Do socioeconomic differences in family size reflect cultural differences in confidence and social support for parenting?

AUTHOR PREPRINT VERSION OF:

Newman L (2009), 'Do socioeconomic differences in family size reflect cultural differences in confidence and social support for parenting?', *Population Research & Policy Review*, 28(5): 661-691.

Author: Lareen A Newman, BA(Hons), PhD, MPHAA
Research Fellow, Australian Health Inequities Program,
Department of Public Health
Health Sciences Building
Flinders University of South Australia
GPO Box 2100
Adelaide, SA 5001, Australia
Email: lareen.newman@flinders.edu.au

ABSTRACT

This article details family size differences by socio-economic area in metropolitan South Australia and suggests that these differences may be linked to cultural differences in parenting confidence and skills, and in social supports for parenting. The paper analyses Census data on average completed family size and family size distribution in six different areas. In all age groups this shows a negative correlation between family size and the socio-economic status of the area. Secondly, based on analysis of interview data with 38 mothers and 24 fathers and a small survey of 44 parents-to-be, the article suggests that the quantitative patterns may partly reflect differences in the proportions of people in each area who see being parents and having larger families as desirable and achievable undertakings for which they have the requisite personal skills and social supports to minimise adverse impacts on their own parental health and lifestyle. The article concludes by hypothesising that differential fertility levels between groups or areas partly reflect differences in levels of confidence, skills and social support for parenting, and that a cultural "crisis in parenthood" as well as a greater focus on intensive parenting may be more widespread in higher status groups which is reflected in their lower fertility.

KEYWORDS

Fertility, family size, parenthood, socio-economic status, mixed methods research, population policy.

Do socioeconomic differences in family size reflect cultural differences in parenting confidence and social support?

INTRODUCTION

Australia's total fertility rate (TFR) has been below replacement level since 1976. For much of the 1980s and 1990s it hovered around 1.8 to 1.9, then from the mid- to late-1990s lay between 1.75 and 1.80, and in the early years of the new millennium fluctuated between 1.73 and 1.78 (Australian Bureau of Statistics (ABS) 2006). In the last few years the national TFR has risen again, to 1.81 in 2005-06 and 1.86 in 2006-07 (ABS 2008). Current and future changes in fertility will have significant implications for Australia's society, economy and environment (ABS 2002a:12). Therefore, Federal and State governments have become interested in how to stabilise or even raise fertility rates. However, government and public discussion has focussed around what types of economic and work-related policies will be most successful. By comparison, little attention has been paid to the social, psychological and physical costs of bearing and raising children in contemporary society, and the extent to which a lack of personal skills and social supports might in turn influence these costs (see eg Beazley 1999; Howard 2002; Ruddock 2002; Roxon 2003; Government of South Australia 2004; Costello 2007).

Although Australian fertility is below replacement level, young Australians follow their European counterparts in continuing to expect an average of more than two children; their eventual completed family size nevertheless falls well short of this and results in a "fertility gap" (McDonald 1998; van de Kaa 1998). Institutional theories of fertility change see changes in the status of women as a key contributor to this gap and much contemporary demographic debate, both nationally and internationally, has centred on comparing long-term declines in fertility rates with national increases in female workforce participation and education levels. The suggestion is that fertility gaps result partly from the conflict between women's roles as mother and worker, and from more highly educated women having higher earnings and higher investment in education to forego each time that they leave work to bear and raise children (Davies, Joshi & Peronaci 2000; Ekert-Jaffe et al 2002). The argument is therefore that women in developed countries are having fewer children than they would otherwise have if such a work-family conflict did not exist (McDonald 1998; Rindfuss & Brewster 1996). Strategies to release the perceived latent demand are therefore seen to lie in the area of increased gender equity in paid and domestic work, monetary incentives and workplace change, improved parental leave provisions and payments, better childcare provision and payment (eg McDonald 2001a; McDonald 2001b; McIntosh 1998). However, in

overseas countries such policies have had limited or unreliable effects on the birth rate (Demeny 1986; McNicoll 2001). Despite claims by Australian politicians and the media that the rise in Australia's fertility rate is a direct result of the Federal government's introduction of a "baby bonus" payment to families from 2004 (Costello 2007; Sydney Morning Herald 2005), qualitative research with a small group of Australian mothers suggests the bonus payment had little effect (Read, Crockett & Watson 2007), and the rise may well be caused by the end of the tempo-effect of delayed fertility which has been depressing the TFR (Bongaarts 2001).

Although there appears to be a particular focus in contemporary demography on economic and work influences on low fertility, a body of literature within geography and sociology over the past four decades has highlighted the personal difficulties that many women experience with the everyday, private and embodied aspects of motherhood. These issues were identified and explored in qualitative demographic research in Australia and Britain in the 1970s and 1980s, which was predominantly sociological research by women with women (see eg Ware 1973; Young 1975; Campbell 1976; Busfield & Paddon 1977; Cartwright 1977; Richards 1978; Caldwell 1982; Santow 1989). The issues raised about the impacts on fertility of the private costs of parenting appear not to have been revisited much since then (and this is discussed further in the sections which follow).

Aware of this earlier thread of demographic research about women's private experiences of parenting, the continuing literature within other disciplines, and encouraged by contemporary anecdotal evidence at the school gate and early parenting groups, the author designed an empirical project to ask contemporary parents what they felt influenced their family size preferences and outcomes and to consider how this compared with contemporary research and policy. This article reports qualitative findings from parent interviews and quantitative analysis of family size data for the areas in which these parents lived. There are five main sections. The first reviews two different literatures in an attempt to bring them together: first a short overview of the demographic literature on cultural and socio-economic differences in fertility and family size, and second a short overview of the sociological literature on women's experiences of motherhood. This is followed by a second section explaining the analytical framework, data and methods for the empirical research. The main body of the paper provides analysis of statistical patterns of average family size and family size distribution for selected socio-economic areas in metropolitan South Australia, followed by the findings from interview and survey data from mothers, fathers and parents-to-be. The final section discusses the implications of the study.

