor, Newman and Kelly, 1976:271).

The central assertion by Notestein (1945) is that the shift to a lower fertility regime is the result of changing economic and cultural factors that motivated people to favour smaller family sizes. The changes Notestein detailed included: the growth in individualism and rising levels of aspiration associated with urbanisation; the loss of function of the family; higher costs associated with larger families; freedom from traditional ways of living and 'old taboos'; and the promotion of the health, education and welfare of children. The motivation for smaller families was further supported by the weakening institutional influence corresponding with the increasing capacity for people to achieve the smaller family sizes desired. These ideas were further explored in Caldwell's 'wealth flow' (1976) and Coale's 'regulation cost' theory (1973), which I will present next.

'Wealth flow' theory

In Caldwell's 'restatement of demographic theory' (1976), he proposed that the transition from high to low fertility was triggered by a change in the direction of the 'intergenerational flow of wealth'. While 'wealth' tended to flow from children to parents in pre-transitional societies, societies in transition increasingly experience 'wealth' flow from parents to children; children who were previously thought as

assets become liabilities, increasingly discouraging parents from having larger families. His emphasis, however, was the social and cultural ‘wealth’ associated with children rather than just the economic dimension that had been previously emphasised. Instead, Caldwell highlighted the declining non-economic values of children, which are associated with the ‘props’ for high fertility: the demand for children declines and subsequently fertility adjusts to a lower level by means of birth regulation.

Caldwell concluded (1976:356) that ‘this emotional nucleation of the family whereby parents spend increasingly on their children, while demanding – and receiving – very little in return’ was ‘undoubtedly the import of a different culture’. Caldwell’s ‘wealth flow’ theory suggests the key change is in the declining (cultural) ‘value’ of children rather than the emphasis of increasing (economic) ‘cost’. Although he agreed with Notestein that industrialisation or modernisation is associated with an increase in the cost of children, he argued that it is the cultural shift that is the key driving force, which can occur with or without the process of industrialisation taking hold.

Other authors had argued that if children were associated with a wealth flow away from parents, then rationally parents would remain childless, yet this was not the case. Authors argued that a lower fertility limit was maintained by fertility ‘props’ (Notestein, 1945). These can be coercive social institutions such as the family and the workplace (Blake, 1972; 1994), religious collectives (Lesthaeghe and Surkyn, 1998) acting through social norms that discourage childlessness and encourage marriage and parenthood (Blake 1979; 1981) and economic rationality (Caldwell, 1976; Becker 1960). All fertility decisions ‘are always made within and conditioned by ‘social context’ (Morgan and King, 2001). Children are now seen to represent a possibly substantial economic cost to parents, but fertility is seen as responding to other social pressures too, as well as potentially providing non-economic ‘returns’ or satisfactions for parents.

'Regulation cost' theories

From the Princeton European Fertility Project, insights were gathered on the importance of the 'awareness' of fertility and contraceptive choices (Coale, 1973), and emphasising the role of the high cost of birth control (Knodel and van de Walle, 1979) in pre-modern societies which made family limitation 'unthinkable' (Alter, 1992). In assessing the difficulties of the transition theory to predict with precision the developmental threshold required for fertility to decline, Coale (1973:65) suggested three preconditions:

1. Fertility must be 'within the calculus of conscious choice'.
2. Parents must want smaller families.
3. The means to limit fertility must be available.

These points were reiterated in the second point of a summary by Knodel and van de Walle (1979: 219) on the findings of the European Project:

1. Fertility declines took place under a wide variety of social, economic, and demographic conditions.
2. Family limitation was not practised (and was probably unknown) among broad sections of the population before the decline in fertility began, even though a substantial proportion of births may have been unwanted.
3. Increase in the practice of family planning and the decline of marital fertility were essentially irreversible processes, once under way.
4. Cultural settings influence the onset and spread of fertility decline independently of socio-economic conditions.

As argued by Knodel and van de Walle (1979:226–227), 'there was latent motivation for reduced fertility among a substantial portion of the population before fertility began to fall ... births were frequently unwanted, especially among women'. Historical evidence had suggested that birth control (such as *coitus interruptus* and condoms) was available and indeed, practised among the upper classes in the control of marital fertility (Blake, 1985). However, it was deemed either unacceptable or was

unavailable to the vast majority of the population. Thus, even with the motivation to do so, birth control did not exist 'within the calculus of conscious choice'. This led to Knodel and van de Walle to conclude that (1979:239),

what is understood by the 'cost of fertility regulation', a term that covers a variety of factors including sheer familiarity with the concept and means of family limitation, is an extremely important component of an explanation of secular fertility decline, as it occurred in Europe. (Knodel and van de Walle, 1979)

In summary, Notestein (1945) argued in his classic version of the demographic transition theory that 'economic rationality', as the result of 'modernisation' experienced by developing societies, was the driving force behind fertility transition. After receiving severe blows to the theory in light of the contradictory evidence produced from the Princeton Project, the transition theory was partially redeemed by Caldwell's (1976) 'restatement': while agreeing on the role of 'rationality' in the fertility transition, he broadened the scope of 'rationality' to include that of socio-cultural considerations, recognising the non-economic value of children. Both Notestein (1945) and Caldwell (1976) argued that it was the macro forces of economic, social and cultural development that influenced the change in individuals' behaviour in favour of smaller family sizes. However, Coale (1973) contested that this was only possible if the three 'preconditions' were met. This highlights the necessary socio-psychological link in order for individual behaviour to be influenced by macro pressures.

The second demographic transition

The demographic transition theory had raised questions amongst demographers with little agreement on when the transition ended and what happens afterwards. Even before the spread of demographic transition to less developed countries, many developed countries had started experiencing demographic change – particularly in terms of sub-replacement fertility rates that fell beyond what was predicted by the demographic theory. This prompted the development of the 'second demographic theory' (SDT) by van de Kaa and Lesthaeghe in the mid 1980s.

Contrary to classic demographic theory, the SDT proposed that populations could experience a decline in fertility to sub-replacement levels, a divergence of living/household arrangements beyond marriage, and the dissociation between marriage and reproduction. The main features were summarised by van de Kaa (2002:10):

- substantial declines in period fertility, partly resulting from postponement of births, so that (estimated) cohort fertility of currently reproducing women is expected to reach a maximum value well below replacement;
- substantial declines in the total first-marriage rate associated with an increase in mean age at first marriage;
- strong increases in divorce (where allowed) and in the dissolution of unions;
- strong increases in cohabitation, even in countries where this was not a traditional practice;
- strong increases in the proportion of extra-marital births;
- catalytic shifts in contraceptive behaviour with modern means replacing traditional methods.

Moreover, as predicted by the SDT, population equilibrium would not be reached as an end point but rather, populations will shrink in size and be much older than expected by the classic demographic transition, given the lower fertility and increased life expectancy than previously expected. Subsequently, it was proposed that migration would be necessary to replace net population loss, although the challenges posed by population ageing would remain unresolved. Unlike the promise of stability offered by the classic demographic theory, the SDT warned of the social challenges that it would bring, including those related to population ageing, the integration of immigrants and multiple cultures, instability of households and personal relationships and high levels of poverty or exclusion amongst some household types, including those lone-living and single parents.

The SDT had been subjected to several key criticisms, which were summarised and responded to by Lesthaeghe (2010). Some criticisms had centred on the discomfort around, and dislike of, the SDT, which does not expect a 'new equilibrium' as its end point, and it also bears a strong cultural interpretation at the core of the concept. There were two key criticisms made. Firstly, it was argued that a 'secondary' transition did not exist, but rather it was the continuation of the first. For example, Coleman (2005) considered the features of the SDT as 'secondary' and as part of the same transition. In response, attention was drawn to the 'sufficiently differentiated and even antagonistic' characteristics of most family formation variables, including fertility motivation. Moreover, it was noted that the demographic implications of the SDT would be fundamentally different and posed many more challenges compared to the equilibrium that was expected from the classic demographic transition. Secondly, it was questioned whether the SDT was only a north-western Europe phenomenon. Using analysis of both aggregated (macro) and individual (micro) level data from across all regions of Europe, Lesthaeghe (2010) concluded positively that the spread of the SDT had also happened in Central and Eastern Europe. Moreover, limited micro-level data from Asian industrialised countries also demonstrated characteristics and trends that were in line with those observed in European countries where the SDT had begun.

According to the SDT, increased individualism and secularisation underline the fertility and nuptiality trends described. Individuals are characterised as autonomous decision-makers focused on the self-actualisation of their personal goals. As such, individuals as prospective parents make assessments of the value and cost of children that can result in the dampening of fertility intentions and subsequently lower fertility rates. While large-scale national surveys continue to provide evidence of the spread of SDT across Central and Eastern Europe and industrialised countries in other parts of the world (Lesthaeghe, 2010), it is important to consider how individuals evaluate parenthood within the context of other life goals, as well as understand the level of autonomy they can exercise when making fertility decisions.

1.3 The determinants of fertility and its future course

By the 1970s, the post-World War Two (WW2) baby boom in almost all developed countries had run its course. Low fertility, particular the emergence of the 'lowest low fertility' (Kohler, 2001) that was not predicted by the demographic transition, presented concerns for demographers and policymakers in terms of its long-term social and economic implications (Chamie, 2004; Caldwell et al., 2002). Research on the determinants of fertility continued to flourish into the 1980s (see review by Bulatao and Lee, 1983). In the 1990s and into the 2000s the fertility trend started to reverse in Europe, prompting renewed research interest on the determinants of fertility and its future course, with growing interest in understanding the potential of fertility recovery or recuperation. The numerous reviews undertaken solely on the topic of fertility – the latest by Balbo et al. (2013) – demonstrated the importance of this area of research, but also the complexity involved in seeking an understanding of fertility determinants and trends in industrialised countries.

Demographers continue to draw on concepts and methodological innovations developed from other disciplines to further the understanding of fertility trends. Current thinking about fertility has centred strongly around the development of theories of fertility intentions and applying it to better understanding fertility behaviour and to predict fertility outcomes (Philipov, 2011). The theory of planned behaviour (TPB) introduced by Ajzen (1985; 1991) is widely used by demographers to examine the influences on individuals' and couples' fertility decision-making and its relationship with subsequent fertility behaviours (e.g. Klobas and Ajzen, 2015; Dommermuth, Klobas and Lappegård, 2011; Morgan and Rackin, 2009).

Recent fertility research also examined couple's decision-making, highlighting the role of relationship context and a partner's attributes in individuals' fertility decision-making (e.g. Sassler, Miller and Favinger, 2009). Moreover, aspects of gendered power and communication in fertility decision-making are also increasingly recognised as important dimensions to consider when understanding how fertility decisions are made and how they translate to fertility behaviours (e.g. Mills et al., 2008; Berrington, 2004).

Current research on fertility is also revisiting concepts such as the life course (see Huinink and Kohli, 2014) and social norms (see Liefbroer and Billari, 2010), utilising these concepts in the analysis and explanation of fertility trends. The latter concept of social norms has been used, for instance, in explaining the strong norm prevalence to have at least one child in Ukraine (Wesolowski, 2015) and the timing of parenthood in relation to other transitions in the life course – such as leaving the parental home and buying one’s own home, as is the case in Italy (Vignoli, Rinesi and Mussino, 2013).

In the next section, I will present selected areas of fertility studies that are important to consider when examining the determinants of fertility in developed countries such as Scotland. The gaps in knowledge related to these selected areas of fertility research will be revisited in the chapter summary.

The changing values and cost of children

A key argument put forward in the classic demographic transition theory was that declining fertility was the result of the waning desire for children as their value to parents fell and the cost of having them increased. This was supported by Becker's ‘new household economics’ developed in the early 1960s, which opened up a new approach in the understanding of the relationship between fertility and household consumption and labour force participation; decisions about having children were treated in the same way as decisions about other consumer durable goods (Becker, 1960). Focusing on the ‘demand’ for children, Becker's work set out to explain how fertility declined as a result of the demand for smaller family sizes related to the increasing opportunity cost of mothering caused by the feminisation of employment (Becker, 1991), as well as the shift in demand for higher ‘quality’ of children over quantity of children (Becker and Lewis, 1973; Becker and Tomes, 1976).

In parallel, Ariès’s (1962) analysis of the history of childhood and his subsequent work on ‘Two successive motivations for low fertility’ (1980) proposed that the decline in fertility during the demographic transition was the result of ‘an enormous

sentimental and financial investment in the child'. Concerns about the ability of parents to give their children a good start in life motivated them to reduce their family sizes. He argued that the fertility level seen in contemporary developed countries (arguably undergoing the SDT) stemmed from a very different attitude; the altruistic focus on children gave way to a focus on hedonism for the couple and less interest in investing in children, coupled with the increasing desire for self-realisation and status goods which saw a further decline in fertility.

More recently, it had also been argued that through the processes of secularisation and individualisation, individuals in post-industrial societies are increasingly freed from the normative constraints imposed by institutions such as the family and religion (Beck and Beck-Gernsheim, 2001). As such, social norms were thought of as having declining importance for individuals in the shaping of their demographic choices across the life course (Buchmann, 1989). Instead, men and women were portrayed as reflexive decision-makers engaged in goal formation and capable of exercising autonomy in fulfilling their personal goals and life projects (Giddens, 1991). This poses the question whether children are becoming less important to people compared to their plans for themselves and their own life projects.

Parenthood motivation

Beyond considering children in terms of economic utility, other frameworks had been developed to describe the values and cost of children to people in non-economic terms. Prominent frameworks and lists include the 'Value of children' list (Hoffman and Hoffman, 1973) and the 'Parenthood motivation' list (van Balen and Trimbos-Kemper, 1995), both describing the motivation for parenthood. A third list, the 'Statements of motives for voluntary childlessness' (Houseknecht, 1989) described the motivation for remaining child-free. Although developed within the psychology tradition, these concepts had been useful for sociological investigation as they highlighted the importance of context and the processes in which these values were meaningful to the individuals in driving behaviours towards parenthood.

Value of children (VOC): According to Hoffman and Hoffman (1973:1920), ‘the value of children referred to the function they serve or the needs they fulfil for parents’. Based on numerous empirical studies on the subject, Hoffman and Hoffman (1973) compiled a list of nine categories, each representing a basic psychological need. Namely, they are ‘continuity, tradition, security’, ‘parenthood satisfaction’, ‘role motivation’, ‘happiness and affection’, ‘goal and incentives from children’, ‘social status’, ‘external controls on childbearing’, ‘cost of children’ and ‘decision mindedness for childbearing’. The list has remained in use in international comparative studies over the last four decades (Arnold et al., 1975; Nauck, 2014).

Parenthood motivation list: More recently developed, the parenthood motivation list (van Balen and Trimbos-Kemper, 1995) was utilised in a diversity of studies with different populations. This included couples who were experiencing fertility problems (e.g. Glover et al., 2009), going through IVF treatment (e.g. Cassidy and Sintrovani, 2008), having children at later ages (van Balen, 2005) and being in lesbian relationships (Bos et al., 2003). The original list consisted of six types of motivation: ‘happiness’, ‘well-being’, ‘continuity’, ‘social control’, ‘motherhood/fatherhood’ and ‘identity.’ Further development led to the fusion of the last two motivations into parenthood/identity, as well as the inclusion of another category, ‘partner attachment’. Its use had largely been limited to assessing parenthood motivations in the sub-groups, rather than for making cross sub-group comparisons and perhaps, therefore, restricting its applicability to macro-level analysis.

Statements of motives for voluntary childlessness: A major approach to the study of the motivations for voluntary childlessness was introduced by Houseknecht (1989) in a review on voluntary childlessness. Based on 29 studies that were found to contain motivational data, the rationales given for voluntary childlessness in the studies were organised into what she calls the ‘statements of motives for voluntary childlessness’. These rationales included ‘freedom from childcare responsibilities; greater opportunities for self-fulfilment; spontaneous mobility’, ‘higher marital satisfaction’, ‘female career considerations’, ‘monetary advantages’, ‘concerns for population

growth’, ‘general dislike for children’, ‘early socialisation experiences; doubts about parenting abilities’, ‘concerns about physical aspects of childbirth and recovery’ and ‘concerns for children, given global conditions’.

Houseknecht’s treatment of ‘accounts’ clearly moves away from the ‘attribution’ perspective used in VOC (Hoffman and Hoffman, 1973). Identifying the voluntarily childless as ‘deviant from the dominant societal norm, which prescribes children’, Houseknecht (1989: 376) suggested that ‘it is necessary for such nonconformity to be accounted for’. Such an approach drew on the work of Goffman (1959), Scott and Lyman (1968) and Mills’s ‘motive talk’ (1940), emphasising that motives originate not within the individual but from the social setting and audience at hand. Particularly for the voluntary childless, their accounts are viewed as being used by individuals to present themselves with justifications or excuses for socially undesirable or problematic occurrences. Thus, it is important that the studies of motives for parenthood or remaining childless consider the context in which respondents are made to account for their motives, paying attention to *how* people describe their desires and motivations for having children or in remaining childless.

Desired number of children: fixed or moving target?

Becker’s approach, and others influenced by it, made the simplifying assumption that people have a preference for a given number of children and plan their lives accordingly. The use of fertility measures such as ‘actual’, ‘expected’ and ‘ideal’ fertility, and people’s responses, had been utilised to assess unmet reproductive health needs and to make predictions of future trends. However, this conceptualisation of fertility intentions as being expressed as a desired number which remains fixed throughout an individual’s reproductive life and expressed in numerical terms had been challenged by several authors.

Hauser (1967:404) argued that the use of numerical fertility measures for ‘desired’, ‘intended’ and ‘ideal’ family size/preference as used in quantitative social research is flawed in its ontology, noting that,

findings on 'ideal' family size ... in a society characterized by a pre-Newtonian mentality – a society in which the number of children is determined by nature, spirits, or God – may be a meaningless question. (Hauser, 1967)

He added that accepting these numbers at face value is 'methodologically naïve' and that 'it is quite possible that many of the responses were efforts at politeness to meaningless queries or forced responses to questions to which the respondent really has no answer either before or after the question is put'. Further, van de Walle (1992) found that the conceptualisation of fertility or completed family size may not always be in numerate terms. Conceptualising 'desired' family in terms of numbers also negates non-numerical preferences such as specific characteristic traits of children (for example, sex, intelligence or even eye colour) and achieving a 'balanced' family (for example, in terms of having a desired proportion of boys to girls). However, as defended by Schoen et al. (1999), within the context of using quantitative methods to investigate fertility outcomes, the value of fertility intention data should not be totally dismissed, as fertility intentions are important independent predictors of subsequent fertility behaviour. This has been shown previously by several other authors including Thomson(1997) and Westoff and Ryder (1977).

Moreover, in terms of the use of survey methods which are typically used in the study of fertility, Maher and Dever (2004) argued that a major drawback of using surveys was that it pre-sets and pre-empt the responses of the individuals. They argued (2004:11) that this limited the

contextual and lived experienced of the individuals, reducing the individuals to voiceless variables ... with their individual behaviours and subjectivities flattened out ... aspirations and motivations emerged as apparently uniform, transparent and predictable. (Maher and Dever, 2004)

They continued to argue that while surveys were initially constructed based on the social context that they serve to study. Once created survey items are likely to be carried over in subsequent waves of the survey, often with little or no modification to the questions being asked or responses available for respondents to choose from.

Thus, in large-scale quantitative studies that use surveys items that do not evolve to reflect the social changes that the study population had experienced – including the shift towards individualism, gender equality, the increase in female participation in the labour market and the increase in the prevalence and acceptance of divorce, cohabitation and childlessness – the reliability of the research can be compromised. This highlights the need for researchers to be rigorous when conducting fertility research, whether qualitative or quantitative research, reflecting on the soundness of research instruments/tools used, accuracy of findings and the integrity of assumptions made or conclusions reached (Mason, 2006).

Other authors challenged the notion that fertility intentions are made as a ‘one-off’ decision which then remains a ‘fixed target’ throughout the rest of the decision-makers’ lives. Rather, as Lee (1980) argued, it is a ‘moving target’, a claim supported empirically by Hayford (2009) in a study that described the changes in women's expected fertility over their childbearing years. Critics, such as Namboodiri (1972), argue that fertility intentions are made sequentially, given that children are typically born one at a time and not all at once. The presence of intervals between births allows for sequential decisions to be made (in keeping with the overall ‘goal’) but also allows a revision of fertility decisions made earlier. Evidence in support of this sequential model of fertility decision-making can be found in ‘birth by parity’ studies, which found that at different parities, a couple’s decision to have the next child is variedly influenced by different factors (Namboodiri 1974; Udry, 1983; Bulatao 1981; Crawford and Boyer 1984).

Fertility decision models that position ‘intentions’ before fertility behaviour make the assumption that people are free to make the choice which provides them with greatest net utility/value. The limitation of the exercise of personal autonomy, however, was argued by Blake (1994:171):

In any given society, the way in which the utilities and costs are structured, the model in terms of which individuals have to operate is largely beyond their control. To a very great extent, they are handed the schedule of utilities and costs and they make their family size ‘decisions’ within this predetermined framework. (Blake, 1994)

This difference in perspectives is well expressed with the famous dictum by Duesenberry (1949, cited by Hobcraft and Kiernan, 1995): ‘economics is about choice; sociology is about lack of choice’.

The life course and fertility: the transition to parenthood

Hobcraft (2006:158–160) argued that ‘demography needs to move further towards dealing with the understanding of dynamic processes’. He suggested that the focus should be on ‘processes not events’ and in the case of childbearing behaviour, ‘parenthood not just births’. Thus, in seeking to find explanations for observed fertility and family trends, the attention of this research turns to the dynamic process involved in people’s construction of meaningful parenthood (as opposed to having a baby *per se*). What factors do people consider as important to meet when timing parenthood? To what extent is the timing of parenthood a matter of choice or influenced by social norms around parenthood?

Hobcraft and Kiernan (1995:28) had earlier argued that,

the timing of transition in peoples’ lives is to a major extent, but not entirely, individually determined in most Western-European societies. Simultaneously, the location of the timing of a transition in the life course is by and large socially constructed and embedded within the prevailing institutional frameworks. There are ‘more appropriate times’ rather than a ‘right time’ to become a parent. (Hobcraft and Kiernan, 1995)

Hobcraft and Kiernan (1995) continued to identify five contexts or ‘preconditions’ which they perceived to ‘have been and continue to be of importance’ to individuals and couples when considering the timing of parenthood, and they are: (1) being in a relationship; (2) having completed full-time education and training; (3) having a home of one's own; (4) being in employment with an adequate income; and (5) a sense of security.

The fulfilment of these important factors to a large extent determines the timing of parenthood. The observed trends of increasing mean age of parenthood have been

linked with broader social changes that influence the fulfilment of these preconditions.

Postponement of parenthood

In many industrialised countries, including Scotland, there has been a persisting trend towards delaying parenthood towards increasingly older ages. The driving force behind this ‘postponement transition’ (Kohler et al., 2002) has been well documented and points to a combination of many interrelated social, economic, cultural and ideation changes (see also Sobotka, 2010; Billari et al., 2006). Sobotka (2010:129–130) noted that:

The decision on the right timing of childbearing has become increasingly difficult for men and women who try to find the best way of combining their education, work career and leisure activities with their partnership life and family plans ... This decision-making problem is further accentuated by declining compatibility of childbearing with economic aspiration, participation in education, work career, and leisure activities of young adults. (Sobotka, 2010)

In the expansion of opportunities across all life domains and the increasing exercise of autonomy in the construction of one's own life course, men and women face the challenge of choosing between activities that often are in competition for limited resources, highlighting the increased interconnectivity of personal/family life with employment.

Furstenberg (2010:69) argued that many of these driving forces behind the postponement of parenthood had contributed to ‘prolonging the transition to adulthood’ and ‘helped to delay and complicate the passage to adulthood’. The achievement of the ‘precondition’ for the transition to parenthood described by Hobcraft and Kiernan (1995) aligned closely to what Lee (2001) characterised as key markers of the ‘standard adulthood’, including the gaining of independence and competency to make autonomous decisions. This is marked by the attainment of stability across various life domains including being in stable employment with a steady income, living in secure accommodation and a secure environment, being in a stable intimate relationship and taking on parenthood responsibilities (Lee, 2001). As

argued by Giddens (1991), the delay in parenthood reflected not only the increasing challenge in the reorganisation of the life course by the individuals, but also the increasing uncertainties in the labour market and personal intimate lives. Under such challenging structural conditions and the flux in personal lives, and in reference to the ‘preconditions’ and attainment of ‘standard adulthood markers’, the transition to parenthood seems like a moving goalpost.

Women's education, employment and fertility

Much of the research on female employment, education and fertility stemmed from the changes in the employment system over the latter half of the twentieth century in developed countries, which went from being a ‘male breadwinner’ system to a more gender-egalitarian employment and education system. In the earlier ‘male breadwinner’ system, men were the main (and often only) income earner with the employment market offering few opportunities for women; female employment was secondary to the various social pressures that set the primary role of women as mothers. In the latter half of the twentieth century, there was an increase in equal opportunities for women in both education and training for recruitment to employment, alongside the change in attitude in relation to gender roles and the feminisation of the workforce. The increased opportunities for self-fulfilment through education and employment challenge the notion of motherhood as a woman’s primary role, with women increasingly combining work with family commitments. This change in social attitude and reorganisation of employment and family life is often reported in surveys which chart the transition from the ‘male breadwinner’ to the ‘dual earner dual career’ system (e.g. McRae (2002) based on UK data for 1980 to 1999).

The continued interest in investigating the relationship between female employment and fertility in developed countries (e.g. Brewster and Rindfuss, 2000) is contributing to the introduction of family policy (e.g. Oláh and Fraczak, 2013). This demonstrates that the reconciliation of work and family life is high on the agenda of governments and policymakers. A review of the effectiveness of these policies suggested, however, that there is limited impact on fertility and may, if at all,

influence the timing of fertility rather than number of children a woman bears (Gauthier, 2007), further demonstrating the complexity of processes underlying fertility trends.

Fertility research examining this relationship needs to consider how women negotiate between education/employment opportunities and family/personal life. Furthermore, it would be naïve to ignore the impact on men's experiences and expectations of work and family life within the couple and household context.

Social norms around timing of parenthood

Liefbroer and Billari (2010) noted the paucity of research within sociology and demography utilising the concept of social norm in recent decades, despite the central position that it occupied within sociology in the work on social structure and social action (e.g. Parsons 1937/1968, 1951; Parsons and Shils, 1951; Weber (1925/1978 and Durkheim, 1950) and within demography in the explanation of the fertility transition experienced in developing countries (e.g. Montgomery and Casterline, 1996; Oppenheim and Mason, 1983). As the gaze of sociology and demography shifts from more traditional (developing) to more advanced (post-industrialised) forms of society, it is theorised that social norms play a diminishing role in influencing demographic behaviour.

A couple of recent qualitative studies have taken a life course approach to examine the age and identities associated with parenthood. Perrier (2013) argued that the timing of entering motherhood is important when women construct classed maternal moralities by making reference to the 'life course dis-synchronicities' faced by both younger and older mothers. Similarly, examining the intersectionality of masculinity and age, Shirani (2013) found that men's accounts of fatherhood raised concerns about ageing regardless of their biological age, with reference to the association between fathering and physical activity.

The idea of a 'more appropriate time' from Hobcraft and Kiernan (1995) points towards the influence of social 'norms' with regard to the timing of parenthood.

Empirical studies in Poland (Mynarska, 2010) and across Europe (Billari et al., 2011) demonstrated there was a perceived social age deadline for childbearing in men, and particularly for women. In the Scottish context, data from ISD Scotland (2013) demonstrated the differential experiences of women and couples from different socio-economic backgrounds, with the differences most apparent between women from the least and most deprived backgrounds. The most common age for starting a family in areas of low deprivation is 31, which is 12 years later than the most common age in areas of high deprivation. Age tendencies were most apparent in the most and least deprived quintile (from the single big spikes), with women from the most deprived backgrounds tending to have children at younger ages and women from the least deprived backgrounds having children towards older ages. Interestingly, but not surprisingly, across all deprivation quintiles, childbearing seems to decline to very low numbers towards age 40. This highlighted that while biological constraints limit fertility, so do social expectations and norms around parenthood. To explain fertility trends, it is important to gain an understanding of the social pressures and constraints experienced by people when considering the timing of parenthood.

Social interactions and fertility

There is an increasing attention on the intermediate (or meso) level determinants of fertility, highlighting the importance of considering the influence of interpersonal interactions, living environments and social networks on an individual's fertility preferences and decisions. This perspective, as noted in the review by Balbo et al. (2013:14) 'take[s] into account the fact that individuals are positioned as social actors who make decisions and act while embedded in a web of social relationships with kin and peers'.

Empirical studies from the qualitative and quantitative approaches, exemplified by Rossier and Bernardi (2009) and Billari et al. (2009) respectively, demonstrated the role played by an individual's personal network in shaping their decisions around the timing of fertility as well as family size preferences. The place of residence had also been found to have an influence on fertility at different geographical levels: the

regional (e.g. Kertzer et al., 2009); between urban and rural (e.g. Kulu et al., 2009); and at household level (e.g. Kulu and Vikat, 2007).

Drawing from sociological theory (Lin et al., 2001), social capital, defined as the resources that individuals have access to through personal relationships, has also been a focus in recent studies (e.g. Bühler and Philipov, 2005). Accordingly, long-term stable relationships with other people can enable individuals or couples – with access to resources (including material and emotional aid) that support them – in childbearing and childrearing, thus playing a role in fertility decision-making.

Since the review by Balbo et al. (2013) several fertility studies have been published on a range of topics relating to the determinants of fertility. Balbo et al. (2013) showed the strong influence of friends and peers in the timing of marriage and parenthood in the United States. A Polish study (Colleran et al., 2014) that examined the fertility trends in 22 high-fertility communities found an inverse relationship between (women's) average education level in the community and family size, suggesting that it was the cultural dynamics beyond the individual's characteristics (e.g. a woman's own education level) that drove changes in fertility preferences.

Couple's fertility decision-making

Another area of fertility research also centred on the decision-making process by couples. The majority of births in developed countries remained in the domain of women who were in a stable relationship with their partners, although not necessarily within the context of marriage. Authors had argued for the use of couple-based approaches in the study of fertility intentions, with empirical evidence demonstrating the influence a partner's characteristics (Corijn, 1996; Berrington, 2004; Rosina and Testa, 2009) and a partner's perception of the quality of their relationship (Sassler, Miller and Favinger, 2009; Rijken and Thomson, 2008) can have on the timing of parenthood and family size. Other studies had examined the communicative aspect of a couple's decision-making, suggesting the decision-making preceding both early and postponed first childbirth is often implicit and that disagreement between partners does not necessarily lead to discussion (Rijken and Knijn, 2009). Earlier

studies had shown that when couples disagreed whether or not to have a child, both partners' intentions shifted towards postponement (Thomson, 1997).

Taking a life course perspective, Bauer and Kneip (2014) showed that the decision to have a first child is jointly made with each partner being able to exercise a veto on the decision. They also found that women appear to have a greater influence on decisions on higher parity births given they are (still) more affected by the concomitant housework. In terms of the influence partners had over each other, Zipp et al. (2004) suggested that within a marriage, husbands were more likely to defer decisions around 'domestic issues', typically within the gender stereotyped expertise of women, to their wives. Similarly, Testa et al. (2004) found that women had a greater influence on childbearing decisions than men. It is therefore important to consider the extent to which people talk to their partners about their views and attitudes towards parenthood, and importantly how implicit gendered power can influence the outcomes of discussions they have and decisions they make as a couple.

1.4 Chapter summary

In this chapter, I presented the two demographic theories put forward in explaining fertility change by countries as they experience social, economic and technological developments. I have also presented selected areas of fertility research which are of considerable relevance to the study of fertility in a developed country such as Scotland, which I also provided a brief background on with regard to its fertility.

The aim of the study was to explore the extent to which individuals and couples behave as autonomous decision-makers who make deliberate fertility decisions and have a fairly clear and consistent preference for family size and the timing of parenthood. To do so, six research questions were formulated to enable an in-depth examination of whether or not, and how, individuals make fertility decisions and the factors they consider when making them. These questions have arisen from a critical reading of the literature, examining the validity of the assumptions made about fertility decision-making processes and by considering much more broadly the

complexities of how individuals negotiate fertility decisions within the life course and the social context they live in. These included:

- How important are children for people compared to their plans for themselves and their own life projects?
- Do people have a preference for a given number of children and plan their lives accordingly?
- Are there factors people consider as necessary preconditions when thinking about the timing of parenthood, family size and whether to have children at all?
- What had been the experience of reconciliation of family formation with other life demands, including work and education? Are there gendered differences?
- Do interpersonal interactions, living environments and social networks have an influence on individuals' fertility preferences and decisions?
- How do couples discuss or negotiate parenthood? Do they start from some kind of clearly defined personal preference?

In the next chapter I will present my research aims, which considered these questions posed above, and my research methods in providing answers to these questions.

Chapter 2: Methods

2.1 Introduction

In this chapter I will outline the research design and methods employed in this study. In section 2.2 I will present the aims of the study and briefly explain the rationale for taking a qualitative approach in this research. I will introduce my respondents in terms of my recruitment process and respondents' demographic information in section 2.3. To understand reproductive choice I included the use of semi-structured interviews as my method of social enquiry, along with other interview instruments. In section 2.4, I will present the research instruments that were developed and utilised in this study; semi-structured interviews which were facilitated by the use of interview tools. In section 2.5 I will describe the conduct of the interviews, looking at the context in which they took place and issues of reflexivity and ethics in the research. In section 2.6 I will outline my treatment of the data in terms of my transcription and analysis processes. I will provide a chapter summary in section 2.7

2.2 Research aims

The aims of this study were two-fold. The first aim was to critically examine the extent to which individuals and couples behave as autonomous decision-makers who make deliberate fertility decisions and have a fairly clear and consistent preference for family size and the timing of parenthood. With this aim, respondents were asked to describe and account for their desire for having children and their preferences and expectations around family size. Respondents were also asked to explore the factors that were important to them when considering their decisions and plans. Respondents were also asked whether parenthood was something they discussed with their partners and, if so, when and what was discussed. Fertility vignettes were also used to facilitate discussions around reproductive autonomy and its limitations or constraints.

The second aim was to examine the potential of using qualitative methods in understanding fertility change, which had been previously described by prominent

demographer Caldwell (1996) as a ‘quantitative problem’. I set out to examine this empirically using a qualitative research approach; this research operates within an interpretive paradigm, using qualitative methods of data generation as a means to capture the subjective meanings of experiences that may be difficult to capture with quantitative survey methods (Denzin, 1989).

Loosely defined by Mason (2006: 3), qualitative research is:

grounded in a philosophical position which is broadly ‘interpretivist’ in the sense that it is concerned with how the social world is interpreted, understood, experienced, produced or constituted Based on methods of data generation which are both flexible and sensitive to the social context in which the data are produced. ... Based on methods of analysis, explanation and argument building which involve understanding of complexity, detail and context. (Mason, 2006)

A key strength of qualitative research methods is the analytical potential of exploring the meanings and accounts that people offer, rather than relying on statistical means to quantify, or to test, pre-determined relations between respondents’ characteristics and co-variants of fertility. Furthermore, qualitative research assumes the view of human behaviour as dynamic, situational and social as opposed to being regular and predictable, which the study set out to test as an underlying assumption of the fertility models that are currently widely used.

2.3 The respondents

Both men and women from diverse socio-economic backgrounds were recruited into the study. The importance of including men in fertility research had been highlighted by several authors (Greene and Biddlecom, 2000; Goldscheider, 2000; Eggebeen and Knoester, 2001; Jamieson et al., 2010; Sylvest et al., 2014), prompting efforts to ensure an equal number of men and women were interviewed. Respondents from a spectrum of educational attainment and employment statuses were also recruited.

The pilot interviews highlighted the significance of the interaction with partners in the consideration of parenthood, which then became one of the focuses of the study.

Hence, only respondents who were in relationships at the time of the interviews, regardless of their marital status or living arrangements with their partners, were recruited. Respondents with different parental statuses were also recruited. Having respondents with varying numbers of children would enable the opportunity to examine past fertility decisions and future plans at different stages of family formation. Further distinctions were ensured by the recruitment of respondents who were parents; respondents who were childless but would like children in future; and respondents identifying themselves as ‘child-free’ (i.e. with no desire to have children), thereby providing the opportunity to compare and contrast their responses.

Recruitment

Several different recruitment channels were utilised to sample interviewees from a broad spectrum of socio-demographic backgrounds, living in and around the cities of Edinburgh and Glasgow to ensure a heterogeneous sample. A total of 30 respondents were recruited and interviewed, of which five were used as pilot interviews.

In preparation for the recruitment of respondents, the knowledge exchange team at the Centre for Research on Families and Relationships (CRFR) was approached to support the development of a website to host information about my study. The website (no longer available) provided details about the objectives of the study, the interview process and issues related to research ethics (e.g. confidentiality and anonymity). Recruitment emails were sent out via my personal network of friends and colleagues as well as to the CRFR professional and practitioner emailing list; a recruitment post was also posted on social media websites. The link to the research website was provided in the recruitment email.

Several websites/online forums were also approached to extend the reach of the recruitment to specific sub-groups of the population. I was successful in recruiting two female respondents from an online ‘childless by choice’ forum social group. Permission was sought from the moderator and the forum members before posting any advertisement. Respondents were also recruited via poster advertisement (Appendix 1) in a large family planning clinic based in Edinburgh between October

2009 and February 2010. I was able to negotiate access to the clinic as a research site given my prior experience conducting research at the clinic, where I also work as a receptionist. Ethical approval was obtained from the local NHS research ethics committee before commencing recruitment from the clinic (Appendix 2).

Strategies for encouraging men to participate included asking female respondents to invite their male partners to participate; four male respondents were recruited via their partners. A second wave of recruitment was undertaken between January and February 2010 aimed specifically to recruit men into the study; emails were sent via my personal networks and a new advert poster was put up at the family planning clinic; four more men were recruited as a result.

