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Mynarska, Monika

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Deadline for Parenthood: Fertility Postponement and Age Norms in Poland

L'âge limite pour avoir des enfants: Report de la procréation et normes d'âge en Pologne

Monika Mynarska

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Abstract The postponement of childbearing is occurring across Europe, but the paths of this trend differ profoundly from country to country. In Poland, as in other Central and Eastern European countries, most women have their first child at a relatively young age. This article asks about the role of age norms in sustaining the pattern of early motherhood. We investigate young adults' perceptions of age in relation to their fertility choices. We find that age is, indeed, a salient dimension that structures and regulates individual childbearing plans. The qualitative approach of our study allows for gaining insights into how age norms are explained, argued about and sanctioned. Finally, we reconstruct the mechanisms of the normative influence of age limits (deadlines) on fertility behaviour, improving our understanding of the timing of childbearing.

Keywords Fertility postponement · Age norms · Post-socialist countries · Poland · Qualitative interviews

Résumé Le report de la procréation s'observe à travers l'Europe, mais les ressorts sous-jacents à cette évolution diffèrent considérablement d'un pays à l'autre. En Pologne, de même que dans d'autres pays du centre et de l'est de l'Europe, la majorité des femmes ont leur premier enfant à un âge relativement jeune. Cet article se penche sur le rôle des normes d'âge dans le maintien de la maternité précoce. La mise en relation des perceptions de l'âge et des choix procréatifs des jeunes adultes nous a permis d'établir l'importance de la dimension de l'âge dans la structuration

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M. Mynarska (✉)
Cardinal Stefan Wyszyński University in Warsaw, Institute of Psychology,
Wóycickiego 1/3, 01-938 Warsaw, Poland
e-mail: monika.mynarska@gmail.com

et la régulation des choix individuels en matière de procréation. L'approche qualitative de notre étude fournit un éclairage sur la manière dont les normes d'âge sont expliquées, argumentées et approuvées. Enfin, nous reconstruisons les mécanismes de l'influence normative des âges limites sur le comportement procréatif afin de mieux comprendre le calendrier de la procréation.

Mots-clés Report de la fécondité · Normes d'âge · Pays post-socialistes · Pologne · Entretiens qualitatifs

1 Introduction

Even though women enter motherhood at increasingly later ages in all European countries, the postponement of childbearing does not occur at the same pace across the continent. The process started particularly late in the post-socialist bloc, clearly triggered by the breakdown of the previous political and economic regime around 1990. It is commonly agreed that economic change was the main force driving demographic change in this region (e.g. Aassve et al. 2004; Frejka 2008; Lesthaeghe and Surkyn 2002; Philipov 2003; Sobotka 2004). In the face of massive inflation, high unemployment and growing competition in the labour market, young people in the Central and Eastern European countries choose to postpone marriage and childbearing as obtaining a diploma or professional qualification, and then finding a job, are of primary importance, and precede family formation.

Postponement of childbearing appears to be a rational answer to rapid social and economic changes that induce high levels of uncertainty amongst young people. Nonetheless, not all women in the post-socialist region adopt this strategy. In fact, within this group of countries big discrepancies exist in relation to fertility timing, and some countries adopt the patterns of late childbearing extremely reluctantly. Some of them (e.g. Estonia) have reported even a decline in the age at first childbearing in the first years of the economic transformation. In years 1990–2004, women's mean age at first birth increased by 3.2–3.8 years in Hungary, Slovenia and Czech Republic, but only by up to 1.5 year in Romania and in the majority of former Soviet Union countries (Council of Europe 2006). Moreover, even though the tempo of fertility postponement in Central and Eastern Europe is, in general, relatively rapid, the gap between this region and other parts of Europe remains substantial. Whereas, in many European countries, the mean age of women at first childbearing is approaching 30 (e.g. 29 in Germany, 28.9 in The Netherlands, 29.2 in Spain, 29.3 in Switzerland; Council of Europe 2006), in the Central and Eastern European countries it still varies from about 23 to 26 years, with Slovenia being a remarkable exception at 27.5 (Council of Europe 2006). It is not at all certain whether women in post-socialist region will eventually be entering motherhood as late as their counterparts in other regions of Europe.

Whereas a substantial amount of research has been dedicated to understanding why women delay childbearing, relatively less has been done to comprehend the forces that might impede this process, especially in the context of Central and

Eastern Europe. Consequently, the understanding of changes in timing of childbearing in this region is still incomplete. Our study helps to fill this gap by investigating the role of norms in limiting fertility postponement. We locate our research in Poland, a post-socialist country, where marked postponement of childbearing has been observed only very recently. We employ a qualitative methodology to explore young adults' perception of age in relation to their fertility choices. Based on in-depth, semi-structured interviews, conducted with young men and women in Warsaw around 2004, we investigate how age norms are explained, argued about and sanctioned. Our analyses aim at understanding the mechanisms of the normative influence of age limits (deadlines) on fertility behaviour.

2 Polish Case: Timing of Transition to Parenthood

Although Poland records one of the lowest fertility levels in Europe (TFR of 1.2–1.3, Central Statistical Office 2008), the postponement of childbearing there has been relatively modest so far, especially during the first decade after the collapse of communism. Between 1989 and 1999, women's mean age at the first birth increased by only one year in the country (from 23.3 to 24.4; Council of Europe 2006). In the following 5-year period, the growth was more marked, as the women who decided to postpone childbearing in the era of the most drastic economic and social changes, started to enter motherhood. They still, however, have their first children much earlier than their counterparts in other parts of Europe. In 2004, when the qualitative part of our study was conducted, women's mean age at first birth reached a value of 25.6 in Poland (*ibid.*).