Cultural differences in family size and fertility

Despite fertility decline at the national level, fertility decline has not occurred simultaneously across the whole Australian population and the origins and pace of fertility decline varied among social and economic groups (Borrie 1975). Historically, average family size and fertility rates have differed by cultural and socio-economic factors: for example, by women's religion (Day 1965), ethnic background and country of birth (Abbasi-Shavazi 1998; Ruzicka & Caldwell 1982), and education level, husband's occupation level and urban/rural residence (Borrie 1975). Today, higher than average family sizes are recorded, for example, for Australian women who are poorer (Birrell 2000), less well educated (McDonald 2002), in lower level occupations (McDonald 1998), Indigenous (ABS 2002b), and in particular religious groups (Newman & Hugo 2006). Research identifies a strong inverse relationship between fertility and an area's level of social and economic advantage/disadvantage, which is seen to reflect different population profiles, age and ethnic mix (de Vaus 2002; Hugo 2004).

Many of the factors discussed above are also seen to relate to differences in age or rate of progression to first-time and subsequent parenthood by contributing to differences in factors such as marital status, workforce participation, occupation, income, and preferences for educational and career attainment. Indeed, the idea that "the career woman is where the popular concept of childlessness resides" (Macken 2005:68) is based on a combination of variables commonly associated with lower fertility, including higher education, greater workforce participation, higher occupational status, higher income, and higher likelihood of having no religious affiliation. Many of these factors also cluster together in the variable "socio-economic status". Westoff, Potter and Sagi (1963:237) believe that this occurs because many of the variables "presumably reflect subcultural normative systems delineated by religious, educational, occupational, residential, and other dimensions". However, whilst twelve studies across Europe and the USA found no universally valid relationship between socio-economic status and fertility levels, they did suggest that variables involved, such as education, were merely symptoms of underlying differences in norms, values and attitudes related to childbearing (Andorka 1980). For the purposes of this paper, it seems reasonable therefore to revisit Clifford's suggestion (1971) that subcultures exist at various levels (national, regional, local) where clusters of individuals develop differing attitudes or preferences towards becoming and being parents, and that these views affect individual fertility preferences or outcomes at that level and consequently feed through also to aggregate levels.

In contrast to exploring economic and work influences on fertility, and parenthood only as it comes up against these, the concept of sub-cultures with different attitudes to and experiences of bearing and raising children allows room to consider potential group differences in experiences, skills and support related to parenting, and the role that these might play in encouraging or discouraging first or additional births. The hypothesis is that these factors are qualitatively different in different socio-economic or cultural groups in ways which affect fertility preferences and behaviour. What has generally been less investigated by contemporary demographers is the extent to which fertility levels might be socially undermined in higher status groups through the extent to which group member have had opportunity to acquire or access the skills and supports needed to undertake parenthood without undue adverse impacts on their own health and lifestyle. This hypothesis is supported by Lesthaeghe and Surkyn's (2004:2) proposition that the transition to below replacement fertility levels has been particularly stimulated by a change in thinking in postmodern society, which includes increased consideration of the impact of having children on the adult's lifestyle and ability to achieve self-realisation (see also article by Newman, forthcoming, in relation to the impacts of maternity care). That such issues could be influential is supported by two European surveys which found that higher education is not linked to lower family size desires but to reduced likelihood of *achieving* those desires (Heiland, Prskawetz & Sanderson 2005; van Peer 2000). Indeed, Heiland et al (2005) suggest that the more-educated may face different hurdles in achieving their desired family size when compared with the less-educated. These authors do not, however, consider that parenting might be one such hurdle.

Rationale for exploring the impacts of contemporary parenting

A considerable amount of demographic literature links declining and low fertility with social change, including women's increasing participation and achievement rates in education and paid work. Nevertheless, for decades the sociological literature has been highlighting the difficulties which many modern women have with the psychological, physical and social aspects of bearing and raising children (see for example de Beauvoir 1949; Friedan 1963; Rich 1976; Dyck 1990; Oakley 1992; Leblanc 1999; Maushart 2006).Although such difficulties existed, their potential to contribute to reducing Australia's fertility close to replacement rate was perhaps not realised until the advent of more reliable contraception in the late 1960s. Nevertheless, over fifty years ago Kingsley Davis (1955) suggested that fertility decline was linked to social changes in the economic structure of communities which increasingly transferred not only the economic costs but also the psychological and physical costs of childbearing directly onto the independent nuclear family from the previous extended and mixed generation household. Furthermore, some suggest that Australia's fertility rate

also fell below replacement level in part due to the "collapse of domestic society in the modern era" and the resultant difficulties of mothering under the social conditions of increasing isolation and reduced social support (Caldwell & Ruzicka 1978; Caldwell 1982:201).

The increasing proportions of women entering education and paid work have intensified the trend of social networks relocating to the workplace (Pocock 2000), leaving many mothers isolated at home during the working week. Recent research shows that many new mothers in Australia, England and the USA experience unexpected shock in the transition to motherhood (eg Redden 2000; Wolf 2001), while a considerable proportion of Australian women experience stress and anxiety coping with parenthood (Beyondblue 2002). Recent research also identifies male postnatal depression, a sign that fathers are also having problems coping with contemporary parenthood (Boyce & Condon 2003; Fletcher, Matthey & Marley 2006). Such trends underpin the question raised by Presser (2001:180-181):

> With generally higher education and higher employment status than their mothers, how do women in these [post-transitional] countries feel about the demands of day-to-day childrearing? … The shock most women experience after the birth of their first child …the demands on one's time … the sense of personal responsibility …may well play a significant role in discouraging additional births.

While the contemporary demographic literature rarely explores the possibility that such factors might have undermined women's skills and abilities to mother, and hence their desire to have a first or subsequent child, some demographers have suggested that such parenthood issues should be considered in relation to contemporary low fertility (eg Hobcraft 2000; Livvi Bacci 2001). Since fertility decline is often associated with rising education levels at the national level, it is interesting to note research which shows that higher education levels are also linked to increased difficulties and reduced satisfaction with the motherhood experience (Maushart 2006), and that women who are more independent, control-focussed and career-driven have more difficulties adjusting to motherhood (Dimitrovsky 2000). Sociologists also suggest that a "Crisis in Motherhood" has been occurring in Western countries because modern women are losing the knowledge and confidence to mother (eg Dally 1982; Jolivet 1997; Leblanc 1999). It therefore seems appropriate to use qualitative research to explore potential contemporary links between fertility and the lived experiences of parenthood. A socio-economic analysis of family size also provides a backdrop against which to consider the extent of differences among different status groups might be related to differences in levels of confidence and skills for parenthood, and social supports within the group or geographical area.