Respondents' demographic information

Table 1 shows the breakdown of the sample by demographic categories. A short biographical description of each respondent can be found in Appendix 3. There were almost equal numbers of men and women, parents and non-parents, and married and unmarried respondents. Two respondents were not cohabiting with their girlfriends at the time of interview. Of the respondents who were non-parents, one couple was expecting their first child. Four respondents identified themselves as 'child-free' – i.e. having no intentions to have any children. Two male respondents each had two children from a previous marriage. The twenty-five respondents interviewed came from diverse backgrounds of educational attainment, socio-economic status, marital status and parental status. Respondents were aged between 22 and 47, with almost equal numbers of respondents aged under 35 and over 35.

Although efforts were made to ensure the sample reflected the demographic distribution in the cities, there is an under-representation of respondents from lower income families and those with experience of teenage parenthood. The final sample was skewed towards those with tertiary education qualifications and annual family income above the national average. The majority of respondents were educated to at least degree level and most respondents had a combined annual household income of between £30,000 and £50,000. Two respondents were unemployed at the time of

interview; three were self-employed; three were full-time students at university; three in part-time employment; and the remaining fourteen respondents were in full-time employment.

Table 1: Summary of respondents' characteristics

Sex	<i>n</i>	%	Education attainment	<i>n</i>	%
Male	12	48	Secondary/ High school	8	32
Female	13	52	College (HNC/ HND)	2	8
			Degree and higher	15	60
Number of Children	<i>n</i>	%	Age	<i>n</i>	%
0	13	52	22–30	6	24
1	5	20	31–35	7	28
2	5	20	36–40	7	28
3	2	8	41–47	5	20
Marital status/ living arrangement	<i>n</i>	%	Annual Household Income (£)	<i>n</i>	%
Married & Cohabiting	11	44	< 30,000	8	32
Unmarried & Cohabiting	12	48	30,000–50,000	11	44
Unmarried & Non-cohabiting	2	8	> 50,000	6	24

2.4 Research instruments

Semi-structured interviews were conducted with respondents to generate data for this study. An interview guide was developed to facilitate discussions of key themes during the interview. In practice, the respondents led the flow of the interview, focusing on areas that were of interest to them. When necessary, prompts were made to encourage respondents to talk about specific topics of research interest. This was further facilitated by the use of the life grid, fertility vignettes, and reflexive interviewing at the end of the interview.

Semi-structured interviews

Interviews are particularly useful in qualitative research, allowing researchers to describe social and political processes and to gain insight into experiences and constructions of reality through listening attentively to the spoken words of interviewees (Rubin and Rubin, 2005; Mason, 2006). Semi-structured interviews were used in this study to maintain a degree of comparability across the sample in terms of the topics raised while enabling respondents to elaborate on, and bring into the interview, different aspects of their fertility experiences and intentions that were important to them. The semi-structured interviews were guided with elements borrowed from the life course and narrative approaches, which supported the better understanding of how respondents make sense of their experiences and construct their accounts. I will provide further details about these approaches in the following subsection, although it is worth noting that the study was not designed as a narrative study.

Using narratives and life stories when giving accounts

Plummer (2001:85) suggested the use of narrative in social life as ‘the most basic way humans have of apprehending the world’. Through narratives, individuals construct and give meaning to their everyday lives. The term narrative is often used interchangeably with other terms such as an account or a story. The latter term is used widely especially in biographical work, using life stories in which the narrator lies at the heart of the story, although stories can often be told of others. Narratives or stories, as situated texts, provide a means to understanding the socio-cultural context, processes and spaces that the narrators occupy (Stanley 2008: 436). As such, via narrative enquiry, we have a lens through which we can investigate how individuals relate to, and interact with, the wider socio-cultural structures in the construction of their realities.

This has epistemological bearings as it positions respondents as engaging with the researcher in an exercise of mutual meaning-making during the interview setting (social construction of reality), rather than as mere vessels of knowledge waiting for the researcher to excavate the ‘knowledge’ from them (Elliot, 2005:22). The

narrative methodology acknowledges the interview setting as a specific site of meaning-making with respondents and interviewers as collaborators in the telling of their stories. It also highlights the role of the researcher in the process. Thus, analysis of narratives needs to consider the situated context and role of the researcher in the generation of the narratives (Riessman, 2008).

Kohli (1981) noted that the use of biographical narratives was found to be particularly compatible with the aims of the life-course approach given its *comprehensiveness* (covering both social and individual life); *subjectivity* (giving a view of life ‘from within’); and its *narrative form* (adding the dimension of change over time). This view is echoed by Elder and Giele (2009), affirming that the use of biographical narratives and life stories enabled the understanding of differences in the life course that are linked to social variables such as class, race or gender identity. They argued that ‘narrative accounts are superior to quantitative survey methods for arriving at a deeper understanding of the dynamics that drive and shape the life course’ (2009:238).

The life-course approach integrates concepts from multiple disciplines and seeks to deal with both macro- and micro-level issues. It integrates aspects of biological, social, behavioural and psychological processes as interrelated aspects of an individual’s life (Elder, 1992; Kuh et al., 2003). In recent years the life-course perspective has been identified as relevant and important in the field of family research and in the social sciences in general (Huinink and Feldhaus, 2009; Elder and Giele, 2009; Hunt, 2005). Tracing the stories of people’s lives over time in an ever-changing society, the dynamic process of purposeful individual action and decision-making over the life course are considered within the schedules of opportunities offered and constraints imposed by the individuals’ social contexts.

In practice, elements of the narrative and life-course approaches were utilised in the interviewing and analysis processes. The use of a life grid along with questions in the interview guide that specifically prompted respondents to construct their accounts temporally (e.g. ‘Was parenthood something you thought of in the past?’; ‘Tell me

about what you expect for the future’) enabled them to articulate their lived experiences and considerations for future possibilities. Furthermore, respondents were able to draw on an intergenerational dimension in giving their accounts by locating themselves relative to their parents and projecting themselves as parents. Open questions were used to encourage respondents to engage in the telling of biographical stories when constructing their accounts; this was facilitated by affirmative gestures such as head nodding and withholding any follow-up question until respondents had finished their accounts. While the study did not employ narrative or discourse analysis as its method, it borrowed the interpretive possibilities in the treatment of respondents’ accounts by paying attention not only to the content but also the form of the narratives generated by respondents. This required the analysis of what respondents said beyond literal meanings and directed attention to a reflexive reading of the generated data (Mason, 2006), which I will describe more in section 2.5.

Piloting and developing interview tools

Preparation for my interview started with the development of an interview guide and the use of the vignettes and the life grid to use to facilitate the interviews. The use of interview tools was, in part, a response to the call for researchers to be creative in the use of methods and tools to encourage innovation and effective ways of social enquiry (Mason and Dale, 2010). Pilot interviews were conducted with the aim of helping refine the interview guide, to assess the benefit of using the life grid and the vignettes during the interviews and to gain experience in conducting interviews (Sampson, 2004).

The pilot interviews were conducted between December 2008 and February 2009. Five respondents from diverse backgrounds were recruited via personal contacts to test the usability of my interview tools and also to help refine my sampling criteria. Post-interview sessions were conducted with the respondents to get feedback about how they felt the interview went and whether there were areas that could be improved on. The post-interview process was found to be an extremely useful

exercise in terms of gaining feedback about my interviewing technique and research practices in general, and as a result I decided to use it in all my interviews.

Key changes as a result of the pilot interviews included refinement of the sampling of respondents for the study to include only respondents who were in a relationship at the time of the interview; the flexible use of the life grid during the interview; and the refinement of the interview guide. In the rest of the section, I will describe the rationale for using various interview tools to facilitate the interview and how they had been developed and used.

Piloting the interview guide

The main topics in the interview guide were initially constructed based on a priori topics identified in existing literature, much of which was informed by quantitative methodologies. Topics were tested during the pilot interviews, which supported the refinement of the interview guide by helping to appropriately word the main and follow-up questions and consider the sequence of topics, which aided the flow of the interview (Sampson, 2004). For example, the pilot interview highlighted that the interview flowed better when respondents were prompted to discuss their past experiences before asking them about future plans. This was achieved by appropriately exploring themes as they emerged from their accounts rather than trying to structure the interview thematically, which made the telling of their accounts more challenging to articulate in the narrative form. The pilot interview highlighted the frequent use of closed questions (e.g. ‘Did you...?’ and ‘What did you...?’) when prompting respondents. In the revised interview guide I purposefully worded the questions and prompts so that they were open-ended and encouraged respondents to give extended accounts (e.g. ‘Tell me about...?’ and ‘Can you say more about...?’).

The pilot interviews helped the process of developing broad starter questions that prompted respondents to focus their accounts on the aims of the research. The key focus of the interview was to explore *what* respondents think about when considering whether or not to have children. Respondents were able to focus on key issues and

events which were important to them in constructing their accounts and to express them in their own words. The interview began with a very broad opening question inviting the respondents to provide some biographical details about themselves (e.g. ‘Tell me about yourself, your family, work and aspirations’).

Responding to what respondents said, prompts were used to initiate more in-depth exploration of the follow-on topics corresponding to the key areas of fertility research that I had identified as related to my research aims. These were:

- a) fertility intentions and family formation (e.g. ‘Tell me about your thoughts and feelings towards children in general?’ and ‘Have you thought of the family you would like to have?’);
- b) ‘preconditions’ for parenthood (e.g. ‘Are there important factors to consider when having children?’ and ‘How would you describe an appropriate time to have children?’);
- c) communication with partners (e.g. Were children and parenthood something that you discussed with your partner?).

The interview guide can be found in Appendix 4. Along with the interview guide, the interview was also guided by the use of the life grid and fertility vignettes. A reflexive interview session conducted post-interview facilitated respondents giving feedback to me.

Using the life grid

The life grid (Appendix 5) was initially constructed as a data collection instrument by the interdisciplinary research team working on the Social Change and Economic Life Initiative programme in the late 1980s (Gallie, 1988). The life grid was then developed and assessed as a reliable tool in collecting retrospective data in health research (e.g. Blane, 1996; Edwards et al., 2006). This life grid was also used by social scientists on a variety of topics such as life-course influences on patterns of persistent smoking (Parry et. al., 1999), long-term marriage (Bell, 2005) and young people’s accounts of parental substance use (Wilson et. al., 2007). Although the life

grid was developed with the purpose of improving the collection of quantitative data, these researchers reflected on the potential of utilising the instrument for improving qualitative data generation and collection. As Parry et al. suggested (1999:1.6), this requires ‘focusing upon the context of the life-grid interview, and implications which this method may have for the relationship between researcher and respondent’.

The usefulness of the life grid to aid the interview process was tested out during the pilot interviews with two of the five respondents to allow a comparison to be made. My assessment of the usefulness of the life grid in a semi-structured interview was similar to that described by Bell (2005) – the accounts gained from interviews using the life grid tended to be more event focused and told in a chronological manner. Although this provided a fuller biographical account of respondents’ lives, their accounts often lacked a sense of interpretive depth which was central to the aims of the study.

The time respondents took to complete the life grid was a key concern. In the first interview the life grid was used, the male respondent took 15 minutes to complete his; doing so in a great level of detail. Many of the entries made were not discussed in the interview, while, for other entries, they were mentioned in passing and when the entries were referred to, they tended to be factual details. The life grid itself, however, did provide useful data that could be analysed although this was not done for this research. The experience of using the life grid with the second, female respondent was different. She was rather reluctant to fill in the life grid and often noted that she had a bad memory, suggesting a level of anxiety and apprehension in completing the life grid. She took less than five minutes to complete her life grid, noting down dates and key words. Compared to the life grid by the first pilot interviewee, her life grid was more effective in facilitating the interview process in terms of raising sensitive topics such as the death of her partner, which she had written as an entry in the life grid.

Given the mixed experiences of using the life grid with the pilot interviewees, the decision was made to continue with selective use of the life grid to suit the

respondents in telling their stories. Even though there was value in the use of the life grid as a visual tool to prompt discussion around respondents' entries, the inconsistency in the level of detail entered, even by just two respondents, made the comparability across the respondents too challenging to warrant the life grid being deployed as visual data useful in itself for analysis. Given the constraints, it was decided that the life grid be introduced in all interviews to ensure consistency, although respondents were not required to complete it if they chose not to. The life grid was placed within sight of the respondents, which acted as a visual tool. In general, respondents used the life grid to jot down key dates as well as key words that we could come back to at the end of the interview. This provided respondents with a medium to raise issues that were important to them in the interview. In total, nine respondents in the final sample chose to use the life grid.

Using the fertility vignettes

The fertility vignettes were developed as a prompt to encourage respondents to talk about the issues of reproductive rights in a non-confrontational fashion and to help respondents talk about a potentially sensitive topic in a depersonalised manner (Renold, 2002; Jenkins et al., 2010). A key theme that was highlighted in the pilot interview was the 'control' over one's own reproduction; in other words, the respect for an individual's 'reproductive autonomy'. To further investigate respondents' views on the individual's ability/rights to exercise his or her reproductive autonomy, and the extent to which this was to be respected, vignettes were selectively introduced towards the end of the interview.

The fertility vignettes were piloted in the first two interviews. The responses were very similar from both respondents across the vignettes (two or three were used in each interview). The discussion around the vignettes took a considerable amount of time (15 minutes in one interview and 20 minutes in the other) – about a quarter of the total interview time. The vignettes were introduced towards the end of the interview with the view that it would be appropriate to move towards depersonalising the interview, and as a way of debriefing after the interview. What I found, however, was that the vignettes often encouraged respondents to draw on their own

experiences in a way that was safe for them. For example, they were able to discuss having to make difficult choices in their own lives with regard to reproductive matters; in one instance by talking about experience of pregnancy termination.

Given the time that the vignettes took, they were selectively used in interviews where respondents could afford the time, and their use also depended on the level of rapport with respondents, which, if it went well, enabled me to pose potentially challenging vignettes to the interviewees. The vignettes were used in 10 interviews with respondents from diverse backgrounds. Depending on the availability of time, either one or two vignettes were introduced during the interview. Vignette 1 (Linda and John) was introduced in nine interviews. Vignette 2 (Samantha and Mark) and vignette 3 (Maureen and Chris) were selectively introduced in six and four interviews respectively. In all three vignettes, two characters in a heterosexual relationship were featured along with contextual information about their life circumstances. In each vignette, the female character finds out that she is pregnant and the vignette poses a question – what should she do? I explore respondents' accounts in response to the vignettes in chapter three.

Reflexive interviewing

The post-interview feedback session during the pilot interviews was beneficial in gaining constructive feedback from respondents on my research practices. Moreover, it provided a platform for respondents to speak freely about other issues they wanted to discuss but were not able to raise in the interview. It also offered an opportunity for respondents to clarify issues and to highlight aspects of the interview that they felt were important for me to take note of. For example, Nick (pseudonyms given) took the opportunity in the reflexive interviewing to make clarifications and to 'set the record straight'. I asked Nick the standard question 'Were you able to talk about things that were important to you?':

Nick:

Yes ... and if anything I don't want to come across as a complete fascist because I definitely think there should be certain people who shouldn't have children, primarily not to take away their rights to procreate, but offer

protection to the child who would be born into the world to see crap, and I don't think that is fair on anyone.

Without the benefit of conducting repeat interviews, having the scope to reflect on the interview itself through reflexive interviewing provided a way of 'checking back' with respondents, thereby contributing to the collaborative approach that was hoped to be achieved in this research (McCormack, 2004).

2.5 Conduct of the interviews

The twenty-five respondents that I have included in the analysis were recruited and interviewed between June 2009 and July 2010. The interviews were recorded and took between 29 and 77 minutes (average 55 minutes). The shortest interview was with Pete, who provided short responses that were to the point. Although the life grid was used, this was completed fairly quickly with a couple of key dates relating to the birth dates of his two children from his previous marriage. Vignettes were not used in the interview as Pete was rushing to another appointment after the interview.

Prior to the interview, respondents were supplied with a copy of the information sheet (Appendix 6) which provided the aims of the study, the format of the interview, the management of the interview data, and how the interview data will be used in analysis and publications. The issues relating to the ethical management and use of the interview data were iterated in the consent form, which was signed by respondents and me. Respondents were also asked to complete a short demographic questionnaire (Appendix 7). An introduction to the life grid was given and respondents were given the option to use it or not. After the interview, a post-interview session lasting typically 5–10 minutes was conducted to debrief after the interview and to provide opportunity for the respondents to give me feedback.

Location

Interviews were arranged with respondents to take place at a location that was convenient and comfortable for them. Fourteen interviews took place at the respondents' homes, five in a booked meeting room at the university, three at

respondents' workplaces, two at a café, and, in one, during a walk to the local playground with a female respondent and her two-year-old son.

The location for the interview, although chosen by the respondent, presented potential ethical and logistical issues for both the respondents and myself that require some reflection. For example, although the home environment was often a relaxed and familiar setting for the respondents to talk about intimate topics such as families, relationship and parenthood, it proved to be challenging in several aspects in terms of how the interviews were conducted. At times, the interviews were disrupted by having to respond to children at home and taking phone calls. Several interviews took place on the sofa in the living room and there was no surface available for any writing or placing my interview guide; this made extensive note-taking difficult.

Many respondents opted to have the interview in public or work spaces, which created practical and ethical issues including the maintenance of respondent anonymity. For example, the interview with Lisa took place while taking a walk to the playground with her son. This presented practical challenges, having to hold the recorder and taking turns to speak into the recorder while walking across busy and noisy roads. There was reduced scope for interjecting since we had to take turns with the recorder and note-taking was not possible. However, it did mean that I had to pay close attention to what was being said. When we reflected on the interview back at her flat, Lisa highlighted that she appreciated not being in the house having 'many things going on' around her. I asked Lisa if she had any advice for me when I conducted future interviews, to which she replied:

Lisa:

Go for a walk in the park again. It's nice actually not to sit and have many other things going on and I can relax a little bit more. I don't know if I would be as relaxed as I was sat in the house or in a shop. I enjoyed being interviewed in that way. I'm not sure if it was a bit unfocused for you but I liked it personally and it made me feel more relaxed and I found myself talking a bit more openly than if we were just sitting here.

The excerpt from Lisa demonstrates the importance of considering the context of the interview setting, which can have an impact on what respondents reveal about their

personal lives and how they do so. In the next section, I continue to explore the importance of reflexivity and observing ethical research when researching personal lives.

Reflexivity and ethics in research

The conduct of this study complied with the research ethics regulations as set out by the University of Edinburgh; a level 2 self-assessment ethics form (Appendix 8) was completed and accepted by the review panel during the first-year review process. Further ethical approval was granted by the Lothian Research Ethics Committee with regard to the recruitment of patients and staff from the family planning clinic.

However, beyond the regulations placed on research ethics, it is important that research considers *reflexive and ethical practice* in its conduct. The interview setting is an exceptional social space, artificially created by the researcher with the purpose of ‘generating’ and ‘collecting’ data through this social interaction (Rubin and Rubin, 2005). In the course of the interview, particularly for a potentially sensitive topic such as fertility, parenthood and the family (and consequentially issues around pregnancy terminations, sex and sexuality, and infertility), it was noted at the early stages of the research that caution must be taken during the interview to avoid or minimise any potential distress to respondents around potentially sensitive topics – such as experiences around abortion (Goodrum and Keys, 2007). However, as assured by Corbin and Morse (2003: 335), ‘although there is evidence that qualitative interviews may cause some emotional distress, there is no indication that this distress is any greater than in everyday life’.

In many interviews, sensitive and intimate topics such as pregnancy terminations, family and relationship break-down were discussed. These topics were brought up by respondents in response to broad questions. Reflections on the interview suggest that the disclosure of these sensitive and intimate experiences were active choices on the part of the respondents, as suggested by Shona. I asked Shona what she thought about the interview to which she replied:

Shona:

When I agreed to this interview, I debated whether to mention having had an abortion because that's not something I'm proud of and it's not something I like to talk about, but I think it's something important. Because probably a lot of people wouldn't mention it, it just makes the research skewed. If more people were more honest all the time, you get a better idea of what's going on in people's lives. You didn't ask me about it, but I felt it was okay to say. I think it's a very difficult thing to ask, and it can bring an interview to an abrupt end or they could just lie, you'll never know. It affects you when you are talking about babies. It's relevant not only because of what you did back then but also relevant to what you do in the future, so I think it's important. It's a conscious decision in family planning.

Although it was explained explicitly that respondents can choose to pass on questions that they did not wish to answer or made them feel uncomfortable, as the quote from Lisa below (and also in Shona's quote above) suggested, respondents can often feel obligated having 'agreed' to take part in the interview, as noted in Lisa's interview:

Lisa:

It is all very personal, which is fine because that is what I agreed to and I knew from the subject matter that it was going to be. Yeah, I suppose the whole thing, as a whole, we kind of talk about past relationships and I didn't really expect that, but that's fine, you know.

One way of ensuring that research is conducted ethically is by reflecting on the interview process with respondents in order to effectively manage the emotional repercussions of disclosures. Corbin and Morse (2003: 335) noted that 'when research is conducted with sensitivity and guided by ethics, it becomes a process with benefits to both participants and researchers'. In anticipation of the potential of disclosures and respondents asking questions and seeking support, I prepared contact details of appropriate services that they could approach for additional professional support.

2.6 Analysis and writing

An inductive approach loosely based on the principles of grounded theory was used for data analysis (Corbin and Strauss, 2007). Transcripts were read repeatedly to develop general themes. Transcripts were then coded in these categories. Transcripts

were then reread and validated against the categories. Attention was paid to reflexive interpretations of *how* respondents talked to gain insight into the discursive devices they deployed when giving their accounts.

Transcribing the interview recording

The viewpoint taken by Duranti (2007: 302) that transcription is a form of analysis and that ‘transcription is a selective process reflecting theoretical goals and definitions’ formed the basis of my transcription practice. It was therefore important to be aware and take into account my role in the transcription process, as well as the choices I have made in the way I have represented and presented my data. This was what Bucholtz (2000:1462) referred to as the ‘reflexive transcription practice’, namely,

one in which the researcher is conscious of her or his effect on the unfolding transcript, and the effect of the transcript on the representation of speakers whose discourse is transcribed ... a truly reflexive transcription practice will involve a discussion both of the choices we make and of their limitations. (Bucholtz, 2000)

I generated a ‘naturalized’[sic] transcript, in which ‘the process of transcription is made less visible, through literacisation, the privileging of written over oral discourse features’ (Bucholtz, 2000:1461). The aim of naturalised transcription is to preserve as much as possible of what was being said by respondents or participants in the conversation. This is important, as Schegloff (1997:166–167) argued:

because it is the orientations, meanings, interpretations, understandings, etc. of the participants ... it is those characterizations which are privileged in the constitution of social-interactional realities, and therefore have a prima facie claim to be privileged. (Schegloff, 1997)

This was complementary to the analytical approach undertaken, which encouraged the voices of participants to come through. The full-length interview recordings were transcribed verbatim, noting the speech order and interjections and any vernacular language used by respondents. When possible, interviews were transcribed the following day or within the week of interview. Aided by notes taken during the

interview, procedural and analytic memos (Esterberg, 2002) were taken and added to the transcript as 'comments' on the Word document simultaneously during transcription. Procedural memos were taken, tracking the decisions made during the interview, such as whether to prompt respondents or to raise a new topic of discussion; this provided some reflexive interpretation of the data collection/generation process.

Coding and building a thesis

I began coding the transcripts by reading and making pencil markings on the side of the transcripts. Multiple readings of the transcripts were made. Initially, long sections of the transcripts were marked out according to the main topic that was addressed. This largely corresponded to the a priori topics that were identified in the interview guide. A summary of topics was produced for each interview. These summaries were particularly useful for examining whether there was consistency across interviews in terms of the topics raised, and also how they were raised during the interview. By mapping out the flow of topics in the interview I was able to gain some insight into, and made adjustments to, how I could manage the flow of topics in future interviews in a fashion that was more naturalistic for the respondents.

After conducting ten interviews over seven weeks between September and November 2009, I decided to take stock of my research practices. I was achieving consistency in terms of the topics raised during the interview, which improved the comparability of my data across the sample. Given there was a short break until my next set of interviews was due to start, it was felt to be a good time to begin coding my data. It also provided an opportunity to reflect on my sampling in order to assess whether I had achieved the breadth of accounts that I was aiming for. NVivo 7 (version 1.1) was used to aid the organisation and coding of the data.

I began 'descriptive coding' of my data using a priori coding schemes derived from previous literature on key topics of interest in the field of fertility and parenthood research. At this point of my analysis, I was interested in *what* was being said in relation to the topics raised. I coded the transcripts initially into three broad

categories, corresponding to: the *rationales for having children/remaining child-free*; *the timing of having children*; and *communication with partners* around fertility decisions. I also coded the sections of the transcripts that related to the vignettes as a separate category.

Using the comment function on MS Word, I took notes as I read through the transcripts identifying possible sub-codes and making analytic memos. I compiled a list of these preliminary sub-codes and began to combine them into a manageable number of sub-codes; the sub-codes were accompanied by a short description of what they represented.

From descriptive to interpretive coding

With subsequent reading and coding of the transcripts, more analytic memos were written which provided a means of building up a web of relationships between these descriptive codes. Using the analytic memos, I began to read the transcripts *interpretively* and *reflexively* (Mason, 2006) and applied interpretive coding to the data. While the descriptive coding facilitated the construction of ‘chapters’ based on themes/topics, interpretive coding enabled thesis-building by pulling together key threads that ran across the themes, drawing together a macro-narrative for my thesis.

Some of the codes that emerged included respondents’ ‘experiences of stigma’, ‘use of family stories’, ‘use of stories of others’, ‘switching between self and “others”’, ‘use of different “time” frames’. In making these interpretive and reflexive readings and coding, I was able to examine why and how respondents use different discourses when constructing their accounts. This provided a means to examine the socio-cultural as well as the research context in which respondents talk about their reproductive and intimate lives.

Treatment of respondents' accounts

As I continued to code my transcripts it became increasingly apparent that different respondents engaged in different *types* of talk when giving their accounts: this was particularly so for respondents who already had children; those who were childless

but said they wished to have children in future; and those who identified as 'child-free'. Previous studies examined each sub-group individually and have conceptualised the status of respondents' accounts differently. The 'value of children' framework (Hoffman and Hoffman, 1973) uses the 'accounts' as a basis for 'attributing motives' consistent with the view of people as possessing, using and often articulating a common-sense psychology of their understanding of interpersonal and other events (Heide, 1958). Conversely, the 'statements of childlessness' (Houseknecht, 1989) treated accounts using the perspective offered by Scott and Lyman (1968) and Goffman (1959) by positioning childlessness as deviant against parenthood as a normative transition in the life course.

My treatment of respondent's accounts in my analysis aligned with Scott and Lyman (1968; Lyman and Scott, 1970) use of accounts as an essential mechanism by which individuals neutralise negative behaviour and social implications of these behaviours at the micro-level of daily interactions. They suggested that this was accomplished through two general forms of accounts as socially accepted vocabularies of 'justifications' and 'excuses'. Scott and Lyman (1968:46) highlighted the situated construction of accounts in their definition of an account:

a linguistic device employed whenever an action is subjected to valiative inquiry ... a statement made by a social actor to explain unanticipated or untoward behavior – whether that behavior is his own or that of others, and whether the proximate cause for the statement arises from the actor himself or from someone else. (Scott and Lyman, 1968)

Scott and Lyman further distinguish between the terms 'accounts' and 'explanation', in which the latter are 'statements about events where untoward action is not an issue and does not have critical implications for a relationship'. This highlighted the discursive use of accounts and its ability to 'repair the broken and restore the estranged' (Scott and Lyman 1968:46-47). This distinction was an important one to make in my analysis as it provided a means to examine the types of behaviours or views that respondents consider as either being a 'norm', which did not require any further explanation, or as 'deviant', which required them to justify or account for it.

In addition, when reading the transcripts it was important to examine the reflexive nature of the accounts given by respondents with regard to reproductive choice and/or parenthood. The tensions between the normative and discursive nature of parenthood and/or childlessness and *how* respondents articulated their accounts based on their positioning within these sub-groups became an interesting feature of the transcripts, given the inclusion of different sub-groups of respondents in this study.

For example, during the reflexive interviewing Dylan (father to three children) acknowledged that parenthood was not something that he had thought about very much prior to the interview. He said there were questions which came as a surprise to him as he had considered himself a reflexive person. Dylan's account suggested that parenthood was the norm; such that the decision to become a parent was something that he could take for granted, i.e. a subject he did not have to think about, or account for, even to himself:

Dylan:

There were some questions I didn't think you were going to ask me, it's quite interesting, it made me look at myself a bit as a parent ... I've never thought of these questions before in the past, if I had all these questions in the past I could have given you a different answer. Because I always kinda do a lot of reflective stuff myself, and now looking at myself it's been quite an eye-opener, I didn't really think about things like that. Just assume I'm doing the right thing, you know, is a strange thing to say, essentially when you're quite focused on what you want then to do, this and this and this.

In contrast Naomi (who identified as 'childfree') noted in her account that she had reflected on her views on parenthood. She also expressed her reluctances to share her thoughts about not wanting children with other people, thus avoid having to face being judged for her decision to remain childfree. Naomi's decision not to have children was framed by her as being discursive and required her to have reflected on her decision and to be made accountable for it:

Naomi:

Yeah. I suppose I am a bit reluctant to say, because, for so long now I just do not want children and I think most people think that there must be something wrong with you if you do not want children. So I was a bit reluctant to talk

about the more negative reasons about not wanting children because you feel like you are fitting into that category.

Despite these differences, in the interview situation both Naomi and Dylan felt accountable to me as the interviewer which required them to speak in a way they do not usually with other people. This highlighted the importance of considering the situated context and role of the researcher in which respondents' accounts are constructed.

2.7 Chapter summary

In this chapter I outlined my research methods and discussed the rationale of the decisions made in the research design and recruitment. My analysis of respondents' accounts will be presented in chapters three through to seven, reflecting the categories developed during coding. Chapter three will present respondents' accounts relating to the vignettes. In chapter four I will examine how respondents account for their desires around whether or not to have children, while in chapter five I will explore how respondents construct and account for their family size ideals. In chapter six I will present how respondents account for the timing of parenthood, and finally in chapter seven I will look at respondents' accounts in relation to their communication with partners around issues of parenthood and family formation.

Chapter 3: The Fertility Vignettes

3.1 Introduction

In this chapter, I will examine respondents' accounts – generated from the fertility vignettes used in the interview – to elicit how respondents considered the issue of reproductive autonomy. The fertility vignettes provided a means to examine the social norms and values that shaped the ways in which respondents accounted for individuals' exercise of autonomy, and its limitations.

Talking about reproductive rights and choices can be a sensitive topic that requires individuals to share their private thoughts and feelings about issues, and make moral judgements about how individuals make decisions in their lives. The discourse of 'personal choice' or more specifically 'reproductive autonomy' is dominant within the public arena, particularly given the increasing medicalisation of human reproduction, subjecting various aspects of childbearing to the medical gaze. Human reproduction remains a fundamentally social process. It forms the basis of family building and the kinship relations that ensue. Thus, discussions around the issue of reproductive autonomy, rights and choice are inherently shaped and understood within the social context which individuals and couples live in.

Key to understanding how individuals make sense of their own reproductive lives is to explore how they viewed the capacity for individual agency in making reproductive decisions and in shaping their own lives. To do so, it was felt that it was necessary to explore what respondents' views were about the issue of reproductive rights and choices. The fertility vignettes were developed to be used during the interview to facilitate this discussion. It was expected that respondents were likely to draw on the 'personal choice' discourse as a response to the vignettes. Thus, the context in which the vignettes were situated was varied in order to draw out the limitations of individuals' ability to exercise their rights to reproductive autonomy in respondents' accounts.

Three different vignettes were used. Each fertility vignette featured a man and a woman in a relationship along with contextual information about their life circumstances. The woman finds out that she is pregnant and the vignette poses a question – ‘What should she do?’ Anticipating that respondents were likely to express the view that ‘it was up to the individual’, respondents were probed to encourage saying what they thought the individuals in the vignettes should do. Below are the three vignettes in full as used during the interviews:

Vignette 1: Linda and John

Linda is 31 and her cohabiting partner of two years, John, is 36. John has two children from a previous marriage who are now living with their mother. This is Linda’s first long-term relationship and she had never been pregnant.

They had discussions about children before – John was very adamant that he did not want any more children while Linda hinted that she would like to have children one day (ideally two children, but she didn’t tell John). However, John decided that he was going to have a vasectomy and went ahead with the decision.

Three months after the vasectomy operation, Linda realised that she had missed her last period. She did a pregnancy test and found out that she is pregnant.

What should Linda do?

Vignette 2: Samantha and Mark

Samantha is 16 and is currently still in high school, taking her Standard Grades. She is living with her parents. Mark is Samantha’s ex-boyfriend. He is 18 and works as an apprentice plumber. They had been going out for six months.

Samantha has been feeling very nauseous and had missed her last period. She suspects she might be pregnant. Not knowing how her parents would respond, she decided not to tell her parents. Samantha decided to call Mark and told him that she might be pregnant. Mark thinks that they should terminate the pregnancy. Samantha wants to have the baby.

A pregnancy test at the Family Planning Clinic confirmed that Samantha is ten-weeks pregnant.

What should Samantha do?

Vignette 3: Maureen and Chris

Maureen is 48 and her husband of 25 years, Chris, is 54. They have an 18-year-old son who has left home for university.

Both Maureen and Chris always wanted a big family. However, they had difficulties trying to fall pregnant. After the birth of their son when Maureen was 30, they kept trying for another child with no success. When she turned 40, they decided to accept their family as completed and stopped trying for another child.

For weeks now, Maureen felt really nauseous and decided to see her GP. After much discussion, a pregnancy test was taken to rule out the possibility. The pregnancy test came back positive – Maureen is pregnant.

What should Maureen do?

The fertility vignettes were designed to contain different contextual information, along with demographic information about the characters, which was varied to prompt discussion and to examine whether and/or how the decision-making process differed between vignettes. All three vignettes were designed to examine the communicative aspect of the decision-making process between the couples, and whether the couple's marital/relationship status played a role in the way respondents construct their accounts. The main difference between the three vignettes was the ages of the couples, representing parenthood at different life stages: while in Vignette 1 the couple was presented as being in what-could-be-considered the 'typical' age bracket for having children, Vignettes 2 and 3 presented parenthood during early adolescence (teenage) and middle age (in forties and fifties) respectively.

The vignettes were used in ten interviews; as explained in the previous chapter, the selective use of the vignettes during interviews was due to time constraints. Vignette 1 (Linda and John) was introduced in nine interviews; Vignette 2 (Samantha and Mark) and Vignette 3 (Maureen and Chris) were selectively introduced in six and four interviews respectively.

In sections 3.2 to 3.4, I will discuss the analysis of respondents' accounts in relation to personal choices in fertility decision-making. In section 3.5 I will provide a chapter summary.

3.2 Exercising personal autonomy

A striking feature of all respondents' accounts was the immediate and strong appeal to a 'personal choice' discourse that supported the respect for an individual's reproductive autonomy. Often this was the first thing that respondents said, emphasised throughout their account or iterated at the end of their accounts. However, the full exercise of one's reproductive autonomy did not always sit comfortably with respondents, as was the case for Nick who identified as child-free. Despite acknowledging in the first sentence of his account that it was Samantha's choice (Vignette 1) whether or not she continued with the pregnancy, Nick (aged 47) very clearly expressed his disapproval of her continuing with the pregnancy in her situation, should she decide to do so:

Nick:

Ultimately it is Samantha's decision, I mean, she's 16 taking her Standard Grades, she's got nothing in her life and for her to have a child at that age is insane, it would ruin her life. She is too young, she doesn't know what she wants, you know, any sort of position to have independence.

Nick's account illustrates the tension also expressed by other respondents. On the one hand he had strong objections towards Samantha's decision to continue with the pregnancy, noting that it would be 'insane' for her to do so and it could 'ruin' her life, yet set against the discourse of 'personal choice' he acknowledged that it was not his place or anyone else's other than Samantha's to make the decision for herself. The exercise of 'personal choice' is to be respected at all costs.

Set against the discourse of 'personal choice', respondents' accounts expressed the need to acknowledge that it was the woman's choice and that there was a limitation to their role, which did not permit them to intervene in any way. However, as respondents elaborated on their narratives, the limitations to the exercise of this 'personal choice', and preferences of context for childbearing, emerged. In section 3.3 I will examine the issue of power in decision-making processes and in Section 3.4 I will present accounts of discussions around the context for childbearing, and how it is talked about with respect to making childbearing decisions.

3.3 Individual's or couple's choice?

The fertility vignettes purposefully introduced both a male and female character in order to elicit respondents' accounts of the communicative aspect of the decision-making process between the couples. Most respondents noted that the woman should tell her partner about the pregnancy and involve her partner as much as possible in the decision-making process. The disclosure of the pregnancy by the woman to her partner was perceived as an important first step in the process of engaging in open and honest communication between them. Subsequently, discussions between the couple should come to some kind of consensus on how to proceed with the pregnancy, taking into account the views and feelings of both partners. As Connor's account below suggests, a democratic process of decision-making lies at the heart of the couple's relationship. However, even within a 'stable and equal relationship' it was the woman who had the 'final say', according to Connor (aged 22):

Connor:

Linda should tell John. I think if you are in some kind of stable and equal relationship you shouldn't keep secrets ... I mean it's up to them to speak about it and come to an adult decision. And they can have different views, in the end she has the final say really, but I hope in a relationship each will take the views of their partners into account.

Beyond suggesting that the couple should engage in an open and honest discussion about their views on the pregnancy, Connor expressed an optimism in his account that the decision a couple would arrive at would be an 'adult decision', which he suggests would be one in which both partners felt involved and heard. Yet it remained clear from respondents' accounts that the decision lies with the woman, throwing into question the scope for any joint decision-making between a couple and what that involves. This tension will be the focus of the rest of the section to follow.

'It's her body, her choice'

Across the fertility vignettes all respondents acknowledged an individual's right to reproductive autonomy. The decision whether or not to continue with a pregnancy was 'very much an individual's choice ... not a decision that anyone can make other than the person in that decision'. It is interesting to note that the viewpoint of the

woman was the focus in the construction of all respondents' accounts and the reference to 'individual's choice' became synonymous with 'her choice'. However, it should also be noted that this might be an artefact of how the vignettes were presented to the respondents, which asked them to discuss what the woman in each fertility vignette should do.