Figure 1 depicts the age distribution of first births in 1989, 1999 and 2004. We can see that from 1989 to 1999, it did not change much, whereas the pattern in 2004 is, indeed, remarkably distinct. The numbers of first births amongst women in the younger age groups (under 24) clearly declined. At the same time, relatively more

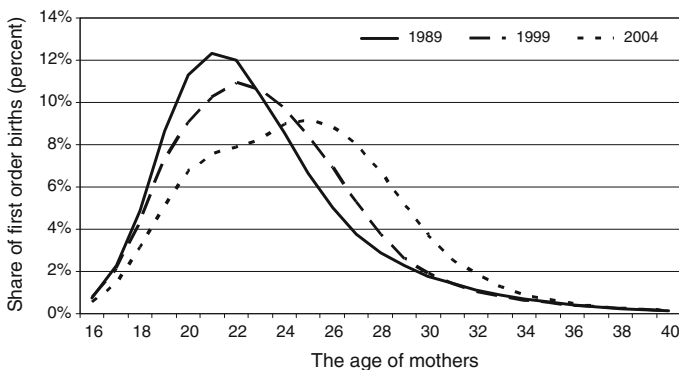


Fig. 1 Distribution of first births (%) by the age of the mother, selected years, Poland. Source: Central Statistics Office. *Note:* Central Statistical Office changed the definition of 'live birth' in 1994. Therefore, compared to years 1999 and 2004, data from 1989 underestimate the number of live births by about 2,000 in total for all birth orders and all ages of mothers. If we consider that in 1989 there were over 560,000 births recorded, we trust this does not impact the overall picture

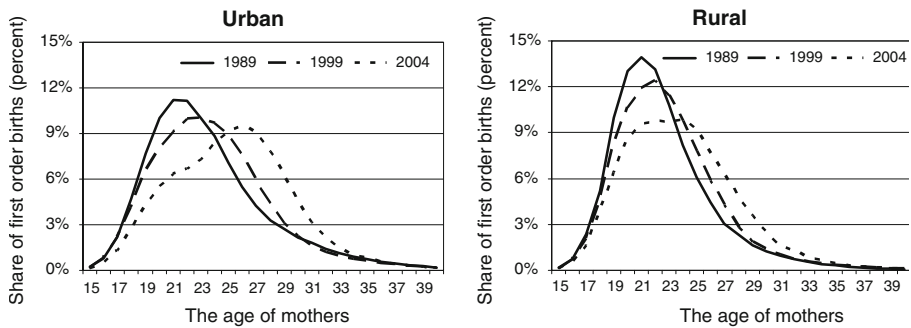


Fig. 2 Distribution of first births (%) by the age of the mother, selected years, Poland, urban and rural areas. *Source:* Central Statistical Office. *Note:* On data comparability—see note to Fig. 1

births occurred to women 26 or older, although the increase for those over 32 is not large. Although the process of fertility postponement is more advanced in urban areas, even there the transition to motherhood is rare over this age limit (see Fig. 2).

Kurkiewicz and Frątczak (2006), who analysed age-specific first-birth rates, reached a similar conclusion: the number of first births has decreased substantially for the 20–24 age group, with some sign of recuperation in later ages. This recuperation, however, takes place mainly under the age of 30: birth intensities for older age groups are still very low (*ibid*). In fact, in Poland the vast majority of first births occur to mothers aged 20–30. As many as 91.3% of women, who started their reproductive career in 2004 were 30 or younger. Another 4.4% were aged 31–32, and only 4.3% of first births occurred to mothers age 33 or older (Central Statistical Office 2005). For comparison, in 1989, as many as 93.7% of women having their first child were 30 or younger, another 2.6% were aged 31–32, and 3.7% entered motherhood at age 33 or older (Central Statistical Office 1999). The number of women, who become mothers over the age of 33, has not increased meaningfully. The shift in age “stops” at the early thirties and this limit seems to be (at least for now) impassible.

The above tendency has been also reconstructed by individual level data. Oláh and Frątczak (2006), using the 2001 Polish Retrospective Survey, calculated the relative risks of transition to parenthood for Polish women, who were still childless at age 25. Naturally, the results show that the intensity of first birth decreases as age increases. This trend, however, is not statistically significant up to age 30 and then becomes significant. In other words, if a woman does not have a child by the time she is 30, the chances of her becoming a mother later substantially decline.

As in other post-socialist countries, in Poland fertility postponement is mainly associated with consequences of the transformation (Kowalska 1999; Kotowska 1999a; Kurkiewicz and Frątczak 2006; Rajkiewicz 2004). With the collapse of the previous political and economic regime, the state lost its protective role. In the market economy, the relationship between the state, the business community and individual households changed, and household welfare became more dependent on the personal income, skills and abilities of household members (Kotowska 1999a, b). At the same time, the radical transformation of the economy altered the Polish

labour market completely and introduced a new phenomenon: unemployment. The job market became insecure in general, and it is particularly difficult for women: many studies and reports show that all economic and institutional changes in Poland affect women more than men (e.g. Budrowska 2004; Bystydziński 2005; Graniewska 2003; Gucwa-Leśny 2002; Kozek 2002). Not only are women at higher risk of being jobless than men but they are also more likely to suffer from long-term unemployment. In addition, even though legal regulations protect working mothers in Poland, reconciliation of motherhood and employment is not at all easy. A woman's position is protected starting with her pregnancy: employers cannot dismiss a woman who is pregnant (after the third month of pregnancy), or who takes maternity or parental leave. Some studies, however, show that not all employers comply with the above regulations in practice (ASM Centrum Badań i Analiz Rynku 2006; Mynarska 2009). Furthermore, not all women can afford to take an unpaid parental leave. Maternity leave of 16 weeks is fully paid, but if a woman wants to stay at home and care for a child longer, her family must live on the man's income only. Child-care benefits are very low, and they go only to the poorest families, while formal care for children ages 0–3 is practically non-existent in Poland (only about 2% of children ages three and under are cared for in nurseries; Frątczak et al. 2007).

All the above aspects lead to postponement of family formation in Poland. Women want to complete their education and to be well-established in the labour market before they marry and enter motherhood¹ (Kotowska 1999a; Kurkiewicz and Frątczak 2006; Matysiak 2009). And, achieving this goal and a successful work and family reconciliation are highly difficult. However, all things considered, it remains difficult to understand why fertility postponement in Poland has not been more rapid. In the 15 years following the collapse of the communism regime, women's mean age at first birth increased by 2.3 years in Poland, while in countries like Hungary, Slovenia or Slovakia it rose by 3.2–3.8 years.

Clearly, economic transformation takes place in all post-socialist countries, but patterns of childbearing postponement (as well as of other fertility- and family-related trends; Hoem et al. 2009) differ remarkably across the region. Sobotka (2004), who investigated fertility trends in Central and Eastern European countries, hypothesized that the persistent early childbearing in some of them can paradoxically be linked to a less successful economic transformation. He shows that the countries, where the decline in real wages in years 1989–1999 was the largest, are also those where fertility postponement did not occur rapidly, if at all (see Fig. 3).