ANALYTICAL FRAMEWORK, DATA AND METHODS

Analytical framework

Gerson (1985) uses a lifecourse development approach to explaining women's mothering and paid work behaviour, while de Bruijn's (1999) Integrated Model of Fertility is based in developmental psychology and hypothesises that fertility behaviour is affected not only by individuals' own thoughts about, and reactions to, their lifetime experiences and expectations about parenthood but also by their social context. Indeed, de Bruijn's (1999:105) review of social learning theory and its application highlights five psychological studies which show that "people shun or fail activities that they believe exceed their coping abilities, but confidently undertake and perform those activities which they believe they can manage". It can be hypothesised then that parents and potential parents react to first-time and subsequent parenthood based both on their observations of others' experiences of parenting and their own experiences of parenting. In these ways, social groups or areas with higher fertility could transmit these higher levels to people living in, or moving into, them through the sharing of positive images of parenthood through higher levels of confidence, social support for, and valuing of, parenthood. It is possible for such social processes to support parenting, and in turn fertility behaviour, if a social constructionist perspective is adopted. This means that parenting styles and attitudes are seen as socially acquired, situated in time and place, and continuously shaped by multiple influences, rather than being constant biological or genetic givens for the whole human species (Arendell 1997:4).

Data and Methods

Qualitative data is particularly suited to discovering the complexities of influences on fertility behaviour and the role of social context because it focuses on the subjective, interpretive and contextual meanings that "the actors" in fertility change themselves attribute to change (Simmons 1996:266; Carmichael & Whittaker 2007). There has been some criticism of Australian demographers for focussing on aggregate data to explain fertility trends when a more holistic approach could allow the consideration of local social context (Larson 1997). This can assist in explaining fertility variation within and across settings (Fricke 1997), and Bongaarts (2001:23) believes this is particularly important since explanations are likely to vary from one society or group to another. There is therefore sense in investigating the social context behind aggregate quantitative data to show, as Anderson (1999:2-5) suggests,

> how people's frames of mind and action are situated within the cultural worlds they inhabit, [where culture] refers to these shared codes of understanding, communication and practice that set one of many contexts for human thought and action.

The need to combine quantitative and qualitative methods to better understand fertility change has also been noted (van Peer 2000; Winchester 1999). Three sources of data were therefore used in the present study: customised Census District data from the 1996 Australian Census of Population and Households, in-depth interviews with parents, and a small quantitative survey of first-time parents-to-be (The Preconception Survey).

For the quantitative analysis it was important to overcome some limitations for social research of administrative boundaries and to select socially meaningful areas. Six areas were chosen within metropolitan South Australia (Adelaide) to maximize differences in social and economic status. [1] Area selection was based on the Adelaide Social Atlas (ABS 2002b) and personal knowledge. Unpublished Census data at Census District level for 'number of children ever born' was aggregated to tailor-made clusters of suburbs which approximated the social areas in order to produce tabulations of family size. Families were then selected for interview from four of these areas (from one higher, two middle and one lower status area). Selection was intentionally not random but purposeful, in accordance with accepted qualitative techniques (Rubin & Rubin 1995). The main criterion was to represent family sizes above, at, and below replacement level, from one to four or more children. Initial contact was usually made with the mother through personal contact or public kindergartens. Some snowballing allowed the inclusion of a broad range of perspectives (maximum variation sampling) amongst people for whom family size considerations were likely to be a current or recent issue (ie those whose youngest child was aged 1 to 6 years). Fathers were mainly recruited via the mother, or directly before or after the mother's interview. Single parents and parents from minority ethnic groups were not intentionally sampled but were included. Additional cases were selected until theoretical saturation was approached.

Sixty-two in-depth interviews were conducted between February 2003 and March 2004 with 38 mothers and 24 fathers across the four areas. Interviews lasted 1½ to 2½ hours and were taped and transcribed verbatim. Household demographic data was obtained on a self-enumerated questionnaire. Mothers were aged between 19 and 42 at the first birth and fathers from 19 to 40, although age was not a factor for selection. Although the qualitative findings are based on a non-random selection of parents and first-time parents-to-be, they nevertheless draw on the views of a significant number of women and men with a broad range of backgrounds. A comparison with the general Adelaide population (ABS 2004; Department of Health 2005; Department of Human

Services 2004) showed that interviewed parents were relatively representative of the proportion in a first marriage (62 per cent compared with 64 per cent in the general population), the proportion with employment (52 per cent compared with 58 per cent of couples with children under 15) and without employment (13 per cent compared with 20 per cent), and the proportion of mothers in the workforce or studying (54 per cent compared with 52 per cent of all mothers with children aged 0 to 4 years). Ethnic or migrant status was not a consciously chosen selection criteria, but mothers were representative of all South Australian mothers giving birth in the main interviewing year, apart from slightly under-representing Asian-born mothers; they were however more likely to be the children of immigrants (approximately 40 per cent had one or both parents born overseas). Eighty-five per cent of mothers and 72 per cent of their current or most recent partners were Australia/New Zealand born and all interviewees spoke good English. An opportunistic survey of 44 people attending preconception seminars in Adelaide in 2002 was also conducted (The Preconception Survey). [2] Of the 31 women and 14 men who returned forms for this, 80 per cent intended to start a family within 12 months and the majority were attending the seminars for some idea of what to expect from pregnancy, birth and parenthood. The vast majority were better educated, better paid, and in higher level occupation groups than the general Adelaide population.

FERTILITY AND FAMILY SIZE DATA

South Australia is a state in the central south of Australia with a population of 1.6 million (or 7.5% of the nation's 20.7 million people) (ABS 2007), three-quarters of whom live in the capital city of Adelaide (ABS 2004a). Total fertility rates in South Australia have historically been lower than the national average due to a lower concentration of population in rural areas and a comparatively lower percentage of Catholics, both of which characteristics are generally associated with higher fertility (Hugo 1986). Figure 1 shows how the national rate has converged towards the South Australian rate more recently, with the national TFR being only 0.02 to 0.06 higher in recent years. The total fertility rate for South Australia in 2006-07 was 1.83, compared with the highest rates of 2.19 in the Northern Territory and 2.16 in Tasmania, and the lowest rates of 1.68 in ACT and 1.76 in Victoria (ABS 2008a).

Figure 1 about here

Socio-economic status of areas and average family size

Table 1 shows that average family size in metropolitan Adelaide is negatively correlated with the socio-economic status of areas across all age groups (with only small exceptions in the 15-19 and 20-24 age groups). Those women who could be expected to have almost completed childbearing at age 40-44 who lived, for example, in status area Highest B had an average of 1.7 children. This compared with the higher average of 2.3 children for the same-aged women in status area Lowest A. Table 1 also highlights the later start to childbearing associated with higher status: women in status areas Lowest A and B had 1.28 and 1.07 children in the 25-29 age group, while those in status area Highest B with a similar number of children (1.30) were in the group ten years older.