When respondents were confronted with a situation where a consensus was not reached by the couple in the fertility vignettes, all respondents were unanimous in prioritising the women's autonomy over their male partners'. Women's rights over men's were talked about in relative terms; some respondents (notably men more than women) talked about the diminished power of men to decide based on the view that the impact of pregnancy and termination was a 'much bigger deal' for women than men. Connor's account below provided a good example of how this was justified by several other respondents about how a woman had 'more right' than a man regarding whether or not to continue with a pregnancy:

Connor:

A lot of it is down to the fact that it's in her body and she's the one that has to go through the termination ... There is something about it affecting her more than him. It might not be a huge amount but there is something intrinsic about the baby being inside her and not John that she has more right to make the decision than he does I think ... it is the mother who has to go through the pregnancy, so maybe the mother has a closer bond to the child. Mothers have a closer bond to the children than fathers do, in general.

Respondents argued that compared to a man, a woman has 'more right' given that the pregnancy happens in the woman's body and therefore it was embodied within her physicality as the mother carrying the baby. Moreover, it was argued that the social and psychological implications of the decision on a woman were greater than that on a man, and therefore justify a woman bearing 'more right' than a man. In his account, Connor talked about the close bond a mother has with a child. Although not explicitly mentioned, it is possible that Connor was referring to the assumed role of mothers as the main carer of the child, shouldering a greater share of the burden of parenting than men and, therefore, having a child was a 'much bigger deal' for the

woman. Hence, the woman has ‘more right’ to decide whether or not to continue with the pregnancy.

‘There is not much more he can do about it really’

In the accounts there was an interesting tension between a woman’s right to decide and the emphasis on the joint involvement of both man and woman, alongside the capacity of discussion and mutual expression of needs and desires to arrive at some kind of non-coerced but joint decision. Most respondents seemed to see these as two irreconcilable discourses; one of equal rights of partners versus the ‘ultimate right’ of the woman to decide. This was brought out most clearly in Mel’s account where she talked about her being a ‘strong believer of men having equal rights’, which very quickly eroded to ‘he is powerless to do anything about it’ within a matter of a few sentences.

The irreconcilability of the two discourses created a dilemma with regard to the role of the man in the decision-making process and his ability to contribute to the process as an equal partner. Although respondents expressed empathy towards the men in the vignettes, reiterating the importance of shared decision-making, the narratives remained affirmative that the ‘ultimate decision’ lies with the women. There is a fine line that a man has to tread in order to be able to exercise his ‘equal’ or ‘individual rights’, as far as being able to voice his thoughts and feelings about the pregnancy is concerned, without being seen to be infringing on the woman's rights to choice over her body, as expressed by Pam (aged 33 and self-identified as child-free) in response to Vignette 1 (Linda and John):

Pam:

He can't really interfere with what she decides to do. She does have to take his views into consideration but the impact is on her really. I'm not saying that the decision should lie solely on the woman but it's kind of an ongoing, it's very difficult, because she is the one carrying the child.

Pam’s account suggests that, on the one hand the man was encouraged to share his thoughts and views with his partner, who would ‘take that into account’ when making her decision, yet on the other hand the idea of a man influencing a woman's

decision could be taken as trying to ‘interfere’ with what she decided to do. For Rob (aged 32) the ‘rights’ of a woman to choose was juxtaposed against how it was ‘wrong’ for a man to ‘persuade’ a woman to do something ‘against her will’ as noted in his account:

Rob:

I don't think Samantha will be duty-bound to have this child, you know. I mean, I guess it is still her choice. If she doesn't want to have the child then there is not very much to do about it. If Mark tells her 'you must definitely have the baby', then she is effectively being forced to do something against her will and that is wrong. There is not much more he can do about it really.

Rob’s description of how Samantha was not ‘duty-bound’ to have the baby evoked a sense of responsibility binding a couple’s commitment to each other and to the baby, which may hold social and cultural significance. However, within the context of reproductive autonomy, it no longer seemed to provide an acceptable justification for Samantha to keep the baby against her own wishes. The acceptance of the new framework of a woman’s ‘ultimate right’ not only placed women as the sole decision-maker but also subjected any notion of coercion to being ‘wrong’.

Several respondents justified the rights of a woman to choose, given the responsibility of the woman to bear the consequences of her decision. The account below by Mel (aged 32) in relation to Vignette 1 suggested that this can be complex as there was pressure on women to make decisions while attempting a balance between engaging with their partners in a dialogue with making a autonomous decision that was free from feeling pressured into taking the view of others:

Mel:

Nobody can make up her mind for her very much, she should speak to her partner and get what his viewpoint is, but be sure the decision she is making is the one she wants to make, an informed decision that they as a couple make. But also to make sure that she was not pressurised into making that decision that she’ll ultimately regret and hold it against her husband, because it’s not fair to do that. Pretty much she will have to be the one making, and not be pushed into a decision. I think ultimately when problems crop up, people can make decisions based on what they think their partner wants and then hold it against them, and it's not fair to do that.

It is apparent from respondents' accounts that with regard to the autonomy of decision-making around a pregnancy, unquestionably a woman's 'ultimate choice' was to be prioritised over the man's 'equal right' to the decision-making. As Mel's account below suggests, there is a limit to a man's ability to exercise his 'individual right' when the decision involved the treatment of a woman's body (as is the case of a pregnancy), and hence a woman's 'ultimate choice' over what she does with her body. Beyond this exercising of right over the woman's own body, she urged that men should be able to exercise their 'equal right' to other decisions relating to the baby and his role as a father:

Mel:

I am very much an advocate of men having more rights and decisions about, not necessarily about pregnancy, because I can see from that point of view that it is the woman's body, it happens to the woman. But in terms of, if a pregnancy is to go ahead and that the child was born, there should be much more equity of rights.

In Rob's account he also expanded on the idea of 'rights' to include men's choice over being involved in the process of pregnancy and subsequent parenting. Although the man did not have a say in the outcome of the pregnancy, Rob identified that the man should have the right to exclude himself from any involvement with the baby if he made his position clear in the first place:

Rob:

Mark's got the right to either decide whether he wants to be part of that or not ... it's a tough one. I want to say men definitely have a right to say, if it's an unplanned pregnancy and he didn't want the child, I do think he's got the right to say 'well, I've made my position quite clear'. But he should have been more careful in the first place, and he does have a right to say if he wants to be part of it or not.

However, despite renouncing any of his parental involvement or indeed not having any rights in the decision-making process altogether, Rob nevertheless argued that the man needed to be held accountable for ensuring contraception was enforced, as well as assuming responsibility for support of the child. Here we see how the issue of 'rights' and 'responsibilities' interplay, where the latter is seen as a moral obligation towards past actions and involvement that draws a distinction between the exercise

of right or the individual's capacity to choose. There is a distance between what one wishes/wants to happen and the undertone of moral obligation that one has to maintain once the action is committed:

Rob:

But on the other hand, he does have responsibility to help ... he's got his right to say he doesn't want to be involved, but he is part of the conception and therefore has to accept that he's got to help out at least at a financial level. If he doesn't want to have any emotional contact, that's fine, but he still has to provide support. They say it takes two to tango and he was involved at the inception and if he does choose to opt out ... because he was at the inception, they both made an error in equal measure so he should still provide some form of support.

The reference to 'it takes two (to tango)' as used by Rob, and by several other respondents, considered both partners as equally involved in the conception of the baby, and even if it was unplanned 'they both made an error in equal measure'. The man, despite potentially not being able to exercise his 'right' to choose the outcome of the pregnancy, shares equal responsibility towards the resulting pregnancy and subsequent parenting. It was interesting to note the diminished 'right' of men in the pregnancy decision-making process and the subsequent reintroduction of the men's fathering responsibilities.

3.4 Factors to consider when having a baby

By using the fertility vignettes that varied in the circumstances and the ages of the couples, respondents suggested the influence of social norms on the decision whether or not, and when, to have children. Respondents rejected the notion of a 'right' situation or condition for having children, although they were able to identify and account for situations that they perceived as being unacceptable for having a child. The availability of resources and parental skills were criteria that respondents considered in accounting for the appropriate or inappropriate timing of parenthood.

Most respondents reasoned that the couple should rationally approach the decision whether or not to continue with the pregnancy by weighing up what they thought to be the pros and cons of different options. Equally, respondents suggested that the

couple should make an assessment of whether or not they had the means to sufficiently provide for the child. Further, as Nick maintained across the different fertility vignettes, it was necessary for the woman and the couple to consider how having a child can impact on their lives, and whether they are ready for the commitment of being a parent:

Nick:

It's being practical and sensible and looking into the future and the long-term interests of the child. Because if you have children, it is a commitment for life and if they are going to be at a vulnerable age and you are not in a condition, for whatever reason, to look after them, then basically just don't do it. If you can avoid it, don't do it.

Respondents' references to parental responsibilities towards the unborn child were, to an extent, identified as the right of the child to a safe and supportive environment where they are provided with life opportunities. This was largely spoken of in broad terms when describing the conditions they perceived as necessary to be present when having a child within the context of the fertility vignettes, particularly when speaking about the vignettes with the younger couple. Respondents were more articulate, however, in accounting for the 'preconditions' they deemed as needing to be met before they were prepared to have children (I explore this further in chapter six).

An individual's right to choose extends to include the responsibility to the parents' own future, making considerations about the life opportunities that might be closed down by becoming parents in the situation in which the pregnancy had occurred. As such, the decision-making process centred on the interests of the unborn child and the parents. The issue is not one of whose right it was to make the final decision, but rather, an examination of whose interest is served by either of the decisions taken; it is the responsibilities that came with the exercising of the 'right' that guided the decision-making process for these respondents.

Respondents also noted in their accounts that the woman needs to consider the impact of her decision on her relationship with her partner. Child-free respondents, in particular, highlighted the potential of the man leaving the woman should she decide

to have the baby if he did not wish to be a father. As highlighted by Naomi (aged 36), this was a consideration the woman needed to reflect on in making her decision:

Naomi:

And now she needs to decide how much she wants to have children. It feels like you probably have to choose between having this child and maintaining a relationship with John, so she needs to decide which the most important thing to her is.

Respondents spoke of the different nature of a couple's relationship on the basis of their marital status and the impact of the decision that was to be made. When discussing the older and married couple (Maureen and Chris), there was an assumption that the couple would jointly be involved in the decision-making process and, whatever the outcome, it bore little impact on their relationship as a married couple.

However, in the case of the younger couple in Vignette 2, most respondents remarked that Mark would leave Samantha. This was interesting given that the vignette identified Mark as Samantha's ex-boyfriend – it is possible that respondents missed out this information or that it was assumed Mark and Samantha were together if they were having a baby. Respondents noted that Samantha's decision should take into account that Mark is most likely to leave her, and that she should not rely on his support in supporting her and the child should she choose to continue with the pregnancy. Naomi asserted that 'he will dump her', while Nick suspected that 'after the first six months of baby hell he will run ... he may be off as soon as he hears "I'm pregnant" and that will be it', accounting for this comment by suggesting that Mark was 'far too young to accept the responsibility of becoming a father'. This disparity in the level of communication and the outcome of the decisions suggested the view that while a married couple was expected to be more willing and committed to dialogue with their partners in coming to some kind of consensus, couples who were unmarried or had a less developed relationship were felt to be more dependent on the alignment/meeting of individual needs as the basis of the relationship.

When speaking about the vignette with Mark and Linda, respondents were more engaged in considering different outcomes for the couple's relationship with the decision about the pregnancy being made either way. Nick offered a broader contextualisation of the circumstance faced by Linda and John as he gave his account and, like Naomi, he was wary of the impact of Linda's decision on her relationship with John:

Nick:

Well, does she really want to have the child? Bearing in mind that if she does, it would probably be the death of her relationship with John. John obviously doesn't want to have another child, and may not want to stick around to go through all that pain of bringing up another child. Obviously his previous marriage had failed and the kids are living with the mother so he's not exactly enchanted by a relationship with women and children ... She's older, presumably a bit more financially stable, so if she wanted to have the child, then she could do it. But just be sure in the knowledge that John may not be sticking around for long.

In unpicking the circumstantial information from the vignette, Nick suggested that financial stability was an important factor for him in considering how the woman and/or the couple arrive at a decision. Linda's financial independence would, as suggested by Nick, enable her to make the decision for herself without being dependent on John to support her and the child. In the broadest terms, Nick's account suggests that a woman's choice can be limited by the relationship and the financial context.

'I think she's too young, that's for sure'

As already touched on, respondents' accounts identified age-specific issues which posed potential challenges to the woman and the couple in making a decision about the pregnancy. Beyond consideration of having adequate resources to support a family, parenthood at an age which is 'too young' or 'too old' was described as being incompatible with the role and identities of being an adolescent or an older retiring person. This suggests strong norms around the appropriate timing of parenthood in relation to other important/normal life course transitions.

Particularly in discussing the fertility vignette which featured the younger couple, respondents highlighted the need for a young woman and a couple to know what their options were when making a decision. As a family planning nurse, Mel was keen to ensure that women – especially young women – are aware of the choices available to them in order to make a better-informed decision. Similarly, other respondents also identified the need for a younger woman to have support, especially from her parents, when considering whether to continue with the pregnancy. The key concern respondents raised in their accounts with regard to Samantha, who is 16 and still in school, was ensuring she had sufficient support around her to enable her to not only adequately raise her child, but also ensure she was able to continue with her education and other life opportunities. As Pam pointed out, becoming a mother at a young age can be clouded with uncertainties:

Pam:

Certainly if she were to go ahead, I would certainly say to her, if she is absolutely adamant that she wants to go ahead, I certainly think that she could at that age but she needs to be aware that she may not have the support of a partner but obviously parents, not sure what they think of it, they could be supportive, so it could work out. It doesn't go into why she is keen to go on, but certainly she has finished school but what will she do? I think she's too young, that's for sure.

The various accounts relating to the younger woman in the fertility vignette highlighted constraints faced by the young woman in becoming a mother. As much as the decision lies with the young woman herself, respondents highlighted how becoming a young mother can curtail her life opportunities. Questions were also posed in terms of whether younger parents have the resources to support child raising and the impact on the child being raised in a particular environment. Despite very strongly expressing her views against the idea of Samantha having a child, Pam nevertheless refrained from imposing any decision on Samantha's behalf, suggesting the respect for personal choice, and that there was no place for her to directly influence Samantha's decision.

'Do I want to go back to that again?'

Respondents' accounts in response to the vignette featuring the older couple related more to the couple's physical capability to cope with looking after a new-born baby. Sleep deprivation was a particular issue, highlighted by several respondents, that could affect an older parent more than younger parents. Mel suggested that having a young baby can be 'hard going' especially when sleep deprivation kicks in. For Nick, he felt that given the age the couple were and that they were approaching retirement, they should be looking forward to spending time together as a couple rather than focusing their attention on another new born baby:

Nick:

Chris is 54, when the child turns 18 he would be 72, a dodderly old man. He would be retired, I mean, there is that to consider as well because, it's like, when the son is a teenager, he's going to be in his old age, he might be a burden, he might be dead ... they should be old enough and sensible enough to realise all of these points. And it's not just about their wishes, because they are of that age ... they have to consider the implications of having a teenager when they are pensioners, which isn't ideal at all, and I don't think that is fair on anyone really. I think they should spend the twilight years of their lives together and travel the world and spend money on themselves rather than bringing another child into the world. But if they went ahead with it, I will say it's insane.

Despite Nick's strong views against the couple continuing with the pregnancy, he nevertheless acknowledged it to be the couple's decision, as much as it would be 'insane' for them to do so. Nick made an appeal to the morality and sensibility of the couple to make a fair judgement about the pregnancy, highlighting the potential of the couple's dependency on the child due to their advancing age. Nick also expressed an image of older age being a period of self-development and leisure rather than being responsible for a dependent, suggesting the misalignment of being a middle-aged/older person with the role of parenthood, especially with a dependent child.

'It's too late now ... the kid is already there'

Most respondents were careful not to present themselves as asserting that the woman or the couple in the vignettes should act in one way or another. However, four respondents did assert that the couples should continue with the pregnancy regardless of their age or circumstances. Of these four respondents, three (Mike, Selma and

Victor) identified themselves as Christians, and both female respondents (Lisa and Selma) were pregnant at the time of their interviews.

All four respondents expressed optimism that the couple would develop a closer relationship as a result of having a child together, even though it may be initially unplanned or undesired. With the exception of Mike, the other three respondents argued that in the situation where a pregnancy had occurred, it was beyond a matter of choice for the couple whether or not to continue with the pregnancy. They expressed the view that the couples were expected to take responsibility for their actions now that 'the baby is already there'. Despite acknowledging that it was an individual's right to make a decision on the pregnancy, they asserted their personal view that they would expect the pregnancy to continue and that both parents would assume their responsibilities as parents towards the baby.

For Selma (aged 34, pregnant at the time of interview), even allowing for the couple to withdraw some responsibility given the pregnancy might be an 'accident' beyond their control, she argued that they nevertheless have to take responsibility for the pregnancy that had occurred:

Selma:

I would say to her, she's got to speak to him and tell him straight away that she's pregnant. I would just totally expect them to keep the child because mistakes happen, accidents happen. If they love each other they should be able to raise this child. So I would say definitely keep it. I'd be really upset if she aborted it.

When I probed Selma about how she would reconsider her response to different permutations of the circumstances in the fertility vignettes, Selma insisted that the characters in the vignettes should have the baby regardless of the circumstances the couples were in:

Selma:

I think, realising from my answers, that I am pretty against abortions so yeah, I think they should still have the child ... for me it's that they made the decision to have sex and there is the slight possibility they might have a child, and they just have to accept that responsibility for their actions.

Equally, Victor (aged 30, Selma's husband) identifies the couple as needing to take full responsibility given that they should have taken precautions before they had sex (in terms of contraception); given that the pregnancy has occurred, 'it is too late now' for the couple to consider the consequences; the couple should have the child because 'the kid is already there'. Victor iterated this point in response to all three vignettes:

Victor:

She should be more serious about that ... like, speak to him. If you want to have a kid, go and find someone else because I don't want to have a kid. But now that she's pregnant, you know, I think they should have the baby because it's already there. (*In response to Vignette 1*)

I think as a friend, as a Christian and friend, I think I would advise them to have the baby and try to find help from family and neighbours to help them bring up this kid. Like I said before, the kid is there and the kid should come out. (*In response to Vignette 2*)

I think, you know, now, I think more about the baby, more than giving them support. When the baby is ten the parents will be quite old and instead of being grandfather, he will be a father and I think that will be going to affect the child. But being Christian, I think it's too late, and they should still have the child. (*In response to Vignette 3*)

Despite being sympathetic to the circumstances of the couples in the vignettes and being aware of the various challenges they might face in having and raising the child, Victor remained steadfast in his view that the couple should continue with the pregnancy given 'it was too late' for them to make any decisions. Like Selma, Victor repeatedly made reference to being Christian in his account when justifying his view that the couple should keep the baby, demonstrating the ways in which personal views around reproductive choice can be shaped by religion or accounted for in relation to religious beliefs.

3.5 Chapter summary

When talking about reproductive rights, respondents drew on different discourses in accounting for the exercise of personal choice. In particular, respondents talked about the need for informed choices and accepting responsibility for the decision made or

managing the regret. Moreover, in making a decision given the available options, respondents also drew on imagined trajectories of choices in decision-making in relation to the impact on relationships, as well as the impact of parenthood. Decisions were also situated within the life course of the individual, and imagined against what arguably could be the hypothetical norm of individuals in the same stage of the life course.

Respondents highlighted the importance of respecting individuals' 'rights' to choice alongside the importance of both partners being involved in open communication in arriving at a joint decision. However, as respondents elaborated on their accounts, the constraints to full exercise of reproductive autonomy surfaced. Respondents' accounts illustrated the limitation of the exercise of personal choice, throwing into question whose autonomy was being prioritised in a situation where partners disagree on the outcome of an unplanned pregnancy. All respondents asserted strongly that the 'ultimate decision' or 'power' lies with the women. Even though it was also strongly encouraged that the male partners' views were taken into consideration, men were portrayed as being 'powerless' with regard to the final decision taken by the women. Justification for this power imbalance was made by respondents in making reference to the legal and moral rights of women to choose, given that pregnancy occurs in the woman's body. Moreover, it is suggested that the pregnancy and child rearing had a bigger impact on the mother's life (chances) than on the men, and therefore they have 'more right' to make the decision to continue or terminate a pregnancy.

Respondents also raised interesting questions about the role of men in the decision-making process. For some respondents, men were encouraged to be involved in the decision-making process. Yet for other respondents, involvement of men was argued to be an attempt to 'interfere' or to coerce a woman in making her decision, thereby taking men out of the picture altogether. Men, however, were seen to have a responsibility towards the child regardless of their level of involvement in the decision-making process.

The nature of a couple's relationship was portrayed in different ways by respondents. On the one hand, respondents described a process of open communication between a couple in a 'stable and trusting relationship', capable of engaging in meaningful discussion and arriving at joint decisions. On the other hand, respondents also identified the fragility of a relationship in terms of being brought together by common goals, in which a situation such as an unplanned pregnancy can result in the separation of the couple due to a difference in attitudes and preference for parenthood; that is, a relationship is constantly negotiated based on meeting individuals' needs.

Respondents' accounts highlighted conventions around the appropriate timing for having children and the factors to consider when having and raising a child. Despite maintaining a clear respect for the woman and the couple's autonomy, respondents noted concerns they had with the characters in the vignettes in choosing to continue with their pregnancies. These concerns largely related to the age of the characters as being 'too young' or 'too old'. The biological age in itself was not seen as the key issue but rather, the social and economic context in which parenthood was not seen as complementary to the other social roles and life stages the characters were at in their life courses. Having a child 'too young' was seen to disadvantage the young mother and the child's future chances, whilst questions were also raised in terms of the level of support the woman/couple have and their abilities to sufficiently provide for the child. Respondents' accounts also questioned the strength of the relationship between the young parents. The main concerns raised with regard to having a child at an older age was the tension between parenting of a dependent child and the lifestyle of an older person approaching retirement, which was portrayed as a period of leisure and being free from responsibilities.

In discussing the appropriate age and circumstances for having a child, respondents also highlighted the importance of meeting certain conditions when deciding whether or not to have a child. Speaking in reference mainly to the vignette with the younger couple, respondents discussed in broad terms the importance of ensuring that material circumstances were appropriate in having and raising a child. Often, this

was talked about in terms of having a job or being financially independent when having a child, without which respondents raised concerns about the welfare of the child. Respondents also highlighted the importance of a woman having support from others, particularly her partner, when deciding to have a child. In the absence of having a supportive partner as a co-parent, it was important that a woman had support from her family and/or friends, especially if the woman is young or not financially independent. Having a child within a stable relationship was viewed as being a better situation to be in than being a single parent.

Respondents' accounts illustrated the importance of individuals' attitudes towards abortion in the way they considered whether or not there were options other than to continue with a pregnancy. For a small number of respondents who appealed to the parents to take responsibility for their actions and were opposed to abortion, it was beyond a matter of choice for the parents when a pregnancy happened, regardless of the circumstances or desirability of the pregnancy itself.

In this chapter, I have presented an analysis of respondents' accounts in relation to the fertility vignettes. In the next four chapters, I will explore how respondents talk about their personal experiences and plans about fertility, family and parenthood, as well as their communication and decision-making with partners about these themes.

Chapter 4:

Reasons for Having Children or Remaining Child-free

4.1 Introduction

In this chapter I will explore how respondents account for whether or not there is a desire to have children on their part. These accounts were articulated in response to questions asking for their general views about having children and about parenthood. Respondents were also prompted during the interview about what they would consider the positive or negative aspects of having children or remaining child-free. Depending on their parental status and whether they desired to have children or to remain child-free, respondents were also asked to consider how their lives would be different if they were to have children (child-free respondents), did not have children (respondents who were parents) or could not have children (respondents who had not yet had children).

In section 4.2 I will present the analysis of accounts from respondents who were parents or would like to have children. I will explore in detail the two main themes that emerged from their accounts in expressing their desire for having children as being normative and that it gave them social identity and status. In section 4.3 accounts from child-free respondents who did not want children will be examined for the discourses they use in accounting for their not wanting children. These discourses were that a) they had no desire for them, along with b) the high level of responsibility and financial cost associated with having children. In section 4.4 I will provide a chapter summary.

4.2 Desires and motivations for having children

Respondents who were parents or had not yet had children described in their accounts the transition into parenthood using vocabularies such as ‘expected’, ‘assumed’ and ‘natural’ in their accounts, which demonstrated the perceived normativity of parenthood in the life course. In accounting for their reasons to have children, respondents who were parents or wanted to have children used language

that was affirmation seeking, through utterances such as ‘you know’ and ‘obviously’ littered throughout their accounts. Respondents often made references to other people in their accounts to position themselves as fitting into a shared understanding of the value of parenthood and the normalcy of their views and experiences. Non-parenthood was also referred to by some respondents as a ‘loss’ which further positioned parenthood as the social norm.

Most respondents were able to ascribe some kind of value to having children, identifying various economic, social and psychological benefits that came with having children when accounting for their desire to have them. Often, parenthood was described to be a value in itself, a decision of such importance that it was beyond the subject of economic decision-making; the values of parenthood and having children were seen as beyond material considerations.

In the rest of this section I will present respondents’ accounts which draw on the discourse of parenthood as being a normative transition in the life course and how children were accounted for as enabling respondents to gain social identity and status.

Normativity of having children

In this section, I will present several ways in which the normativity of parenthood was expressed by respondents who desired having children. The desire for children described by respondents fell into three different themes: relating to the biological or ‘instinctive’ drive for procreation; that ‘normal’ families are good and rewarding, and need children to make them complete; and the expectation of parenthood as part of the life course.

‘For me there is something innate about it’

Several respondents described their desire to have children as being ‘natural’ and ‘instinctive’ to them, in relation to a biological basis for the desire to have children. Mike and Lisa described their desire to have children as being ‘innately biological’, a response to the ‘animalistic urge’ to reproduce. When talking about her desires for

having children, Lisa framed it as being an innate biological drive, which she described as ‘natural’. She does explicitly allow for individuals to choose non-parenthood, although in doing so highlighted the view that this was a deviation from the social norm:

Lisa:

I think that most people have that, because as a species we want to survive and want to procreate and most people, well, not all people, before they die, they want to have children as part of their journey in life.

Mike's description was similar to Lisa's in that he accounted for his desire to have children as being ‘innately biological’, which he argued ensured the ‘continuation of life’ within the family and as a species. He drew on experiences of his brother and a friend in bringing out the context in which he had reflected on the significance of ‘carrying on life’:

Mike:

I remember my brother had his two children, the whole notion of when he dies his children would carry on. It's a really common-sense thing if you think about it a little bit. There is something innately biological about continuing your species that is on a completely different level. There is a friend of mine and she didn't have children. Recently her mum died and her dad died shortly after and she was especially devastated because she didn't have any children and she was the end of the line. When she dies she does not have any children to carry on life. For me there is something innate about it.

Mike's account highlighted that in considering the importance of having children, individuals can sometimes reflect on what can be seen as fundamental issues around one's own mortality, asking questions about the meaning and purpose of life and the significance of lineage in a society where it is given little formal social or political status. The quote from Mike above suggests that reflections on parenthood were simultaneously mundane and transcendental; his reference to the desire as being ‘on a completely different level’ suggested a view that parenthood had a transcendental status, in that having children is not the same as making other kinds of decisions. Yet for something that was presented as being that important, Mike, and other respondents, struggled to elaborate on their reasons for desiring to have children,

suggesting that parenthood was often something that was taken for granted and not reflected on much in everyday life.

'I was brought up in a family and that was what I knew as being normal'

Respondents evoked an image of the 'normal' family in their accounts, which they described in general terms as being good and rewarding for all members of the family. Set against this idea of the 'good' and 'normal' family, respondents reflected on their personal experiences of family (both positive and negative) and observation of others' families when accounting for their desire to have children.

Many respondents drew on positive and often specific memories from their childhood to account for their own desires to have children. For example, Connor described how his personal experience of being in a family with 'supportive' parents and two younger sisters was the reason for wanting to have children. Connor's use of the term 'intuitive' in the quote below is a good example of how parenthood was often portrayed as not being a matter of reflection for many respondents; it does not have to be questioned but simply repeated by 'do[ing] the exact same thing' given the positive experience he had:

Connor:

I think it's pretty intuitive because if your parents hadn't thought of it then you probably wouldn't be here. I think a lot comes from being in a nice family, where you are happy and you want to do the exact same thing. If you have parents who are quite devoted to helping you, you kind of owe it as much to have children. I don't know, it's not as obligatory as that but you kind of feel that you are doing your bit as well. You have the respect for it and you see it as your time to give it back.

Less positive experiences of childhood could nevertheless also be referenced to account for a desire to have children. In similar ways, Kim and Rob drew on their experiences of their childhood in their own families when accounting for the importance of having children as a means to achieve the family that they desired, but had not had the chance to experience or had 'missed out' on as children themselves. Rob described how he had 'craved' to have the family that he did not have as a child, which he noted was similar to his partner's experiences.

Equally, for Kim, despite a rather disruptive experience with her own family in her teens, her memories of family life when she visited her friends encouraged her to desire having children to create that sense of family she wanted – it was ‘normal’ to be part of a family:

Kim:

I was brought up in a family and that was what I knew as being normal. Even though my parents split up, it's still good to be part of a family ... Even though my family is not necessarily that happy, in the second half of my childhood, I had many friends and when I went round to their houses, you know, there was a nice atmosphere and the family with parents and children and people coming round and that. So yeah, and that's how I want it to be.

Respondents’ accounts portrayed the ‘normal’ family, which included having children to make it complete as being highly desirable. For respondents who described their experiences in their family as being positive, the desire to have children can be seen as reciprocating or ‘giving back’ the rewards that they had perceived from being in a ‘good’ family. Yet for respondents who talked about more difficult experiences of a family growing up, they too desired having children, suggesting that the image of the ‘normal’ and ‘good’ family must be strong enough for them to override the contrary evidence of their own experiences.

‘It's a societal expectation, isn't it?’

Several respondents who said they would like to have children, but did not have plans to have them yet, talked about parenthood as being something that they ‘expect’ to happen at some point in the future. Although there was no specific time mentioned, it was clearly not ‘any time soon’. This expectation of having children came across as a conflict for a couple of respondents (Henry and Andy) who were uncertain if they did want to have children. On the one hand they described parenthood as something that is ‘expected of you’, yet they were uncertain if that was what they wanted for themselves considering the changes they would have to make in their current lifestyle. This tension was expressed most clearly in the quote by Andy as he switches between whether or not he wants to have children:

Andy:

I think it's kind of something that is expected of you, to want it. I don't know if it's something I do want. I kind of look at the initial stages being quite a heavy burden in terms of finances and time and at the moment I don't think that's right at the moment ... I kind of think I want to have children but don't know when ... I think when I was younger it was more of an assumption that later in life I would have children, the normal path to walk as you will. But yeah, I just assumed that I would have children when I was older but never really planned anything around it.

Beyond expecting parenthood, Andy's account went slightly further to suggest that, more so, it was a social expectation *to desire* having them. This makes a clear distinction from what Mike and Lisa referred to when they talked about the desire for children being biologically driven; in Andy's account this desire for children was described as being socially constructed.

When I prompted Andy to consider what he expected to gain from having children, he was able to come up with several social, psychological and economic benefits of having children. Andy's utterance at the start of his account suggests that it was not something that he had considered much before, yet he was able to list several reasons that broadly appealed to a sense of continuity and mortality. Andy noted that the benefit of children can be in the short and longer term, demonstrating reflexivity about the life course. Moreover, Andy's account also showed that the value of parenthood was not only economic, but also social and psychological. This positions the decision to become a parent as being distinctive from other decisions:

Andy:

God, I don't know. It's kind of like leaving your blood line on to the planet I suppose. That part of it and kind of guide a new person into a personality that's not got the same, when we look at ourselves, the flaws in our own personalities. I know when I look back at my dad I see the same things and I suppose it's about guiding the personality towards something that doesn't have the same flaws as I do, kind of a better version of me. I don't know, I suppose in the longer term you're looking at somebody to look after you when you get older. Kind of a responsibility but I don't know. I suppose you expect a lot of joy from parenthood as well.

Similarly, Henry expressed the view that parenthood was 'what everyone grows up to expect'. Even though Henry was able to identify examples of other people and

couples who did not have children, he was unable to picture himself without children. His posing of the rhetorical turn of phrase 'isn't it?' very poignantly highlighted the strength of the social expectation around having children and the unacceptability of childlessness as a matter of choice:

Henry:

It's a societal expectation isn't it? Guess when you grow up, you get married, well you may not need to get married but certainly you are a parent at some stage. So I can't really picture, or entertain that I might not have children at all, although I know a lot of people who don't have and they seem perfectly happy. But it is funny, I know some people who just can't understand why you wouldn't have children ... It's a bit of a taboo isn't it, thinking about the idea of not having children? Certainly if you are capable, that is the thing you do, isn't it? If you don't have children people make the assumption that you cannot have children if you do not have children.

Henry was being quite reflexive here about the role of social expectation in the way he considered his own fertility. The idea that having children and becoming a parent was 'normal' was expressed in Henry's account as being such a strong imperative for couples and individuals that the only acceptable reason he perceived for not having children was infertility; childlessness as a matter of conscious choice was socially unacceptable. Despite his reservations about having children, Henry was very reluctant to assert the view that he chooses to remain child-free – this became clear through his account in his reference to it being a 'taboo' subject. Henry's account suggested that parenthood was perceived as the 'normal' position against which the alternative of childlessness has to be made accountable. Even though both parenthood and childlessness were presented as possible lifestyle options available to individuals and couples, as Henry's account suggested, they were not seen as equally acceptable options to take.

Much like the accounts already presented, many respondents also used the term 'normal' and 'natural' to describe how the transition to parenthood fitted into the development of their relationship with partners. In their narratives, Dylan and Zac also referred to parenthood as something that they 'expected' to happen as part of the 'natural progression' of their relationship with their partners. Zac talked about having children as part of a series of key milestones he and his girlfriend had planned for the

coming five years. When I asked him to explain how he came to have a desire to have children, his response suggested that this was not something he had reflected on much before:

Zac:

Other than, like, I like children, I think that, it's not that simple, I don't know, I guess I have been with my girlfriend for such a long time that, you know, having kids just kind of feels right. In some way it just feels really right and yeah, I just love the idea.

Similarly, Dylan also talked about parenthood as being part of a series of stages as the relationship develops, which, described in a matter-of-fact fashion ('just to have children'), clearly articulated the non-reflexive nature of parenthood within the context of a relationship. Despite being able to provide an account to justify his transition into parenthood, Dylan noted that it sounded 'strange' in some ways to him; possibly it was not a question that he had previously reflected on. I decided to prompt Dylan to consider whether there were any specific reasons he had for having children. Dylan initially struggled in coming up with a response, revealing that it was not something that he had previously reflected on. Despite that, he continued to provide a response to my prompting:

Dylan:

So, why did I want children in the first place? I don't know. It's quite difficult, maybe it shouldn't be that difficult because you should really know what you want, why you have children in the first place. I've not really thought about that, really, to be honest. I never really had the feeling that I wanted my, you know, that kind of carry on the family name kind of thing, never had those kind of feelings really. For me it was really kinda natural, as I said, a natural progression, I have never held that 'oh when I go there's somebody left behind'. I don't like that because I think that's kind of arcane really. I never felt like I wanted my line carrying on, certainly not. For me, it was kind of a natural progression of the relationship, you know. I'm trying to think why. I've never really thought about that.

Dylan's account provides more evidence that despite parenthood being thought of as a significant 'decision', it was paradoxically difficult to talk about it in any detail by respondents, suggesting that parenthood was somewhat beyond the realm of rational decision-making. Despite initially struggling to come up with a response, Dylan

managed to provide a candid account in which he admitted that it was not something he had given much thought to. The normativity of parenthood expressed through respondents' discussions about their desire for children suggested that it is almost as if decisions about fertility were about *not having* children rather than about having them.

Having children, identity and status

Several respondents, notably more women than men, described becoming a parent as one of many significant social roles they expect to play across the life course; beyond parenthood, respondents also identified the importance of grandparenthood for them in later life. Female respondents further noted in their accounts how having children was part of their identity as a woman. Religion was a feature in the accounts of a couple of respondents when talking about their reasons for wanting to have children. Parenthood can also enable individuals to attain social status within the communities they belong to, avoiding being questioned by peers with regard to stepping outside the 'path to follow'.

'It is such a really strong part of my identity'

The accounts of several female respondents explicitly noted that becoming a parent, or rather becoming a mother, was important to their self-identity as a woman. These respondents often made reference in their accounts of experiences of being cared for by their own mothers, or observing their mothers providing care to younger siblings. Mel made the most direct reference to the role of her mother in shaping her views, as a young girl, about having children. She noted that her desire to have children 'was always there' even as a young child:

Mel:

From a young age, playing with dolls and such, you model your behaviour from your mum, obviously associating yourself with her gender, looking at her behaviour. Wanting children, it was something that was always there. And I think also as well there is obviously a societal view, rightly or wrongly, that society do view women once they get to a certain age and if they don't have children they ask, 'Why, is there something wrong?' I do think sometimes that's the first thought people think. I think it was just a, maybe it is something that cannot be fully explained, articulated enough, succinctly enough in a few

sentences but it was just an innate urge within me that knew I wanted to have children.

In Mel's reflexive account, she was able to provide multiple justifications for her desire to have children. Yet, at the end of her account, she explicitly noted that it was 'something that cannot be fully explained', suggesting that her desire was emotive or 'innate' in nature, and therefore beyond rationality, nor able to be expressed in language. Her submission to the 'innate' discourse in accounting for her desire for children demonstrated the discomfort that is being expressed across the accounts about treating the decision to have children as being calculative. Rather, the desire to have children and to become a parent was portrayed as almost too important to be subjected to rational decision-making, and hence it was deemed more acceptable to account for it through a more emotive justification.

In a similar way, Jenn described her mum as her 'role model' and remembered watching her mother 'nurturing, mothering and caring' for her and her younger sister, which she claimed led her to 'wanting to have a baby girl' since she was 11-years-old. In a similar way to Mel, Jenn also appealed to her desire to have children as being something that could not be accounted for in a rational manner but rather, it was a 'natural' process for her, tied in with her strong identity as a 'mum':

Jenn:

I always wanted to be a mum, it felt like an extremely natural process. If somebody said to me, you know, when people asked the meaning of life, why I am here, well, one of the main reasons I am here is to be a mum. And it is quite simple, like that, for me.