In the countries where the market is particularly tough, where women have little chance of finding a job and their income is low, they may choose to become mothers at an early age. They might not see many benefits from postponing family formation, since regardless of their education, experience and skills, they have poor prospects in the labour market (cf. Sobotka 2004). Some recent studies conducted in

¹ Fertility and nuptiality trends are closely related in the Polish context. Timing of marriage and of childbearing change simultaneously and a very similar set of factors influence the decision to marry and have children (Frątczak 1999; Kotowska et al. 2008).

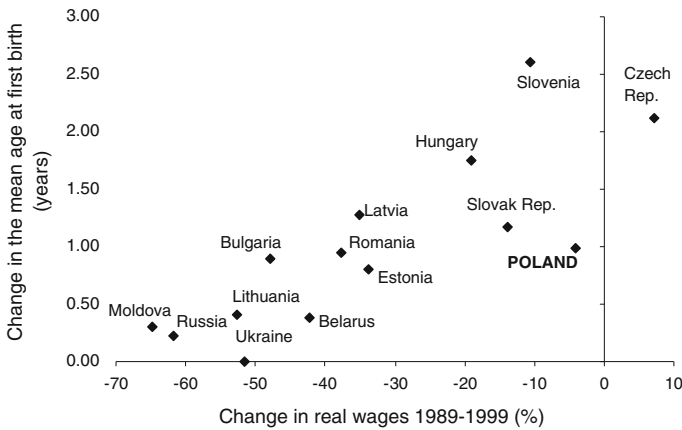


Fig. 3 Relationship between the change in the mean age of women at the birth of their first child and the percentage change in real wages. Central and Eastern European countries, 1989–1999. *Source:* Sobotka 2004, Fig. 7.11, p. 199 (reproduced with the Author’s permission)

eastern and western Germany suggest that such a mechanism is indeed plausible (Bernardi et al. 2006; Kreyenfeld 2005).

This explanation, however, does not seem to hold for the Polish case. First, as Fig. 3 depicts, Poland is an outlier. While the drop in real wages was rather modest there, fertility postponement was not marked. In other words, Poland is similar to the Czech Republic or Slovenia as far as change in real wages is concerned. In terms of the shift in women’s mean age at first birth, however, Poland resembles the countries where the consequences of economic transition were (at least initially) more severe, for instance Romania, Latvia or Bulgaria.

Second, if early childbearing was associated with the poorest job prospects, fertility postponement would not occur amongst women with low education, but rather amongst those with a university degree. Such a situation seems to occur in Germany, where ‘unemployment strongly defers fertility plans among the highly educated women (...). For women with a “Realschulabschluss” (medium level), the subjective feeling of economic uncertainty plays a rather insignificant role’ (Kreyenfeld 2005, p. 25–26). Also, for the Czech Republic, Kantorova (2004) shows that after 1990 women with higher education do not enter motherhood immediately after they complete their education, and that they wait longer than their less educated counterparts. This does not happen in Poland. In general, Polish women with higher education enter motherhood later than those with low education (Table 1), but there is no clear sign of fertility postponement for this group. Unlike in the Czech Republic, a large majority of them still become mothers soon after completing their academic education. The highest share of first births occurs amongst women aged 25–29, whereas in a regular path students finish university at age 24.² The clearest patterns of fertility postponement are evident for women with

² In Poland, until recently university education was exclusively single-stage and lasted 5 years. Currently, two-stage university programs are gaining an increasing popularity, which may—paradoxically—slow

Table 1 Median age of mothers at first birth by education level, Poland, 2004

Mothers' education level	Primary	Basic vocational	Secondary	Post-secondary	Tertiary
Median age of mother at first birth	19.7	23.3	24.3	25.5	27.7

Source: Central Statistical Office 2005

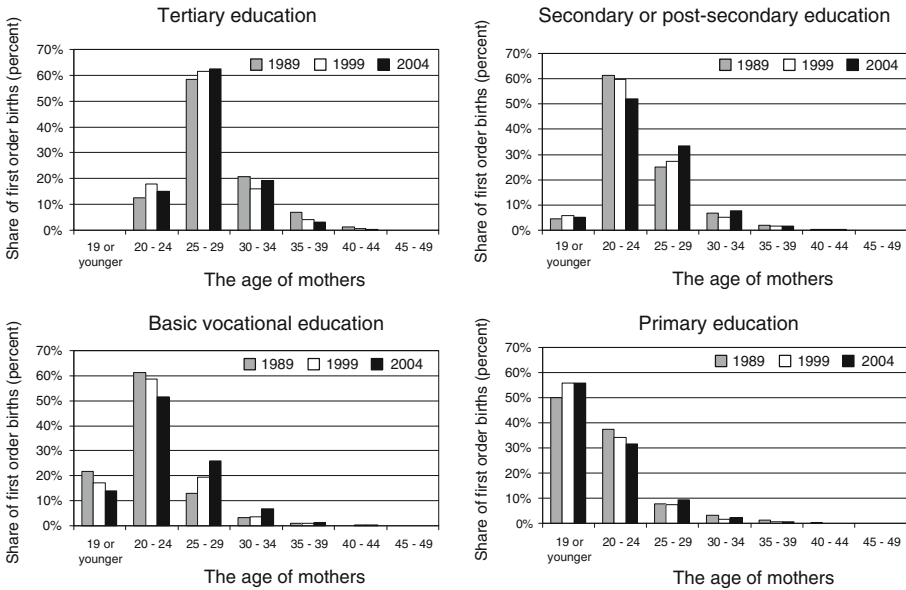


Fig. 4 Distribution of first births (%) by age of mother for different educational attainment, selected years, Poland. Source: Central Statistical Office. Note: On data comparability—see note to Fig. 1

secondary, post-secondary (not university) and basic vocational education (see Fig. 4).

All things considered, economic and institutional changes can explain fertility postponement in Poland, but we still do not understand what forces held back this process, at least initially. We believe that cultural background should be considered in that respect. While the economic and political system in Poland was transformed basically overnight, culture is more resistant to change. Scholars universally agree that the impact of ideational factors needs to be carefully considered when analysing reproductive behaviours. Especially in the post-socialist context, values and beliefs may interact with economic and political changes in numerous ways (Thornton and Philipov 2009).