Table 1 about here

Compared with Adelaide as a whole, Table 1 shows that it is mainly women in the two lowest socio-economic areas (and sometimes also in the lower-middle status area) who had above the average number of children for their age group. Traditional demographic theory would explain the lower achieved family sizes in the higher socio-economic areas by way of the longer time spent in higher education and consequently the higher average age at first birth of women in these areas. The data supports the notion that women in lowest socio-economic groups commence childbearing earlier and progress to higher parities earlier. In the age group 25-29, for example, women in the lowest status area A had an average family size of 1.28 compared with only 0.22 children for women this age in the highest status area B. In the 40-44 year age group the gap is narrower, but the lowest status women still have above replacement average family sizes of 2.30 and 2.20, while their highest status counterparts had below replacement family sizes of 1.7 and 1.8.

Research by Faulkner (2005) shows that fertility in metropolitan Adelaide from the 1976 to 1996 Censuses has consistently reflected this socio-economic pattern, with contrasts becoming sharper over time. Intra-urban migration is seen to play some role in shaping these differentials, with those starting families being more likely to live in cheaper low-density housing in the outer suburbs (which are also generally of lower socio-economic status), while singles and couples without children concentrate in inner suburban higher density housing (with their generally higher socio-economic status). However, these trends undoubtedly also reflect differences in lifestyle preferences and the purchasing power to realise them between different socio-economic groups,

since it is difficult to imagine, for example, well-educated professional couples moving to lower status outer suburbs when they start a family, although they may well move from area Highest B, leaving it with its higher proportion of childless women (which may also be linked to its higher prevalence of units and inner-city style living), to go to area Highest A (with its higher prevalence of family homes on larger blocks), thereby contributing to its comparatively higher fertility.

Socio-economic status and distribution of family size

Despite the negative correlation between socio-economic status of areas and average family size, Table 2 shows that at age 40-44 all areas had women who ranged from having had no children to those who had had five or more. Nevertheless, as at the national level, it is clearly the relative proportions of women at different parities which influence overall fertility rates for areas. For example, status area Lowest A had 50 per cent more women with three or more children than did status area Highest B (37 per cent and 24 per cent of women respectively). The lower status areas also had higher percentages of women with two or more children (around 80 per cent compared with 65 per cent in the higher status areas). The most striking difference, however, is in the proportion with no children, which was over three times higher in the highest status areas (26 per cent in area Highest B compared with 8 per cent in area Lowest B), and in the proportions with below-replacement level family sizes of no child or one child (41 per cent in Highest B compared with 21 per cent in Lowest A). Patterns were similar for the 35-39 year olds, as shown in Table 3. It could be argued that with a later start to childbearing in higher status groups some recuperation could have occurred by the time these higher status women reach the end of their natural fertility. Nevertheless, their chances are reduced by the medical reality that few women over 40 can conceive without assisted reproductive technology (ART) and that even with ART less than 15 per cent of embryo transfers from women's own eggs result in a live birth (Ivell 2005; Lane 2005).

Table 2 about here

Table 3 about here

EXPLAINING QUANTITATIVE PATTERNS WITH QUALITATIVE DATA

Analysis of the parent interviews and Preconception Survey provides some insights into the quantitative data from the point of view of the different social contexts within which Australians prepare for and enter parenthood. Discussion in this article highlights some differences between those with smaller families (0 to 2 children, which the quantitative data showed are more prevalent in higher status areas) and larger families (3 or more children, which the data showed are more prevalent in lower status areas), as well as differences between those from higher and lower status areas. The limited sample size precludes in-depth comparison of parenting experiences of those with different family sizes from different status areas, but this could be a useful focus for future research. The themes covered relate to levels of anxiety and confidence about parenting, different parenting styles which can affect energy levels (and hence anticipation of the ability to cope with additional children), different levels of support, the valuation of parenting and unpaid domestic work, and social conditions supporting higher fertility. As will be shown, these themes appear to relate in various ways to socio-economic status.

Anxiety about becoming a parent

Dally (1982) and Oakley (1992) have suggested that some modern women *[and men?]* are losing the confidence to parent. Recent German research links low confidence about parenting to lower fertility, with those men who are more anxious about parenthood being more likely to remain childless (von der Lippe 2004). Responses in the Adelaide preconception survey (where respondents were more highly educated and earning higher incomes than the metropolitan average) suggest similar links between lower desired family size and higher levels of anxiety about the physical and emotional demands of parenthood, which are also mediated by socio-economic status. Almost two-thirds of the preconception respondents were concerned about the potentially negative impact that parenthood might have on their lifestyle or work-career, while only just over half were concerned about financial issues. For example, one said he was:

> concerned about the destruction of my lifestyle for the next 20 years, I can't undo it if I don't like it. Concerns about a child with disabilities or ill-health, impact on marriage if I can't adjust to having a child. What will I miss out on by becoming a father? It would help if someone could develop a baby that comes with remote control - mute, pause, sleep now, clean self and surrounds – just kidding!
>
> (Male supermarket manager undertaking a university degree, aged early 30s)

While 50 per cent of the "preconception" men and women did not question their suitability for parenting, 21 per cent of the men and 26 per cent of the women were concerned or very concerned about their suitability, eg:

> Fear that I will not be a good mother – generally have a short fuse.
>
> (Female veterinarian, age 29)

Such concerns might be expected to occur across all groups in a preconception seminar, yet the higher status women (those in professional/ managerial occupations) had a higher degree of anxiety. In this group, 77 per cent doubted their ability to cope with birth, 47 per cent doubted their suitability and ability to cope with parenthood, and 38 per cent even doubted whether they actually liked children. It is also interesting that those women and men who expressed most concern about all issues were those considering having only one or two children, while those expecting three or more children had far fewer concerns (apart from financial issues) and none of them were concerned about the potentially negative impact of children on their lifestyle or relationship. Those preconception respondents who had always expected a larger family generally expressed fewer concerns and higher levels of confidence about parenting. Marshall (1993) also found that of the childless women she interviewed, 46 per cent said they had no children because they did not think they would "make a good parent", while 60 per cent did not want "the responsibility of having children" (by comparison 12 per cent cited financial reasons and 27 per cent said children did not fit with their career plans). The Adelaide parent interviews also showed that anxiety about parenthood is causally linked to lowered fertility for some people.