Jenn's account suggests that, at least for some respondents, parenthood can be described as having some kind of fundamental value that can only be expressed and understood in absolute terms rather than being something that can be compared with or traded off against other values or preferences. Jenn made the strong case in her account that her desire for children was beyond justification to me or anyone else as it was fundamental to her existence. Her assertions of her consideration of parenthood being 'quite simple', and that it was an 'extremely natural process' for her, suggested that having children was not a matter of reflection or decision for her.

Beyond identifying that parenthood was a significant transition for themselves, several respondents also projected their view of the 'normal' life course, which included parenthood, on to peers and others. In accounting for the strength of her desire to have children, Tamzin talked about people that she knew that did not want children, a view that she 'struggled' to understand. Even though Tamzin acknowledged at the end of her account that it was a matter of 'personal choice', she was unable to reconcile childlessness with her expectation of parenthood and grandparenthood as essential transitions in the life course:

Tamzin:

One of my friend's cousins wants to have a hysterectomy. She's 24 and tried to find out where to get a hysterectomy. She is absolutely adamant she does not want children. And I struggled with that because it is such a really strong part of my identity. My first love, he did not want any children and I convinced him that he was wrong, I don't get that mindset. When he said that he did not want to have children I was upset and all. And it kind of made me a bit angry. Kind of like, you know, what are you going to do with the whole of your life? What is the point of working your arse off to make money to have a house, to have a car? I mean what are you going to do in your fifties? Sit around and watch other people with their children and grandchildren? I struggle with that. It's people's personal choice so I am not going to judge them for it but personally I struggle to see what would be the point.

Tamzin's account was emotionally charged as she talked about instances of other people who were strongly against the idea of having children. Even though she showed respect for other people to choose not to have children, she did not consider that as an acceptable option for herself, accounting for it through locating parenthood and, subsequently, grandparenthood as important transitions in her life course and being part of her identity. The significance many respondents described in their accounts with regard to parenthood being an important part of their self-identity creates a contrast with that of other mundane or material aspects of life; parenthood is so fundamental to their sense of self that the 'decision' to have children is qualitatively different to other decisions in life such as buying material objects (for example, a car or a house) or making life changes (such as changing jobs).

'It's like it's everyone's duty in life, you know, to marry and have children'

Two respondents, Selma and Victor, made specific reference to their religion when accounting for the importance they placed on having children as a Christian couple. The reference to religion was not featured in other respondents' accounts, suggesting that although parenthood was presented by some respondents as a transcendental issue, this transcendence is no longer expressed, as it would have been until more recently, in religious terms. Both Selma and Victor's accounts drew on a discourse of their 'duty as Christians' to procreate and become parents when accounting for their desire to have children.

Selma and Victor were married and were expecting their first baby at the time of the interviews. Throughout their interviews (which were conducted separately) they were keen to share their views about how religion plays an important role in their everyday lives, including their views about parenthood. They both spoke about growing up in large families and that they had always wanted to have children. In their own ways, they both made reference to their religion and their culture when accounting for their desire to have children. In her account, Selma talked about the social roles she expected to play as a Christian woman, which included motherhood:

Selma:

I think there is the idea that God's told us to procreate. I know a few Christian couples I've heard of who decided not to have kids and other Christians are like 'Ooo, controversial, it's not very Christian'. God's given us the rights to, it's almost like it's our duty to have children and they think it's not right if somebody doesn't want to have children. I think it's probably in me that, yeah, God's created me as a woman, a mother and a wife, like a sense of duty to have children, yeah.

Selma appealed to a sense of 'duty' as a Christian woman when accounting for her desire to have children, which she described as matter of fact rather than something that she needed to reflect on or to decide upon. Her reference to her Christian peers who chose not to have children provided an illustration of the social pressure and regulatory processes that persist in maintaining the normative status of parenthood. Selma used the term 'not right' in her account to describe the choice of her peers to

remain childless although she expressed this as being a view that was held by others ('they'). It can be suggested that by making reference to 'others' in her account, Selma was able to distance herself from such strong views as her personal view, but also that it was a shared and conventional view, at least amongst her social group. Yet, at the end of her account she iterated with much affirmation ('yeah') that her reason for having children was fulfilment of her 'duty' towards God.

What Victor said mirrored Selma's account in terms of highlighting the expectation of parenthood as part of being a Christian. Although Victor acknowledged his own Christian religion as having a strong influence, he drew parallels to other religions as well. Victor also broadly related the importance of parenthood within the context of being part of a community where the individuals are expected to get married and have children, highlighting the normative pressure to conform to this expected life course:

Victor:

I would say it's part of the religion, you know, not only Christian religion, they do have influences that impact on the family. When you are a Christian you're expected to have a family because it's God's commandment in the Bible to reproduce, that you should have a family. I think after you are married, if you belong to a community, in my case being a Christian, after you are married you are expected to have kids, you know. Everyone has this expectation that you have two or three, so I think there's a pressure from the community for you to have kids ... it's like it's everyone's duty in life, you know, to marry and have children, look after your kids, that's what life is about.

Victor's account provided multiple contexts in which parenthood was perceived to be the norm. He referred to 'community' in describing the various social groups he identified as belonging to, in both a religious as well as a cultural sense. The discourse of 'duty' was expanded beyond a religious duty to fulfil 'God's commandment' but also in fulfilling 'what life is about', elevating the status of parenthood as transcendental and fundamental to his sense of identity.

'It's probably one of the most ultimate experiences you can have'

Some respondents described parenthood as being inherently good in itself, that is, parenthood provided the means for individuals to express their morality through it.

Within this discourse, there was the presentation of the cost of parenthood being irrelevant in light of the benefits that come with parenthood. For example, Selma described parenthood as an ‘ultimate experience’, as an act where one can ‘give the most and unselfishly’:

Selma:

I think it's, if people can do it, it is an important thing to do in terms of what you can give because it's one of the things where you have to give the most and unselfishly, and you learn so much from the experience. It's probably one of the most ultimate experiences you can have, so, I think if you can do it you should.

Selma's account strongly expressed the view that having children is not a matter of personal choice (‘if you can do it, you should’), suggesting that it was childlessness by choice which was not acceptable. Selma provided a justification for her strong assertion of the importance of parenthood in making reference to it as being an ‘ultimate experience’, which enabled the expression of one's morality through being able to ‘give the most and unselfishly’. In this manner, parenthood is bound up with a sense of her moral self.

In a similar vein, Victor described his desire for parenthood as a shared ‘human’ experience, and one that he considered to be ‘selfish’, but dismissed global concerns about over population on the consideration of the personal benefits from having children:

Victor:

I think it's a natural desire, I don't know if it's everyone's, but humans in general, you know, kids are part of them, it's natural, you want to have it ... it is selfish, you know, when the world is already full of people and we shouldn't be having kids, it is selfish if we look it that way, but it is something that makes you feel satisfied in life. Kids give you satisfaction. But I believe I was born for that, yeah, I don't know ... it's there inside, you know. That's what counts. I think the happiness of it is bigger than the problem.

Like a few other respondents, Victor also made a reference to the desire for children as being a ‘natural’ part of being human. He presented a tension between it being ‘selfish’ to have children for personal satisfaction and the issue of population

expansion, which he seemed to initially struggle to account for. He resorted to accounting for his desire to have children by appealing to the strength of parenthood as part of his being ('I was born for that'), disregarding rational choice as the basis for his desire to have children. Parenthood was presented as being of value in itself. Victor's account illustrated again the difficulty that many respondents faced in articulating and justifying their desire to have children by referring to it as a transcendental issue that cannot be put into words.

In this section, I presented the accounts of respondents who were parents or expressed their desire to have children, noting how parenthood or having children was described as being 'normal' and 'natural', and how it related to their sense of identity. For many respondents, parenthood was described as having a transcendental status in which having children was unlike other decisions in life; parenthood was in itself described as the 'meaning of life' for some respondents, an assertion that warranted no further justification.

4.3 Desires and motivations for remaining child-free

In this section I will examine the accounts of four respondents who identified themselves as 'child-free'; that is, they have no desire to have children. This included three respondents (Nick, Laura and Pam) who noted that at no point in their life had they desires to have children. Naomi was the only child-free respondent who spoke about having thought about desiring to have children at various points in her life.

The accounts of these four child-free respondents were remarkably similar in that they acknowledged and supported the notion of parenthood as being 'normal', and that they were in some way deficient or 'missing' out on certain requirements that excluded them from being able to become parents. Yet the normative discourse also allows for individual choice and preference; the child-free respondents were able to claim their autonomy in making a conscious decision about not having children, detailing what they perceived as the drawbacks of having children. These respondents portrayed parenthood as a non-reflexive process, while at the same time presented themselves as rational and moral individuals by remaining child-free in

light of their apathy towards having children and the stigma they perceived to be associated with being childless. They were successful in presenting themselves on the one hand as childless by circumstance in terms of lacking the desire to have children or lacking certain characteristics they deemed as important to have when having children and, on the other hand, child-free by choice in arguing they did not want children even if these conditions were present.

'That's the right thing that men and women do and should do'

All the child-free respondents explicitly acknowledge in their accounts the view that parenthood was an 'expected' and 'normal' transition in the life course, often expressed more strongly than respondents who were parents or wanted to have children. This was most strongly put forward by Nick who described the desire for children as both a socially observed norm within the context of a secure relationship as well as being biologically driven, particularly for women:

Nick:

You get married and it's a no brainer that you're going to have kids and I mean that as presumably part of within a monogamous relationship which is comfortable and secure. That's the right thing that men and women do and should do, to have a nice stable family to bring up children ... I think women have their biological clock ticking down and it's stronger, their instinct. They just, little girls playing with dolls and I think that they are hard-wired ... so it's there, it's in their DNA whatever, it's in their psychology and biological make-up. Maybe I was in the wrong part of the queue when the neurons in my brains were joining up but I never thought of having children, never had that feeling at all.

Nick's account illustrates the acknowledgement made by other child-free respondents that becoming a parent and the desire to have children is normal. Moreover, in drawing on a biological discourse, the desire to have children was also presented as being 'natural'. Like Nick, the other three child-free respondents also described themselves as being defective or 'abnormal' in some way for lacking the desire to want children. However, they then turn this discourse against itself by presenting themselves as a clearly 'natural' disproof of the norm. Moreover, Nick's account provided further evidence of the strength of social pressure to have children, contradicting the discourse of parenthood being a matter of 'personal choice'.

Nick's reference to a woman's 'instinct' to want to have children was also talked about by the three child-free women. A dominant discourse that the female respondents used to account for remaining child-free was their lack of the biological drive to have children, which they described as being an 'urge' or an 'instinct'. This 'urge' was often described as something that was 'normal', yet as the child-free women identified in their accounts, it was something they were told would 'hit you' or 'kick in' at some point but that had not happened for Pam:

Pam:

I remember since a young age never quite fancying it, but everybody kept telling me that I would change my mind when I get older. With some folks I have seen that happening but it's not happened to me yet and I'm still waiting for that to kick in. When you are in your mid-twenties or early thirties but I had none of it ... you do think that if someone else starts to do it, it will catch on. It does seem to in our circle of friends we've got. My partner's sister and her best friend had babies and then they go 'you'll get that, it will catch on' but it's just not.

Laura's account echoed both the idea that having children was the 'normal thing to do' and that the desire to have them was something that was expected to 'happen'. I asked Laura if she had ever thought of having children:

Laura:

I don't think I've ever had the urge. I think when I was a younger woman and certainly by the time I was first engaged, it was probably something that would have happened because you see, today that is the normal thing to do. For people to say things to me, I know that it is abnormal of a woman of my age to not have or want kids ... You know, my friends would say 'it's gonna hit you at some point. You should do it now'. It would be so easy just to be part of that club, you know. But I just don't have the desire. It's just not there. And I don't particularly want it to be there.

Both Laura and Pam expressed in their narratives a sense of being made to feel there was something 'abnormal' about their lack of desire for children when they were being told by other people that they should desire to have children, reinforcing the conventional view that parenthood is 'normal'. Laura used the argument that parenthood is 'normal' to present having children as the 'easy' option suggesting that the transition to parenthood as not necessarily something that was reflected on in

terms of the cost of having them. In doing so, Laura was able to present herself as being reflexive and moral in her decision to remain child-free in the absence of the desire to have children. But also, in a different way, she was able to express her personal choice in remaining child-free while maintaining the choice of others to have children.

The desire for children was spoken of as being socially pervasive in that it ‘spreads’ between members of a peer group. The quote from Naomi below furthers the notion that the desire for children was socially constructed within specific contexts, as highlighted by Pam and Laura. When I asked Naomi whether she had always felt she wanted to remain child-free, she recalled a couple of times in her life when she had thought of having children:

Naomi:

There was quite a transitional period when I finished my degree ... I didn't know what to do with my life, my partner at that time was about 10 years older than me and was quite affluent. I suppose then I started to imagine having a family with him, it was the lifestyle that I wanted, not having to make choices about what to do with my own life or what I was going to do as a career ... I have been in quite a different place for the past six months. I always had quite a difficult relationship with my father and we ended up not speaking to each other. He died before we made contact again and my mum's got dementia as well at the moment. I suppose in the past six months it made me start to crave for a family just to replace that sense of family which is missing at the moment. But I wouldn't go on to have children because you can't really have a child just to fill some emotional gap or need in yourself, that's not fair on the kids. I don't think you should have children unless you really want them. I always said I didn't want to have children because I didn't feel like having them, but at the same time I'm glad I don't want children.

Similarly to Laura, Naomi presented motherhood as being a non-reflexive lifestyle which she felt was an acceptable alternative to having to make her own decisions in life. In addition, she identified her more recent desire for children as a means to replace her own family and to gain affection that she felt was missing. Naomi pointed out that it was an unacceptable reason to her as it was ‘not fair on the kids’, highlighting the moral position she is taking when she asserted that ‘I don't think you should have children unless you really want them’. As Naomi and Laura's narratives suggest, it would be ‘easy’ to have them, but to do so would be ‘unfair’ and immoral.

Thus, in this manner they were able to provide a respectable account of remaining child-free.

'I think it's not something that I'd consider I would want for me'

The last sentence in both Laura and Naomi's accounts suggested that, for them, the lack of desire for children was welcomed. It could be suggested that this enabled them to assert their moral position that they were doing the right thing not having children without this desire. However, in a way they acknowledge that being child-free was a matter of choice in that parenthood was actively rejected by them. Nick also acknowledged his desire not to have children as a matter of a choice that he made:

Nick:

I am not against children as such, just that it's not something that I ... it is something in life I decided early on that I didn't want to have children, no matter how much I would potentially love it should it come into my life. I think it's not something that I'd consider I would want for me.

While it might seem like Nick's decision not to have children was unjustified – he himself suggested that potential rewards are not taken into his consideration or are irrelevant in his decision to not have children – he revealed some of his concerns about parenthood later in the interview. Other than the high cost associated with raising a child, Nick spoke about his anxieties around parenting, noting the 'heavy responsibility' of being a parent.

Pam also perceived parenthood and parenting with a strong sense of the responsibilities. In speaking about what remaining child-free means to her, she expressed a sense of liberation from childcare responsibilities and further raised concerns that she may not be able to sufficiently provide for a child:

Pam:

For me it just means liberation, really. I just feel like I can ... some of the things that I want to do I know I wouldn't be able to do and I can't support another person, you know, if a few days to the last day of the week and I'm living on bread and water. You can't subject someone else to that, it's okay for me to do that but I couldn't expect an infant to live on bread and water, you

can't do that, for me it's fine. So it's kind of liberation from responsibilities and I can't really get past that to see the wonderful joy that comes with having a baby.

Pam's use of the term 'liberation' evoked the idea of parenthood as the status quo, with a child-free position likened to a revolution against the norm which would free her from an assumed responsibility of parenthood that was being imposed on to her. By highlighting the challenges she was facing financially just to be responsible for herself, Pam was able to argue that it would be irresponsible of her to have a child under such circumstances, thereby justifying her decision of not having children. In their accounts, both Nick and Pam recognised the weight of responsibility for a dependent as being much greater than the potential value of the 'joy' of parenthood. Elaborating further on the impact of taking on the responsibility of being a parent, Pam spoke about how she thought having a dependent would also disrupt her relationship with her partner, and limit her capacity to be more spontaneous in life and to achieve her aspirations:

Pam:

Probably we would lose focus on each other. I've seen that happen a lot, certainly the focus is in a different direction, on the baby rather than each other. I also feel that because I've not done everything I wanted to do ... so I've got things I want to achieve and places I want to go, so I will feel that it's all taken away from me. I feel that if I had a child the possibility of going for trips in the next 18 years will be wiped out for me. I think maybe my friends who had kids had done enough with their lives and I'm not quite there yet. Yeah, I hear people that I work with, or friends of mine, say when we are going to do something, they go 'oh, we can't get the babysitter so we can't make that'. And that's why we haven't got any.

Pam's account is well presented and substantiated in explaining why she remained child-free. Pam made reference to her peers several times to substantiate her claims that children could affect her social life as well as her relationship with her partner. With regard to her personal development, she set up a practically impossible criterion of having achieved 'everything' she wanted to do before entering parenthood. The manner in which she rounded up the account, suggests that her account should be respected and fully justifies her status as remaining child-free.

Like Pam, Naomi also presented a very well composed and coherent account of her decision to remain child-free. In her rather extensive account below, Naomi listed various reasons for remaining child-free; in itself providing a comprehensive argument against having children, which included the financial and time-costs of raising a child, the loss of freedom to be spontaneous, incompatibility of work with family life, and concerns about parenting. Yet at the end of her account, she remained firm in the assertion that her lack of desire for children was the most important and acceptable reason for remaining child-free, or rather to not go on to have children.

'If you don't want children you need to have reasons for it'

I found the accounts of child-free respondents to be particularly extensive yet coherent. As with most of my interviews, I asked Naomi a series of reflexive questions that I hoped would enable her to reflect on her experience of being interviewed. I asked Naomi if she was able to speak about things that were important to her, to which she very openly replied, discussing her feelings around, and reasons for, remaining child-free – and her experience of being made accountable for being child-free:

Naomi:

I suppose I am a bit reluctant to say, because, for so long now I just do not want children and I think most people think that there must be something wrong with you if you do not want children. So I was a bit reluctant to talk about the more negative reasons about not wanting children because you feel like you are fitting into that category.

In some ways, this shed some light on child-free respondents' focus on the benefits of remaining child-free rather than presenting a case against parenthood in their accounts. Naomi elaborated further, expressing very explicitly how she had been made accountable for her status as a childless, married woman:

Naomi:

I was speaking to a colleague in her mid-forties and she was saying that she was young and that was just what you did, you got married and then you have kids and it wasn't questioned and now she's not sure if she would have made the same choices again if you had a choice, it was just what a lot of people did.

So yeah, if you do not have children you feel obliged to come up with reasons for it because it is expected that you want children. So you do not need to have reasons for having them, but if you don't want children you need to have reasons for it.

Naomi provided a very strong account of the challenges she faced in everyday life being questioned about being child-free and being persuaded to have children. It offered an understanding of the need for the child-free respondents to acknowledge the normalcy of parenthood and the reservations about talking down parenthood but, instead, they played down their own abilities and eligibility to become parents. It was only with some prompting that respondents talked about their concerns around parenthood, although still within the context of their own lives, rather than in any way talking about parenthood as being negative in itself for others who do wish to have children.

Accounts of child-free respondents highlighted the pervasive social norms around the expectation of parenthood. These conventions were arguably more visible to those who contravene them and so child-free respondents were able to give much more extended accounts of themselves with regard to the issue of (non)parenthood, presumably as a result of having to give similar accounts to others.

4.4 Chapter summary

Respondents drew on a variety of discourses in accounting for their desire to have children. An overarching feature of these discourses is the appeal to the normativity of parenthood as collectively experienced within communities, families and as part of an individual's life-course trajectory.

The desire for children was described as 'normal' or 'natural' for many respondents, made in reference to their own experience of being in a family, while for other respondents it was accounted for as being 'innately biological'. These accounts were often articulated as matters of fact that did not warrant further elaboration by the respondents, demonstrating the strength of the discourse that they expect to be respected and accepted as sufficient justification. The accounts from Andy and Henry, who were uncertain about having children, provided an excellent illustration

of the strength of the convention to have children, whereby both felt that non-parenthood was almost unthinkable as a viable option in the life course, despite both having concerns and reservations about being parents.

Respondents' accounts also highlighted how the desire to have children and to become parents forms an integral part of respondents' identity. Despite asserting the strength of desire to have children for themselves, respondents nevertheless presented a respect for personal autonomy of individuals to choose not to have children. Yet, it was important to the respondents themselves that they did have children.

The accounts of child-free respondents provided an interesting comparison to that of the respondents who desired children. All four child-free respondents described themselves as not conforming to the norm, noting the 'normal' thing to do was to desire having children. In drawing on the discourse of having or not having the desire as a justification to have children, and in labelling themselves as being in some way defective by lacking the 'normal' desire to have children, they were able to locate their status as child-free as a matter of choice. In some instances, they expressed a sense of relief at being 'deficient' in terms of lacking the desire to have children in how they accounted for being child-free.

Common reasons given by respondents for wishing to remain child-free included the view that having children was a 'heavy responsibility' and involved many sacrifices in their personal development and social life that they were not prepared to undertake. Despite the list of drawbacks they identified with having children, all four child-free respondents fell back on their lack of desire for children as the single most important reason for not having a child; to have children without the desire for them was presented as being irresponsible and 'unfair' to the child.

The degree of reflexivity presented in respondents' narratives varied. While for some respondents who desired having children, they were able to account for their desire to have children in a way that suggested they had considered the issue of parenthood

in the past. They were able to articulate their awareness of the social expectation relating to parenthood, but this did not seem to be the case for some respondents who appeared to have not given much thought on this issue, despite stating they would like to have children. The tension being expressed in the narratives of respondents who were uncertain about having children provides a clear illustration of the challenges of reconciling the social expectation of parenthood with their personal uncertainty as to whether or not parenthood was what they wanted for themselves.

In contrast, it was striking from the accounts of child-free respondents the high level of reflection they felt was warranted in their narratives; all four respondents noted that they had reflected on the issue of parenthood prior to the interview and had been questioned and made accountable for their status as being child-free by other people. In their accounts, they often referred to the transition into parenthood as being non-reflexive, which to some extent was validated in the illustrated accounts of respondents who were parents or wanted children.

In the next chapter, I will examine respondents' accounts of their family size preferences and expectations.

Chapter 5: Family Size

5.1 Introduction

The aim of the chapter is to explore how respondents accounted for the family they would ideally like to have, expect to have, and actually have. I started the interview typically asking respondents to talk about their thoughts around children in general and probed them further by asking them to describe the family they would like to have or considered as 'ideal'. Respondents who said they had children or wanted children were also asked the number of children they would like to have and whether they had plans for more children. This elicited accounts from respondents about the configuration of family they would like to have (e.g. number, gender mix and spacing) and the relationship/social aspects of family life that they would like to have.

The analysis in this chapter will highlight the way in which respondents accounted for the family they would like to have, noting in particular family size preferences (in section 5.2) and how in practice this related to the family size they (expect to) actually have (in section 5.3). In section 5.4 I provide a chapter summary.

5.2 Families respondents would like to have

When talking about the family they would like to have, respondents typically made reference to their experiences of different 'families', including the families they grew up in, the families they created with partners, or other people's families. Positive as well as negative portrayals of family life were referred to when accounting for their construct of their ideal family. Respondents who identified their childhood experiences as being negative often spoke about how they were prompted to 'avoid repeating the patterns' they perceived in their own families growing up. Conversely, positive family narratives were extensively deployed in the accounts of respondents who would like their ideal family to resemble their family of origin. For example, Connor who, when accounting for the family he would ideally like to have, made reference to his positive childhood experience:

- Eric: Have you ever thought of what an ideal family for you would be?
- Connor: Yeah, I guess so. I guess I see a lot of it being very close to my family growing up because it was very largely a happy childhood. There are lots of aspects I would definitely, yeah, keep the same. In terms of number of kids, I don't know, I always thought two or three partly because if you have four you need to buy a bigger car. It's stupid but yeah, but definitely not one... with brothers and sisters.
- Eric: Do you think it might be an issue, you mentioned about having siblings, in having one child?
- Connor: It wouldn't be the ideal of what I expected but it's definitely better than having none. And you know, I think it's partly because I liked having my sisters growing up, but I'm sure there are also advantages having an only child as well. A lot of it is down to my personal experiences.

Connor's account suggested that, contrary to the notion that individuals have a clear idea of the number of children they would like to have, this may not be the case; even though Connor came to family sizes of two or three as his preference, this did not seem to be decided upon prior to being asked during the interview, as he struggled at first with his utterances of 'I guess so' and 'I don't know'. Despite identifying a preference for two or three children, Connor moderated his view in light of being challenged to make choices between options that were less than ideal to him, demonstrating the potential for individuals to adjust and reconstruct their preferences. The way in which Connor identified the benefits and disadvantages associated with particular family sizes was also common to the accounts by other respondents when talking about their family size preferences, which will form the discussion for the rest of this section.

'I hardly considered the possibility of not having kids'

With the exception of child-free respondents who did not want children, children featured in the description of the ideal families by all other respondents. The normative transition into parenthood was not a matter that required any reflection, as noted by Connor:

Connor:

Growing up I've never really given much thought to the possibility, I just realised I hardly considered the possibility of not having kids. I knew that hypothetically it was something you could do but it doesn't sound like something I really imagined myself to be doing.

Several other respondents also candidly revealed that parenthood was something they had assumed 'will happen one day' and that the alternative of being childless was not something they could 'picture at all' as a possibility. Kim made a direct reference to her family in her account, explaining how she came to understand what she would like as a family, which included having children. I asked Kim how she came to the point of deciding she would like to have children, to which she recalled:

Kim:

Well, I was brought up in a family and that was what I knew as being normal. Even though my parents split up, it's still good to be part of a family. Even though my family is not necessarily that happy, in the second half of my childhood, I had many friends when I went round to their houses, you know there was a nice atmosphere, and the family with parents and children and people coming round and that. So yeah, and that's how I want it to be.

Kim's rejection of the childless family was strongly justified by the appeal of the normative life course that included the transition into parenthood and the definition of the family that included children. As far as she knew, it was 'normal' for a couple to have children. She further substantiated her assertion of the normality of having children as part of a family by making reference to the sense of loss and sadness she associated with her two aunts who could not have children. She also noted in her account the expression 'you are just a couple without children', a poignant statement which set out the strength of the expectation of parenthood as part of the development of a relationship into a family, and as part of a normative life course. Childlessness, on the other hand, was presented as being undesirable despite not being a matter of choice, as was the case for her aunts.

'Not an only child'

Much like the rejection of having no children by most respondents, there was also a clear and strong negative view towards choosing to have an 'only child'. This view was shared by both male and female respondents, respondents who were childless,

the child-free and those who were parents alike. There was consensus across respondents' accounts on the view that children without siblings can grow up to be 'selfish people', that they can 'suffer' or that they will 'lose out on something'. This was often talked about in relation to the loss of opportunity to learn social skills or having a restricted kinship network that made the child 'lonely'. The avoidance of the disadvantage of having an 'only child' was frequently used by respondents to account for their preference for wanting at least two children. This was the reason given by Rhona for her decision to have her second child:

Rhona:

I only ever wanted two because I thought it was cruel to have an only child. My main reason for having a second child was to keep the first child company. And they learned, socially they learn to share and things like that, I thought that it was important that there were two of them if possible.

Rhona's reference to the idea of having 'an only child' as being 'cruel' highlighted the potential for having judgement cast on her if she had one child by choice. Rhona's account suggests the importance for her, as a parent, to be seen as being responsible in terms of keeping the welfare of her children in mind, ensuring that her elder child had a younger sibling to grow up with and avoid the disadvantages identified with being 'an only child'.

Some respondents made specific references to either their own experiences of being an 'only child' or knew someone who was, and had had a difficult time, when accounting for the rejection of the 'only child' family. This was often expressed strongly and negatively, for example, by Fred when he spoke of his experiences as 'an only child growing up in a broken family'. Rob and Tamzin, who both would like to have four children, made references to people they knew who had negative experiences growing up as an 'only child', which reinforced their desire to have larger families. However, despite the negative association of having 'an only child', as already seen from Connor's account, having one child is still 'better than having none' at all.

'More than three is crazy'

When talking about families with three or more children, these were described by respondents using terms such as 'crazy' and 'ridiculous', suggesting a view that these parents were either being irrational or being irresponsible for choosing to have 'too many' children, more than they can afford to. This view was shared by several male respondents in their accounts, including John when I asked him how many children he would like to have:

John:

I would say jokingly, that I will want three, one of each, boy, girl and something else. I think two or three is about right. More than three, I think it's crazy, because there are so many people in this world and I don't know anyone with more than three kids ... I always think big families bring with them a dynamic that might be fantastic but really, two or three.

Like John, a couple of other male respondents accounted for their assertion that parents who are 'replicating more than two' children were being socially irresponsible on the basis that it contributes to the problem of population expansion. When giving reasons for their preference for two or less children, respondents were able to present themselves as being reflexive and aware of the ecological concerns over population expansion. Moreover, John's account identified that he had no reference to families of four or more children, which made it difficult for him to consider such families as being an acceptable family size norm.

Other disadvantages of having a family of three or more identified by respondents included the high financial cost, the potential disruption to the relationship between the couple/parents, and the challenges in having quality relationships with a large number of children. In all, respondents' accounts suggested that the drawbacks of having 'too many' children were a strong justification in setting an upper limit for family size: set against the unacceptability of having no children or having 'an only child' respondents arrived, by convention, at a family size of two children as the 'ideal' family size.

'Two children is the right way to go'

While disadvantages had been identified by respondents when talking about family sizes of one, three or more, no negative remarks were made about a family size of two children. Moreover, several respondents went as far as to say that a family with two children was the 'right' or a 'better' family size compared to other family sizes.

The strongest assertion of two being the 'right' number of children to have was by Andy, which he accounted for by appealing to a sense of morality that considers both the negative impact at the individual level towards the 'only child', and on social and global levels in terms of adding to the problem of population expansion:

Andy:

I think it's a little unfair to have an only child. I think an only child can suffer, not in a horrible way, but lose out on something by not having a brother or sister. So I think two people having two children is the right way to go for it, doesn't cause population expansion, thinking about the ecology side of things but doesn't leave a child missing out on something because they don't have a sibling. The thing that makes a happy family situation is two parents, two children.

The accounts presented and discussed so far suggest the emergence of the two-children norm. Having two children was described as being desired and conferring benefits on the parents and the children. Family sizes other than two were perceived to have costs on the family, and to the wider society and environment in some instances.

There were, however, nine respondents who challenged the convention of two children as being the 'ideal' family size. This included respondents who would like to have four or more children and respondents who would like to remain child-free. I will discuss their accounts next.

'I want four and the other three want four as well'

Five respondents (three females and two males) indicated their preference for a family size of four or more. Four of these five respondents have come from a family of at least four children themselves and acknowledged this in their accounts,

suggesting the influence of their family of origin on their construction of an ideal family and size references; a few of these respondents also spoke of their siblings also wanting larger families themselves. Victor is the youngest of seven children and he mentioned his sister also had seven children; he too wanted to have a large family with maybe four or five children. Tamzin's account provides the strongest example of how family size preferences are diffused within the family through shared experiences:

Tamzin:

When my little brother was born, I was five and I can remember him coming home from hospital. I was just over the moon, a baby to play with. My sister was two and she was over the moon over the baby. All the family was. We all want to have big families. I want four children. I want four and the other three want four children as well.

Having spoken about her preference for four children, I invited Tamzin to draw what she considered as her ideal family. She did so on the life grid, talking me through what she had drawn:

Tamzin:

I've even got their names already. There is going to be me and then there is going to be my partner ... a boy and a girl who are twins ... and then I would like to have another girl who will be the smart one and then have a beautiful cute wee boy, he will be like running about. That is my ideal family ... Twins is important. If I can, obviously this is fantasy. I will probably have them all within five years, which is the same as me and my siblings. I think there are, the way we work, we are twins and then a girl and then a boy, we were within five years of each other, nice and tight, same pals at school, you know each other's friends and stuff.

Tamzin's drawing and discussion of her ideal family was remarkably similar to her own family in terms of family size as well as birth spacing, and to an extent the gender mix. She even commented on this similarity herself as she was completing the drawing of her ideal family. Beyond drawing on their own families growing up, these respondents also commonly emphasised the positive emotion including the sense of 'love' and 'joy' they expected to experience with larger families, in a way that was different from the accounts of the respondents who preferred family sizes with less children which largely emphasised the cost associated with having family

sizes of other than two. However, these respondents also acknowledged the financial challenges in providing for larger families as well as the constraints of age/time in achieving the family size they would like to have.

'Good friends, good food, no kids, that's about it'

The accounts from respondents who would like to remain child-free provided the most direct and strongest challenge to the normative construction of family that included children. All four respondents acknowledged in their narratives that having children in a long-term relationship was seen as the social norm and the basis of a 'family' but have, in different ways, offered alternative constructs of family that negate the presence of children in it.

A common discourse the child-free respondents used in accounting for their preference for no children was an appeal to the qualities in relationships that they felt should form the basis of a family, rather than its membership. This discourse was not unique to child-free respondents and used also by several other respondents when talking about what they consider an ideal family. The discussion of the qualities that are important and define a family can be juxtaposed against a desire for material aspects and set against social expectations as described by Nick below:

Nick:

I think I've got my ideal family, a beautiful girlfriend and three nice cats. I could do with another small dog. But, no, seriously I mean, I'm very happy with the way things are at and money. The ideal family is, people who love each other and can talk about everything and share life experiences together. Things are just that. They are not really that important, unless you're an aspiring 'keeping up with the Joneses' kind of person, having a top-of-the-range car, two-point-one children, you know, the Volvo and a semi-detached house and all that sort of thing. The most important thing is to be with someone you really love and trust and have fun with. Good friends, good food, no kids, that's about it.

Nick highlighted qualities such as 'trust', 'love' and 'fun' as the basis of a family, remarking 'no kids' as being part of his idea of an ideal family, which contrasted starkly with the dominant and pervasive image of the family in which children are a key defining feature. It was also interesting the way Nick positioned '2.1 children' as

being akin to other commodities he listed, as if children were a consumer good. Similarly, in Pam's description of her ideal family, she provided an alternative construction of family based on relational aspects rather than kinship or being 'blood relatives'. In doing so she successfully legitimised her own family in the absence of children being involved:

Pam:

For me a family is more people who are close to you. It's not like blood relatives, I've got really close friends who I would call family, people I would think of as a brother or sister. And if they call me in the middle of the night and need my help I'll help them. I never had brothers and sisters and never felt I needed to fill that gap, it's not like that. I think of them as family rather than being intergenerational, or hierarchical, just people that you can depend on.

Pam avoided any mention of children in her definition of her ideal family, which can be seen as an intentional challenge to the normative construct of the family when recounting it to me. This challenge is most telling in her refutation of the normative construct of family based on 'intergenerational' and 'hierarchical' relations, where having children plays a direct role in family formation: she was able to draw on the 'family by choice' discourse, an alternative to the social convention of defining family by 'blood' or kinship relations. Noting that children were not mentioned in her account, I probed Pam further to explore her views on whether she thought there were differences between families with or without children to which she noted:

Pam:

Certainly there are differences. I don't think that makes it any less of a family without having the extras, but it's definitely a different dynamic.

Pam's response seemed guarded; her assertion of the child-free family being 'no less of a family' and positioning children as 'the extras' provided a rhetorical defence of the legitimate status of the child-free family. Her account also suggested possible experience of being made accountable for her 'less-than-normal' family for not having children. What came through rather strongly also was the appeal to the diversity of family forms and dynamics that prevail in society, further enabling her to legitimise her construct of the child-free family as being one of a different form of family, a family by choice, not by 'blood'.

Naomi's account, in contrast, suggested that the family without children is not readily recognised as legitimate or equal in status to that of the family with children. I asked Naomi whether she thought a child was important to a long-term relationship in the sense of being a family. Naomi expressed her frustration of being denied claims to her relationship with her husband as family in the absence of children, something that she experienced at the workplace:

Naomi:

I know years and years ago somebody said you're not a family unless you had children, which I personally found quite offensive. I do regard my husband as my family and I don't think you need to have children to have that. I suppose I see family as in terms of commitment and togetherness and it doesn't matter whether or not you have children. I think it is degrading to people who do not have children about their relationships. But you get that in work situations when you get holiday periods, it kind of annoys me that sometimes people make the assumption that people with children should get their annual leave because they have children. It's like somehow the people that I love matter less to me than your significant relationships matters to you, that's just not fair.

Naomi's account is a direct refutation of the assertion also made by Kim earlier that 'you are only a couple without children', denying child-free couples the claim to being a 'family'. The reference to the qualitative/emotional aspect of what a family should be provided Naomi with a discourse that disregards children as the defining feature of family, enabling Naomi to reclaim her family with her husband as legitimate.

The accounts from the child-free respondents iterate the pervasiveness of parenthood and children as important defining features of a family. In order to legitimise their own construction of the child-free family, respondents nevertheless felt constrained to evoke the image of the normative family with children. Accounts from Nick and Pam demonstrated how they have focused on the relationship aspects of a family while giving little or no attention to the issue of children. Although from the accounts given respondents were able to justify their personal construction of the family, it nevertheless was met with resistance when recounting it to other people.

The analysis of accounts discussed in this section suggested that for many respondents, especially those who have yet to start having children, they have a fairly clear idea of how many children they would like to have, or rather how many *not to have* even before they start the family-building process. However, often there is a disparity between the number of children individuals say they would like to have and the number of children they do have or expect to end up having when they take into consideration factors which they feel constrain their ability to have and raise children. This will be the focus of the next section.

5.3 Families respondents have or expect to have

In the sections I will examine respondents' descriptions of the families they have or the families they expect to have. The former related to respondents who considered their families as completed; this included child-free respondents and respondents who were parents and using sterilisation as a method of permanent contraception. The latter related to respondents who were childless or were parents considering whether or not to have another child. The rest of this section will look at the accounts of (a) respondents who considered their families as being completed, (b) childless respondents who expect to have children, and (c) respondents who were considering having another child.