Polish culture is marked by a strong orientation towards family and children and Catholicism, and its most distinct feature is religious homogeneity. According to the

Footnote 2 continued

down the fertility postponement for women with tertiary education. Women who complete only the first-level studies finish education at age 21–22.

Central Statistical Office, at the end of 2004 more than 34 million Poles, or about 90% of the total Polish population, belonged to the Roman Catholic Church (Central Statistical Office 2006). Poles are also relatively religious. In fact, as far as the ideational dimension is concerned, Poland in many respects resembles other Catholic and religious countries (e.g. Italy, Ireland) more than the other post-socialist ones (Siemińska 2004). This is crucial if we consider that religious belief may strongly influence individual life choices in relation to family and children. Importantly, the Catholic Church condemns extramarital sex, modern contraceptives, abortion, and divorce.

Polish society is not only strongly religious but also very family oriented. Consistently, family and childbearing are found to occupy the very highest positions in the individual value systems of Poles (e.g. Frątczak and Balicki 2003; Giza-Poleszczuk and Poleszczuk 2004; Ogryzko-Wiewiórowska 2001; Sufin 1999). Finally, religious belief and a strong orientation towards family and children are also accompanied by rather traditional attitudes towards marriage and gender roles. Poles continue to define a woman's role in a quite a traditional way: she is, above all, a mother, and her sphere of self-realisation is the household and childcare (Budrowska 2004; Mandal 2004; Philipov 2008; Ruckdeschel 2008).

Generally, the cultural heritage of Poland encourages childbearing. Nevertheless, the above aspects of Polish culture—Catholicism, high value of family and children or traditional gender roles—protect parenthood, but do not have a direct impact on timing of childbearing. Therefore, in our study, we investigate whether young Poles perceive any culturally defined deadlines or norms related to parenthood. Some studies suggest that such deadlines may play an important role in limiting fertility postponement. Research shows that the delay in childbearing is more marked when having children later in life is culturally approved (Morgan 1991). It has also been argued that flexible and loose age norms are some of the reasons for the changes in the timing of childbearing (Castro Martin 1992; Rindfuss et al. 1996; Settersten and Haegstad 1996). Therefore, it seems justified to suspect that the sustained patterns of early childbearing are supported by more universal and strict age norms. In fact, some evidence of that has been already presented for other post-socialist countries. Perelli-Harris (2005) used data from focus group discussions to illustrate how traditional norms foster early childbearing in Ukraine and Potančoková (2009), in her qualitative study on Slovak women, finds that age norms are relevant for their reproductive choices. This is the path we follow in our study as well.

We showed that after the change of regime, women's mean age at first birth in Poland increased, but not as steeply as one might have expected. The more rapid fertility postponement started only recently and it mostly concerns women with a medium level of education, living in urban areas. Moreover, the shift in women's mean age at transition to motherhood is mostly due to a concentration of first births in the 24–29 age group. Generally, the share of first births to mothers older than 32 is marginal, and has not increased substantially since 1990.

While economic and institutional factors are considered to be responsible for fertility postponement, we seek to understand the role of cultural factors in impeding this process. In particular, we ask whether there are any culturally defined and socially controlled rules (norms) that encourage early parenthood or that set any

age limit for having a first child. We will examine whether young people consider any deadline for the transition to parenthood and how it impacts their reproductive choices.

3 Qualitative Approach: Method and Sample

In this study, we conducted problem-centred interviews (Witzel 2000) that combine methodological openness in data collection with a specific theoretical focus on one or more topics. Our interview guideline covered six topical areas, providing rich information on the history of the respondents, on their current situation as well as their desires and intentions, with a special focus on the family sphere. In particular, the interview included (1) a retrospective biographical narrative of the respondent up to the moment of the interview as well as his or her current life situation; (2) the union history and the status of the current relationship; (3) the fertility history and the current desires and intentions related to childbearing and parenthood; (4) the experience of being a parent and the associated value-orientations; (5) the impact of the political and economic transformation of the early 1990s on the respondent's family and fertility plans; and (6) plans and fears related to future life course development. The analysis for this article mainly draws on the information gathered on fertility histories, as well as on fertility desires and intentions.

The study took place in Warsaw at the end of 2004 and in the beginning of 2005. We interviewed 48 individuals: 26 women and, in 22 cases, also their partners. When it was possible to interview both partners, each of them was interviewed separately. Women's ages ranged from 20 to 30 and men's from 20 to 35. A majority of the respondents were childless, only 14 of them (seven couples) had one child. Marital status of the respondents varied: 26 were married, 11 were cohabiting and 11 were dating or did not have any partner at all. Our respondents varied also in regard to their education. Two educational subgroups were defined: up to high school graduation (20 respondents with primary, vocational, secondary professional or secondary general education) or higher (28 respondents with Bachelor's or Master's degree, or still studying). Almost all our respondents (except 5 men) were born in Warsaw or moved there in their childhood (before the age of 15).

Our sample was purposively selected, including people living in the capital city and better educated than the Polish population overall. As shown in the previous section, this is the group that enters parenthood the latest: their behaviour sets the frontiers of fertility postponement. Therefore, this group is particularly interesting for our research purposes: if we identify age norms related to childbearing that impact the fertility choices of our respondents, it is highly probable that such norms have an even more powerful influence on people living in rural areas and on the less educated (in line with the diffusion theory; Rogers 1995).

The analysis of the data is modelled on the coding procedures of the 'grounded theory' approach, as outlined by Strauss and Corbin (1998; cf. Glaser and Strauss 1967). During the interview, respondents talked about their experiences, desires and intentions regarding childbearing. Using these narratives, first of all, we identify all passages related to age and childbearing desires or intentions. Within this material,

using the procedure of *open* and *axial* coding (“bottom-up” coding; Straus and Corbin 1998), we categorize and define the different ways (and the reasons) our respondents considered age with regard to their planned timing of parenthood.

The richness of the textual data allows us to study, in detail, the relation between age norms and other aspects of fertility choices; and enables us to reconstruct the various mechanisms of the normative impact of age. The qualitative procedure we employ is well-designed for studying the age norms in two more respects. First, our respondents are asked widely about determinants of their fertility choices but not directly about the role of age. Therefore, we are able to evaluate the subjective importance of age deadline for individuals. Second, norms are usually supported by mechanisms of social control: negative sanctions in the case of deviance and positive enforcements for compliance (e.g. Blake and Davis 1964; Ensminger and Knight 1997; Marini 1984). In many cases, however, people do not readily portray their personal choices as being shaped by the opinions of others. Thus, an in-depth interview may also allow the investigator to capture very subtle effects of social influence.