As would be expected according to Hakim (2003), some of the mothers interviewed in the higher status area of Adelaide had decided to have smaller families because they were "work-centred" and felt they could better balance work goals with two or fewer children. Some had originally intended to remain childless but had conceived accidentally or been persuaded by a partner who wanted children. Some had been actively encouraged by their parents to focus on "a good education and career" rather than marriage and children, while for others the idea of having children had simply not arisen. One mother of one child, a senior medical specialist earning a very high salary even through only part-time work, said she would never have had a child had she not accidentally conceived while on the pill in her early 40s. Others had avoided parenthood due to negative expectations of parenting, which were sometimes reinforced in social networks. A company director, for example, had originally intended to remain childless after working with terminally ill children. Her anxiety about having a child had been reinforced by her work colleagues saying "how lucky" she was not to have children "messing up her life".

When she and her husband had conceived unintentionally, in rather complex circumstances, she had therefore entered motherhood with a great degree of anxiety.

Psychosocial difficulties with parenting

As well as preferences for work, or "pulls from work", some interviewed parents explained how "pushes from parenthood" led them to delay or avoid having further children. This related to negative stresses they had experienced with everyday parenting, exhaustion from the intensity of parenting, and others' lack of valuing of their parenting role. Indeed, von der Lippe, Billari and Reis (2002) argue that individual reactions to parenthood and coping styles can act as proximate determinants of fertility. This article will argue that those who have achieved, or hope to achieve, highly in their career can be even more prone to fertility gaps due to the social processes involved in parenthood. Indeed, an Israeli study concluded that women who were more independent and control-focussed adjusted less well to first-time motherhood (Dimitrovsky 2000), and these traits could be expected to be more prevalent in higher status women who want or who have achieved career success. While the Adelaide study was not conducted in a way that allows extensive analysis of this question, it does allow some consideration of the effects on actual or desired family size of the style of parenting, and in particular the degree to which individuals feel that parenting needs to be "intensive" (requiring large inputs of time and energy) and "privatised" (undertaken by the "individual" women and/or her partner alone, without any outside or "collective" help).

Some of the interviewed mothers and fathers who felt they had had particular difficulties with parenting mentioned their perfectionism, their need for achievement, and their desire to control their life. Such people often felt that their preference for a life with control and order, and for peace and privacy, were incompatible with having children, or at least with having more than one or two children, although some experience with children could temper their views:

> My husband and I, we like order**,** we're quite… I'm on the perfectionistic side, so we like things to be done, being in control, that's what we're used to. But with a baby you can't. It was an adjustment for both of us, looking back, and I think with a second one it won't be as hard because I know what to expect.
>
> (Psychologist, age 34, highest status area, mother of 1 - aged 1)

Other parents had decided to focus the intensity of their parenting efforts on a smaller number of children, in the belief that this would provide these children with greater economic and social opportunities in life ("child quality–child quantity trade-off"):

> We're hoping to get them into a private high school, which we're already starting to pay for now, I just feel that they might get more opportunities later with going to a private school. If we had four [children] we definitely wouldn't be able to pay for the private schooling., and our food bill now is huge with two boys. It's just… we like to give the children… buy them nice presents for Christmas, and I like them to have their own room and their own space.
>
> (Retail manager, age 39, lower-middle status area, mother of 2 - aged 3½- and 5).

While Parr (2006) shows that growing up in a smaller family is related to higher educational attainment, income earned, and the accumulation of wealth, he also notes that these does not necessarily translate into higher levels of satisfaction with life. Indeed, one Adelaide mother of four children said that she believed "quality" children were developed in larger families because this context provided greater opportunity for children to develop lifeskills such as sharing possessions, learning to fit in and cope in groups, and learning to be less self-focussed:

> Bigger families create a different dynamic and give a different environment for a child to grow up in and I think if there's only one, or sometimes two [children], depending on how you operate, that child doesn't experience things that I think are valuable, things like sharing and being able to go with the flow a bit more. A lot of friends living in this area - it's a slightly higher income area certainly than other areas - and it just seems that the kids all have everything… if you go out there's no question, yes, you can both have an ice-cream and a drink… their bedrooms are done up to the… you know, which is nothing wrong but I just wonder how much there's a challenge… materially…I like character-building things, I mean nobody likes going through difficult times, but I think I value relationships and character above financial security.
>
> (Former diversional therapist, age 35, upper-middle status area, mother of 4 - aged 1, 4, 7 and 9)

The parent interviews paralleled the preconception survey in that anxiety issues seemed more prevalent in higher status parents who were work-focussed, which in turn linked to a preference for limiting family size. The company director explained that although she had coped with 16 staff at work where "you could plan your day", she found coping with one baby frustrating because of her desire for control in the face of unpredictability:

> The prime reason for not having a child [originally] was I realised then I didn't think I had the personality, and I still don't believe I've got the personality, to be a parent…. I'm obsessed with her being well-adjusted, intelligent, focussed, responsible. I'm very fussy about how I do things… See, it's my personality, when I do something I go all the way and that's why I'm not a good parent because I want her to be perfect. When I was going through the hell of the first 2 years [of parenthood]…I went to my obstetrician and said 'Tie the tubes. I don't want to risk another pregnancy. I'm not having any more children. I couldn't COPE'.
>
> (Company director in family business, age 47, upper-middle status area, mother of 1 child aged 6)

It can be suggested that to some extent the problems with parenting experienced by this woman stemmed from her unconscious desire to transfer attributes and skills which had helped her achieve in the workplace but which were incompatible with raising babies and small children, including the desire to be in control of events, manage time and feel a sense of publicly acknowledged achievement. Being in a position to compare the stresses of parenting with those of paid work could encourage some parents to focus on work:

> I don't want to run the risk of having another child… for various reasons... The chaos sometimes gets to me… it's not *such* a huge issue that I'd run away from home or anything, but it does annoy me… They're lovely in the early years… but I find it quite stressful… it's quite a madhouse and I'm just a person that likes a bit of quiet… I love going home at the end of the day and seeing them all, and then often within half an hour I'm glad I was at work today.
>
> (Finance manager, age 37, upper-middle status area, father of 3 - aged 2, 4 and 6).