Respondents who considered their families as completed

When respondents were asked about any future plans to have (more) children, seven respondents indicated that their families were already completed. This included the four respondents who identified as child-free and three respondents who used sterilisation as their method of permanent contraception. A common feature of respondents' accounts was the strong emphasis on the deliberate decisions they made regarding not having any (more) children. Described as 'ideal' and 'perfect' in some instances, these respondents' accounts also highlight the positive attributes and qualities they experience in their current family that they would like to continue. This is not surprising given that to describe their families as being anything other than what they would have wanted, or as not being 'perfect', would present them with a situation in which they may be made accountable (at least to me) for this disparity.

Despite the strong appeal to norms of the two-children family, only three respondents considered their family as having been completed with two children, using sterilisation as their method of permanent contraception. In all three interviews, the disclosure of using sterilisation as a means to limit family size came about when I asked respondents about their thoughts around future reproductive plans. Rhona was one of very few respondents whose actual family size matched her preference of two children. Rhona had a daughter and a son and had spoken about her preference for two children early in the interview when I asked her what she considered an ideal number of children to have in a family. Rhona noted that she ‘only ever wanted two’, accounting for it by expressing how on the one hand, it was ‘cruel to have an only child’ and on the other hand, if she had ‘too many children ... [it would be] too many things to worry about’. Rhona decided to be sterilised soon after the birth of her son, enabling her to maintain the family size that she had wanted. Her account demonstrated that family size goals can be achieved by the deliberate use of contraception.

Unlike Rhona, who noted that she had only ever planned to have two children, Fred and Mel’s decision to consider their family as complete with their two sons was talked about in terms of the constraints they faced which limited the desirability of having a third child. The separate accounts Fred and Mel gave when talking about the decision to use vasectomy (male sterilisation) as a permanent contraception provided multiple perspectives on the decision to complete their family at two children. Mel had noted a family size of two or three was what she and Fred had settled on as the number of children they would like to have. Fred however noted that he had wanted two children and having a vasectomy (being sterilised) provided him with ‘a kind of finality to it so that it wouldn’t happen again’. I prompted Fred to recall the context in which the consideration to have a vasectomy came about, to which he replied:

Fred:

I felt two was enough? I felt I was very happy to have two. I suppose there is a part of me that goes ‘don’t push your luck, two’s enough’ ... we have two and

we can put all our energy into two and not have it outnumber us. And I just feel that is enough.

Fred's account on the one hand expressed a sense of contentment noting that he was 'happy' with having his two sons. However, in using the term 'enough' multiple times in his account, Fred expressed a sense that having two children was sufficient in avoiding the disadvantages of having 'an only child'. Later in his account, two was also 'enough' in terms of hinting at the possible consideration of having three children when he noted that he shouldn't, as he put it, 'push your luck', again relaying that having two children was 'enough'. Furthermore, when talking about his reasons for having the vasectomy after having two children, Fred emphasised the advantage of being 'happier', 'more well balanced' and this gave Mel and Fred as a couple some space, which he considered to be a challenge with bigger family sizes. Fred's account here suggests that stopping at two children was justified in terms of not having 'too many' children.

My interview with Mel provided an interesting perspective on Fred's account. She spoke about her discussions with Fred around family size and her thoughts around Fred's decision to have a vasectomy. Her account presented an alternative reasoning behind the decision to stop at two children which suggests that the decision was in response to constraints on their fertility:

Mel:

We always said in the beginning we wanted to have two or three children, we weren't steadfast on the number of children, always between two or three. I always think that he decided he did not want to have any more children after the second because he, funnily enough, he always said he wanted all his children, either two or three, by the age of 40. And our youngest one was born a couple of weeks before his 40th birthday. I think for him, seeing what I went through in my pregnancy and labour, it was also very difficult for him to deal with because it was such a traumatic experience.

Mel's alternative explanation for stopping at a family of two, even though she and Fred were open to having three children, iterated the flexibility in practice when deciding upon family plans. At the same time, it also suggested that fertility decisions can be influenced by factors such as experience of a difficult labour.

Respondents yet to have children

There were nine respondents who were childless but said they would like to have children in the future. For three respondents (Zac, Connor and Alice), they did not make a distinction between the family size they would like to have and the family size they expect to have. Although they identified various factors that influenced the timing of parenthood (discussed more in chapter six), there was little or no sense from their accounts that it would be a challenge to have the number of children they stated as their preference, given that they had ‘lots of time yet’ to have children.

For respondents who were older, the issue of age was more pertinent to them when talking about their decision to delay parenthood. This in, turn, was argued as having an impact on the number of children they expected to have. Younger respondents did not seem to consider meeting their family size preferences to be a problem. Henry and Andy, who were both in their mid-thirties, noted that a two-child family would be an ‘ideal’ family size, yet, they were uncertain if they would have children. They were both using contraception as they were not keen to have children soon, but also noted they were aware that given the age of their partners (also in the mid-thirties) there will be a need for them to make the decision to try having children if they are to become parents at all, putting less emphasis on meeting a preferred family size of two.

There were four respondents who were childless but intended to have children ‘soon’. While John would like to have two or three children, Tamzin, Selma and Victor were keen to have four or more children. Their ages ranged from 29 to 42 but they were similar in that they were at the stage in their relationships where they had discussed with their partners having children within the next few years. In their accounts, all four respondents referred to the constraints, including high financial cost as well as biological factors, limiting them in achieving their family size preference, even before they had started childbearing. Fertility expectations can change with age, as best illustrated in Selma's account below:

Selma:

When I was younger I had this idea of having five kids because those families used to be seen to be having lots of fun but reality seems to be setting in a bit now. Yeah, maybe two will be more realistic.

What Selma said demonstrated that early family experiences and observations of families around us can have a strong influence on the way individuals construct their ideal family. Her account also suggested that over time individuals begin to reflect on the gap between the 'ideal' and the 'realistic' as they consider practical issues such as housing and living environments that they consider as appropriate for raising their children in. Her account also suggests that when revisions of family size happen, they can converge to socially acceptable family size norms. In her description of the constraints that limit her choice in achieving her ideal family size, Selma was able to present herself as being realistic and reflexive.

Concern over infertility was a key issue that was featured in the accounts of all four respondents, specifically in relation to the age-related fertility decline in women. The constraints of time/age on family size were often spoken of in relation to striking a balance between family formation and their educational/career aspirations. This tension was expressed by both Tamzin and John who both planned to start trying for children within the next few years. Tamzin was at the start of her PhD and was keen to have four children. She was not certain that she would achieve the family size she wanted:

Tamzin:

I think given the way timings are going, if we have twins then we might squeeze in four, but realistically it is going to be three. Time-wise, to actually do it and have some kind of career at some point and get the PhD done, I think three is more than likely.

Tamzin's account suggested that it was the number of pregnancies she takes into consideration in terms of timing childbearing with other activities. The attainment of the number of children she would like to have would depend on whether she achieves a multiple birth in any of her pregnancies. Interestingly, this way of thinking of numbers of pregnancies rather number of children was also something

that John spoke about when I asked him about the number and spacing of children he would like to have:

John:

Yes, maybe triplets or something. Yes fairly close together ... I am 42 and if I have kids in the next few years, by the time they are 16 I will be 60, which is quite frightening now. I don't like that, they are rebels and I'm a pensioner almost, literally in retirement. So yeah, having them close together is as much a factor of my own age and my own life stage than anything else.

Similarly to Tamzin, John felt that he would have to start trying for a baby soon and joked about having children as triplets or needing them to be in quick succession if he was to be able to have the two or three children he desired with his partner, who was aged 36. John's account above also expressed the concern of a misalignment of 'life stage'; when he becomes a pensioner he would still have a child who was dependent on him.

Respondents noted in their accounts the limits of age/time constraining them with regard to achieving their family size goals whilst working towards their education and career aspirations. The accounts of revision not only enable respondents to revise family size to more 'realistic' and acceptable family size norms, it also enabled them to highlight for themselves how they were making choices about their career aspirations and other competing dimensions in life. In making a revision down to two or three children, respondents were able to avoid having to be made accountable for deciding to have 'too many' children, while in making reference to factors outwith their own control (i.e. they would have chosen to have more 'if they could') they were able to provide an account for themselves suggesting that it was not through their own fault they did not reach their goals (ideals).

Respondents considering whether or not to have another child

A final group of respondents already had children and were at the point where they were considering whether or not to have another child. The accounts from these respondents suggest family size preferences were in practice more flexibly

considered; the number of children respondents decided to have had been moderated in light of changing social and material circumstances.

'We might have another one but we will have a rest first'

Amongst the respondents who wanted four or more children, a couple of respondents had three children. Both Rob and Jenn were happy to 'wait and see' before making a decision whether or not to have another child; there was a hesitancy in committing to any plans for another child despite not yet reaching their 'ideal' family size, suggesting that as the ideal family size can act as a goal for plans to be based around, they are, however, not fixed and can be subject to revision (usually downwards) in relation to changing circumstances.

Rob was an expectant father at the time of the interview; he was expecting his second child with his partner and also has a son from his partner's previous relationship. When I asked Rob what he would consider an ideal family size, he initially mentioned he would like four children. I prompted Rob to explain why he would like to have four children and he shared his thoughts about what impact the third child could have on the dynamics of his existing family and on his relationship with his partner:

Rob:

We just want more kids because it brings us so much happiness and we both kind of crave for that family life where it is sort of organised chaos, there is a lot going on and there is a lot of comfort involved in knowing that you are all together. From what people told us, the third child is like throwing a hand grenade into the relationship because two kids are manageable with two adults but with three kids it is logistically more difficult, you know, so between three and four kids is what we want. We like the idea of four kids, you know, after we have the third we will see about that.

Even though Rob expressed a strong desire to have four children, citing the joy and sense of belonging that he expects to gain, he was also cautious about the challenge he and his partner might face in managing their parenting roles with having more than two children. Rob's initial strong desire for four children quickly revised to 'between three and four' children in a matter of sentences, which he accounted for by

raising his concerns about their capacity as a couple to manage looking after more than two children. In the closing sentence Rob made a distinction between the 'idea of four kids' and the reality of having them, prompting him to take a 'one-at-a-time' approach to family building, taking time to evaluate his family of three children before considering going on to a fourth.

Similarly for Jenn, she spoke about a revision of her initial desire for four children down to the family she had. Jenn, who is 40, was in a same sex relationship and had three children, all conceived using donor sperm. She was the birth mother to their eldest son, who died at birth two years previously and their youngest daughter who was two-months-old. Her partner was birth mother to their older daughter who was 18-months-old. I asked her whether she had thought about the number of children she imagined herself having when she was aged 11, to which she responded:

Jenn:

I always imagined having three or four, yes, at that age. And yeah, I think now, including my son, well, we consider him to be part of the family, so three. But we don't know, we might have another one but we will have a rest first.

Jenn was happy with her family size of three children, in which she included her eldest son. However, she was undecided whether as a couple they would have another child in future. She spoke of the potential of her partner, who was six years younger than her, possibly having more children, although she was doubtful about her chances of conceiving at her age. Jenn had spoken of the emotional toil of having lost her eldest son. She was also keen to spend time with her two young daughters and for things at home to settle down before she felt they were able to consider whether or not to have another child. In speaking about the financial and physiological constraints beyond having two (or three) children, respondents were able to justify not having another child despite not yet reaching their goal of a larger family size. Yet, given that their family size of two/three children sat within the 'normal' range of family size, they were able to avoid being made accountable for having any less or more children than they did.

'I would like to have more than one'

Several respondents had one child and had noted in their accounts a preference for two children. Common across the accounts of the four respondents was the presentation of the strong motivation to have at least another child to avoid having an 'only child', highlighting the strong normative expectation for a two-child family. However, a couple of respondents (Kim and Gemma) spoke about their intentions to have more children while another two respondents (Mike and Shona) talked about stopping at one child.

In talking about the number of children she would like to have, Kim, aged 41, seemed to be fatalistic in the description of her chances of having another child, which she put it down to her age limiting her chances of achieving a pregnancy:

Kim:

We are just thinking of two because we'll be lucky to have another one. By then I will be 42 or something. We are both very keen to have another one and will certainly try ... I would like to have a boy as well, just one of each. But, you know, you could have another child and it's a girl. You can't decide things like that.

Kim described her preference for two children as being 'nicer' and 'better as a family' compared to having an 'only child'. In making reference to luck playing a role in whether or not she will have more children, Kim was able to dismiss personal responsibility in the case of not being able to have more children and to fall short of her 'ideal' family; it was not for the lack of trying on her part. Kim also identified her personal preference to have 'one of each' gender of children as a reason for having another child, although she quickly dismissed the importance of this by referring to the inability to control the gender of children.

In her account, Gemma, who was aged 24, presented with certainty that she would have at least two children. Like many other respondents, she was keen not to have an 'only child' and commented that she thought 'people who are only children are quite selfish people'. Even though Gemma had stated her preference for three children,

when I prompted her to give reasons for her preference, she wavered between two or three children:

Gemma:

I think [three], it's a good number, an odd number, I don't know, you bounce off your siblings as well, like my brother and me, we have a four-year difference and we get on pretty well and it gives you social skills as well ... I don't know why I say three, could be three but I would like to have more than one, just depends. Say if I were to have another girl, then I'll try again for another boy. Say I have a boy the next time and I've got one of each, then it would be slightly different, I probably would try again because that's how many we said we wanted. But I could change my mind after the next one, if it was another girl and I don't want to have another one or I do want to have another one or two. It just depends, again on money and other things, obviously like our relationship as well.

Gemma was initially uncertain over her own preference of three children as she struggled to account for it ('I don't know why I said three'), even noting that it was a 'good number, an odd number', without ascribing any particular meaning to it as a family size preference. As she continued talking, however, she revised her preference to 'more than one' rather than specifying whether it would be strictly two or three. At one point she reverted back to saying she would have three as it was the number that was agreed on with her partner, before noting she might even have two more after the next: 'it just depends'. Gemma's account illustrated that although family size goals play a role in guiding fertility decisions and intentions, it is contingent on the context of the circumstances of the family, with each birth decision being made one at a time. It also demonstrated that social norms and personal preferences around family size are in practice highly flexible and open to possibilities.

'It is likely that we are looking at just the one'

There were a couple of respondents who felt that they were likely to stop at one child, despite expressing the desire to have more. A wide range of justifications were presented in their accounts, of which age was an important factor. Shona, who was 33 and a PhD student, had a five-year-old son with Dylan. Shona had expressed that she would ideally like to have two or three children. When I prompted Shona on whether she would like to have more children, she was certain that her limit will be another child, giving an account of the issue of housing being of concern for her:

Shona:

I think there will only be one more pregnancy. For a start I'd probably like to stay in the house we've got ... I don't think our house will support any more kids anyway. But I think we've got to the ages now where one will be enough.

Similarly to Tamzin and John, Shona spoke about family size in terms of another 'pregnancy' rather than number of children, suggesting biological age and the physicality of childbearing being a limiting factor for her and her partner. I asked Shona whether it mattered to her to stop at one child, since she had mentioned her preference for two or three children. Shona recalled her conversations with Dylan in which she noted how Dylan changed the way he accounted for having one child:

Shona:

Dylan used to comment quite a lot that our son will be lonely but that was when he wanted another kid by the time he was 40. Now he seems to have gone off the idea, he's not mentioned it very much and he kind of goes, 'we can give him more attention, it's not divided by anyone else'. Although we do not have lots of money to spoil him and we don't have any time to spoil him, you're conscious that you've only got one and I bet he might be a brat. So I really want to avoid that.

Shona's account was interesting in that she was able to reflect on the change in Dylan's attitude towards having 'an only child'. While initially she noted in her account his concern over their son being 'lonely', he moderated his view to considering the benefit of being able to focus their attention on their son. This provided a clear illustration of the need for individuals and couples to account for having 'an only child', which Dylan did. Shona, however, remained concerned about her son becoming a 'brat', and despite noting the possibility of remaining at a family size of one, remained consistent in presenting herself as being keen to 'avoid' having an only child. Although this seemed to be contradictory, I suggest here that the convention of the two-child family made it very difficult for Shona not to comply in expressing her rejection of the 'only-child' family when accounting for it to other people, even though she expected to complete her family with one child.

Mike (aged 42) would like to have two children and he related to his own family growing up with his brother, adding that 'two seems to be the accepted norm in the

UK, two children always seems more like the right number'. Mike spoke about his ambivalence towards having another child even though his wife and he were very keen to have more than one child. He noted in his interview that he had been 'back and forth' with his wife in deciding whether or not to try for another child. I prompted Mike to consider how many children he expects to have, to which he spoke quite candidly about his expectation of having one child and how he had felt judged for it:

Mike:

It is likely that we are looking at just the one, like many other countries in Europe about half of the families only have one child, it's very normal there. But in Britain, we get this all the time, people asking 'so when are you having your second child?' 'Oh, you've only got your son?' 'Only got my son? We have our son. And there seems to be quite a lot of views and I guess judgement around one child is not a good thing and two children is normal. It makes me feel sort of sensitive to it because we are likely to just have one child. If my wife was 35 or something then there is no question that we would go for a second, but for all the reasons that I have mentioned before we are unlikely to be able to.

Mike's account makes the strongest reference to the two-child family as the 'normal' family size, which he iterates throughout his account. Mike's recounting of his experience of being questioned by his peers suggests the strength of social regulation in play with regard to Mike being made accountable for 'only' having his son. From the start of his account, Mike legitimises his family by making reference to how it was 'very normal' to 'only have one child' in other European countries although it was not the case in Britain. Mike expressed in his account the emotional toil he experiences in having to account to others for having one child and at times acknowledged that he had 'just' one child, although he managed to avoid making reference to his son as an 'only child' in the account. Expressed in his account was a sense that the decision not to try for another child was constrained by circumstances, particularly in reference to the age of his partner rather than as a deliberate choice for one child. In doing so Mike seemed to be seeking to distance himself from the judgement on him as a parent with 'an only child' that was identified earlier in the chapter by other respondents.

5.4 Chapter summary

In this chapter, I presented an analysis of respondents' accounts about the families they preferred, expected, and have. Respondents' accounts suggest a normative convention of a two-child family. However, in practice this norm, and the justifications it evokes, were frequently subverted.

Respondents' accounts suggested that family size was considered as a matter of weighing up the advantages and disadvantages for different family sizes, with two being the most commonly cited family size that negated the disadvantages associated with having smaller or larger families than two. Having an 'only child' was seen as disadvantageous in terms of hindering the development of social skills in a child who would grow up being 'selfish' or in some way or 'missing out on something' without the company of any siblings. Meanwhile families with three or more children were painted as being a financial and logistical challenge and contributing to population growth. Respondents also highlighted the judgement that can be cast on parents with different family sizes; being parents of 'an only child' was remarked on as being 'cruel', while parents of families of three or more were described as being 'crazy' and being 'ridiculous'. A family without children was inconceivable for several respondents who could not imagine themselves being childless. Parenthood was regarded as a normative transition for individuals and couples. It was argued that 'you are just a couple without children', highlighting the socially necessary presence of children in the formation of a 'family'.

A minority of respondents expressed their preference for family sizes that challenge the norms of two or three children. Respondents who cited a family size preference of three or more children often highlighted the positive emotions of 'joy' and 'fun' they associate with larger families; this was often backed up by their own childhood experiences growing up in a household with multiple siblings or other children of similar ages. Child-free respondents' narratives, however, strongly opposed this normative construction of 'family', drawing on alternative constructions of family based on values such as 'trust' and 'love' and non-kin relationships in which the presence of children is incidental rather than essential. In doing so these respondents

were able to justify and account for their family ideals, although what their accounts clearly marked out was that the two or three children family was the acceptable norm.

However, despite describing a preference for a range of family sizes, many respondents expected to have a completed family size of two children, while for many others there was hedging between two or three children. Three respondents, with a family size of two, used sterilisation as their permanent method of contraception. For respondents who wanted two or three children but were childless or had one child, their accounts strongly expressed their motivation to have at least two children. While younger respondents did not express much concern that meeting their ideal family would be an issue for them, respondents who were older or met their partners 'later in life' raised concerns about the age constraint on their choice of achieving the family size they wanted. Parents who expected to have an 'only child' were aware of the associated negative views and often highlighted the outcome as a matter of circumstances rather than choice, enabling them to avoid 'blame'. For respondents who wanted to have four or more children, despite not achieving their family size preference of four or more children, having three children was deemed as an acceptable number of children to have, enabling respondents to 'wait and see' about having another. For respondents who had yet to start childbearing and had a family size preference of four or more children, their accounts referred to a revision downwards in terms of expecting two or three children as a more 'realistic' expectation, suggesting yet again the convention of the two-children family as the norm.

In the next chapter I will present my analysis of respondents' accounts in relation to the timing of parenthood.

Chapter 6: Timing of Parenthood

6.1 Introduction

In this chapter I will explore how respondents account for their preferences regarding the timing of childbearing, which largely presented the timing of parenthood as the outcome of a conscious and rational decision-making process. Despite the appeal to personal choice, these accounts often dissolved into descriptions of the constraints they faced in negotiating the timing of parenthood. Moreover, they independently converged to social conventions of an ‘ideal age’ for parenthood and highlighted that similar preconditions should be in place before having children, suggesting strong norms around the appropriately timed parenthood.

In the following sections, I will present how respondents account for the timing of parenthood with respect to considerations of their age (Section 6.2), and the meeting of various common preconditions when timing and having children (section 6.3). I will provide a chapter summary in section 6.4.

6.2 Age, the life course and parenthood

As already highlighted in previous chapters, respondents often described parenthood as a normal transition in an individual's life course, and part of the development of a couple's relationship and family building. Rather than talking about whether or not to have them, discussion largely related to the timing of having children. Many respondents made reference to age as a marker for the appropriate timing to start and to stop having children, often conceptualising the life course as a series of distinct stages. The use of terms such as being ‘too young’ or ‘too old’ when accounting for the appropriate age to have children suggested a prescription to age norms regarding the timing of parenthood. It was at times talked about in terms of being sequenced before or after other life course events or ‘stages’, for example, after getting married or finishing education, further illustrating the expected transition of parenthood as part of a normative life course with common milestones, events and transitions.

When describing what they perceived as an ideal or appropriate age for having children, some respondents made direct reference to the age of their own parents when their parents had them and their siblings. For example, Zac talked about his parents being ‘quite old’ and had ‘left it too late’ when his youngest sister was born, suggesting that there is some kind of upper age limit to childbearing and, moreover, it was different for men and women. Despite acknowledging that there is ‘no ideal time’ to have children, demonstrating the respect for personal choice in timing parenthood, Zac nevertheless suggested the age to be having children ought to be timed in relation to other life transitions like retirement, suggesting that choices about future life-course trajectories were taken into account when making present decisions around childbearing:

Zac:

There is no ideal time to have them, you don't know when you will be in the right relationship or what happens to it. I think the ideal age for women will probably be around mid-twenties and for men early thirties... my youngest sister is 18 now, so my dad would have been 43 and my mum 39 when they had her, which I feel is quite old because they still have to put her through university and my dad's retired, and I think Mum would like to retire as well but they kind of just left it too late.

Peers were also featured in respondents' accounts when making justifications for what seemed like the appropriate age to begin having children. Like Zac, Alice also made reference to not wanting to ‘leave it too late’ to start having children, which she directly related to concerns around age-related infertility. Alice made reference to peers in academia in her account when speaking about when she would start considering having children:

Alice:

I think my main concern is in terms of the ageing thing, I don't want to wait too long into my thirties. I'm not 30 yet ... but I don't want to leave it too late. Too many people in the research environment have children in their late thirties and early forties, really wanting kids but struggling to have them, and the whole adoption crisis, so time is not really on your side.

Other respondents located parenthood in relation to life stages or social roles which were described as being in tension with, or made more challenging by, having

children. Kim's account was most illustrative of how the life course could be described as consisting of life 'stages' in which individuals play different social roles which can often sit in tension with each other. Kim (aged 40) recently had her daughter. Kim's account suggests that prioritising family building activities, including having children, was a balance between seeking self-development and considering the biological constraints of infertility. In her account, Kim reflected on how her 'priorities' changed over the course of her life with the age of 30 being a pivotal age for her in thinking about having children:

Kim:

I didn't think too much about children in my twenties. One of my friends got married when she was about 26 and I remember thinking 'oh, this is a bit serious', and I felt I wasn't at that stage at all. I thought her children were nice but I was at that time interested in travelling, that kind of thing. But from when I was nearer to 30 I was like 'oh, actually I do want children'. I definitely can remember from about 30 thinking that I want to meet somebody to have children and be more purposeful about trying to find somebody ... I was thinking, there's your biological clock, if you can have children up to you are 50 then it wouldn't have mattered.

In using terms such as 'too young' and 'too old' respondents suggested an age norm for childbearing; having children outwith these age limits was presented as being less personally and socially acceptable for having children and/or judged as presenting practical problems in terms of child-raising. Specific ages were used as a marker for appropriate timing to having more children. In the following sections, I will examine the accounts of these respondents, starting with their description of when it would be the appropriate age to start having children and to stop childbearing.

Age of entering parenthood

Respondents' accounts suggest the view that there should be a lower age limit to having children. Parenthood was presented as being incompatible with young adulthood, which respondents perceived as a period of self-realisation in terms of leisure and self-development, and valuing the capacity for spontaneity. Parenthood on the other hand, was described as being qualitatively different, with the 'heavy responsibility' of having a dependent limiting spontaneity. The account of Connor

(aged 22) provided the most direct and articulate example of the view that having a child 'too young' was incompatible with the lifestyle of 'normal 20-year-olds':

Connor:

When you are my age you are supposed to be starting out on a career, working hard and, yeah, you want to go out and party and go travelling. It's always the assumption that you can't do these things that normal 20-year-olds should be doing if you have a child, it's just not feasible, especially with a young child. I guess I will have a lot of time to have kids so there is no need to rush it. You might as well enjoy your twenties when you can without too much responsibility, why jump in too early? So round about the 30 mark is pretty ideal. By that time I hope that I've done a lot of the things I wanted to do as an individual and done a lot of the travelling and got somewhere in my career. Then I think I will be more ready to live a more settled life.

Being in his early twenties, Connor dismissed any sense of urgency to have a child since he had 'a lot of time' yet to have children, suggesting little concern about infertility being an issue for him. Connor's reference to not jumping in 'too early' suggests the notion that there was a social norm against having a child at his age. This was evident in Connor's account in which he elaborated on the perceived negative views from his peers and family if he were to have children at his age. Also, Connor noted how it would be 'easier' for him to time parenthood with his peers:

Connor:

I think part of it is, I feel that even if I did want to have a child there is this real sense of my parents and all my friends going, 'Why are you doing this? I can't believe you are doing this'. Yeah, there is a pressure not to have kids even if you decide you wanted to. If you have kids when you are 22 and all your friends don't have kids till they are 28 then you've got 6 years when they want to go out clubbing and you have to stay in and look after the baby ... It will be easier having kids if you have friends with kids the same age so you can do something together. I like to be at a similar stage as my friends or else it's kind of difficult to be friends when you have such an incompatible lifestyle.

Connor and Kim's accounts suggested that this period of self-development, including a focus on leisure activities and the attainment of education and career building in the twenties and early thirties, seemed to define contemporary (middle-class) fertility. Particularly for female respondents, this extended period of self-development can be in tension with the constraints of age-related fertility, setting a limit on the extent a

woman or a couple can postpone parenthood. Thus despite not wanting to ‘jump in too early’, there is a corresponding concern about ‘leaving it too late’.

Age of completing childbearing

Respondents also highlighted age norms regarding timing the cessation of childbearing, drawing on a mix of reasons in justifying setting an upper age limit. Parenthood was presented as being physically and financially demanding; to the extent that concerns were raised over having ‘less energy’ to cope with the physical demands of parenthood. Respondents also highlighted the perceived incompatibility of responsibility for a dependent child associated with parenthood and the lifestyle of a person in middle age/retirement.

For the older parents in the sample, the decision whether or not to have children was one that required much self-reflection. Mike, who is 42, was in the process of making this decision with his wife when they were trying for another child. In his account Mike suggested several reasons for contemplating whether to have another child. He noted that through the discussion he had with his wife, they were likely to stop trying for another baby, explaining that:

Mike:

The real key factor is my wife, she’s 42, just turned 43 in February and I have a lot of concerns about potential health problems for the baby and our own energy levels and whether we can give all we would like to give to two children. When you go forward and think, if we have a second baby we will be at the school gates when they start school and we will be 48, 49 when they enter primary school and that doesn't feel right. So a lot of health issues, energy issues and an awareness of we may be 60-year-olds when our boy or girl will be 18 or something, it just doesn't seem quite right.

Mike’s account provides a rich assortment of reasons for his and his wife’s decision to stop childbearing which I will explore in more detail in the rest of this section. Interestingly, Mike referred to his wife as the factor itself rather than her age initially. As Mike noted, his wife's age was the foremost concern in terms of the medical complications associated with childbearing at an older age. Concerns around biological limits of fertility and the concerns over health complications to mother and child were highlighted more so in female respondents’ accounts than by male

respondents. Several female respondents noted the specific age of 35 to be a crucial age marker after which they thought the risks of infertility and complications with childbearing (including miscarriages), and having a child born with medical conditions or disabilities, are increased. Like Mike, several other male respondents also spoke of their concern about their partners' age rather than raising concerns about their own age being of an issue when timing parenthood.

Equally, in his account, Mike noted concerns around the declining physical ability ('energy levels') to keep up with parenting responsibilities, relating to an idea of an expectation of having enough energy to perform parenting successfully. This concern was also raised by several other male respondents, and interestingly also by a couple of female respondents in relation to what their male partners had given as reasons for wanting to stop having children. For example, Mel recalled a discussion with her husband, Fred, who she said would like to have all his children before the age of 40. She added that Fred noticed it was 'harder the second time round' when they had their younger son as 'he doesn't have the energy' with their younger son compared to when they had their older son. A couple of younger respondents, including Zac and Connor, also noted that they would like to have children at an age when they have the 'energy to do things' with children like 'playing football in the park'. These accounts from men suggest an image of active fatherhood which was perceived as being challenging to reconcile with being older in age, a life stage associated with declining energy and health.

Mike also identified in his account a conflict of social roles and potential stigma arising from being parents at an age when they may be thought to be grandparents. Mike expressed that 'it doesn't feel right' to him, highlighting the self-reflection he had given around the issue of being an older parent. Mike's overt dissociation from doing what 'doesn't seem quite right' suggested the social age norm around parenthood, one that he was not prepared to challenge. For example, as suggested in Mike's account, grandparenthood rather than parenthood was associated with an older age identity; the image of picking up a child at the school gate and being

mistaken for a grandparent showed a social situation bearing consequences for an individual who deviates from the age norm for parenthood.

Other respondents in their accounts projected into their future life course, and indicated looking forward to their retirement and when their children have grown up and left the family home, leaving the couple to reclaim couple and personal time. Having a dependent child at retirement age (some respondents citing between age 60 to 66-years-old) was presented as being incompatible with social roles. Notably several respondents referenced a dependent child as being aged 16 or 18 when making calculations of how old the parents would be and having legal responsibility of care towards their children, as described in Andy's account:

Andy:

When you have a kid when you are 50, you are 66 by the time they are 16. Can you really handle a 16-year-old at that age when you are 66? Maybe there is a point when it's too late but it depends on how having a child fits in with the life of the 66-year-old.

In a similar way that respondents had argued that the appropriate age to enter parenthood was dependent on the individual being 'ready' to 'settle down' after a period of self-development, the upper age limit to have children was also argued to depend on an expectation of older age being free from responsibility and returning to a period of leisure. Timing of parenthood, as the accounts suggest, required the reflexivity in constructing one's future life course trajectory and making present decisions based on expectations of the future. This suggests scope for some variability within this normative spectrum.

6.3 Preconditions and timing of parenthood

When talking about the decision to have children, respondents made reference to common preconditions they perceived as being important to have in place when planning and having them. The accounts of respondents relating to 'unplanned' pregnancies were particularly useful in demonstrating the subscription to the notion of meeting 'preconditions' when having children. Two respondents (Mel, Shona) had unplanned pregnancies at the start of their relationships with their partners (Fred and

Dylan respectively). They both made the decision with their partners to terminate their pregnancies which was described as ‘the right thing to do’ at the time of the pregnancy. The decision to terminate the pregnancy, as Shona explained in her account, was a consideration of the financial situation they were in, but more significantly, also the potential false sense of commitment from her partner about their relationship if she continued to have the baby:

Shona:

I fell pregnant after a couple of months, but we’d just bought a flat and I’d just got a new job so I was effectively going to be penniless if I kept this baby, which was a nightmare, so we had to take a decision and have an abortion, for a lot of reasons, mainly that I would have felt that we would have stayed together for the kid, and I would never have known if we’d stayed together anyway because we were so early on in the relationship, so I felt at that time I had to have a termination.

Shona's account highlighted the need to present the decision to terminate the pregnancy as a rational decision based on not meeting the preconditions that she had constructed as being an ideal context for having children. Shona presented the combination of financial instability and uncertainty about her relationship with Dylan when she was pregnant as reasons for the inevitable and justified (‘I had to’) decision to terminate the pregnancy. In making reference to the less-than-ideal situation at the time of the pregnancy, Shona was able to justify not continuing with the pregnancy: it was more acceptable to account for the decision as a matter of falling short of meeting these preconditions, rather than being made as a matter of personal choice or because they prioritised their leisure time.

I will present in the rest of the section the common preconditions that respondents highlighted in their accounts that they perceived as being important to be in place when having children. These included, namely; (a) that education had been completed and/or that career building had progressed to a level of stability and satisfaction, (b) being prepared financially and having the social environment to support raising a child, and (c) being in a long-term, stable relationship and/or being married.

Education, employment and timing parenthood

Several respondents talked about the appropriate timing of parenthood in terms of being incompatible with studying, and being a challenge to reconcile with early stages of career building. Particularly female respondents who were in higher education expressed the view that parenthood was seen as being incompatible with being a student. Alice, who was finishing first year of her postgraduate studies, clearly noted that in terms of timing parenthood, it would be ‘once I finished the PhD at the earliest’. Equally for Tamzin, who was in her first year of a PhD, although she was very keen to start a family, she was apprehensive about the challenge of having children while being still in education:

Tamzin:

The main thing that is stopping me at the moment is studying, doing the PhD. But, if we got pregnant now I will have the baby, but it will totally mess up my studies. You just can't do a full-time PhD, looking after the baby and breastfeeding. That is just not going to happen.

Respondents' accounts suggest the presence of sequencing norms which pertain to the order of events across an individual's different life domains and a proscription against parenthood while a person is still in education, and a norm against the combination of specific roles, namely being a student and being a parent at the same time. Furthermore, they also suggested that beyond the extended period of education, individuals are also postponing parenthood during early career building. Working towards a career in academia, Alice highlighted the challenge that she had observed from her female colleagues in terms of timing parenthood in balance with career progression. Her account expressed on the one hand a sense of regret on the part of her colleagues' experiences, yet there was a sense that there was little scope for agency to resist the conventions of working in academia:

Alice:

Having spoken to female colleagues who are older than me, retrospectively speaking, they regret that because they have not got to the right position in their career and they are so close to being there but what they really really want is to have a child. But they were on fixed-term contracts and they always had to work for the next job. I think if you're in a tenured position it works out differently, but if you are on six months, twelve months contracts,

you always have to worry about how you are going to pay for the mortgage and rent and children become the last thing on your mind.

Alice highlights the challenge she was expecting, which is to strike a balance between building her career and family formation even while still being in education, suggesting the level of social pressure on women to reflect on, and to negotiate between, these two seemingly competing life domains. For some female respondents, being a 'working mum' was spoken of as a matter of course given that their own mothers had been in employment while continuing to be their main carers. For example, Alice was very keen to ensure 'find[ing] the happy medium' between achieving her 'educational aspirations' while working towards having a fruitful family life in a way that her mother had not done so, given her mother's decision to be a stay-at-home mum. Female respondents' accounts suggest the pressure to 'have it all', being successful in their careers and in their family life; the timing of parenthood was to be negotiated between the two.

Male respondents' accounts, however, unlike their female counterparts, did not feature the level of discussion around negotiating between work and family; there was a quiet assumption that men's employment arrangements will largely be undisturbed compared to their partners' when entering parenthood. Accounts from several male respondents explicitly noted that the impact of childbearing would be greater on a woman's career than on a man's, and therefore asserted that the timing of parenthood would be largely determined by their partners in terms of how it would suit their own career progressions, as explained by Connor:

Connor:

I think, because as much as you might want to share that responsibility, generally the burden of having a child is on the woman and so I think a large part of it for me will be down to the girl I was with and when she felt she was ready to have a child. I think the vast majority of girls I've met are just as career minded as the men. And I think most of them would want to be at a stage in their career where they felt they were stable and that they have achieved something, and can justify taking time off for maternity leave and whether they work less because they have a child.

Similarly, for Zac, he highlighted the importance of being engaged in a joint decision between him and his girlfriend when considering the timing of parenthood to ensure that they both achieve their own career needs in a way that he did not see with his parents:

Zac:

I would like to make sure that there is an even balance between myself and my girlfriend, you know. My mum always stayed at home and I just think that now my little sister's all grown up, she has absolutely no idea what to do with herself and I think she feels like, you know, her duties have been fulfilled and never had a career like my dad who's an architect who worked really hard and now it's definitely justified to retire because he's worked so hard. So I would like to see more balance in both parents, you know, fulfilling their own career needs. So I think it's important that I want to be a top banker and for my girlfriend, I'm sure also wants to do well in her work too.

Expressed strongly by both Zac and Connor was the notion of the democratisation of family and personal life in which women were no longer seen to be the main and only carers responsible for childbearing and childrearing but, rather, equal partners who pursue their own aspirations beyond the family. However, implicit in their account was that as men, their career aspirations were unquestioned – it was the women whose aspirations should be accommodated within an 'equal' relationship. Within the context of mutual respect for a partner's career aspirations, the timing of parenthood would require negotiating between the partners in terms of achieving the 'work-life balance' they would both individually like to have. Zac's account suggested the assumption that it was the women who had to make more adjustments in terms of caring for the child.