Our results are presented as follows. First, we portray how the interviewees perceive and reason the age deadline for the transition to parenthood. Second, we look at the mechanisms of social control over this deadline. Next, we consider how strongly it can influence individual fertility choices. Finally, to complete our investigation on the regulating power of norms, we explore whether any exceptions are acceptable and, if so, under what circumstances.

4 Results: Does Age Matter?

4.1 Age Deadline for Parenthood

In our study, we ask the respondents what aspects should be taken into consideration when planning a child. We do not ask directly about the age issues in any way, therefore it is quite striking that the majority of respondents spontaneously come up with the concepts of ‘age’, ‘time flying’, ‘getting old’, or (at the other end of continuum) ‘still being young’. Amongst the interviewees, 30 report that they are considering, or have considered in the past, some form of age deadline for having their first child. It is also remarkable that almost all childless women in the sample report some form of time pressure for becoming a mother, with just three exceptions: the youngest female in the sample (20 years old), and two women undergoing gynaecological or infertility treatment (they are aware that with time their chances of becoming pregnant are decreasing, but in their narratives, they do not refer to any particular deadlines). Amongst those who did not mention the ageing aspect are some childless men, as well as respondents already with a child (in most cases, unplanned).

For those who speak of time pressure, the most frequently perceived deadline is age 30. This age appears in the interviews with women as well as with men, although it is mostly (but not exclusively) given in relation to the age of a female partner. This deadline is mentioned explicitly (‘I would like to have a child before

I'm 30') or implicitly ('It's high time, I'm 28'). It is in some cases perceived as a strict upper limit ('I want to have a child before 30') or as a vaguer point of reference ('Maybe about 30?'). In some cases, the deadline is set lower: for instance, at the age of 25. The maximum limit that appears in our data is 32, but it is not given as a single point but as an upper limit of a range: 'I think, it will be 30–32'. In general, the clear message is: one should not delay the transition to parenthood for too long. Our respondents give several explanations as to why one ought to have children at a young age. We identify seven main categories of reasons, as presented in Table 2.

Not surprisingly, the age deadline is most strongly connected to biological and health aspects: a female's optimal age for childbearing and her fertility limits. We make a distinction between these two reasons because they differ in their relation to age and in their weight. As far as a woman's optimal age for childbearing is concerned, if respondents define it at all, they suggest the mid-twenties (24–26). They reason that this time of life is the best, but they do not mention any consequences of having a child outside this "best period."

The argument related to fertility limits is much stronger. The substantial postponement of childbearing is perceived as a threat, with the risk that women will have problems getting pregnant and delivering a baby or even that they will eventually remain childless. Our respondents clearly do not want to be responsible for such an outcome ('...later, I don't want to blame myself'). Notably, although the argument related to fertility limits appears in the interviews with male as well as female partners, women emphasize it much more strongly. This is their biological limitation, and they are more worried about it. Moreover, the issue of fertility limits is not mentioned in relation to men at all.

The opinion that postponement beyond age 30 can lead to childlessness is in most cases given as an undisputable fact, which does not require any additional explanation (see Table 1). However, it is also sometimes supported by experiences of friends or by doctors' opinions:

This topic comes up. They feel obliged to have children before 30, or some of them are trying and it takes time and it's worrying, or it needs some medical tests. So I hear about things like this... (Female, 28, childless)

My last visit to the gynaecologist ended up with some comment that gave me lots to think about: that one cannot postpone it till 'nobody knows when'. It's time to consider it. I keep telling myself that I am still young—that's OK, but it does not translate into biology. (Female, 29, childless)

The deadline of age 30 is sometimes explained also in relation to the limits of completed fertility. If one wants to have more children, the first one needs to be born early. However, this is mentioned only in a very few cases. Moreover, wanting to have more children neither push the deadline for the first one forward to earlier ages, nor does a desire to have just one child make our respondents more relaxed about the age limit. In fact, a woman who gave the lowest deadline of her transition to motherhood (25 years) definitely wants to have only one child. Nevertheless, since the vast majority of interviewees want to have two children, there is not enough variety to compare this issue in closer detail.

Table 2 Categories related to the explanations of the age deadline for parenthood

Name of category	Description	Example
Health and biological clock—fertility limits	For women the postponement of childbearing beyond the age of 30 is a threat that they will have problems with getting pregnant.	<p>“I’m at that age and later I don’t want to blame myself that I’m not able any more [to have a child]. That we put the decision off for too long and that I go to a doctor and he says: I’m sorry, your time is up, and now you have to try hard or spend a lot of money so that you can have a baby. So I don’t want to let it happen” (Female, 29, childless)</p> <p>“I’m simply aware that I’m getting older and older. Such postponing... later and later... and then it is too late at the end” (Female, 25, childless)</p>
Health and biological clock—optimal time	For women, there is a biologically optimal age for having children.	<p>“And after all M. (wife) is at the best age to have a child now, 24–26 years old, so we also consider the medical aspects” (Male, 25, childless, wife 25)</p> <p>“It is best to deliver a child between 20 and 30, and even better up to 25” (Female, 22, childless)</p>
Energy and patience for a child	Having children at an older age means less energy and patience for a child.	“I would like to be still fit. To play [with a child], go somewhere, go cycling, play football or something. When you’re older, you don’t feel like doing that. One prefers to rest, to lie down” (Male, 28, childless)
Age distance—relationship with a child	Older parents have a worse relationship with their children, especially during a child’s adolescence.	“[When people] plan to have a child when they are 30, in my opinion it’s terrible. I mean terrible for a child, because a child is born, grows up and parents are old people already. And they have or they might have worse contact with a child” (Male, 29, 1 child)
Mixed social roles	Having children at an older age results in being a parent and a grandparent at the same time.	“I am 28. I don’t want my child to call me grandpa” (Male, 28, childless)
Nothing more to expect of life afterwards	Having a child at an older age means that when a child is grown up, parents will be too old to do other things with their lives or proceed with a career.	“I always think about the stage, I think, when a child is 15 years old, how old I will be, so I would still have a life!” (Female, 25, childless)
Not able to have a second child	Waiting too long with the first child means less time to manage the second one.	“If I had a first child in a couple of year’s time, when I’m about 30, then... for a second child one also needs a couple of years and it is too late then!” (Female, 25, childless)

Whereas the above reasons for early childbearing relate only to the women’s ages, there are also explanations that apply to both men and women. For instance, younger parents will have more energy and patience for a child and better relations with offspring. They will also be still young and full of energy for ‘enjoying life’ or

to proceed with their own career when a child has grown up. Finally, having a child at an older age results in a situation of family roles being mixed: one can be taken for a grandparent of one's own child.