Some mothers who compared their previous working lives with their life as a mother felt they were completely failing at motherhood and for this reason may well not have more children:

> Motherhood's *much* more difficult than I could have thought possible… I was a bit of a perfectionist at work and I found that at home I was just failing… After the experience of number one I just think we thought it would be too hard [to have the 4 children we originally wanted].
>
> (Insurance supervisor, age 31, highest status area, mother of 1 – aged 1)

Being socially isolated as a parent and finding domestic work dull and boring compared with their paid work could also put people off having more children due to the anticipation of having to spend more time at home. This was the case even for some fathers, and particularly where the couple had shared domestic work prior to having children. This also seemed more common in the higher status areas:

> I was enthusiastic to [stay home with the children] because I wasn't enjoying my job… I thought it would be easier [than paid work]… [I was home] for one period of ten months… Isolation was my biggest problem. [Wife] and I used to spend a lot of time together [before children]… I didn't really *like* doing it all by myself. [Before children] we shared it. Both the neighbours are gone during the day [and] there was just too many really boring chores. It was just dull really. So I have a whole different perspective of what it's like for housewives… It just seemed to get duller and duller to the point where "I have to do something else or I'm going to go mad".
>
> (Former storeperson, age 39, upper-middle status area, father of 2 – aged 4 and 7)

It is relevant here to consider the theory of creativity (Czikszmihalyi 1990), which posits that any environment or situation can create a state of frustration depending on the degree to which a

person's talents or resources match the demands of the situation. In this way, differences in individual skills and formal education may impact on fertility through what can be termed "parenthood shock", in a similar way to how Furnham and Bochner (1986:201) describe migrants adjusting to new cultures, where those who are "highly skilled in the customs of their own society… find their sudden inadequacy in the new culture to be quite frustrating, not having had many similar experiences of failure previously". Furthermore, if higher levels of education and expertise are associated with traits of greater independence and higher-level problem solving skills, these may exacerbate parenthood stress by preventing individuals from seeking outside help:

> We could have accessed some of the services that *were* available. We tended to try and fix things ourselves… [seeking help would have been] sort of an admission of failure… First time parents – it's pretty challenging and you go into it a bit naively… The combination of being anxious, inexperienced and thinking "We should be able to do this"… it was probably 6 to 12 months [before we sought help] and we were exhausted by then.
>
> (Senior medical specialist, age 44, highest status area, father of 4- aged 2, 6, 8 and 11)

The exhaustion of intensive and privatised individual-led parenting

Preferences for privatised parenting (without help from outside the couple) could bring exhaustion and hence delays to having further children. Indeed, Hays' (1996) has observed an "ideology of intensive mothering" particularly among women in professional-class employment, where women feel driven to expend large amounts of their time and personal energy on their mothering. This of course stands to lower fertility to a greater extent in higher status groups, either through longer birth-spacing or a permanent end to further childbearing. The experiences of one Adelaide woman illustrate how her desire to take a privatised, individual-led *and* intensive approach to mothering limited her to two children, even though in her teens she imagined having six:

> My mother *begged* me to have the children [but] I wanted to do it myself. I felt exhausted… it was the constantness of it. You have to talk to children…always keeping them occupied, doing activities, reading… It's something I thought I had to do for my kids to raise their intelligence. And always cooking fresh food… I started reading up and that suggests that you *don't* give them a lot of processed foods… I wish I was just one of these mums that just popped them out and then they played all day and you hardly spoke to them and you served them up baked beans for dinner… I was so tired for such a long time, I couldn't even think of sex! (laughs), let alone more kids, and that lasted for about… until [2nd child] was aged 5.
>
> (High school teacher, 39, upper-middle status area, mother of 2 - aged 6 and 8)

A less intensive mothering style which this woman felt would have been less stressful, and might have allowed her the energy and time to conceive and cope with a third child, was also linked to family size by one single mother from the lowest status area who had seven children. She compared the smaller and larger families she knew:

> From what I'm experiencing with couples that have only got 2 kids and don't want no more… they just can't cope. The kids do silly little things and they're stressing about it…. I've got heaps of girlfriends…half of them they just cannot cope with children (laughs)! If you let everything they [kids] do stress you out, well I'd be in a mental home by now.
>
> (Unemployed agricultural labourer, 41, lowest status area, single mother with 7 children from 5 relationships- aged 8, 10, 11, 17, 22, and twins aged 5)

Another mother in the lower status area had found motherhood relatively easy perhaps because starting motherhood at age 20 she had had less time to become independent from her parents' help and she had a much less intense and privatised attitude to parenting. This minimised any parenting stress that she might have felt. Indeed, although she referred to what she saw as her "natural" babycare skills, it was clear in her conversation that these had been acquired almost subconsciously through social and family-based learning:

> When I was younger… I used to look after my next-door-neighbour's kids all the time… My sister had her first baby when she was 15… It was just all natural to us… Yeah, I knew how to wrap them… I just knew that that was the way it went. I've brought [my daughter] up in a way that I like her to go to anyone… My friends would come and get her and they would put her in the capsule and take her [and the formula] and bring her back another day later… Another friend… she's got eight kids. She'd ring me and say how are you going…. She'd come over and grab [the baby] and come back the next day… I learnt a lot through her, like not fussing, not stressing, just pick her up and wrap her up and just throw her on the lounge, she'll be fine.
>
> (Hairdresser, 32, lower-middle status area, single mother of 1 – aged 2)

While several mothers in the higher status areas had expected short-term babysitting experiences to prepare them for motherhood, they found that without continuous or longer-term experience their babysitting work actually gave them "an idealised" view of motherhood. In comparison, some higher status parents had earlier 24-hour-7-day experiences or professional skills which minimised the behavioural adjustments experienced with parenthood and which could therefore minimise negative limits on family size:

> I've always been involved with kids… I lived with [my sister] and her husband for about 12 months when she had the first baby… that was quite handy for her, quite handy for me too. And I did midwifery… [so] I just took [babycare] in my stride, just changing babies, pick them up, throw them around… No major hiccups. Maybe I should go for five [children]! (laughs) NOT!!

(Former midwife and senior manager, 44, highest status area, mother of 2 – aged 4 and 6)

In contrast, those without such learned skills could find themselves feeling abandoned by society:

> I knew it [motherhood] was always going to be hard work but I thought it would be fun and I thought that I would cope with it… It would be so much fun to have four adult children, but… after the experience of number one I just think we thought it would be too hard. There was a *real* lack of support in the early months and I was quite shocked… When [my baby] was four weeks I went to [the child-health nurse] and at the end I said "So when do you want to see me again" and she said "I don't need to see you again" and I was just shocked. I would have liked to have had some kind of regular thing… so I could think "Right, I'm not on my own. I've got someone who's keeping an eye on me, so if I stuff up…". I was really quite shocked, I thought you're leaving me responsible for this four week old baby and I have no idea how to do this!
>
> (Insurance supervisor, age 31, highest status area, mother of 1 – aged 1)

It can be suggested that many women who have a higher status and/or who are career-centred may well not have the time, inclination or opportunity to acquire the necessary skills and experience to allow them to feel competent as a new parent. Without social supports to overcome the gap, this this leaves them applying their work-based skills and expectations to motherhood to the detriment of both their personal health and their family size.