Male respondents' accounts highlighted the view that it was important to be in employment in order to have financial security before having children. However, there was limited discussion in male respondents' accounts that considered the impact of parenthood on their career prospects. John was the only male respondent that explicitly related the postponement of parenthood with career building. In his account, John presented a perspective which suggested that men in professional careers who had chosen to invest in their careers would require putting family building plans on hold:

John:

The other thing about postponement is jobs. I think, for men in professional jobs and careers, many might postpone longer than expected and it's simply about having to invest so much time and energy and emotion in their work and the profession, you know. I feel, I wonder if my job were not quite the nature that it was, would I have been a father five years ago or so? I don't know. It's all about work–life balance isn't it?

John explicitly set parenthood and career building as competing for the same investment of time and energy. Despite acknowledging the motivation from his peers to have children, John had reflected on the postponement of having children by making reference to the demands of his work, which made it difficult to achieve a 'work–life balance'.

Respondents' accounts strongly expressed the expectations that individuals should aspire towards achieving a 'balance' between work and family. Women's narratives highlighted the aspiration to gain self-fulfilment in education/work in tension with combining family/childcare roles. This was often made with reference to the increasing possibilities of combining work and family which were noted to be lacking or not taken up by women previously (specific references to their mothers). Male respondents noted the respect for their partners to pursue their career aspirations, thus putting the decision on timing parenthood in their partners' hands. There were limited accounts from male respondents in terms of concerns over career building and timing of parenthood; men's work and family arrangements were presented largely as straightforward and not needing the extent of negotiations presented by women. This suggests the persistence of a gendered inequality between partners and their expectations of parenting.

Material and social conditions for raising children

Respondents expressed the responsibility/need for parents to ensure certain requirements are met before having children. This was talked about in terms of being in employment and having financial stability; having suitable accommodation for the family; living in an environment conducive to child development; and being socially connected with family and friends.

Many respondents subscribed to the idea that parenthood should be ‘planned’, that the parents should be ‘prepared’ and the children given a ‘good start in life’; responsible parenthood was a planned parenthood. Subsequently, it was argued that it was not acceptable to consider having children when these basic and common preconditions were not met. This provided an effective discourse for some respondents in accounting for the postponement of parenthood.

The accounts of younger respondents commonly featured concerns about being financially secure enough before having children, leading to postponement of parenthood. For the younger respondents, the clearing of debt from student loans and saving up to buy a property that could accommodate children was the first step in family formation, as illustrated in the account of Zac who is 25-years-old:

Zac:

In recent years, I’ve wanted my own family ... I want to move in with my girlfriend as soon as we can afford it, so now we are just saving up ... We talked about the future, like getting married and having a family quite a lot and we both look forward to the idea of it. Really, to buy our own place is the first thing on the agenda.

Likewise for Alice, she noted that Pete and she were ‘not in a position, house-wise to have children’ and she would prefer to clear off her student debt before considering taking on further loans to move to somewhere bigger and more conducive as an environment for having children. Respondents who identified as ‘older parents’, however, did not express the same financial concerns. As Kim explained, having been in employment and saving up over an extended period of time meant that she was financially comfortable when having her daughter. Kim acknowledged in her account that if she had been younger her finances could have been more of a concern for her.

The high financial cost associated with having children was commonly featured in respondents’ accounts of postponing parenthood. Notably, more male than female respondents raised financial issues as their main concern and justification for wanting

to postpone parenthood. The level of resources needed for entering parenthood was accounted for in different ways, typically described in arbitrary terms (such as ‘a lot’ or ‘huge’) which provided respondents, including Andy (aged 32), with the means to justify himself in postponing parenthood:

Andy:

I kind of look at the initial stages being quite a huge burden in terms of finances and time and at the moment I don't think it's right, I don't think I can go through with it. I know friends who have children at the same age and on a similar income and wonder how they manage it because the amount of money and time you have to put into it, it's a lot ... you need to put that into a kid to give it a good start. I don't want to have children until I am in a more stable financial situation and be able to put in the proper time to bring up a child. I kind of think I want to have children but don't know when.

Andy's descriptions suggested that he was unsure about having children. By using a postponement account in which he set himself up as not meeting the financial conditions for having a child, he was able to effectively account for deferring a decision whether or not to have children by putting it down to timing issues instead. Andy's thoughts were similar to those expressed in the accounts of several other male respondents, in that through their accounts they were able to present themselves as being reflexive and responsible for ensuring that they have the means to provide for their children before having them. This ‘responsibility’ of a parent to make sure that children are sufficiently provided for was more explicitly acknowledged in Connor's account, in which he benchmarked what he would like to be able to provide for his children with what he had experienced as a child:

Connor:

I suppose you have a certain level of responsibility to make sure that you give them a good upbringing. You don't need to have rich parents to have a good upbringing but I would like to have enough money to give my kids the opportunities that I had when I was growing up. So there is part of it that is just practical things like being able to buy a big enough house and have a job to be able to pay for holidays and to do interesting things with them.

While Andy was rather vague in terms of what he expected to have the finances in place for, Connor was more able to list what he would like to have for his children. Despite acknowledging there was no need to be ‘rich’ to have children, Connor did

set a level of financial expectation as a criterion for having children which was informed by his own upbringing. As an expectant father of 30, Victor's account provided a greater level of practical consideration beyond that of Connor or Andy, although in a similar vein, Victor's account iterated the necessity of planning to 'give them the best ... of what you can' when having children, with which he included:

Victor:

Like a good education for them, nice house, you know, like where we are living now is too small to have two or three kids. Today I thought to myself, maybe I should find a place close to the church and to school where, you know, my kid won't have to walk too much to go to those places.

Victor also considered factors which he considered being important beyond the child's immediate needs, for example, projecting into a future that ensures his children grow up in a safe neighbourhood with access to good schools and the church. Several other respondents (notably more female than male respondents) also described the environment they would preferably raise children in. This included having more space for the individuals to have private space for the family members, a safe environment (lack of traffic etc.), a 'green' environment and play space, and close proximity to facilities, particularly access to good schools in the area, as noted in Alice's account:

Alice:

The area where we are living now, it's not a very nice area to raise children. And it's that kind of thing, once the debt is cleared off then we can move to an area where there is more space for me and Pete, but also we are of the view that if we are going to have children, choosing an area which would be more ideal with lots of green space, lots of parks, lots of primary schools, decent secondary schools. Even though, you know, you're having a baby you really shouldn't be thinking about schools but you want to think about schools, I mean the school you choose and teachers that you have can have such an impact on children.

Respondents' accounts also suggest the importance of having family and friends around, which not only provides emotional and mental support, but could also prove to be a means of providing childcare support, enabling the individuals to have some respite and to manage the high cost of using childcare services. For example Lisa, who was living in East London with her husband, made the decision to move back to

Edinburgh when she was pregnant as she wanted to be closer to her family. Lisa noted that when having children, having a 'social network is very important'. Likewise for Mel, who was living in America where she lived with her husband before moving back to Edinburgh when she was having her children in order to have family around her. Mel noted that having the support of her parents in looking after her children enabled her to have regular time with Fred.

One of the benefits of having family and friends close is the support in childcare they can provide. For Rob and his partner, who were expecting their third child at the time of the interview, the high cost of childcare was a major concern for them in timing their current pregnancy. Rob noted that, unlike his peers who could count on family living close by for childcare support, such an option was unavailable to him and his partner as they did not have any family living nearby who could help with childcare. As Rob noted in his account below, the high cost of childcare was a key factor in the decision to postpone having their third child until they could afford to have another child:

Rob:

We think about it in terms of the actual day-to-day life and money, our jobs, because having children is crippling financially. Childcare costs a fortune. We would have liked to have our third child earlier but because of the childcare costs, we are sort of projecting when things have to be paid for, we almost put it off to a point when we knew we would be able to start affording it. One of us has to be off so the other one could look after the baby, and at that time I can take the children out of nursery and save ourselves some money because we don't have an infinite budget to pay for childcare. That's what it really comes down to, so we have to plan for the child and hopefully that should tie in nicely with expenditure on childcare, which has been a huge aspect in planning for a child.

Unlike the accounts of respondents planning their first child who often spoke about the various resources for parenthood in an abstract manner, Rob's account illustrated the additional level of complexity involved in planning around the timing of having another child while juggling 'day-to-day life', including the care of other children and work commitments. Even though concerns around the finances were in real terms a barrier to Rob in having his third child, which he would have liked sooner, his account in detailing the negotiations and plan of action they have taken suggests

the optimism of things falling in place when the child arrives. This is in contrast to the accounts of respondents we have seen earlier in this section, which position the meeting of these preconditions as being non-negotiable, suggesting that some respondents subscribed to the notion of the 'right' timing for having children.

Relationship, marriage and the timing of parenthood

Parenthood was constructed in respondents' accounts as preferably considered within the context of a loving and stable relationship, highlighting the convention of parenthood being a normal transition that followed the development of a couple's relationship. Moreover, marriage was considered to be important for parenthood for many respondents. As such, the timing of parenthood was presented as being sequentially timed after marriage, with the suggestion that the timing of parenthood was socially regulated rather than a matter of personal choice, as many respondents claimed to be the case.

As already noted in Shona's account presented earlier, the length of the relationship was described by some respondents as a marker for the strength of the commitment between partners, such that a couple's relationship should have endured for an extended period of time before having children. Shona's account also described her concern over the authenticity of her partner's commitment to her and their relationship when confronted with an unplanned pregnancy. Her account suggested that having a child outwith the context of the consensual agreement of both partners presents as a breach in the 'trust' between the couple, with the consequence of compromising the integrity of the relationship that individuals considered an important precondition for a couple to have a child.

When respondents were asked whether they thought it was important to them if a couple were married before having children, most respondents asserted that it did not matter to them as it was a matter of 'personal choice'. Respondents noted that it was the commitment to the relationship and the desire to have children, rather than being married, that was important when having children. However, when respondents were asked to express a preference for themselves, most respondents explicitly stated a

preference to be married before having children, which they accounted for by drawing on various discourses including making an appeal to the legal, religious and personal significance of marriage. However, these respondents were quick in their account to express the view that they would not cast 'judgement' on others who did not do so.

Alice's account demonstrated this disparity of 'choice' for others while subscribing to the convention of marriage for herself, which she described as offering her a sense of commitment about the relationship and also some level of legal protection for her and her children in the event of a divorce:

Alice:

It doesn't matter really as long as you are in a secure relationship, you are committed to each other, then it doesn't matter. However, my gut instinct is that, for me I preferred to be married before I had children. And it's got nothing to do with the piece of paper if you know what I mean ... it's that permanency thing that you have taken that next step in solidifying your commitment to each other ... if you are actually married and if things do go wrong you have legal come-back, and if you want a divorce you have to agree how the children will be cared for. So in some sense marriage does matter but from a legal perspective. ... I don't think it might be necessarily right for everybody but for me I would want it from a legal point of view.

Alice's account suggests the widespread acceptance of marriage as a legally sanctioned status for a couple to be before having children: equally for Selma and Victor – self-described as 'strong Christians' – who presented marriage as a precondition for entering parenthood. They did not elaborate on the reasons for their view; but rather, it was spoken of in their account as taken for granted as the normal progression of their family building – parenthood 'normally' followed on from marriage.

Several other respondents accounted for their preference to have children within marriage by making an appeal to their self-identity and as a matter of personal choice, rather than drawing on the legal or religious discourses already presented. Mike, in particular, dismissed his preference for being married before having children as a matter of subscribing to any 'moral' conventions. Yet, he continued to

account for his preference as being part of a ‘framework of thinking’ that he described as being deeply seeded within his upbringing, before establishing that the decision to get married before having children was a choice he made for himself, as well as a decision that was made as a couple with his wife – one which was ‘right’ for them:

Mike:

I think there is an element of, it's not so much the moral side of it, it's more, that is what we know when we grow up, the framework of thinking, operating from that way of thinking as you grow up, and that's sort of buried quite deep there. I wanted to have children within a solid relationship, strong and permanent. And for me that is who I am and I am comfortable only bringing a child into that. I like the idea of marriage, with somebody of similar mind, which turns out that my wife thought the same way too. We both believed that it was quite right to wait to be married before having my son, but that's not to put any judgement on people who will do it in other ways, but that was right for us.

Over the course of his account Mike's use of language turned from addressing ‘we’, here addressing himself and generalised others, to ‘I’, referring to himself before using ‘we’ to refer to his wife and himself. In doing so, he was able to locate himself within this ‘framework of thinking’, ascribing it to some kind of convention before claiming agency in making the decision for himself and presenting joint decision-making with his wife. Mike also paid due attention to presenting very clearly that despite his personal preference for parenthood to happen within marriage, he sets out that having a ‘solid relationship’ was important to establish when having children rather than marriage in itself; the value he placed on marriage as a mark of the ‘solid relationship’ he had with his wife can only be accounted for as personal rather than a social expectation. Mike's use of the phrase ‘not to put any judgement on’ was also used by Connor when expressing his preference to be married before having children. While it expressed a clear statement of his respect for personal choice to choose to have children outwith the context of a marriage, it expressed an implicit assumption of parenthood within marriage as the social norm, which would warrant a judgement on others who did ‘do it in other ways’.

There were some examples from what a couple of respondents said that provided evidence that parenthood was postponed until they had been married. Kim and Mike, who both identified as being ‘older parents’, were keen to have children when they met their partners ‘later in life’. They both raised concerns about age-related infertility yet they asserted that finding the ‘right’ partner, being in a stable relationship and getting married were the more important considerations to them before having children. Despite his desire to have children sooner Mike nevertheless waited until after they were married before they started trying for a baby:

Mike:

We met when we were 38 so we knew that our childbearing years were getting towards the end. And that was a key factor, we both wanted children so, it probably encouraged us to get married earlier. We didn't want to try for a baby before we got married so as soon as we were married we were trying for a baby straight away.

Further to sequencing parenthood after marriage, Mike described how their desire to have children sooner rather than later prompted them to consider getting married earlier, suggesting not only that marriage and parenthood as life events were sequenced linearly in the life course, but also that each event can influence the timing of the other. Other respondents spoke of the pressure on them from others to start having children once they got married. For example, Dylan's account below in response to being asked to consider the timing of his eldest son with his ex-wife, provided a vivid description of how family building was likened to a ‘journey’ where a relationship between partners develops in sequenced stages and was bound by a ‘timescale’ whose stages were timed in relation to each other:

Dylan:

I think from my point of view, how you actually come to have a first child was really just a measure of kind of where we've been in a journey, our relationship ... it's almost like a timescale so to speak, I know it's a strange thing to say but maybe that's kind of the way. Certainly for my case it was almost like it was the thing that you do. So we did the boyfriend–girlfriend thing, got married and then the natural occurrence is just to have children ... I think there is a period of grace between the different parts of life I suppose.

Dylan's constant utterance of 'you know' along with the usage of phrases such as 'that's kind of the way', 'it was the thing that you do' and describing parenthood as a 'natural occurrence' that followed marriage, highlighted the sequential transition as being a convention that he expected me, as the listener, to understand. Although the sequential progression of the life stages were described as fixed in a relationship to one another, as identified by Dylan, between each stage there was a 'period of grace' in which individuals and couples had a say over the timing of the transition. This window or allowance of time between stages was also talked about by other respondents in terms of experiencing pressure from peers and family in the form of being asked questions and made to feel accountable for not keeping to the 'period of grace' permitted in timing parenthood after marriage. Selma's account provided an illustration of the 'gaze' from her peers from church and on herself when she remained childless after almost two years of being married:

Selma:

Yeah, people ... nobody said anything at first but they kind of look at you and you know very soon they are going to start asking questions. Actually the last few months, because it's getting close to two years [since getting married] people started to ask directly, and it can be quite embarrassing sometimes. And actually probably most so at church people feel they have the right to ask you directly. So yeah, I do feel a little bit of pressure.

Selma's experience highlighted that the timing of parenthood was highly regulated – to the point of being held accountable to her peers from church for not having children sooner. She noted also the interventions from her peers were as indirect as a 'look', but also directly in terms of being asked questions about it. Her account provided evidence of the continued influence of religion on the expectation of parenthood within marriage, with further assertions of a prescribed timing for having children. Surprisingly, there were no other examples of respondents being directly asked by others regarding the timing of parenthood. To an extent this absence could be an artefact of the sample; several respondents were unmarried when they had children, and those who were married before having children had their children within a short period after being married.

6.4 Chapter summary

When talking about the timing of having or, in the cases of termination of pregnancies, not having children respondents made reference to the consideration of age and common preconditions. The timing of parenthood, quite contrary to being a matter of personal choice, was strongly presented in respondents' accounts as being socially regulated through the notion of an ideal or appropriate age or having met the socially agreed preconditions when having children. Respondents' accounts suggest a perception that there were gender differences in terms of the age norm for having children, given biological constraints experienced by women. Respondents' accounts also suggest that the preconditions were of varying significance – dependent on the gender of respondents as well as their ages – when considering when to have children.

When talking about the timing of parenthood and age, respondents independently converged to 'around 30' as an appropriate age to begin having children, demonstrating the strength of social age norms with regard to the timing of parenthood. Making references to the life course as life 'stages' provided an illustrative imagery respondents could draw on in explaining how early adulthood and middle/retirement age were incompatible with the demands of having young dependent children. An upper limit to childbearing was gendered in such a way that the ages of 35 and 40 were significant for women and men respectively. Respondents' accounts regarding the decision to stop childbearing highlighted the social, rather than biological constraints which were important in the decision to cease having more children.

Respondents were keen to present themselves as having thought and planned – having various common preconditions in place – before having children. The discourse of 'not meeting the preconditions', a subscription to the social conventions of parenthood, was successfully employed by respondents in accounting for the postponement of parenthood. Being in education and starting out on building a career were seen as being incompatible, or at best challenges, to reconcile with the demands of having children. Notably, the impact of parenthood was talked about as being

greater on women than on men, particularly in terms of the need for mothers to negotiate between work and family life, while for men this negotiation was either absent from their accounts or was discussed to a lesser extent than their partners.

Another important precondition for having children was to be in a stable relationship, and as noted by many respondents, preferably within marriage; single parenthood was presented as not a preferred situation for having children. This is interesting as the same attitude towards the flexibility of meeting other 'preconditions' did not seem to be so given in relation to marriage. Respondents were quick to clarify that despite their preference for parenthood within marriage, no 'judgement' was made on those who were in a stable relationship but not married. Respondents' accounts provided evidence that the life course was conceptualised linearly in such a way that life events such as marriage came before parenthood. Furthermore, it was suggested that there was a 'period of grace' between marriage and parenthood, but that beyond a certain time-gap couples were subjected to being made accountable for not having children. The social regulation of the timing of parenthood was maintained through self-reflection but also through direct questioning from peers who act as enforcers of the social norms. There were examples of respondents who postponed parenthood until after they got married, demonstrating the extent to which respondents conform to social conventions around the timing of parenthood.

Factors that were warranted as being important to be considered included being financially secure, and living in an environment (physical as well as social) that was conducive to children's development. Giving children a 'good start in life' and being able to provide children with the opportunities in life to ensure they have a 'good upbringing' provided an impetus for respondents to ensure that these preconditions were in place when having a child. While accounts of male respondents seemed to focus more on being 'financially stable', often described in broad and vague terms, female respondents not only considered the material but also the social conditions for having and raising children in.

In the next chapter I will examine how respondents account for communication with partners about parenthood.

Chapter 7: Communication with Partner

7.1 Introduction

This chapter will explore how respondents discuss the communication they had with their partners about family and children. They were largely articulated in response to being asked whether they had discussed the topic of children with their partners. Respondents all said that they had spoken about it with their current partners in one form or another, although it may not have been the case with previous partners. Some respondents recalled specific discussions they had with their partners and/or decisions they had made about family and parenthood, while others spoke about it in broad terms without making reference to particular instances.

In section 7.2 I will discuss the variation in how respondents described the ease of initiating a conversation with their partners; while for some respondents this was portrayed as something that started organically, for others it was described as being unnecessary – presented as being quite challenging to talk about. In section 7.3, I will present my analysis of respondents' accounts, which demonstrates the tensions that can arise in exercising personal autonomy within the context of a couple's relationship and 'joint decision-making'. I will provide a chapter summary in section 7.4.

7.2 Discussions between partners

In this section I will examine how respondents describe the context in which their communication with partners took place and the ease with which these discussions were initiated and maintained. Respondents' accounts suggest that the issue of parenthood was brought up in conversations through a variety of situations and across different time points in the couple's relationship. While some respondents talked about the general idea of having had discussions with their partners, others were able to recall their specific discussions.

Discussion as ‘standard’ or ‘natural’

The majority of respondents indicated they had discussed their views about children with their partners and it was generally a positive and affirmative experience which provided them with the opportunity to come to an understanding with their partners about parenthood and family. Discussions about parenthood with partners were said to be initiated with relative ease given the normative status of parenthood, being described as being a ‘pretty standard topic’ of discussion between couples as they learn more about each other. Such discussions also come up ‘naturally’ when the couples take stock of their relationship, make plans for family formation and the future more generally.

Respondents often lapsed into the third person when talking about their own conversations with partners, locating their experiences as common practice in relationships. The general discussion between partners was said to be part of the early stages of a relationship when ‘you are getting to know each other better’ and ‘talk about everything’, including parenthood. This reference to their own experiences as shared common practice suggested parenthood as a transition in an individual’s and couple’s life course that warrants a discussion. Although this was presented as strongly normative in terms of a couple’s life-course trajectory, personal autonomy was presented as running alongside this, suggesting that the issue of parenthood has to be discussed and cannot just be assumed and, perhaps, also that the future of the relationship cannot be assumed either.

‘It’s a pretty standard topic to talk about’

Connor said that he had spoken about children with all his girlfriends as a ‘standard topic’ of conversation. He was, however, very keen to highlight the casual nature of these conversations as being a ‘laugh’, and in the manner of a ‘joke’, rather than being ‘serious’ or making ‘strong promises or plans’:

Connor:

I guess we talked about it at a general level. It’s a pretty standard topic to talk about, what you see in 10 years’ time and things like children. Yeah, especially with my most recent girlfriend, more than anyone else. You kind of laugh about what your kids will be like, but not in a particularly serious

way ... it's something that, like we're always realistic to know not to say 'oh we're definitely going to be together forever' ... But it's something that you joke about. While you won't be making any strong promises or plans, you would be quite happy enough to talk about it.

The casual yet careful manner in which Connor talked about the conversations that he had with his girlfriends suggested a tension about the nature of discussions around parenthood. On the one hand, the conversation about children was presented as a seemingly fun way to understand partners better, which Connor was 'quite happy enough' to engage in. Yet Connor very quickly stepped back in terms of clarifying that the conversations about parenthood were not a commitment to decisions or 'plans' about parenthood that he can be held accountable for. Similarly, Zac also echoed the nature of conversations about children being on the one hand casual and on the other about committal as he described how the weight of commitment in his discussions with his girlfriend changed over the course of their seven-year relationship:

Zac:

We talked about the future like getting married and having a family quite a lot and we both look forward to the idea of it ... I think we have been talking seriously in the last two years of our relationship. Prior to that, it doesn't feel like it's real, especially for my girlfriend when she had such a long time to go at university so we are still kind of more juvenile, but more recently we had our plan and timescale that we would like to move in together in a year and probably get married maybe a year or two after that, and then maybe have kids a year or two after, that sort of thing. And yeah, I think that's just what we both want to do and we don't really have too much to say about that because we both want to do it and we both agreed on that.

Zac's account picks up from Connor's in that it offered an illustration of the development of the nature of conversations about parenthood from being more of a 'laugh' and a 'joke' to being talked about 'seriously' with a 'plan and timescale' put in place. This suggested that the change was in tandem with the development of the relationship, along with the changes in the context of their life circumstances in general.

In describing the discussions he had with his girlfriend, Zac consistently used the collective terms of 'we' and 'us' in his account. While this was common in other

respondents' accounts, which I suggest enabled respondents to demonstrate the 'joint' nature of decision-making between them and their partners (which I will discuss later in Section 7.3), the manner in which this was emphasised in Zac's account suggested it was used rhetorically to dismiss further questioning. Notably, there is a change where Zac described how they used to talk 'quite a lot' about their future together, yet by the end of the account he noted that they 'don't really have too much to say' about their plans because it is what they 'both want to do' and 'both agreed'. It almost felt as if Zac was directly addressing me in the final sentences, on behalf of his girlfriend, suggesting that they had nothing to expand on, and that any further discussion was not warranted since they already had a life plan made. This suggested to me that beyond planning for what can be expected as the 'norms' of achieving parenthood – where Zac's description of their plans ended – there is little else that is needed for couples to discuss.

'We decided to have a heart-to-heart chat about it'

A few respondents recalled having discussions with partners after they had been together for some time. These discussions can be characterised by their reflexive nature, alluding to a process of taking stock of the relationship and prompting decisions and plans to be made towards entering parenthood. Some respondents recalled the discussion as having 'naturally happened' within the context of their relationship with their partners, presenting a view that parenthood was an expected transition within a couple's relationship, with the discussion a stepping stone from speaking in the abstract to taking action. These discussions were said to be prompted by various social situations that sharpened their focus on reflecting on the development of their relationship as a couple. For example, Gemma spoke about how the engagement of her brother-in-law encouraged them to have a 'heart-to-heart chat' to reflect on their relationship and their future as a couple and as a family. As Gemma's account suggests, the progression of peers' relationships can provide a strong basis for respondents to take stock of their own relationships and engage in making family formation plans:

Gemma:

Well, when his brother got married, well, engaged, they were talking about getting married and having a family and then it got us talking about things, because we never really spoke about it before and we decided to have a heart-to-heart chat about it, like being old and growing up and having kids and if we like them and things like that, and it seemed to be that we did.

Unlike the case for Zac and Connor, who already had light chats with their partners about parenthood and were therefore building on these discussions, Gemma had not spoken to her partner about it before being prompted by the engagement. Having a 'heart-to-heart chat' suggests the great deal of importance placed on the issue of parenthood and the level of intimacy that is needed for open communication between partners to happen. Of prominence is the reflexive nature of Gemma's discussion in which they constructed their life-course trajectory through the ageing process and role transitions as parents. Gemma's account also suggests a degree of social regulation and comparison with peers that prompted reflexivity on their part to almost 'keep up' with the expectation of moving the relationship on.

'I know I had to be quick at it'

The accounts from respondents who identified as being 'older parents' were analytically challenging. On one hand they expressed being highly motivated to be initiated with partners, accounted for by the concerns relating to age-related infertility, and marking discussions as something that 'needed' to happen early in the relationship – in cases within days and weeks of being together. On the other hand, these accounts were described as fitting into what could be expected as a normal discussion between partners that happened 'naturally' and with relative ease, helped by the position that both partners were keen to have children. Jenn's account provided an illustration of the tentative nature of raising the issue of parenthood with a partner early into the relationship as an 'older parent'. Jenn recalled the conversation she had with her current female partner on the first day of being together:

Jenn:

The thing is, I'd had partners and by this time I was 27 and I just wanted to live my life as a mum ... I know about the fertility in women, I know I had to be quick at it. So I said to my partner 'look, to be honest, I know that we can

make it , but I am not going to want to be with somebody who doesn't want to be a mum, and I'm not going to put myself at this risk'. And she said that she always wanted to be a mum. And it just happened to be that we both met each other, and that was it really.

Given the build up of expectation by Jenn at the start of her account, she described the potential of the discussion ending up as a difficult situation and a disruption to her life-plans if her partner did not want to have children. However, her account of the discussion came to a comforting conclusion in that her partner also wanted children, which Jenn understood as a stroke of chance enabling her to maintain her trajectory of becoming a mother. Jenn's reference to 'that was it really' at the end seemed to signpost that her experience of family formation processes continued from that point forward, suggesting strongly the notion of parenthood as a normative life-course transition. Jenn's self-identification as an 'older parent', despite being aged 27 when she met her partner, suggests the variability in which the life stages and the associated appropriate transitions are being experienced.

Initiation of the discussion at the start of the relationship was expressed by these older respondents as a matter of conscious choice rather than chance, although with a heightened sense of urgency compared to younger respondents. These prompted discussions, however, were said to be initiated with relative ease, without any sense of resistance from their partners. They referred to an awareness of age-related infertility, which encouraged them to be more active in raising the issue with their partners, perhaps more so with current partners than previous partners as acknowledged by Kim:

Kim:

I was keen to have children so I suppose I must bring it up and I was 35, time is passing. So yeah, definitely brought it up and in a way with the other relationships I hadn't done.

Other respondents who identified themselves as 'older parents' also used terms that echoed the sense of urgency expressed in Kim's account. For example, Mike noted that 'time was of the essence' when the issue of parenthood was raised with his partner; they 'had to be quick at it' and they were 'quicker not to dance around',

ensuring their views about children were shared earlier rather than later into the relationship to avoid the risk of childlessness. These respondents were able to justify raising the issue of parenthood with their partners very early into their relationship with relative ease or naturalness of discussion as part of their relationship, which presented the conclusion of parenthood as being a mutually discussed and agreed outcome of their relationship. This suggests that for such relationships, raising the discussion about parenthood early in the relationship was acceptable and was to be expected given constraints of age/time set against the normality of parenthood.

In the next section, I will examine situations in which respondents described their discussions with partners as being challenging to initiate or to maintain communication.

Discussions as difficult or ‘unnecessary’

Quite contrary to the accounts presented in the previous section, the accounts in this section expressed a sense of discord or discomfort in their telling – either in being recounted to themselves and their partners when the conversation was initiated, or in recounting them to me as a researcher. A common thread across the various situations was that it challenged norms around parenthood and the nature of the couple’s relationship. For example, the difficulty of initiating and engaging with a partner when an unplanned and unwanted pregnancy occurred contradicted the idea of planned parenthood as an outcome of conscious decision-making. Conversely, the assumption of parenthood being a normal transition in a couple's relationship can present the initiation of discussion around parenthood as being unnecessary and stating the obvious. Finally, the most direct challenge to the normality of parenthood is the decision to reject parenthood; a decision that holds the individual accountable in initiating a discussion with partners and in recounting to others making such a decision.

‘We had to make a decision to have an abortion’

Set against the idea that pregnancy and parenthood should be planned, several respondents talked about the difficulty of having to discuss and make a decision

about termination of an unplanned and unwanted pregnancy. The experience of making a decision to have an abortion was often spoken of by, notably, only female respondents in a low tone of voice and with some level of apprehension in its telling. Despite the slight discomfort in both the telling of (by respondents) and listening to (by me) the intimate abortion narratives, respondents' decision to speak about experiences of abortion was a conscious one which was regarded as an important part of their biography they had chosen to share with me given these experiences are of significance to women and couples who had experienced it, although such action often remains hidden within social realms.

Three female respondents spoke of their experiences of abortion which happened early into their relationships. For Shona, speaking about termination of a pregnancy was the first instance she had had a discussion with Dylan about parenthood, which was just a couple of months into the relationship. In her account she made reference to the circumstances that constrained their choice around the pregnancy leading to their decision to have an abortion:

Shona:

We just bought a flat and I'd just got a new job so I was effectively going to be penniless if I kept this baby. So we had to make a decision to have an abortion, for a lot of reasons ... it's one of those really terrible things that you just have to deal with ... I asked Dylan 'Do you want to have children?' and he said 'now is not the time to discuss it', which makes sense because it was so recently after the abortion and he was quite emotional ... So we had to have this discussion very early about children.

Shona described the decision to have an abortion as a joint decision both her and Dylan made together, accounting for it by pointing out the circumstances they were in when the pregnancy happen. This suggested that there are preconditions respondents associated with having a child in relation to which choices around having children were considered, which I discussed in chapter 6. Even though Shona was able to come to a decision with Dylan about having an abortion, she noted that she was unable to engage Dylan in a discussion about parenthood. Shona accounted for the absence of discussion to 'make sense' by locating the context of initiating the

discussion as being emotional, thereby justifying the avoidance of having such a discussion.

In my interviews with a couple of male respondents (Connor and Andy) I asked how they would respond if their girlfriends fell pregnant. They echoed the ‘need’ to have the conversation but, as shown in Andy's account below, the subject of abortion was something he was ‘scared’ to talk about with his girlfriend:

Andy:

I don't know. How would you approach the subject of abortion with your girlfriend? I don't think that's something we ever discussed before. It's probably a conversation you need at that time. I'm definitely scared of that conversation.

In contrast to a planned and wanted pregnancy where partners would have had some level of discussion about whether or not they wanted children and when, an unplanned pregnancy presents a challenging and emotive situation for partners to speak about their views around parenthood. I suggest that this difficulty in talking about abortion was in some way a response to the loss of control over their reproductive autonomy, contradicting the notion of parenthood being the outcome of conscious and rational decision-making processes, but also that it is an emotionally and morally difficult issue to talk about.

‘I don't think there is a need for us to have this discussion’

Several respondents described discussions about parenthood as an unnecessary conversation with their partners. The reluctance to speak about parenthood was accounted for by making reference to parenthood as an expected transition that was going to happen ‘anyway’, or that given the unmet preconditions for parenthood it was not an appropriate time to be considering parenthood, making such a discussion pointless.

I refer back to Shona's experience engaging with Dylan in a discussion about parenthood. After the initial attempt to speak to Dylan about his views on parenthood, Shona tried again on another occasion several years later and, as before,

she failed to engage with Dylan in any meaningful discussion. The account below picks up from where she left off previously:

Shona:

We kind of left it for a few years. We were busy in our various jobs. It was kind of put on the back burner. Maybe three years later I was walking home from work one day and I thought 'I think I'm ready'. I went home and said to Dylan 'How would you feel about starting a family?' and he told me 'I really love tomato soup'. He was drinking tomato soup at the time, and I got very upset. 'Why are you telling me this?' he said. He just assumed that having a family was something that we were going to do anyway, so he just kind of went 'yeah yeah' and kept on drinking his soup. As it turned out he was thinking along the same lines and he just assumed that it was just a matter of time. I didn't even know he was thinking about it.

Although Shona was initially very upset over the dismissive response from Dylan, she seemed to accept his response towards her as being justified. Shona clearly expressed a need for a discussion about having children, however, for Dylan it seemed to be about the timing. Despite being together for several years, Shona admitted that she did not have any idea about Dylan's views on parenthood. Shona's account illustrated that in contrast to the idea that partners establish and maintain open communication about their views, hopes and desires, Shona's account clearly illustrates this may not be the case.

Dylan's account supported Shona's recollection of having limited discussion with him about parenthood. Dylan also spoke about the context of the pregnancy of his two older children from his previous relationship. I asked Dylan whether he had discussed children with her before having them. Even though Dylan said he was certain that his ex-wife wanted to have children, he was uncertain if he knew that from having discussed it with his ex-wife or from picking up 'vibes' from her responses to situations involving children:

Dylan:

Yeah, I'm not sure if that's at the very early stages of the relationship, I don't know if we had a dialogue between the two of us or if it was just a social thing, this is just what happens, this is how humans work, this is what we are here for, you know, I don't know. It's quite difficult, especially at the early stages when you first start going out with somebody, it's not like 'Do you want to have kids?' 'Excuse me?', you know. Initially, as boyfriend-

girlfriend, you kind of get a vibe off each other, you get an idea, you know, when kids walk past, you get an idea for it, and as you become closer and your bond becomes stronger, you can probably talk about it.

Dylan's account suggests a progression of the way in which partners develop their communication around the issue of children. He noted that while partners might initially use non-verbal communication to get a 'vibe' or an 'idea' off partners, as the relationship develops and 'bond[s] becomes stronger', partners can begin to verbalise their views to each other. He also highlighted the importance of building up a relationship and having a 'stronger bond' before engaging in discussions around children or else it could be met with a stark response from a partner. Dylan was uncertain if he indeed had a discussion with his ex-wife, or whether it was assumed between them that they both wanted children as it was the expected norm ('it was just a social thing'). Moreover, he mentioned the consistency of the 'vibe' and 'idea' that he picked up from his ex-wife that suggested strongly to him that she also wanted to have children. There was no indication that either of them was deviating from the idea of having children and a discussion did not seem warranted.

In a similar vein, Alice and Pete also highlighted the challenges in talking about parenthood when it was not something that was felt to be relevant for them at the point where their relationship and life were at, particularly given that Alice was about to start a three-year PhD programme. Unlike the 'older parents', their accounts suggest there was no sense of urgency to drive any discussions about having children anytime soon:

Pete:

Certainly with Alice working on a PhD it is going to be at least three years before there is any kind of joined-up discussion about a family. I am not against the idea of having more children; it is just not something that I am thinking about at this moment ... I don't think there is a need for us to have this discussion at the moment.

Alice:

Once I finish the PhD at the earliest. I'm not averse to having kids, my biological clock has not started ticking yet. You know, I can see it one day, it's not something that Pete and I talked about. It's kind of hard to talk about it because I've not thought about it very much.

The accounts from Alice and Pete were congruent in many aspects. They both referred to themselves as not against/adverse to the idea of parenthood, which in itself suggests that parenthood was the convention and they were not in any way challenging that. They both struggled in describing their discussion about parenthood with each other, or to me, stating that it was not something they thought about much themselves in the first place. Alice mentioned it was 'hard' to talk about it, which could be in reference to speaking to Pete but also directed at me. Later in her interview, Alice further dismissed the need for a discussion about parenthood accounting for it by saying that 'you don't have to check or question it, when it's right for us, it will be right for us', highlighting that it was not a matter of whether or not they would have children, but a matter of the timing. This again suggests the normative expectation of parenthood as part of the couple's future together.

Respondents' accounts suggest the challenges they can face in initiating a discussion about children, particularly for those who were uncertain about having children or for whom children were not something that was in their mind in the first place. Even though they might have had some thoughts about children, their thoughts were not necessarily shared. It can be argued that a meaningful discussion required both partners to be willing and seeing the need to have the discussion.

Discussions about remaining child-free

Making a personal choice to reject parenthood is by far the strongest challenge to the normative status of parenthood. As such, child-free respondents often expressed the need to account for their decision for doing so in the interview and in their everyday life. Within the context of a relationship, child-free respondents were clear that their partners were made aware of their lack of interest in having children. Naomi provided the strongest assertion of a requirement that she, as someone who had chosen to remain child-free, was responsible for engaging her partner in a discussion about parenthood early on in the relationship. She spoke in a matter-of-fact manner with little scope for negotiating, or being ambiguous about, her desire to remain child-free:

Naomi:

Yes. I had to have that conversation with him fairly early on because when I first met him, quite quickly we got to know each other and I knew I liked him. We've got to have this conversation early on because if he does want children then that's just it, the relationship will just have to finish because you just can't compromise on something like that. Even if one of you thinks 'oh I really want to be with you so I can give up on having children', I wouldn't want to have a relationship like that. I think you'd just spend the whole time feeling guilty.