4.2 Social Control

Our respondents do not report much direct social pressure connected to the age of childbearing. Data do not reveal any socially imposed sanctions for having a child over the age of 30. Only one category of explanations, related to the mixed social roles of late parents, can be regarded as (to some extent) connected with a mechanism of social control: being labelled as a grandparent of one's own child may lead to an embarrassment in front of others ('I don't want to be a grandpa when I take my child to school'). Some direct pressure to have children at a young age may come from gynaecologists. This, however, appears only in two interviews, and only in one case seems to have a real impact.

However, although there is little evidence of strong direct pressure with regard to the age of childbearing, powerful pressure and numerous mechanisms of social control exist when it comes to having a child in general. Presenting all the factors that influence childbearing intentions would extend beyond the scope of this article. However, a high regard for having children in the individual value system of Poles (Frątczak and Balicki 2003; Giza-Poleszczuk and Poleszczuk 2004; Ogryzko-Wiewiórska 2001) is clearly sustained also by social norms and a complex system of sanctions and rewards. Childlessness is clearly not an acceptable option here. In Polish society, everybody ought to become a parent and some examples of mechanisms of social control over this norm are presented in Table 3. It is striking that punishment for childlessness (even unintended!) can be as severe as being left by a partner.

The pressure to have a child is combined with a great concern, described before, that the postponement of childbearing over the age 30 may ultimately lead to childlessness. Thus, we may say that there is no strong direct social control over the age at first birth, but there is an indirect one, as illustrated by Fig. 5.

Women may neither expect nor fear any social sanctions for having a child after they are 30. They do, however, anticipate severe consequences if they are not able to have a child afterwards. As a result, chronological age not only provides a point of reference for fertility choices; we are also able to document the relatively strong regulating power of the perceived age deadline for parenthood.

4.3 Regulating Power of Age Norms: Impact on Fertility Choices

To begin with, we consider how young people consider and deal with the age limits when they plan their family. The interview data show that when a woman approaches 30, this topic becomes highly relevant for her. As a vivid illustration of this, we can consider one female respondent, still childless at age 29. She feels exceptional pressure to get pregnant in the following year. However, her partner wants to wait, saying that he is not ready for a child yet. Thus, she is almost certain to miss the deadline of 30. There are several remarkable features of her ways of dealing with and talking about this situation.

Table 3 Social pressure for having children: examples of the categories related to the mechanisms of social control

Name of category Examples	Description	Example
Social disapproval or pity (sanction)	Childless people are perceived as egoistic, strange and disturbed (when they do not want to have children) or unhappy and sad (when they cannot have children).	“She is somehow abnormal, degenerate; she doesn’t want to have children, horrible!” (Female, 24, childless) “I know two couples, of my parents’ age, who don’t have children. And this is really sad, depressing. I think such people become freaks” (Female, 29, childless)
Direct pressure from family	Family directly communicates encouragement to have children or disapproval for not having one.	“The parents, especially mine, are saying that we should have a baby. My mum says: I’m retired now, so I would have something to take care of after” (Female, 26, childless)
Loss of a partner (sanction)	Not wanting (or even not being able) to have a child is a sufficient reason for a partner to leave.	“If she didn’t want to [have children], I think... it would end up in breaking up” (Male, 28, childless) “If we tried all options and didn’t succeed [to have a child], if he wanted to leave, I would let him....” (Female, 29, childless)
Social exclusion (sanction)	Not having children is related to being an “outsider”: losing friends, being treated as a strange person.	“People around you set up their families, they are happy about their children, they have their problems... and you sit there on your own and it doesn’t concern you” (Female, 28, 1 child)
Childbearing—giving status of a mature person (positive reinforcement)	Childbearing is positively reinforced by giving a new social status to parents.	“They would look at me as a mature woman because I am over 18, but I think that in their opinion... I don’t know if they treat me completely as a child but surely not like a mature woman, maybe fifty-fifty. But when someone has a child (...) then it’s a symbol that she is a mother. so she is a responsible and mature person” (Female, 22, childless)

First of all, she mentions almost all possible reasons for having a child as soon as possible. In general, for all interviewees, we identified seven main explanations of the age deadline (compare Table 1). In her narrative, as many as five of them are present (fertility limits, optimal time, patience to deal with the demands of a child, relationship with a child and mixed social roles):

I’m at that age and I don’t want to blame myself later that I’m not able any more [to have a child], that we put the decision off for too long and that I got to a doctor and he says “I’m sorry, your time is up” (...) there’s a period in

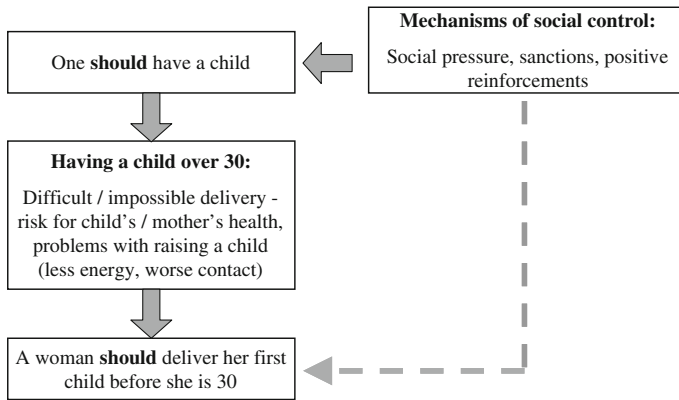


Fig. 5 An indirect mechanism of social control over the age deadline for parenthood

which women should get pregnant and give birth (...) the child is healthy then and the woman is all right too, and everything is just fine. And then I'm not a mum and grandma at the same time and the relations with the child are all right too, they are not out of balance, as when I'm 50 and my daughter is 15 or 10 because I was a mummy who had her child very late, and then everything irritates me. (Female, 29, childless)

Not only does she present these arguments in the interview, but they are also her weapon to convince her partner ('He knows exactly, and I always make him aware of it, that I'm at my age...'). She urges him to think that childbearing is important *now*, and although she claims that she does not want to 'force him', she also says:

You probably have to persuade the man, so he realizes that if we want to be together and set up a family at some time, then we should think about it earlier, in order not to blame ourselves later. Because I wouldn't like to regret and reproach P. [partner] for waiting too long and that there is a problem.