Support from beyond the couple, particularly from the woman's mother, often helped reduce the amount of stress and tiredness experienced by individuals or couples in relation to parenting, which in turn influenced perceptions of the ability to have more children. However, for those who were skilled migrants to Australia, such support was more noticeably missing and had a negative effect on thoughts of additional children:

> I also haven't got lots of family [in Adelaide]… I had very supportive parents [in South Africa] so that makes a huge difference… If he [child] was sick… I'd drop him off at their place… You can't really do that to friends… I know a lot of people who have the same [situation here] cos they're from Sydney or wherever, so there are lots of people who just don't have the back-up.
>
> (Accountant, age 33, highest status area, mother of 2 – aged 3 and 6)

The increased demands of parenting under privatised conditions, with little help beyond the individual or couple, were also highlighted by one mother who had experienced a major change in family and domestic support systems when she migrated to Australia from India:

> Coming here [to Australia] it's become very hard for us because we have to manage the kids *and* the house… In India we always had help... I had a full-time maid to look after the kids, and then we had a maid coming in cleaning the house, and we had a maid coming in

> cooking… Everybody can't afford three maids, they can afford only one maid, [but] everybody has one! [Here in Australia] I can't even afford to buy toys so I can't have a maid! (laughs).
>
> (Accountant 34, highest status area, mother of 2 – aged 3 and 6)

Although some parents in the highest and upper-middle status areas employed a cleaner or gardener, others were reluctant to "outsource" domestic work despite acknowledging the potential benefits for themselves. Some were concerned that a nanny or maid, for example, might undermine the mother-child relationship or become romantically involved with the father. Nannies were also seen as economically viable and socially acceptable only in certain circumstances:

> RESEARCHER: In terms of coping, could anything make it easier second time round?
> JOHN: A nanny perhaps?
> RESEARCHER: Do you know anyone who's got a nanny or anything like that?
> JOHN: Yeah, a couple [of families]. I'm not sure how much they do at night, but these are families with four children, actually one's got five. [The mother's] also working and studying… When we were in England, there seemed a lot of people there [with nannies] in Kent, a fairly affluent area… From what I understand, [in England] they get younger women over from Scandinavia, there's some arrangement, and pay them very little and they live in… One of the people with a nanny here [in Australia] they have a full-time salary and have to pay Workcover and that. That would make it a lot harder.
>
> (John, 32, medical specialist, highest status area, father 1 – aged 1)

The availability and acceptability of support from beyond the individual or couple therefore has major implications for the ability to cope with childbearing and childrearing, and hence on the number of children people believe they can have. This may be more influential on fertility in nations like Australia with relatively high levels of independent skilled (and mainly non-family) immigration and internal mobility, where those having children may be far from family-based support.

The valuation of parenthood

Another aspect related to parenting styles which the interviews showed can affect family size is the degree of support and value which mothers received for their motherhood role, particularly from their partner but also from society in general. The need to be valued is an important component of postmodern values (Lesthaeghe & Surkyn 2004:7). Caldwell's theory of fertility decline (1982:199) suggests that "the collapse of domestic society" as women entered the workforce lowered fertility by undermining the support and valuing of motherhood and domestic work. Surveys in Europe, the USA and Brazil show that fertility also differs according to what can

be called “life course orientation”, with fertility lower for women who have a stronger work orientation, more “modern” or “egalitarian” views on women’s roles, and higher levels of independence, as opposed to seeing a woman’s role as predominantly mother and wife (Hakim 2001; Rosen & Simmons 1971). Since education is “an instrument with which society combats traditional beliefs” (Lesthaeghe 1977:189), it can be argued that those with higher education are most likely to espouse egalitarian or postmodern views which may also align with the devaluation of the motherhood role.

Whilst Hakim (2003) considers the impact of women’s work-home preferences on fertility, in the Adelaide interviews fathers’ preferences also affected fertility by influencing the degree to which they valued parenthood as compared with paid work. This in turn affected the amount of childcare and domestic support that they offered to the mother. Mothers and fathers with more egalitarian or postmodern preferences appeared to react more strongly to the negative impacts of parenthood. In turn, this encouraged them to delay or avoid having further children. Conflict and resentment particularly occurred when mothers held egalitarian views about paid work *and* parenting but found their partner with egalitarian views about paid work *but only for non-mothers, and* traditional views about parenting. This seemed more common in the higher status areas:

> This is what has struck me. Socially, politically, he’s very egalitarian, we have similar views. But when it comes to childrearing and domestic labour he’s very old-fashioned… My husband's not into the domestic stuff. That hasn't altered despite efforts on my part… With his work there’s projects, they have a deadline, so you have to put 200% in… [Having more children would mean] no time with myself, no time to do *anything* for myself, careerwise, personalwise. I’d *just* be a mum. Even just saying that sounds as if it’s demeaning to be a mum… I just couldn’t see myself as a full-time mum with the lack of supports for the rest of my life.
>
> (Psychologist, age 34, highest status area, mother of 1 aged 1)

The influences on fertility of fathers’ attitudes towards paid and unpaid work may contribute more to lower fertility in higher status areas if fathers’ level of interest in giving time to the interviews is any indication of their interest in family in general. Indeed, almost half the fathers in the highest status families were “too busy” to be interviewed (5 out of 11), compared with only one out of nine in the lowest status area.