Naomi's strong assertion about the necessity to initiate and engage in the conversation about children was accounted for through her keen self-awareness that her desire not to have children was against the normative expectations of parenthood. It was not acceptable to Naomi for disparity to exist between a partner's possible desire for parenthood illustrated in her assertion that 'you just can't compromise' on something as important and normative as parenthood. Naomi continued recalling the conversation she had with her husband early in the relationship when she asked him what his feelings towards children were:

Naomi:

His very first response was that he thinks he would like children. I said 'well actually I don't want to have kids' and he, I can't remember exactly what he said, but it's certainly on the lines of 'well I said that because I thought you would'. Well, that's the kind of the assumptions that you make and a lot of people think that ... Several times after that I sort of brought it up again and his answer was still 'no, I don't want children'. I did say to one of my friends when I was a bit worried about the truthfulness of his answer and she said he is pathologically honest so you don't need to be worried about that. And he is pathologically honest so, yeah.

Naomi's conversation with her husband further emphasised the assumptions made with regard to the normative transition into parenthood, particularly the assumption that a woman must want to have children. Her exchange with her husband suggests that this conversation was an important discussion for her as a child-free woman. Her emphasis on the constant checking in with her husband, and even seeking assurance from her friends with regard to her husband's honesty, portrays a strong sense of responsibility on her part in ensuring that her husband's own decision to remain child-free could be trusted, rather than paying lip service to her. Naomi's process of

checking and rechecking enabled her to validate her decision to remain child-free as acceptable to others, especially her husband, which enables her to be secure in her construction of a future child-free trajectory.

7.3 Power and communication

As already seen in other respondents' accounts, discussions about children provided opportunities for them to find out whether their partners' views about children were aligned with their own in terms of whether or not they would like to have children, and when. While for most respondents their views were similar to their partners', several of the respondents' accounts highlighted the tensions that can arise when there are differences between partners' views on children that can impact on their relationship and/or their personal life plans.

Scope for joint decision-making

Several respondents were keen to emphasise that decisions were made jointly and equally between them and their partners. These discussions related largely to the timing of children and to a smaller extent about family size. The strongest example of the presentation of 'joint' decision-making was in the account from Zac which we saw at the start of the chapter. Zac repeatedly emphasised that the five-year plan was jointly discussed and agreed on by making reference to 'we' in his account – 'we both want to do it and we both agreed on that'. The presentation of joint and equal decision-making was a strong idea evoked by respondents in accounting for the basis of a couple's relationship. Indeed, a small number of respondents who talked about disagreements they had had with previous partners around the issue of parenthood suggested the breakdown of their relationship was in part because of the differences in their views around parenthood and family.

It was apparent from some respondents' accounts that, with regard to certain issues, there was simply no scope for negotiation or compromise with partners; for example, in terms of one partner not wanting to have children when the other did, as highlighted in Naomi's account – 'you just can't compromise on something like that'. Equally, Kim's account suggests she was not prepared to continue her relationship

with a partner if she found out that parenthood ‘was not the possible end result’, however, unlike Naomi, she was prepared to try and convince a partner otherwise:

Kim:

I wouldn't go out with somebody if that wasn't the possible end result ... if either my previous partner or husband didn't want to have children that wouldn't have worked ... I think I would end up splitting up, looking for somebody else. I won't imagine that you would be so keen on your partner that you would make this sacrifice. Maybe you would. I would persuade them.

Kim made a strong appeal to the idea of a relationship based on the matching of partners' desires and the importance of parenthood in the life course. However, towards the end, she questioned whether such a ‘sacrifice’ could be made and raised the possibility of her persuading her partners to change their minds, thereby dismissing her initial respect for personal autonomy.

Gendered exercise of autonomy

There were some differences in the way that female and male respondents talked about the influence that they or their partners had over decisions around parenthood and family formation. Female respondents seemed better able to present themselves as having greater influence over the decision-making process, as initiators of discussions and having a greater say in the decisions made. Their male partners were often presented as playing a passive role in the communication and decision-making process. In parallel, male respondents often presented themselves as being more compromising and/or having to respect wishes of their partners, while often placing female partners as having more responsibilities and hence justified in having greater say over ‘joint’ decisions relating to childbearing. While female respondents were able to stake claims over their choices compared to their partners in the accounts, such discourses appeared to be less accessible to male respondents as they sit in tension with the respect for women's autonomy around reproductive issues.

I will present the narratives of female respondents followed by male respondents in the rest of the section. In doing so I hope to show the power imbalance inherent

within a heterosexual relationship, thereby limiting the exercise of personal choice within the context of a couple relationship.

'It is the woman who has the more influential opinion'

With regard to heterosexual relationships, respondents' accounts suggest women assume greater influence in the negotiation of reproductive decisions. Correspondingly, men were portrayed as having and playing a lesser role in the decision-making process within this discourse of 'a woman's autonomy'. This was most directly noted to be the case by Tamzin in talking about her own discussions with her partners:

Tamzin:

I think speaking as a female, in a heterosexual relation, it is the woman who has the more influential opinion on whether they will have kids and how many and so on. Both of my previous relationships were quite happy to have whatever I wanted. Now in retrospect they both didn't actually want kids. I think they were just saying that to make me happy, I don't know.

Tamzin was keen to have many children and said that she had always made this clear to her partners very early into the relationship – possibly during the first week. In her account she started by asserting the inherent power a woman has over her partner around decisions relating to childbearing. As she reflected on her past relationships she suspected that her ex-partners were not being honest when they agreed with her ideas around parenthood. Tamzin's account throws into question the validity of partners' responses, echoing Naomi's suspicion about her husband's expressed position.

Selma's account provides a further illustration of the seemingly passive role men play within the context of a couple's decisions-making process around parenthood and family life. Selma and her husband, Victor, were expecting a child at the time of their interviews. Having children was something they had discussed before they got married. When I asked Selma at which point in their relationship they started talking about their views about family and children, Selma recalled a conversation that Victor initiated with her early on in their relationship. Here, she identified the

different views she had with regard to family and children compared to Victor and how they came to a decision between them. Selma's account suggests that it was more of an acceptance rather than a process of negotiation that took place in reaching an understanding between them:

Selma:

I think we spoke quite early on and he kind of put forward how important it was for him. And I was kind of saying, 'well I am kind of working as a writer and at one point I might be successful and might have to go off to London or some other city for a few weeks. How will you feel about that?' It's a bit strange for him because that's not what he thinks a mother or wife does but he was like 'well, I'll be willing to accept it'.

Selma's account highlighted that even though both she and Victor wanted children, her aspirations for family and work-life were different to what she thought Victor might be expecting of her as a 'mother or wife'. Having the discussion allowed Victor to express the strength of his desire to have children while it enabled Selma to assert the aspiration she had for herself, therefore coming to an acceptance between them as a couple. Yet, similar to Tamzin's account, Selma also suggests in her account that in a situation when there is a disagreement between partners in a heterosexual relationship around the issue of children, a woman assumes greater power in the decision-making process.

There were examples where female respondents presented a respect for their partner as having a say in the timing of parenthood through a process of joint decision-making that both partners come to an agreement on. However, when disparities did arise, as demonstrated in Rhona's account below, male partners can be persuaded into going with the view of female partners:

Rhona:

My husband, he's an accountant and he was always saying 'oh, we can't afford it, we can't afford it'. He said he always wanted children but he felt that we ought to wait, but you see, he's four years younger than me and when we got married I was 27 and he was 23 and I felt I was getting near 30 now, I really didn't want to wait much longer and I said to him 'look, we are never going to have enough money, and I think we just have to do it. I don't want to have lots and lots of children, but I would very much want to have a child now.' And I talked him round, but he would have been happier to wait a few

more years until we were better off, because we were quite poor when we first got married.

Rhona justified her preference to have a child sooner than her husband would have liked by making reference to her concerns about her age while at the same time dismissing her husband's concerns about having 'enough money'. Rhona managed to 'talk him round' to having a child earlier despite her husband's reservations. Rather than a negotiation, Rhona's account suggested that it was more of a matter of her husband accepting her wishes.

The accounts from the female respondents presented men as having little or no say in relation to women's autonomy on reproductive decisions, particularly in cases when there is a disparity between the couple in terms of the circumstances of when to have children and sharing parenting. There was more variation in the accounts by men in terms of the level of autonomy they were able to exercise in relation to fertility decisions, which I will present in the rest of this chapter.

'It was easier to just go along with that'

There were fewer examples of men asserting their reproductive autonomy in the context of their relationships that would challenge the assumption of a woman's greater power in decision-making around parenthood. There were no examples from male respondents' accounts of them persuading a female partner to change her mind regarding a reproductive decision. I suggest that this absence of men's assertion of their desires to their partner is in part to present to me respect for a woman's autonomy; it was simply not acceptable for a man to be presenting himself as making any assertion of his desires to a partner.

Several male respondents highlighted the 'respect' they had for their partners in deciding on the timing of parenthood to suit her own education/work aspirations. Connor justified his respect for his partner to take a lead over the timing of parenthood by recognising the greater burden and responsibility of parenthood on her compared to him. In drawing on the discourse of 'respect' rather than an assertion of autonomy, male respondents like Connor were able to avoid presenting themselves

as passive in relation to the decision of their partners, but rather, as being respectful and aligning themselves with the discourse of ‘a woman's autonomy’.

Other respondents were, however, less successful in presenting themselves as having agency over reproductive decisions in the context of their relationships. For example, Andy's account complements that of Tamzin and Selma, providing a male perspective on the negotiation process. Andy was unsure about having children; even though he eventually would like to and that it would be devastating for him to remain childless, he was not keen to have children any time soon. He was aware that his girlfriend did not want to have children. Rather than speaking with his girlfriend about this, he said that it was ‘easier to just go along with’ his girlfriend's decision to not have children since he was undecided. When the topic of children came up in a conversation between Andy and his girlfriend a couple of years later, in which she expressed a change of heart about having children, Andy's account retained his passive involvement in the process:

Andy:

It changed from, she didn't want kids to she could see in the future having a baby from the two of us, but not any time soon, which kind of goes with my ‘I don't know if I want or don't want kids but I assume I'll have children in the future’ so it kind of fitted into that ... Having children is not a topic I'm pushing or anything.

In both instances, it was not certain if Andy expressed his view to his girlfriend. It does appear, however, that Andy accepted the decision his girlfriend had made, which Andy accounted for by appealing to his uncertainty towards having children. Andy described his lack of involvement in any of the decision as he went along with what his girlfriend decided, noting that ‘it was easier’ and that ‘it fitted’ into his general plans. As also noted with other respondents, Andy's account suggested the normative expectation of parenthood in the life course and the tensions that can exist between a couple where one partner wishes to have children and the other does not. Yet, he deferred the decision of parenthood to his girlfriend, thus presenting himself as having a passive role in the decision-making process.

The diminished role men play over decisions about having children and family formation was most telling in the interviews when I asked male respondents about their involvement in contraception. Most respondents deferred the responsibility of contraception to their female partners, noting the limited choice of contraceptive options for men and the effectiveness of hormonal methods for women. This came across most strongly in the candid account from Henry when I asked him whether contraception was discussed with his partners:

Henry:

Contraception has always been, well, my experience of contraceptives has always been from my partner who has always been on the pill or other forms. Condoms are something that I am prepared with but it has been more the case that my partner has been on the pill. I mean, yes it has been talked about and usually it is from the point of view that if my partner is on the pill then there is not much I need to think about it. There is an assumption there that it is the female that takes responsibility for the contraceptive side of things ... I appreciate that and I'm laughing it off but I completely understand that there is a point. Why should it be the female that is ultimately responsible? Yes they have the womb and they are the carriers of the baby. But, I mean, men because of that should still take half the responsibility and they should share the responsibility. So yeah, we do talk about it but it is usually the case of me going 'yeah, ok'. That's the way life is, isn't it?

Henry's account highlighted the apparent gendered division of responsibility for contraception and, subsequently, the assumption of responsibility of women for reproductive decisions. Henry acknowledges the shared responsibility of contraception, by asking a rhetorical question, thereby enabling himself to be presented as being an equal partner in the responsibility for contraception. However, he very quickly in the following sentence defaulted to the convention of a woman's greater responsibility given that pregnancy happens in a woman's body. His last sentence ('That's the way life is, isn't it?') was most telling of his preference for taking a more passive role in making decisions around contraception which does not challenge the convention of a woman's assumed responsibility for childbearing, based on the discourse of pregnancy being carried by women. He was quite happy, in fact, that he was able to fall back on the convention that contraception was managed by the female as that was less problematic for him.

'Children were introduced ... as a test of my commitment'

There were some examples of the capacity of men to exercise personal choice within the context of a couple of relationships – albeit limited. This included Nick and John, who stood firmly by their decisions not to have children despite being persuaded by their ex-partners. John spoke about his ex-wife, who actively brought up the issue of children with him:

John:

There was some talk about it with my wife who was my first serious girlfriend ... I think when the relationship really started to break down, children were introduced more or less as a way for her as a test of my commitment, you know, that if I wanted children it means I'm committed to go through with this. And of course I saw right through that, and that at some point made the relationship more difficult.

John also spoke about his skepticism with regard to the intentions of other ex-partners when they raised the question of children with him. John, on the one hand, identified the discussion about children as being 'serious' yet found it challenging to not be dismissive about the purpose of the discussion as a way for his partner to test his commitment to the relationship. In a similar way, Nick, who identified himself as child-free, also expressed his skepticism behind the intent of initiating a discussion about children by his previous long-term partner of seven years who already had a child. Nick noted that it was made clear to his ex-partner that he did not want to have children, yet she persisted in persuading Nick to change his mind. They both noted that the disagreement over the issue of parenthood led to the eventual breakdown of the relationship.

John and Nick's accounts illustrated the challenge in engaging in a meaningful conversation about parenthood with partners when these discussions were perceived to be a 'commitment test'. This suggests the importance of trust between partners in order for an open discussion and decision-making process to happen. The accounts of divergent views as a reason for the breakdown of their past relationships enabled men the opportunity to be active in pursuing their own fertility choices.

'I made that decision for myself even though we made it together'

Fred provided the strongest account of exercising personal choice within the context of a relationship. Talking about the decision to have a vasectomy, Fred repeatedly emphasised on the one hand wanting to make his own decision and on the other wanting to ensure Mel is involved in the decision as a couple:

Fred:

I felt that it was important that I made that decision for myself even though we made it together. It was important to me that Mel was in on it and that we felt that way but at the same time it was a decision I wanted to be in control of. I wanted to know I couldn't be at some point talked into having another one.

Fred's account provided a clear illustration of the challenges in making personal choices within the context of a relationship in which decisions are supposed to be jointly and equally made. As with the discourse of 'woman's body, woman's choice', here Fred was able to maintain control over what he did with his own body in getting a vasectomy without asserting control over his wife's, and thus was able to avoid being held accountable for impinging on his wife's autonomy. Fred also noted that the finality of a vasectomy dissolves the possibility of Mel persuading him into having more in future, thus firmly ensuring the decision was his to make. In such a manner he was able to portray his agency over his decision while at the same time respecting the view of his wife.

7.4 Chapter summary

In this chapter I analysed the respondents' accounts of discussions with partners. They revealed somewhat limited discussions with partners on the issue of parenthood – it seemed that beyond an initial conversation about whether parenthood was desired and when to start trying for a baby, discussions were few and far between. A situation where the issue of parenthood was brought up several times between partners was in the case of remaining child-free.

I presented the different contexts in which respondents accounted for discussion with their partners around the issue of parenthood. For some respondents the discussions with their partners were described as happening 'naturally', and these discussions

tended to be accounted for as being part of the development of their relationship with their partners, and to feel secure about the eventual outcome of parenthood for them as a family. Other respondents, however, described the challenges in engaging in a discussion about parenthood with their partners by making reference to parenthood as a matter of convention which renders discussion unnecessary.

Respondents were keen to portray themselves as making joint decisions with their partners by referring to the collective terms 'we' and 'us' in their description of their accounts. Respondents expressed no tolerance for disparity between partners in terms of whether or not to have children. Family size and timing of parenthood was more open to negotiation. However, when disparity in respondents' own discussions with partners occurred, a gendered dimension impacting on the decision-making process surfaced. Analysing female respondents' accounts separately from male respondents, I compared and contrasted the different ways in which there were gender differences in how respondents were able to account for the power within the negotiation of reproductive decisions with partners. The idea of a woman's autonomy remains a strong discourse in accounting for the different level of influence each partner has on a couple's reproductive decisions. This unequal distribution of power that prioritised a woman's decision over her partner's was accounted for in terms of the higher burden of childbearing and parenting on women and also the recognition that impact of age-related infertility was greater for women than for men. This greater influence or right for a woman to choose, however, appeared to translate into women being held accountable for being more responsible for controlling all aspects of reproduction, including contraception.

The portrayal of men as being passive in the decision-making process from some female respondents' accounts was further supported by how several male respondents talked about their own experiences with their partners in making contraceptive decisions. Although there was scope for men to exert their personal choice in situations where their desires were different from their partners, examples seemed to be limited to circumstances where men did not want to have children and

were exercising their right to the use of male methods of contraception (condoms and vasectomy) for themselves.

This chapter concludes my presentation of respondents' accounts around fertility decision-making. In the next and final chapter, I will draw the thesis to a close with a summary of the key findings, some conclusions and implications for future research.

Chapter 8:

Fertility Decision-making: Conclusions and Implications

8.1 Introduction

Demographic research has traditionally taken a quantitative approach to researching fertility by utilising large-scale surveys for data collection and statistical models for analysis to describe, explain and predict fertility trends. Underlying many national surveys on fertility (e.g. National Fertility Survey in the United States) and the conducting of population projection by national registers (e.g. General Register Officer for Scotland) is what Lee (1980:205) called the ‘fixed-target model’ of fertility. In this model, couples were theorised to formulate ‘a desired completed family size and pursue their relatively constant target throughout their reproductive life.’ Further, couples were viewed as autonomous fertility decision-makers in which the decision to have children was treated in the same way as decisions about other consumer durable goods (Beck, 1991). These assumptions have long been debated by demographers, questioning the extent to which individuals can make autonomous choices within a pro-natal society (Blake, 1994) and the validity and consistency of fertility intentions (e.g. Lee, 1980; Ryder, 1973).

Building on from these critiques, this study aimed to explore the extent to which these views – that individuals and couples make deliberate and autonomous fertility decisions which remained fairly consistent over time – hold true by examining how individuals talked about, and made sense of, parenthood and family using a qualitative approach. The broad conclusion of this study is that fertility decisions can be, on the contrary, often guided by social norms around parenthood and negotiated constantly in response to changing personal and social contexts. The research also highlighted the value of applying qualitative research methods in the study of fertility, which is particularly useful in gaining a deeper understanding of fertility as a social process.

In this final chapter, the key findings will be synthesised and the thesis drawn to a conclusion. I will present how the aims of the study have been met by discussing some of the successes and challenges of the method I used, providing a summary of the key empirical findings from each of the data chapters (three through to seven), presenting key themes running across the chapters, and finally ending with some thoughts about the implications of the study for the future of research on fertility.

8.2 Meeting the aims of the study

In chapter one, I reviewed selected areas of research on fertility and posed several questions which served to address the overarching aim of the study, which is to explore the extent to which individuals and couples make deliberate and autonomous fertility decisions and have a fairly clear and consistent preference for family size and the timing of parenthood. These questions were:

- How important are children for people compared to their plans for themselves and their own life projects?
- Do people have a preference for a given number of children and plan their lives accordingly?
- Are there factors people consider as necessary preconditions when thinking about the timing of parenthood, family size and whether to have children at all?
- What had been the experience of reconciliation of family formation with other life demands, including work and education? Are there gendered differences?
- Do interpersonal interactions, living environments and social networks have an influence on individuals' fertility preferences and decisions?
- How do couples discuss or negotiate parenthood? Do they start from some kind of clearly defined personal preferences?

In order to answer the research aim, a qualitative research design was utilised as outlined in chapter two. Using semi-structured interviews to generate data in exploring the questions posed above, respondents were asked to describe and account

for their reasons for wanting or not wanting children, and their family size preferences and expectations. Respondents were also asked to reflect on their fertility behaviours and to situate these within their life course, exploring what factors were important to them when considering their decisions and plans. Respondents were also asked to describe discussions they had with partners, if at all. Fertility vignettes were also used to facilitate discussions around reproductive autonomy and its limitations or constraints.

Overall, the data generated from the interviews enabled a rich qualitative interpretation that revealed the complexity underlying the process of fertility decision-making, demonstrating the value of using a qualitative method in providing explanations for demographic questions. This study not only provided some explanation for the trends described by quantitative studies (e.g. Dey, 2007) but also challenged the predictive power and meaningfulness of fertility measures, such as family size preferences, in the first place.

Key successes and limitations of research methods used

The key strength of using a qualitative approach to understanding the process of fertility decision-making was the capacity during the semi-structured interviews to probe respondents for clarification and explanation of the responses they had given – a tool that is often unavailable to quantitative survey studies. Moreover, the use of the interview tools, particularly the fertility vignettes along with the probes, enabled an indirect way of exposing the tensions between the notion of the 'ideal' and the realities in practice, revealing often taken-for-granted aspects of parenthood and fertility decision-making. This challenged respondents to describe issues and processes that were often not reflected on or were difficult or uncomfortable to articulate, such as the imperfect ways in which plans work out or challenges in communicating with partners about parenthood. It also exposes socially acceptable responses and their relationship with social reality. The understanding of behaviours needs to consider these tensions in its interpretation.

The sampling of respondents presented as a success as well as limitation of the study. The final sample of respondents enabled the possibility of comparing and contrasting the experience and attitudes of different sub-groups. In particular, the inclusion of both child-free and those who were parents/wanted children was novel and proved to be useful to attenuate the social norms around parenthood. However, this posed analytical challenges in terms of managing the breadth of data generated from respondents who had vastly different views on parenthood and talked about it in different ways. Another challenge was the small number of respondents from low income families and/or with low or no education attainment, despite efforts to recruit from these groups. The sample was skewed towards respondents with higher education and with above-average household income, limiting the generalisation of the findings across the population.

A key strength of the study was the use of qualitative methods of analysis alongside sociological concepts that enabled the richness and depth of exploration and interpretation from respondents' accounts. The attention paid to the different levels of interpretations, moving beyond *what* was said (literal reading) to *how* respondents said it, and situating this in the *context* of the interview setting (interpretive and reflexive readings), added value to the study (Mason, 2006). The reflexive awareness, on my part, of my role in the interviews in generating the responses that I got from respondents, in which I became a person they were accountable to, rather than just *recounting to*, revealed the pressures, assumptions and conventions around parenthood faced by respondents. The attention accorded to the silences, hesitations and struggles during the interview of respondents in answering questions about fertility and parenthood, as noted in narrative research methodology (e.g. Reisman, 2008), was analytically important, and challenges the assumptions often made in fertility studies about the linear process of fertility intentions in relation to behaviour/outcomes. The treatment of respondents' accounts as a (re)presentation of themselves in the interview context provided a means to bring to the surface the discourses and social norms that guide social interactions (Stanley, 2008). The concept of the life course (e.g. Elder and Giele, 2009) provided a framework to facilitate data generation and analysis. Its usefulness was evident from respondents'

references to different time points in their lives and to other people in the construction of their accounts locating the social dimensions of decision-making relating to fertility and parenthood. This highlighted the importance of social context for meaning-making and in situating their personal lives within the social time and space they occupy.

Total objectivity is not possible in qualitative research (Schutz, 1994): this study is no exception. It must be acknowledged that potential bias can be introduced in all stages of the research process given the subjectivity I bring to the research process considering my personal experiences, characteristics and cultural background (Burkitt, 1997). To minimise potential biases, as a sole researcher, it was important that I checked in with my supervisors periodically to discuss my research practices and preliminary analysis; this helped me reflect on the interpretations, offered new perspectives in approaching my analysis, and encouraged me to reflect on my research practices.

The cross-section design of the study presented a limitation in terms of not being able to follow up with respondents to examine whether their fertility intentions remained consistent over time and whether or not their fertility intentions were achieved. Moreover, it limits the ability of the study to explore the relationship between social change and fertility trends. However, by asking respondents to trace their past thoughts and experiences around the issue of children, family and parenthood over their life course, the study design did provide an effective and appropriate way to show how fertility intentions can change over time. The use of reflexive interviewing at the end of the main interview with respondents created the possibility of 'checking back' with respondents to pick up some of the points in the interview that they wanted to clarify. Although a longitudinal study design would have been useful, this was not possible within the limits of resources for a PhD research project.

In the next section, I will present firstly a summary of key findings from each of the five data chapters before providing a discussion of themes that cut across the five chapters.

8.3 Summary of key findings

In the five data chapters I examined respondents' accounts relating to different aspects of fertility decision-making. With regard to addressing the central aim of the study, the convergence of respondents' accounts with common norms around family size preference, the timing of parenthood and the adherence to a set of preconditions to be met before having children, challenged the view that fertility preferences and behaviours were indeed the outcome of rational and autonomous decision-making by individuals and couples. Furthermore, respondents' accounts also suggested that fertility desires and expectations, rather than being fixed, can change over the life course. The variation across respondents' accounts when describing their experiences and expectations suggested, however, that in practice there was greater scope for the exercise of personal choice and capacity to negotiate fertility and parenthood within the context of a relationship, and the life course more generally.

In chapter three, I discussed respondents' accounts where they were asked to respond to the fertility vignettes which were designed to provide a means to examine the social norms and values that shape the ways in which respondents account for an individual's exercise of autonomy and its limitations. Respondents' accounts highlighted the importance of respecting individuals' rights to reproductive autonomy, choice and the involvement of both partners in open communication in arriving at a joint decision. However, the constraints to full exercise of reproductive autonomy surfaced as respondents elaborated on their accounts, which revealed unresolved tensions. This was apparent in the appeal to joint decision-making by a couple in light of a woman's right to an 'ultimate decision' over their male partners, often accounted for by making reference to the higher impact of childbearing on a woman, and that it happens in the woman's body. Moreover, despite the appeal to personal autonomy, the vignettes also highlighted conventions around the timing for having children and the preconditions to be met when having children.

In chapter four, I examined respondents' accounts when asked to describe their desire for having children. Respondents who desired having children drew on two main discourses in their accounts – that parenthood was 'normal' or 'natural', and that the transition to parenthood was an integral part of their self-identity. Despite acknowledging and respecting the possibility of others choosing not to have children, it was important to these respondents that they did have children. Accounts from child-free respondents were consistent in highlighting the view that having children was a 'heavy responsibility' and would require sacrifices to their personal development and social life which they were not prepared to make. Child-free respondents expressed the view that children were perceived as a constraint, rather than of any value or importance to them in terms of achieving their life goals. Their lack of desire for having children was the single most important reason for not having a child; they argued that having children without the desire for them was irresponsible and unfair to the child.

In chapter five, I discussed accounts from respondents when they were asked to describe their ideal family and to account for their family size preference and expectations. Respondents drew on a variety of discourses when talking about their family size preferences with two children emerging as the most ideal, although this was often inferred from a process of elimination of other family sizes. Having no children, an 'only child', or more than two children were accounted for as being disadvantageous in some way. It was argued that 'you are just a couple without children', highlighting the necessary presence of children in the formation of a real 'family'. Child-free respondents' narratives, however, strongly opposed this normative construction of 'family', drawing on alternative constructions of family based on values such as 'trust' and 'love' and non-kin relationships in which the presence of children is incidental rather than essential. In practice, when discussing expected family size, respondents were more flexible, open to negotiations and were subject to revisions relative to their size preferences in light of changing material, social and biological circumstances. Younger respondents expect their family size preferences to be met, in contrast to respondents who were older or met their partners

‘later in life’ and who raised concerns about age constraints impacting on being able to choose the family size they wanted.

In chapter six, I explored the accounts of respondents in relation to the timing of parenthood and the importance of meeting certain preconditions when having children. The timing of parenthood was strongly presented in respondents’ accounts as subscribing to the notion of an ‘ideal age’ or achieving the ‘right’ conditions for having children; it was important to respondents that a degree of planning happens when having children to ensure they have a good childhood. Respondents’ educational attainment and income level seemed to shape their construct of an appropriate age to have children as well as the preconditions that were necessary to meet before having children. The appropriate age for starting and ceasing childbearing were accounted for by respondents largely in terms of the social norms associated with parenthood being incompatible with social roles during young adulthood and older age. Preconditions described by respondents to be of importance to consider when having children included completing further education, achieving a degree of stability in their careers, being financially secure, being in a stable relationship and living in an environment (material and socially) conducive to raising children. Children were not only spoken of as being an important part of their life project, but in acknowledging the importance of having these preconditions in place before having children, it suggested that parenthood was perceived as an embedded (and assumed) aspect of their life project.

In chapter seven, I presented the respondents’ accounts of discussions with partners. Despite the importance placed on relationships and joint decision-making between partners, respondents’ accounts revealed surprisingly limited discussions with partners on the issue of parenthood. A situation where the issue of parenthood was brought up several times between partners was in the case of the decision to remain child-free. While some respondents described the discussions they had with partners as having happened ‘naturally’, for others it was described as being ‘kind of hard to talk about it’, given parenthood was seen as a matter of convention, rendering it unnecessary. Respondents’ accounts highlighted a gender imbalance regarding

fertility decisions, with women being presented in the accounts as having greater control over such decisions. The idea of a woman's autonomy remains a strong discourse in accounting for the level of influence partners have on a couple's reproductive decisions; as such, women were held accountable for being more responsible for controlling all aspects of reproduction, including contraception. On the other hand, men were largely portrayed as being passive in the decision-making process, a view that was supported by how several male respondents talked about their own experiences with their partners in making contraceptive decisions. It was possible for men to exert their personal choice, although examples were limited.

8.4 Key themes across chapters

Across the five data chapters, three key themes emerged as central to the narrative in respondents' accounts: fertility decisions are guided by competing sets of social norms; fertility stretches the conventional process of decision-making; gender can shape the experience and expectations of parenthood. I shall now examine these three themes in more detail.

Fertility decisions are guided by competing sets of social norms

One of the most striking observations across the data chapters was the tension expressed in respondents' accounts between competing sets of social norms. Respondents' accounts revealed social conventions around what parenthood should be that sat in tension with the notion of personal autonomy. This was most evident from respondents' accounts in relation to the fertility vignettes (in chapter three), where the strong assertion of a woman's autonomy sits in tension with social norms around the context of parenthood in practice. Moreover, the theoretical respect for joint decision-making was not reconciled given that women are more autonomous than men in reality.

When talking in the context of their own lives, respondents' accounts also exposed the strength of norms around becoming parents, around family size, and in relation to the timing of parenthood and the preconditions for successful parenthood which they subscribed to in their accounts. In particular, respondents who accounted for their

desire for parenthood expressed it as something they 'expected to happen'. The norms around parenthood appeared to be so 'natural' that they seemed to drive respondents more than any rational accounting for their personal goals and circumstances. The account from Henry, who was unsure about parenthood, was most telling of the difficulty in rejecting parenthood as a possibility despite viewing the cost of having children to be greater than any potential value they or parenthood may bring in the future.

In practice, however, respondents' accounts suggested the scope for personal autonomy in terms of being flexible and responding to changing circumstances, suggesting a degree of flexibility in the interpretation of norms and an attenuation of their influence in practice. The assertion of personal autonomy was most apparent from the accounts of child-free respondents who, despite acknowledging the prevailing norms around becoming parents, were able to redefine family in the absence of children. Also, respondents' discussion of the revisions they made to their initial plans for the number and timing of children, in light of their changing personal and material circumstances, suggested the capacity for individuals to negotiate and reconfigure their plans and trajectories. This aligned closely with arguments that fertility goals were moving targets rather than being fixed (Lee, 1980).

Respondents' accounts provided an insight into the changing value of children and the challenges in reconciling the pursuit of individualism in terms of people being the authors of their own lives (Giddens, 1991) through self-fulfilment from leisure, career development, and intimate relationships while, at the same time, remaining bound to strong social norms such as marriage and parenthood in the organisation of the individual's life course.

Children remained as being of immense social and psychological value to respondents who described the desire to have them (Hoffman and Hoffman, 1993). In order to make the transition to parenthood, while at the same time pursuing the notion of self-fulfilment and individualism, respondents' accounts suggested the need for reorganisation of life priorities and the co-ordination of the use of time and other

resources. These concerns operated along with negotiating with partners in mutually meeting their individual goals while being jointly involved in parenthood. Since the completion of the interviews with respondents, the global economic downturn means that the UK has experienced a sustained period of economic uncertainty, which could add to the financial challenges of reconciling and maintaining a balance between work, family and personal life.

The contrast in the way the experiences and expectations of parenthood were talked about between respondents who were in higher paying professions (e.g. doctor, lawyer, researcher) and those who were from a less affluent background in lower income jobs (e.g. catering, administrative, transport) or unemployed, provided interesting insights into differentiations of the life course by social class. The extended period of self-development, including a focus on leisure activities and attainment of education and career building in the twenties and early thirties, seemed to define contemporary, middle-class fertility. Strikingly, 'older parents' in this study held at least master's degrees and were in highly paid professions while the parents who had their children 'young' had completed secondary school education or college. When discussing the second fertility vignette with the younger couple (Samantha), respondents made different assumptions about the young woman's socio-economic background, which affected their view on her fertility behaviours. Even though respondents described teenage and single parenthood as being less problematic as a choice for young women from a lower socio-economic background, they nevertheless fell back to the personal choice discourse, asserting that it was 'up to her' to make the decision for herself. The view expressed by Connor (aged 22) that having a child at his age would be questioned by his parents and peers also highlighted the social regulation in maintaining the integrity of the middle-class life course.

Despite appealing to personal autonomy, respondents who do not fit the norms nevertheless expressed a sense of being made accountable for not conforming to the social norm (Goffman, 1959; Calhoun and Selby, 1980). This was evident from the accounts of respondents who identified themselves as deviating from the fertility and

parenthood norms; the general emotions expressed in their accounts were the frustration and sense of shame from being made accountable by others to explain their failure to keep up with the norms. For example, all three female child-free respondents cited instances where they were directly asked by peers about their status as non-parents. The strategies they used to manage their stigmatised identity were similar to that described by Park (2002). Despite acknowledging their desire not to have children, they nevertheless alluded to factors that were outwith their control (e.g. lacking the ‘maternal instinct’ or the parenting skills) when offering explanations for being child-free. Attempts to reconcile this tension were made by a couple of older respondents in their accounts to recontextualise what being ‘normal’ was, by locating family with an ‘only’ child as being normal in Europe (as opposed to the perceived norm of two children in the UK) and by presenting being an ‘older’ parent as the norm in the neighbourhood where they lived.

Fertility stretches the conventional process of decision-making

The accounts of respondent who desired children presented their decisions and plans around having children as somewhat qualitatively different from making other types of decision; for example, in getting a house or changing jobs. The meanings of decisions and plans were being stretched in such a way that the motives, value and cost seemed to be considered in a different way, often presenting parenthood as a transcendental decision.

Respondents’ accounts also highlighted a distinction between the types of fertility decisions they make – whether or not to have a child, how many to have and when to have them. On the one hand, there seemed to be more scope for a choice for decisions around when to have children, reflected in respondents’ discussions about the timing of parenthood, often presented as being constantly negotiated alongside other life goals with postponement being a suitable course of action to take. On the other hand, the scope for personal choice for a decision as to whether or not to have children, and to a lesser extent the number of children, seemed to be more limited evidently from respondents’ discussions around the prescriptions for parenthood and proscriptions against being childless or having more than two children.

The description of parenthood by respondents when accounting for their desire for having children can largely be perceived as 'traditional', or 'value-oriented' type behaviours according to Weber's typology of social action (1925; Roth and Wittich, 1978). The use of terms such as 'normal', 'natural' and 'instinctive' by respondents to describe their desire for having children locates parenthood as a matter that did not require accounting for to themselves or to others. Child-free respondents remarked that, for many people, parenthood was simply not something people reflected on or thought much about. Respondents also made reference to parenthood being an integral part of their identity (particularly for many female respondents) and conferring unique qualities and values that cannot be gained from engaging in other type of activities; being a parent and having children in itself was reward enough.

Furthermore, there was also reluctance by a few respondents to discuss children in the context of economic decision-making, noting that it 'sounds calculative' and 'petty' to not have children or to limit family size on the basis of material circumstances and the financial cost of having children. Accounts from child-free respondents on the other hand aligned with what Weber (1925; Roth and Wittich, 1978) would have considered an 'instrumental' model of social action, which also more closely resembled Becker's (1991) description of how fertility decisions were made within the 'new household economics' model. Child-free respondents' accounts very clearly demonstrated the little or no importance they associated with children compared to their life projects and commitment to the respective intimate relationships with their partners.

Respondents' accounts also demonstrated that decisions and plans around parenthood are socially constructed, temporally and spatially. Respondents' accounts demonstrated the *dependency* of current decisions on the past and future (Elder and Giele, 2009). Respondents look to their pasts by making reference to their childhood experiences of family or by making comparisons to their own parents and look into the future in making references to imagined futures and social identities (e.g. grandparenthood). Respondents' accounts also demonstrated that decisions around

family size and timing of parenthood were also considered and validated in relation to their reference group, and at times in relation to the norms within geographical spaces (e.g. older parenthood being 'normal' in a respondent's neighbourhood; having one child being normal in Europe).

Fertility decision-making presented a challenge to the exercise of personal choice in that they typically required the co-operation of both partners (in the context of a relationship). The appeal to a joint decision evident from respondents' views in relation to the fertility vignettes highlighted the commitment to the mutual and open communication that is expected from couples in a stable relationship. However, even within the theoretical setting of the fertility vignettes, limitations of the couple's decision-making were exposed as challenging to reconcile with the exercise of individual autonomy in a situation where disagreement between the partners had occurred. A joint decision-making process between partners quickly dissolved into prioritising the decision that a woman (in the case of a heterosexual relationship) desired, with little or no recourse for the man. Respondents' descriptions of their own communication with partners also revealed that, despite the importance placed on having an open discussion between partners on issues such as parenthood, in practice this was not always achieved. A range of experiences described in respondents' accounts suggested that a discussion about parenthood can be a 'forced' one when brought about in the context of unplanned pregnancies or suspected contraceptive failures, and can rely heavily on non-verbal communication or taking 'cues' from partners. This presented a stark contrast to the idealised 'open communication' that many respondents invoked in their accounts. The uncertainty of partners having engaged in discussions about issues of children cast doubt over the validity of questions in surveys that required respondents to provide an indication of their partners' fertility preferences (e.g. family size, timing).