On top of that, she has also stopped taking the pill, leaving the issue of contraception completely to her partner.

This particular case of disagreement in a couple is quite extreme compared to other respondents in our sample. Naturally, as we indicated before, as the woman's age is the key criterion, the pressure is stronger for a female than for her partner. The woman is also frequently the one who brings up the topic. However, with most couples in our sample, with time, the male partner is increasingly concerned with the age issue, too. Hence, a consensus in a relationship is usually found.

Older respondents not only start to perceive age-related aspects as more important for their fertility plans, but they also tend to evaluate them as more influential than other issues. Interestingly, this relates also to material factors, which are universally perceived as a crucial reason for postponing the reproductive decision. A place to live, a job, and money are frequently mentioned as the prerequisites for having children—and the absence of them leads to a delay in childbearing. Still, this importance apparently loses its power as the age deadline approaches.

A baby requires large financial expenditures and I'm just postponing it... not yet, not yet. Some dates are being mentioned: in a year's time. Because I'm getting close to the round age and I need to take that into consideration too (...) I'm going to make this decision anyway when I'll be getting close to 30, no matter what our financial situation is. It will cease to be a problem then. (Female, 27, childless)

The same mechanism works in the next example of the couple who, just a few weeks before an interview, made a decision to start trying to conceive:

I wanted to put it off for some time until some financial things are clarified. But M. [partner] is right too, saying that in one year's time there will still be some reasons not to do it anyway and to postpone it further. We don't want to end up in our thirties and still planning and it would be perhaps too late. (Male, 25, childless)

Interestingly, for women the age-related pressure can be so powerful that it triggers considerations for and planning of childbearing, even if there is no clear desire to become a mother! Consider the following quotes:

I don't think about a child, because I want to have a child. Only... I'm almost 30 and for me this is a kind of magic number. Because I think one has to have a child eventually (...) And this is rather the reason why I think about children, not that I would like to have kids so much now or that I have so strong a maternal instinct. (Female, 29, childless)

I hope that I'll live till I'm 50 years old and I would like to have a grown-up child who would come and talk, who would help me or whom I would help or a family relationship. Since I want to have it at that time I need to start trying now. This is not yet a wish to have a child. I don't feel this need yet (...) but let's say that you need to have your first child before you turn 30, so I have a few more years. Well, but it could also appear that it's not so easy, right? (Female, 25, childless)

These examples show the importance of a perceived age deadline: It clearly has an impact on individual considerations and behaviour. The norm seems relatively powerful. Another indicator of the strength of a norm is its inflexibility. The more rigid a norm, the fewer the deviations that can be accepted, and the greater the rationalization required in the case of deviant behaviour (Blake and Davis 1964; Nydegger 1986). We shall conclude our results by examining in what situations missing a deadline for parenthood is justified.

4.4 Inflexibility of Norms: Justified Exceptions

It is noteworthy that our respondents do not report any desire to postpone childbearing over the age of 30. They do not perceive any benefits of it. They can imagine only three situations in which one could have a child later than age 30. All of them are considered outcomes of external circumstances.

The first situation is infertility or infecundity, as long as it is not related to the woman's age but rather to some congenital condition, an illness or an accident. If a woman has problems with conceiving at a later age, she might blame herself (or possibly also be blamed by others?) for not having tried to get pregnant when she was younger.

The second situation when it is justified to miss the deadline for parenthood relates to the lack of a ('right') partner:

I was talking to some single people... I have a colleague, she is older than I am, and she has a very strong need to become a mother, but she has no way. (Female, 28, childless)

Notably, the lack of a partner is treated here as (again) an external circumstance, not as a conscious choice. If a woman decides to remain single, she meets disapproval, as for instance, in the following example of the respondent, who speaks of her single friend:

She is partying and so on, but I don't envy her and I think it is not right, it is not a good way [of living]. (Female, 28, 1 child)

Health problems and an involuntary lack of a partner are independent of an individual's will. In these cases, not only the substantial postponement but also ultimate childlessness could be justified. Nevertheless, it still can lead to some social sanctions, as we discussed previously (compare Table 2).

The third and most complex reason for which it seems acceptable to postpone childbearing until a later age is a difficult financial situation:

[My wife] often mentions that she would like to have children and that she's running out of time, but at this very moment there's no such chance. Well, most of all—there are no financial resources (...) That holds us back. This issue most of all: finance. (Male, 30, childless, unemployed, wife: 29)

Apparently, the relation between age and the material situation gets even more complex. On the one hand, the normative power of an age deadline for childbearing may influence the subjective evaluation of available resources (Sect. 4.3). On the other hand, a lack of financial means may act as a justification to postpone childbearing, even beyond the age of 30. Thus, a question arises: What level of economic resources is perceived as sufficient for childbearing, and what level is still unsatisfactory? Are there any economic conditions that would justify childlessness? Apparently, the answer to the latter question is negative.

These are temporary arguments. Because of that everything is delayed for us too. But it can't be a reason for a final decision. It's—like my mother usually says—when there is food for two people, it would be enough for a third one. So it's not that, I don't know what kind of conditions you would have to have so that genuinely you couldn't afford to have a child. Besides, you read that some people are raising their children despite their very difficult situation. (Female, 25, childless)

The interplay between age and economic aspects seems a key for defining a time of first childbearing.

5 Age Norms and Fertility Postponement: Summary and Discussion

Our study captures Poland at a very interesting moment, when fertility postponement has just started to increase its pace. Lots of research has been dedicated to understanding what drives this process, but much less has been done to comprehend the forces that might be holding it back. Our study contributes to filling this gap. We explore how cultural factors foster early childbearing. In particular, we ask about age norms, culturally defined deadlines for parenthood, and their role in that respect.