Gender shapes the experience and expectations of parenthood

Across various personal characteristic variables, gender seemed to be most prominent point of distinction in parenthood experience and aspiration and decision-making; expectations and experiences of motherhood and fatherhood seemed to be

qualitatively different. Respondents' descriptions of their reasons for desiring to have children suggest that motherhood is seen as 'completing' womanhood in a way that is not for fatherhood. This was evidenced from the way some female respondents described parenthood being of importance for their self-identities in a way that is not talked about by men to the same extent. Many female respondents' accounts strongly featured their mothers as a reference when describing their expectations about parenthood/motherhood, which was not the case for men (i.e. they did not make reference to their fathers when accounting for their views on fatherhood). This disparity in the construct of fatherhood compared to motherhood requires further exploration, especially within the context of low fertility (von der Lipp, 2004)

Respondents' accounts also suggested that the need to negotiate between employment and parenthood remained a more pertinent issue for women than for men, despite the advances made in terms of gender equality; parenthood seemed to remain synonymous with motherhood, particularly in terms of child-raising. While the accounts from female respondents described a degree of planning and negotiation in striking a balance between educational/career advancement with family life when talking about the timing of children, discussions of this sort were almost absent from male respondents' accounts, with the exception of acknowledging the impact of parenthood on their partners' employment arrangements. However, there were also accounts from female respondents that identified generational changes away from the view of the 'male breadwinner system' where the traditional role of mother was being at home: the majority of respondents expected a dual-income arrangement, with several female respondents specifically remarking that they would not want to become a 'stay-at-home mother' as their mothers had been.

Another area of distinction is in the way that respondents talked about fertility and the body/the physicality of parenthood. Women's bodies were often spoken about in an embodied manner relating to infertility and childbirth, while men's bodies were discussed in relation to issues of the physicality and performance of child raising. Fertility and parenthood were described as being intrinsic to the female body, in such a way that infertility was largely presented as a women's issue, expressed in

terms of the 'ticking biological clock' implying both the implicit desire for having children and also the timing pressure that was not associated with men and their bodies. Conversely, parenthood for men was associated with the capacity to physically perform fatherhood in terms of engaging in play and labour (both in terms of working and handling children), with declining physicality of men being of consideration when timing parenthood.

Parenthood, in the way that is gendered as argued above, provided an argument for women's greater power or rights around fertility decisions over male partners based on the 'greater impact' on women in terms of not only the body, but the impact on her sense of self and her life course. The prioritisation of women's desires over men's was evident from both the discussions of the fertility vignettes and accounts of their communication with partners over issues of fertility and parenthood. There was a mutual understanding of this imbalance of power, with several male respondents explicitly making reference to following their female partners lead over the fertility decisions, and a few female respondents noting the power they did have over their male partners. This implicit gendered imbalance of power was not presented as problematic by a couple of male respondents, who presented themselves as relieved to defer responsibilities for other fertility decisions, such as contraception, to female partners.

8.5 Contribution to knowledge, conclusion and future direction

My research findings were comparable to several other qualitative studies which also examined aspects of fertility decision-making. As with the key finding of this study, Rijken and Knijn (2009) found that fertility and parenthood decision-making amongst couples in their study were generally implicitly made. This was quite contrary to the idea that modern individuals and couples make plans, reflect on and negotiate life decisions (Giddens, 1991; 1992; Beck and Beck-Gernsheim, 2001). Both studies also found that for individuals who had discussions with partners, the decision-making followed a two-stage process that begins early in the relationship when a discussion takes place around whether or not to have children, with a deferred decision around the timing of parenthood until a later point in the

relationship. The first stage of getting to know about a partner's view on parenthood at the early stages of a relation was important to respondents who had clear and strong views about parenthood and were aware that persistent disagreements can lead to the breakdown of a relationship.

Discussion around the decision to postpone parenthood and the perceived 'preconditions' identified as necessary to have in place before having a child were also similar between the two studies. Child-free respondents in this study most strongly put across the limitation of freedom/spontaneity, reluctance to adjust their current lifestyles and the unwillingness to undertake the heavy responsibility expected to come with parenthood – echoing the views of other respondents in this study who would like to have children but 'not yet' and the older parents interviewed in the Dutch study. Both studies also made the observation that for individuals who were more highly educated and/or from a more affluent background, parenthood was spoken of as not a relevant decision to be making until after they had an extended period of self-fulfilment through travel and leisure, further education and socialising. These observations highlight the differentiated pathways into parenthood and how fertility decisions are considered within the context of other life domains (Elder and Giele, 2009; Huinink and Feldhaus, 2009).

The findings of this study relating to respondents' discussions around their relationship, marriage and parenthood were comparable to that from a study of working-class cohabiting American couples (Sassler, Miller and Favinger, 2009). Their sample of unmarried young adult couples concluded that the hold of normative expectation for marriage before parenthood was weakened given that many of their respondents were already parents. This study concurred with their findings in that respondent's accounts suggest that marriage is not perceived as a strict prerequisite for parenthood, however, many men and women still expressed have a preference for being married before they have children. Conversely, amongst unmarried individuals with children, parenthood was not perceived as an impetus for getting married.

This study also made contribution to the research on men's perception on fertility, fatherhood and masculinity where studies are limited. Men's accounts from this

study matched the findings by Shirani (2013) in which concerns about fatherhood were raised about ageing in relation to fathering and physical activity. There were also similarities to a study by Sylvest et al. (2014) exploring Danish men's desire for parenthood, beliefs about masculinity and fertility awareness. Both studies found that although men were keenly aware of women's declining fertility with age, there was limited reflection by men on the potential risk of themselves experiencing male infertility with increasing age. The ways in which men's accounts differed from women's highlights the importance of acknowledging how the experience and expectation of fatherhood can be different from motherhood. It is crucial that the understanding of fertility and parenthood continues to recognise the contribution of men's views on the process of fertility decision-making more generally (Jamieson et al., 2010; Greene and Biddlecom, 2000)

This study concludes by concurring with the assertion made in the opening line of the article by Hobcraft and Kiernan (1995) two decades ago, that the 'decision to become a parent is one of the most complex lifetime judgements that individuals or couples are called upon to make'. Contrary to the view of individuals and couples as autonomous decision-makers with fairly consistent fertility intentions across the life course, this study found that the fertility decision-making process can be complex, influenced by norms about parenthood and subjected to negotiation with partners. Further, in exposing the tensions inherent in making fertility decisions within the wider consideration of other life domains, the findings of this study agree with the calls by other researchers in paying sensitive attention to the nature of fertility decision-making as a process, rather than an event, within the life course (e.g. Hobcraft, 2006).

Future research into fertility decision-making will benefit from considering examination of the fertility experiences of different sub-groups including men and individuals who wish to remain child-free. This study also highlights the value of using theories, concepts and methods particularly from the qualitative tradition developed from sociology to further the understanding of fertility decision-making and other demographic behaviours.

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Wanted: Men and Women for Research interviews



**What do YOU think
about when considering
whether or not to have
children?**

This research project is currently looking for
MEN and **WOMEN** willing to share their
experiences and views on relationships, families
and parenthood.

If you wish to find out more about the study or
to discuss taking part in this study please

(1) Pick up an information pack at reception

OR

(2) Email to: Z.E.Chen@sms.ed.ac.uk

Appendix 2: NHS Research Ethics Approval Letter

Lothian NHS Board

Deaconess House
148 Pleasance
Edinburgh
EH8 9RS
Telephone 0131 536 9000
Fax 0131 536 9009
www.nhslothian.scot.nhs.uk



South East Scotland Research Ethics Committee 03

Deaconess House
148 Pleasance
Edinburgh
EH8 9RS

Telephone: 0131 536 9022
Facsimile: 0131 536 9346

21 October 2009

Mr Zhong Eric Chen
Doctorate Student
University of Edinburgh
University of Edinburgh
Chrystal Macmillan Building (6.13)
15A George Square
EH8 9LD

Dear Mr Chen

Study Title: What do people think about when considering whether or not to have children? An exploratory qualitative study in Scotland.
REC reference number: 09/S1103/37
Protocol number: V.1

Thank you for your letter of 08 October 2009, responding to the Committee's request for further information on the above research and submitting revised documentation.

The further information was considered by the chair on behalf of the committee.

Confirmation of ethical opinion

On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form, protocol and supporting documentation as revised, subject to the conditions specified below.

Ethical review of research sites

The favourable opinion applies to all NHS sites taking part in the study, subject to management permission being obtained from the NHS/HSC R&D office prior to the start of the study (see "Conditions of the favourable opinion" below).

Conditions of the favourable opinion

The favourable opinion is subject to the following conditions being met prior to the start of the study.



Management permission or approval must be obtained from each host organisation prior to the start of the study at the site concerned.

For NHS research sites only, management permission for research ("R&D approval") should be obtained from the relevant care organisation(s) in accordance with NHS research governance arrangements. Guidance on applying for NHS permission for research is available in the Integrated Research Application System or at <http://www.rdforum.nhs.uk>. *Where the only involvement of the NHS organisation is as a Participant Identification Centre, management permission for research is not required but the R&D office should be notified of the study. Guidance should be sought from the R&D office where necessary.*

Sponsors are not required to notify the Committee of approvals from host organisations.

It is the responsibility of the sponsor to ensure that all the conditions are complied with before the start of the study or its initiation at a particular site (as applicable).

Approved documents

The final list of documents reviewed and approved by the Committee is as follows:

Document	Version	Date
Covering Letter		19 August 2009
REC application	V 2.3	19 August 2009
Investigator CV	V.1	19 August 2009
Interview Schedules/Topic Guides	V.1	17 August 2009
REC application	revised	
Protocol	2	08 October 2009
Participant Information Sheet: PIS	2	08 October 2009
Participant Consent Form: PCF	2	08 October 2009
Letter from Sponsor		14 September 2009
Advertisement	2	
Response to Request for Further Information		08 October 2009

Statement of compliance

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees (July 2001) and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

After ethical review

Now that you have completed the application process please visit the National Research Ethics Service website > After Review

You are invited to give your view of the service that you have received from the National Research Ethics Service and the application procedure. If you wish to make your views known please use the feedback form available on the website.

The attached document "*After ethical review – guidance for researchers*" gives detailed guidance on reporting requirements for studies with a favourable opinion, including:

- Notifying substantial amendments

- Adding new sites and investigators
- Progress and safety reports
- Notifying the end of the study

The NRES website also provides guidance on these topics, which is updated in the light of changes in reporting requirements or procedures.

We would also like to inform you that we consult regularly with stakeholders to improve our service. If you would like to join our Reference Group please email referencegroup@nres.npsa.nhs.uk.

09/S1103/37

Please quote this number on all correspondence

Yours sincerely




Dr Christine West
Chair

Email: joyce.clearie@nhslothian.scot.nhs.uk

Enclosures: "After ethical review – guidance for researchers" [SL-AR1 for CTIMPs, SL- AR2 for other studies]

Copy to: Anna Glasier, NHS Lothian
[R&D office for NHS care organisation at lead site]

Appendix 3: Short Biographical Description of Each Respondent

Andy

Andy is 32-years-old. He left education after completing secondary school and now works as a full-time HGV driver. His parents split up when he was 12-years-old and he has a younger sister. He has been in a relationship with his girlfriend for about four years and they have recently moved into a rented flat together and started a business. Although Andy is not keen to have any children now, he can see himself having children in the future.

Connor

Connor is 22-years-old, and recently graduated from a postgraduate law degree. He has been living in Edinburgh with his parents and two younger sisters and is looking forward to starting a full-time career in law in London. He has been going out with his girlfriend for over a year and they will be moving in together when he moves to London where his girlfriend lives. Connor is keen to have children before turning 30.

Gemma

Gemma is 24, left education after secondary school and worked as a full-time catering manager before being on maternity leave. She has an older brother and they were brought up by their mother and a grandparent when their father died when they were young. Gemma continues to get a lot of support from her mother and grandparent in looking after her new-born daughter. Although Gemma and her partner of four years had 'planned' the pregnancy, Gemma was surprised how soon after trying she became pregnant. Gemma would like to have more children in the future.

Henry

Henry is 32 and works as a full-time teacher. He lives with his wife in Edinburgh and they have been together for seven years. His father is Scottish and his mother Chinese and he has two older brothers. Henry and his wife are undecided about having children. Although he does not rule out the possibility of having children in the future, Henry and his wife are not keen to have children in the next five years.

Jenn

Jenn is 40 and self-employed as a psychotherapist. She is in a same-sex relationship with her partner of almost 16 years and between them they have 2 daughters and a son using donor sperm from a fertility clinic. Jenn gave birth to a girl 6 weeks prior to being interviewed and previously had given birth to her son who was still-born 2 years ago. Jenn's partner gave birth to their older daughter a year ago.

John

John is 41-years-old and works as a full-time senior lecturer at a university. He lives in a flat with his girlfriend of eight years. He has a 'close-knit' family with his parents and an older brother. He is an uncle to two nephews from his brother and many nieces from his girlfriend's sisters. He was previously married at 21 but that marriage ended six years later. John is keen to have children within the next 5–10 years but had in the past not been keen to have any.

Kim

Kim is 39 and is on maternity leave from her work as a doctor. She met her husband four years ago and they got married two years ago. They have a 2-month-old daughter and they live in a flat in Edinburgh. Kim has an older brother and she keeps in touch with both her parents who split up when she was 18. Kim is keen to try for another baby soon.

Laura

Laura is 40, left education after secondary school and is currently unemployed due to chronic illness. Her parents split up when she was young and she had a difficult family life with her mother and step-father. She has a younger sister. She never felt that she wanted to have children and has no intention to have any.

Lisa

Lisa is 37, left education after secondary school and is self-employed as an artist. She lives close to her parents and her younger sister. She met her husband three years ago and they live together in a flat in Edinburgh. They have a son aged 2 and they are expecting another child.

Mike

Mike is 42, has a postgraduate degree and works as a full-time chief executive for a charity. He met his wife about four years ago and they got married two-and-a-half years ago. They have an 18 month old son. This is his second marriage; he got married for the first time when he was 28 and was divorced when he was 32. He has an older brother and two nephews. Although he and his wife are keen to have more children, they have decided to stop trying for another baby.

Naomi

Naomi is 36, has a postgraduate degree and is working full-time as a civil servant. She lives with her husband in Edinburgh and they have been together for eight years. She has no siblings and described her relationship with her parents as being 'difficult'. She was recruited from the 'child-free by choice' online forum and she has no intentions of having children in the future.

Nick

Nick is 47, has a HND and works part-time in media and arts. He lives with his girlfriend of five years in Glasgow. He does not have any siblings. His current partner has a daughter who is 21-years-old. In his previous long-term relationship, he lived with his girlfriend and her son. Nick never wanted to have children of his own and does not wish to have any children in the future.

Pam

Pam is 33, has a degree and is working as a full-time administrator at a hospital in Edinburgh. She is living with her partner of eight years and had previously been married for four years. She does not have any siblings and as a child she often lived with her relatives as her parents were in the army. She was recruited from the 'child-free by choice' online forum and she has no intentions of having children in the future.

Rob

Rob is 32, left education after secondary school and is working full-time as a manager at a retail store. He has a younger brother and they were brought up by their mother after their father died when Rob was 3-years-old. He lives in Glasgow with his partner of five years, their 2 boys (aged 7 and 2) and a cat. Rob and his partner have no intentions of getting married. As such, Rob is in the process of formally adopting his older son, who was born to his partner in her previous relationship. Rob and his partner had their younger son two years ago and they are expecting another baby. Rob is keen to have more children with his partner.

Rhona

Rhona is 46, completed university and is unemployed but looking for work having given up her full-time job to look after her children. Her husband of 20 years is an accountant and they have an older daughter and younger son aged 18 and 12 respectively. Rhona first became a mother aged 28 and again at 34. Rhona was sterilised after her son was born.

Tamzin

Tamzin is 29 and is a full-time PhD student. She is living with her partner of five years. She is the oldest of four children (two younger sisters and one younger brother) and they all live in Edinburgh where their parents and grandparents also live. Tamzin is keen to have a large family and hopes to be a mother in the next few years.

Zac

Zac is 25-years-old, attended, but did not complete, university and is now working full-time in banking. He is currently working towards gaining a qualification to become a banker. He lives at home with his parents and has a younger brother and sister. He has been with his girlfriend for seven years and they are currently saving up to get a flat of their own. Zac is keen to have children within the next five years.

Alice and Pete

Alice is 26, works full-time as a research assistance and will be starting her PhD in a few months' time. She has a close relationship with her immediate family, consisting of her parents and younger brother.

Pete is 36, has an HND and works full-time as a data analyst. Pete is divorced and has two children from his previous marriage; his older son is aged 13 and his younger daughter is 11. Pete has a younger sister and his father died a few years ago.

Alice and Pete have been in a relationship for four years, living together for three. They are both ambivalent about having children; they are both certain that they do not want children within the next few years while Alice is working on her PhD.

Dylan and Shona

Dylan is 40 and currently a full-time student at university doing a social work degree. He has two sons (aged 19 and 16) from a previous 12-year marriage who live with their mother.

Shona is 33 and currently a full-time PhD student. Before meeting Dylan, she was in a long-term relationship of seven years. Her parents live nearby and she has a younger brother.

Dylan and Shona have been together for eight years and have a 5-year-old son. They are both ambivalent about having another child.

Fred and Mel

Fred is 42, has a degree in journalism and works as a full-time lecturer at college. He is originally from America and moved to Edinburgh about ten years ago. His parents split up when he was young and he has no siblings.

Mel is 32 and works as a part-time nurse in a school and in a family planning clinic. Her parents have been 'happily married' for 40 years and she has an older sister.

Fred and Mel have been married for 13 years have they have 2 two sons aged 9 and 2. Mel does not rule out the possibility of her desiring another child, but as a couple they decided to stop at two; Fred had a vasectomy shortly after their younger son was born.

Selma and Victor

Victor is 30-years-old, left education after secondary school and works as a part-time postman. He is originally from Brazil and came to Scotland as a missionary four years ago. Victor is the youngest of six children (three older sisters and two older brothers).

Selma is 34-years-old, has a postgraduate degree and works part-time as an administrator while she pursues her career as a scriptwriter. Her father is originally from Malaysia and her mother is English. She has two older brothers.

Victor and Selma got married three years ago having met each other six months prior. They live in a two-bedroom flat and hope to move to a bigger flat. Religion plays a very important role in their lives and they have strong Christian values. They are both keen to have a large family and have been trying for a baby over the past year. They sought medical help (at the family planning clinic where they were recruited) as they had concerns over their fertility. Selma found out recently that she is expecting a baby.

Appendix 4: Interview Guide

A. Introduction

- I would like to start by asking you to fill in this form **[use demographic questionnaire]**:
- Tell me about yourself from when you were young to where you are at now – key events and periods in your life significant to whom you are today. **[introduce the life grid]**
 - **[Prompt]** Relationship and family changes, moving and leaving home, pregnancies, studies and employment, major health issues, etc.
- Tell me about your thoughts and feelings towards children in general.

B. Reasons for having children/ remaining child-free

- People have different reasons for having children or to remain child-free. What would you say were your reasons for and against having children?

C. Family ideals, preferences and expectations

- Have you ever considered what an ideal family for you would be?
 - In terms of family size? Gender mix? Qualities?
 - Can you tell me how or where you came to have these views?
 - Has it always been so, or has it changed over time? How and why do you think it changed/ stayed the same?

If having children desired (parents/ yet to be parents)

- How many children would you like to have (family size preference) – are there any reasons why you prefer this family size?
 - Has it always been so, or has it changed over time? How and why do you think it changed/ stayed the same?
- Have you made any plans to have (more) children?
- How many children do you expect to have?
- Have you ever considered how your life would be different if you did not/ could not have children?

If child-free

- Have you ever considered how your life would be different if you had children?

D. Preconditions for parenthood

- Drawing on your views and personal experiences of thinking about and making fertility decisions, do you think there certain important factors to consider/have when having a baby?
 - Do you think there is such a thing as a right or wrong time to have a baby?
 - Does it make any difference whether or not a couple is married when having children?
 - People talk about work–life balance. What does this mean to you?

E. Discussion with partner

- Were children and parenthood something that you discussed with your partner?
 - How important it is to you and your partner whether or not you have children?
 - How did the discussion about having children arise?
 - How did the discussion go?
 - What were your/partner’s plans?
 - Agreement and disagreements? Resolutions?
 - Does anyone have the final say?

F. Fertility vignettes

- I have here with me scenarios where people have to make childbearing decisions. **[use fertility vignettes]** What should she do?
 - Vignette 1 – Linda and John
 - Vignette 2 – Samantha and Mark
 - Vignette 3 – Maureen and Chris

G. Reflexivity interviewing

- I would like to ask you some questions in relation to the interview itself:
 - What did you think of the questions?
 - Did you feel you were able to talk about things that were important to you?
 - Were there any issues that you feel are important that we didn’t cover?
 - Do you have any advice for future interviews?
 - Lastly, is there anything else you would like to raise?

Appendix 5: Life Grid

Interviewee Name: _____		Date: _____		
Wider Social Events	Study and Employment	DOB	Relationships and Family	Other Personal (eg, travel, household)
<div style="border-left: 1px solid black; border-right: 1px solid black; height: 400px; margin: 0 auto;"></div>				
Family Growing Up		Current Own Family		Ideal Family

Appendix 6: Interview Information Sheet and Consent Form

Interview Information Sheet



Exploring what people think about when considering whether or not to have children

About myself and the purpose of this project

I am a doctoral student at the University of Edinburgh, and I am currently conducting interviews for my PhD research project. The aim of my project is to explore how men and women make decisions about whether or not to have children.

You have been invited to take part in this project because you had previously expressed an interest in being interviewed about your experiences and to share your views.

Please read the information below and ask any questions about anything you do not understand before deciding whether or not to participate in this project.

Who are we looking for?

Ideally, I am looking for participants who are:

- (1) aged 18–49, inclusively;
- (2) in a long term relationship (2 years or over);
- (3) live in the Lothian Region;
- (4) from a diversity of socio-economic backgrounds and family arrangements;
- (5) willing to share their experiences and views on relationships, families and parenthood.

If you fit these criteria and wish to be considered for the study, or if you do not fit these criteria and felt that you have something unique to offer to the project, please contact me using the details provided at the end of this information sheet.

How long will the interview be and what will you be asked about?

The interview is expected to last between 60 and 90 minutes. The interview will take place at a convenient venue for you – your home or my office at the university. With your permission, the interview will be recorded digitally on an audio recorder. This makes it easier to use what you said in my analysis for my project.

During the interview, you will be invited to share your experiences and views on topics around family, children and relationships. Although I shall ask a few specific questions, this is really an opportunity for you to talk about these issues in your own words and from your own point of view. This is an

exploratory project and I welcome any idea that will help me understand this better and your views are very important.

If at any point in the interview there are issues which you would rather not talk about, or questions that you do not feel comfortable answering, please say so and we can stop the interview or move on to the next question or topic, whichever you prefer. The same applies if you begin to feel upset by anything that you are talking about.

The interview can be stopped at any time you like and likewise you can decide to withdraw from the study without giving a reason.

What happens to the recording after the interview?

After the interview, the audio recording will be transcribed – listened to by myself and typed out. If you wish, a copy of the transcript (typed out version of the interview) can be sent to you. The transcript will subsequently be analysed and reported in my PhD thesis and other future publications/presentations.

All information given will be kept confidential. The audio recording will be kept in a safe secure place (a locked filing cabinet and password protected computer), only accessible to me. My supervisors will read some of the transcripts. Personal details and identifying information (such as job titles or name or workplace/school) will be removed from the transcript and replaced with pseudonyms (assumed names) as appropriate, to ensure your identity is kept anonymous and untraceable. Upon completion of the project (expected to end, latest by August 2011), the recording will be destroyed and only the anonymized transcripts will be kept securely by me.

If you have any further questions:

This research project operates under the ethics protocol of the University of Edinburgh, School of Social and Political Studies. Any other queries or comments you may have specific to this study can be directed to my supervisors Professor John MacInnes (john.macinnnes@ed.ac.uk or 0131 651 3867) and Professor Sarah Cunningham-Burley (Sarah.C.Burley@ed.ac.uk or 0131 650 3217).

Thank you very much for your time.

Zhong Eric Chen.

Email : Z.E.Chen@sms.ed.ac.uk

Interview Consent Form



Exploring what people think about when considering whether or not to have children

You have been invited to participate in this interview as part of the PhD research project conducted by Zhong Eric Chen from the Department of Sociology, University of Edinburgh. The purpose of the project is to explore how individuals make fertility decisions. You should have been provided with an interview information sheet which provided further information about the project. Please ensure that you have been fully informed about the project, your role, responsibility and rights before agreeing to take part. If you did not receive the information sheet or wish to have another copy, please let me know.

Participant's Agreement

Please read the following statements and indicate that you understand and agree to them by signing the form.

- I have been offered a copy of the interview information sheet and this consent form, which I may keep for my own reference. Another copy of this consent form is kept with the interviewer.
- I am aware that my participation in the interview is voluntary.
- I understand the intent and purpose of this research. If, for any reason, at any time, I wish to stop the interview or withdraw from the project, I may do so without having to give an explanation.
- I give permission for this interview to be recorded using an audio recorder.
- I am aware that all data gathered in this project will be confidential with respect to my personal identity unless I specify otherwise.
- I have been given a contact point if I have any further questions or complaints about the project or the conduct of the interviewer.
- I have read, understood and agreed with the above statements, and hereby consent to participate in today's interview and any further interview I agree to do for this research.

Interviewee's Signature

Date

Interviewer's Signature

Date

Appendix 7: Demographic Questionnaire – Information About You

Name _____

Date of Birth _____

Nationality _____

Ethnic Origin _____

Religious Belief _____

Occupation _____

(Full-time / Part-time)

Highest Qualifications _____

() refer to demo. card

Household Income _____

() refer to demo. card

Marital Status _____

Do you have any children? No / Yes (How many:)

Please tell me the name and age of any children you have. Please also could you indicate if they are fostered, adopted, step-children or from a previous relationship, etc.)

Contact details

Address _____

Post Code _____

Telephone _____

Future Contact

Would you be interested/available for a follow up interview?

Yes / No

Would you like to be contacted about the findings of the study?

Yes / No

Appendix 8: University of Edinburgh SPSS Ethical Review Form (Level 2)

University of Edinburgh

School of Social and Political Studies

RESEARCH AND RESEARCH ETHICS COMMITTEE



Ethical review form for level 2 and level 3 auditing

This form should be used for any research projects carried out under the auspices of SSPS that have been identified by self-audit as requiring detailed assessment - i.e. level 2 and level 3 projects under the three-tier system of ethical approval that has been developed by the Research and Research Ethics Committee of the School. The levels within the system are explained in the SSPS Research Ethics Policy and Procedures document. Please tick the appropriate box to indicate which level applies to your research.

This form provides general School-wide provisions. Proposers should feel free to supplement these with detailed provisions that may be stipulated by research collaborators (e.g. NHS) or professional bodies (e.g. BSA, SRA). The signed and completed form should be submitted, along with a copy of the research proposal (or a description of the research goals and methodology where this is unavailable) to the relevant person (Head of School/Institute for proposals for external funding; Course Organiser for undergraduate student projects; supervisor or Programme Director for postgraduates) and also lodged (if possible electronically) with the School Research Administrator for forwarding to the Research and Research Ethics Committee.

Research and Research Ethics Committee will monitor level 2 proposals to satisfy themselves that the School Ethics Policy and Procedures are being complied with. They will revert to proposers in cases where there may be particular concerns of queries. For level 3 audits, work should not proceed until Research and Research Ethics Committee has considered the issues raised. Level 3 applications should be submitted well in advance of a required date of approval.

SECTION 1: PROJECT DETAILS

1.1 Title of Project

Fertility Experience of Individuals in Modern Society: Chance or Circumstance?

1.2 Principal Investigator, and any Co-Investigator(s)

(Please provide details of Name, Institution, Email and Telephone)

Principal Investigator

Mr Zhong Eric Chen
University of Edinburgh
School of Social and Political Studies
Chrystal Macmillan Building (Room 6.13)
15A George Square, Edinburgh EH8 9LD
Z.E.Chen@sms.ed.ac.uk

- 1.4 Does the sponsor require formal prior ethical review? YES **NO**
If yes, by what date is a response required
- 1.5 Does the project require the approval of any other institution and/or ethics committee? YES **NO**

If YES, give details and indicate the status of the application at each other institution or ethics committee (i.e. submitted, approved, deferred, rejected).

1.6 This project has been assessed using this checklist and is judged to be **LEVEL2** (for information to Research Ethics Committee)

LEVEL 3 (for discussion by Research Ethics Committee)

1.7 If Level 3, is there a date by which a response from the committee is required?

Name..... Signature.....

PLEASE ATTACH A COPY OF THE RESEARCH PROPOSAL (OR ALTERNATIVELY A DESCRIPTION OF THE RESEARCH)

SECTION 2: POTENTIAL RISKS TO PARTICIPANTS

2.1 Could the research induce any psychological stress or discomfort? **YES** NO

If YES, state the nature of the risk and what measures will be taken to deal with such problems.

Through the course of the interviews, participants may potentially disclose sensitive information about themselves or other people. This may potentially trigger upsetting emotions.

Interviewees will be fully informed of the proposed scope of the interview, and will be advised to indicate specific topics that they do not wish to talk about (for example, death in the family, pregnancy termination and family conflict). Equally, during the interview, interviewees will be able to exercise their rights not to answer any questions they do not wish to. The interviewer will be alert to signs of distress and

sensitive to ways to stop the interview or alter its course as appropriate. If necessary, information on other services (such as counselling) will be offer to distressed interviewees.

Interviewees will be made aware of his/her rights to confidentiality and what the procedures in place are to ensure this. Content of the interviews will be kept completely confidential with only the interviewer (also principal investigator) having access to all raw data and interviewee information. Interviewees have the right to withdraw any part of the transcript if they wish to do so.

2.2 Does the research require any physically invasive or potentially physically harmful procedures?
YES **NO**

If YES, give details and outline procedures to be put in place to deal with potential problems.

2.3 Does the research involve the investigation of any illegal behaviour?
YES **NO**

If YES, give details.

2.4 Is it possible that this research will lead to the disclosure of information about child abuse or neglect?
YES **NO**

If YES, indicate the likelihood of such disclosure and your proposed response to this. If there is a real risk of such disclosure triggering an obligation to make a report to Police, Social Work or other authorities, a warning to this effect must be included in the Information and Consent documents.

2.5 Is there any purpose to which the research findings could be put that could adversely affect participants?
YES **NO**

If YES, describe the potential risk for participants of this use of the data. Outline any steps that will be taken to protect participants.

2.6 Could this research adversely affect participants in any other way?
YES **NO**

If YES, give details and outline procedures to be put in place to deal with such problems.

2.7 Could this research adversely affect members of particular groups of people?
YES **NO**

If YES, describe these possible adverse effects and the protection to be put in place against them.

2.8 Is this research expected to benefit the participants, directly or indirectly?
YES NO

If YES, give details.

2.9 Will the true purpose of the research be concealed from the participants?
YES NO

If YES, explain what information will be concealed and why. Will participants be debriefed at the conclusion of the study? If not, why not?

SECTION 3: PARTICIPANTS

3.1 How many participants is it hoped to include in the research?

A convenient sample will be recruited to include participants from a diversity of socio-economic backgrounds, family forms and fertility experiences. It is expected that there will be between 20 and 30 participants.

3.2 What criteria will be used in deciding on the inclusion and exclusion of participants in the study?

Participants will comprise both men and women of reproductive age (taken to be aged 16-years-old) and over and are native English speakers.

3.3 Are any of the participants likely to:

be under 16 years of age?	YES	<u>NO</u>
children in the care of a Local Authority?	YES	<u>NO</u>
known to have special educational needs	YES	<u>NO</u>
physically or mentally ill?	YES	<u>NO</u>
vulnerable in other ways	YES	<u>NO</u>
members of a vulnerable or stigmatized minority?	YES	<u>NO</u>
unlikely to be proficient in English?	YES	<u>NO</u>
in a client or professional relationship with the researchers?	YES	<u>NO</u>
in a student-teacher relationship with the researchers?	YES	<u>NO</u>
in any other dependent relationship with the researchers?	YES	<u>NO</u>
have difficulty in reading and/or comprehending any printed material distributed as part of the study?	YES	<u>NO</u>

If YES to any of the above, explain and describe the measures that will be used to protect and/or inform participants.

3.4 How will the sample be recruited?

Initial contact will be made with individuals from the researcher's social and work networks, who will act as intermediates in the snowballing process to recruit interviewees into the study.

If necessary, interviewees will also be recruited (via posters) from attendees of the Family Planning Clinics serving the whole of one NHS board (Lothian). This will be subject to ethical approval from the NHS Local Research Ethics Committee.

3.5 Will participants receive any financial or other material benefits because of participation? YES NO

If YES, what benefits will be offered to participants and why?

Before completing Sections 4 & 5 please refer to the University Data Protection Policy to ensure that the relevant conditions relating to the processing of personal data under Schedule 2 and Schedule 3 are satisfied. Details are Available at:

www.recordsmanagement.ed.ac.uk

SECTION 4: CONFIDENTIALITY AND HANDLING OF DATA

4.1 Will the research require the collection of personal information from e.g. universities, schools, employers, or other agencies about individuals without their direct consent?

YES NO

If YES, state what information will be sought and why written consent for access to this information will not be obtained from the participants themselves.

4.2 Will any part of the research involving participants be audio/film/video taped or recorded using any other electronic medium?

YES NO

If YES, what medium is to be used and how will the recordings be used?

The interviews will be recorded using a digital audio recorder, which will subsequently be used for transcribing and analysis purposes.

4.3 Who will have access to the raw data?

Only the Principal Investigator will have access to the raw data.

4.4 Will participants be identified? YES NO

4.5 If yes, how will their consent to quotations/identifications be sought?

4.6 If not, how will anonymity be preserved?

Pseudonyms will be used to ensure the anonymity of participants' identities. This includes names of individuals (interviewee or other people they may refer to), organisations/institutions (name of workplace or school) and other identifiers (such as unique job description, titles and descriptions which are readily recognised by others).

If the interviewee prefers, only pseudonyms will be used during the interview. Only pseudonyms will be used in the subsequent transcription of the interview. Participants will be provided with the transcript of the interview to check for any potential disclosure of personal information which may lead to their identification. Necessary changes to conceal such identifying details will be suitably made.

Personal details of interviewees, linking to the pseudonym used will be recorded on a separate document in paper form (electronic form will not be available) and securely kept under lock.

4.7 Will the data files/audio/video tapes, etc. be disposed of after the study?
YES NO

4.8 How long they will be retained?

They will be retained for the duration of the study until completion and submission.

4.9 How they will eventually be disposed of?

The digital audio files will be deleted after the study.

4.10 How do you intend for the results of the research to be used?

Primarily, the results of the research will be used for a PhD thesis. Subsequently, results may be reported in academic publications (for example, journal article or book chapter).

4.11 Will feedback of findings be given to participants? **YES** NO

If YES, how and when will this feedback be provided?

Participants will be given full information on how the content of their interviews will be used (i.e. for PhD thesis or academic publications). Furthermore, participants will be provided with electronic copies (and paper copies, if required) of any resultant publication or a summary of the publication if open access to the publication is unavailable.

SECTION 6: PARTICIPANT INFORMATION AND CONSENT

5.1 Will written consent be obtained from participants? **YES** NO

If YES, attach a copy of the information sheet and consent forms.
Please see attached information sheet and consent forms.

In some contexts of ethnographic research, written consent may not be obtainable or May not be meaningful. If written consent will not be obtained, please explain why circumstances make obtaining consent problematic.

Administrative consent may be deemed sufficient:

- a) for studies where the data collection involves aggregated (not individual) statistical information and where the collection of data presents:
 - (i) no invasion of privacy;
 - (ii) no potential social or emotional risks:
- b) for studies which focus on the development and evaluation of curriculum materials, resources, guidelines, test items, or programme evaluations rather than the study, observation, and evaluation of individuals.

5.2 Will administrative consent be obtained in lieu of participants' consent? YES **NO**

If YES, explain why individual consent is not considered necessary.

5.3 In the case of minors participating in the research on an individual basis, will the consent or assent of parents be obtained? YES **NO**

If YES, explain how this consent or assent will be obtained.

If NO, give reasons.

Minors (individuals under the age of 16) are excluded from the study.

5.4 Will the consent or assent (at least verbal) of minors participating in the research on an individual basis be obtained? YES **NO**

If YES, explain how this consent or assent will be obtained.

If NO, give reasons.

As above in 5.3, minors (individuals under the age of 16) will not be included in the study.

5.5 In the case of participants whose first language is not English, will arrangements be made to ensure informed consent?

YES NO

If YES, what arrangements will be made?

If NO, give reasons.

Only native English speakers will be recruited into the study.

5.6 In the case of participants with special educational needs will arrangements be made to ensure informed consent?

YES NO

If YES, what arrangements will be made?

If NO, give reasons.

Individuals with special educational needs are excluded from the study.

SECTION 6: CONFLICT OF INTEREST

The University has a draft 'Policy on the Conflict of Interest' (copies available from the Research Support Office). Regarding research the draft states that a conflict of interest would arise in cases where an employee of the University might be

'compromising research objectivity or independence in return for financial or non-financial benefit for him/herself or for a relative or friend.'

The draft policy also states that the responsibility for avoiding a conflict of interest, in the first instance, lies with the individual, but that potential conflicts of interest should always be disclosed, normally to the line manager or Head of Department. Failure to disclose a conflict of interest or to cease involvement until the conflict has been resolved may result in disciplinary action and in serious cases could result in dismissal.

6.1 Does your research involve a conflict of interest as outlined above

YES NO

If YES, give details.