Our analyses show that age is a salient concept, important for fertility planning. Our respondents frequently and spontaneously referred to age when talking about experiences or intentions related to the transition to parenthood. They also reported a distinct pressure for having their children at a relatively young age. The most commonly mentioned deadline for entering parenthood is age 30, and it mostly, although not exclusively, refers to the age of a woman. The explanations given for this deadline are consistent with those already found in the literature (Perelli-Harris 2005; Potančoková 2009; Settersten 1999; Settersten and Haegstad 1996): the strongest argument relates to the biological clock of a woman and the limits of her fertility. Our data show that these concerns do have an impact on individual fertility choices. Importantly, we find a particularly strong tension between economic aspects and the biological clock. On the one hand, people want to settle down on the labour market, they want to be financially secure, they want to have a place to live and they try hard to achieve it (see also Mynarska 2006). Therefore, a lack of sufficient financial means is given as a reason for fertility postponement. On the other hand, as a female partner gets older, her fertility limits dominate considerations about motherhood. Consequently, frightened at the prospect of ultimate childlessness, individuals start minimizing the importance of money. Age deadlines are defined and sanctioned to protect childbearing that is highly valued in Polish culture. Economic and cultural factors jointly shape patterns of timing of motherhood.

In our respondents' perspective, the age limit is associated most of all with biological aspects. Yet, we argue that this is a culturally defined norm that acts here. First, based on the qualitative data, we were able to identify the mechanisms of social control over the age of first childbearing, even though they do not operate directly. Second, deviant behaviours are rationalized and the acceptable explanations are connected to external factors, beyond individual control. These aspects indicate the existence of norms (Blake and Davis 1964; Ensminger and Knight 1997; Marini 1984; Nydegger 1986). Furthermore, there are no reasons to believe that biology works differently for Polish than, for instance, Spanish or German women. Still, in Spain and Germany women have their first child much later. Thus, it is not the biological clock itself but rather the culturally defined and socially sanctioned prescriptions and proscriptions which define at what age one should enter motherhood.

This is clearly evident if we relate our findings to those of Perelli-Harris (2005) for Ukraine or of Potančoková (2009) for Slovakia. Ukrainian and Slovak women also express disapproval of late motherhood. They defend their position using basically the same set of explanations, as we find in our study. They also most commonly name the same deadline: 30 years of age. Nevertheless, meaningful differences between the three settings occur. Whereas our Polish respondents believe that the best (optimal) time to have a child is in one's mid-twenties, in Ukraine, a woman who has her first child at 25 is already considered an 'old birther'. In the Slovak study, a shift to later ages is observed. Medium to highly educated women, living in Bratislava 'think that having a child before age 25 is rather irresponsible' (Potančoková 2009, p. 149), and as for biological constraints, a deadline of age 35 is also given. Apparently, in the three settings slightly different age preferences and age limits are mentioned, although the same arguments are used to explain them.

Importantly, even if we consider one country only, different deadlines for parenthood might be revealed. Sobotka (2004) finds that age-heterogeneity in first birth timing is increasing in European countries and 'implies a widening stratification between different social groups' (Sobotka 2004, p. 228). This finding supports our viewpoint that it might not be the biological age itself, but its culturally defined meaning, which is important for fertility planning. And, this meaning may vary for different social strata.

Our respondents set the frontiers of fertility postponement. They belong to the social group that enters parenthood the latest (urban, tertiary education) and for which fertility postponement has been particularly marked (urban, secondary education). If in these groups age norms remain influential, as shown in this study, we may suspect that they would be even more powerful in rural areas and amongst lesser educated people, since according to Rogers (1995), any new ideas and behaviours are expected to diffuse faster in more liberal urban settings and amongst highly educated people. We do not know, however, whether the deadline of age 30 would be valid for all social strata. It is possible that in rural areas respondents would give even lower age limits for entry into parenthood. In order to fully understand age norms related to parenthood, further research is needed on more heterogeneous samples. Such studies could also help to explain where the differences in age limits come from. We concluded that the same arguments are given to justify different age preferences and deadlines for parenthood. The reasons for these discrepancies are, however, not clear. They might be related, *inter alia*, to differences in availability of and attitudes towards assisted reproductive technology (ART) and to the quality of the health care system. Importantly, in Poland ART techniques are very expensive, and there is heated public debate about the moral aspects of such practises. In particular, the Catholic Church is strongly against *in vitro* fertilization. This method is perceived as unnatural and the Church condemns the destruction of some of the human embryos developed in the course of this procedure. In order to fully understand what defines age limits for parenthood, doctors' recommendations and media influence should also be considered. Such studies, however, are scarce.

Certainly, more investigation is needed to understand the meaning of age and to comprehend the relation between age norms and economic conditions for different

social groups and in different contexts. The next years will show whether age norms are losing their power in Poland or whether, instead, deadlines will shift to later ages, but stay influential. If age norms are very rigid, as our study suggests, it is also plausible that entry into motherhood over the age of 30 will remain extremely rare. Nevertheless, women living in rural areas and with lower education might start adopting the behavioural strategies of their more educated counterparts. In fact, the more evident postponement amongst women without a university degree (see Sect. 2) might be because they have more 'space' to delay childbearing; they are still quite far from the normative deadline. Thus, the current age-heterogeneity in first birth timing might be temporary. In fact, Kohler et al. (2002, p. 669–670) suggested a pattern of 'concentration of fertility into a more narrow age interval', as women are reaching the biological limits of childbearing postponement. For our respondents, the age of around 30 marks such 'biological limits'.

Our study contributes also to the general discussion on age norms. It does so to a relatively limited extent, as we focus here only on the deadlines, and do not discuss the lower limits of childbearing. Nevertheless, even in this narrow scope, we clearly find age norms to be highly relevant for behavioural choices, at least in the case of fertility choices of Polish respondents. Importantly, our results indicate that the regulating power of age norms changes with time: the closer the perceived deadline, the more relevant it becomes for a decision-maker. This finding should be taken into account in further studies.

Our study also shows that the mechanisms of social control over compliance with age norms might be indirect and thus probably more difficult to capture by researchers and by respondents themselves. People are not necessarily aware to what extent and in which ways their life is influenced by culture and society at large. They may fail to observe or refuse to acknowledge this impact, especially if they value highly their independence and freedom of choice.

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