Some mothers also felt that with larger proportions of women now in paid work outside the home, Australian society no longer values the parenting role and this makes it harder to be a parent:

> I just think you feel more valued if you *are* working… You go to these balls and dinners and things, and you’d be sitting on a table of ten and they’d all be professional people and you’d

> be there, the wife, and they'd say - not everyone, but a fair percentage - "Oh what do you do?" [and you'd say] "I'm home with the children" and the conversation would drop dead... And a lot of them [who asked] were women who were working.
>
> (Former midwife and senior manager, 44, highest status area, mother of 2 – aged 4 and 6)

In contrast, those who moved in circles with more traditional views about parenting and paid work seemed either less concerned about the negative impacts of parenthood, or had a stronger desire for children which lead them to overlook, or find ways of coping with, potential negative impacts. They were also more likely to have contact with people who valued their parenting role. When partners had similar expectations, be that egalitarian or traditional, mothers felt less restricted:

> I feel very much that I've been working [as a mother] and my husband reinforces that. I can see how you could feel otherwise if you had somebody pushing you to, say, go back to work, or really needing that money… My husband does help [with the house and children] and he's also not overly tidy. For him the highest priority is the baby and me, rather than how clean the house looks. And if there's something bothers him [about the housework] he'll do something about it.
>
> (Former diversional therapist, 35, "home full-time" but working many hours unpaid per week at her church, upper-middle status area, mother of 4 – aged 1, 4, 7 and 9)

These findings provide some insight into how fertility differentials could be linked to differences in gender/family systems. They suggest that "pushes from parenthood" stand to have more negative influence at the aggregate level in better-educated (higher status) groups who are more likely to espouse egalitarian or postmodern preferences, at least until these preferences are equally applied by men and women to both parenting and paid work.

Social conditions supporting higher fertility

The quantitative analysis showed that whilst the relative distribution of average family size differed between socio-economic areas, all areas had some parents with larger families (three or more children). Analysis of the parent interviews showed that the parents of larger families in all four areas had several factors in common. In particular, one or both partners had often been exposed to cultural factors which supported higher fertility, such as exposure to practical aspects of parenting by at some point living with siblings or relatives to assist with the care of babies or young children. Such prior exposure appeared to convey a greater degree of confidence and ability to parent a family of three or more children, or at least to reach their desired family size of two without too many adverse impacts on their health or lifestyle. To this extent, the presence of a larger number of larger families in lower status areas may well be providing ongoing

intergenerational and social support for younger generations to also have their own larger families (regardless of the emphasis also placed on education and career). Those interviewed parents who had already achieved larger families had also sometimes had an easier time with parenting (an easier pregnancy or birth, less sleep disturbance, more assistance from grandparents and other relatives). They had also sometimes had a stronger original desire for a larger family which had provided stronger motivation to overcome negative experiences or to seek out better parenting support. In some cases these factors had countered the potentially dampening effects on fertility of women's higher education and had also encouraged less concern about finances (see also Newman & Hugo 2006 about the ameliorating effects of religion on women's higher education and fertility). Those with larger families often saw increasing benefits as family size grew, whereas those who now preferred smaller families saw diminishing benefits. This was particularly so if they had experienced major negative impacts on their own health, wellbeing and lifestyle due to parenting.

IMPLICATIONS

McDonald (2006) argues that in order to consider embarking on family formation, younger people in contemporary society need a strong sense of assurance that they will be supported by society in this undertaking, both socially and economically (ie that their level of personal risk will be reduced). This section considers the need to provide personal skills support for individuals, to promote social support from partners, families and communities, and for governments to provide additional or substitute social support.

Preparing for parenthood by building skills, experience and confidence: Dunham et al (1991:134) point out that "in our [Western] culture… a link is missing in the chain by which the tried and tested cultural lore of childcare is passed down". The achievement of family size preferences may therefore be more adversely affected in socio-economic groups and areas where there is less opportunity for, or inclination to allow, the intergenerational or communal transfer of parenting skills and experience. This is especially so if one accepts Friedan's (1965:22) observation that "academic training is not realistic training for wifehood or motherhood". Lack of knowledge about how to care for infants, babies and young children could be exacerbated for high-achieving career people, highly mobile professionals, or older first-time parents. These groups are all likely to be represented to a greater extent in higher socioeconomic areas, and hence their anxiety about parenthood or lack of appropriate skills may well explain the higher prevalence of single women and fewer large families in higher status areas. This has important implications for improving preconception and antenatal education and support in the transition to parenthood, to not only raise

levels of confidence and minimise negative impacts on parental well-being, but also to minimise associated negative effects on aggregate fertility rates. Role modelling and support from others are important in the transition to new experiences, including parenting (Furnham & Bochner 1986; Department of Family & Community Services (DFaCS) 2004a). Indeed, Marten (2002:107) has also found that "fertility behaviour depends more on interaction with people who can provide emotional and other types of support, rather than just ideas and information". In this sense, living in an area with a higher proportion of non-parents could itself be a social cause of lower fertility.

Educational programmes before conception could be effective in building confidence for parenthood and reducing parenthood anxiety, since in the preconception survey 30 per cent of women said they were more likely to have a baby after attending the seminars, simply because their anxiety levels were lowered. For the professional/managerial women the level was higher at 46 per cent (but this had been the group with more concerns originally). Nevertheless, additional support through government programs in both Australia and the USA which is aimed at early parenting intervention and "good beginnings" (which focus on individual support, home visits, skills education and community development) are often provided only for "special needs", "disadvantaged", "vulnerable" or "at risk" groups or areas, such as single parents, ethnic minority groups, or socioeconomically disadvantaged areas (DFaCS 2004b; Government of SA 2004; Martin 1997). The Adelaide study suggests that if aggregate fertility rates are not to be adversely affected by difficulties and anxiety around parenthood, then higher status parents also need such supports where this is not already available in their other networks. Perhaps discussion about the value and demands of the parenthood role could be combined with personal development courses in all primary and high schools, along with discussions about pros and cons of smaller and larger families. Community development programs which already exist for lower income groups and areas could perhaps be duplicated or adapted for use with higher income groups. While there has been criticism of the Universal Home Visiting Schemes, if these were to link with antenatal, birth and postnatal services then they may provide greater opportunities for women and men to build trust with health professionals who could provide direct support or referrals to support for learning babycare knowledge and skills in the first weeks and months for *all* parents, on a maxim of "in need of support until proven otherwise".

Boosting social support for ongoing parenting: Parenthood is often portrayed as simple and relatively effortless by those who are not involved, and the traditional ideology of motherhood in Western countries says that "good mothers" instinctively know how to raise children, should not require outside assistance, and should find mothering an effortless task (Engel 1998). There is also

a social myth that mothers do not need support because in any case they are "doing nothing", or at least not a serious job anyway (Crittenden 2001; Leblanc 1999; Nedelsky 1999; Stadlen 2004)). These attitudes allow society to avoid providing social supports for parenthood. The traditional ideology of motherhood also runs counter to the old adage that "it takes a village to raise a child", to the cultural supports provided for childbearing and childrearing in many less developed parts of the world, and to the lived experiences of many women. It is therefore often detrimental to many women and their children (Chase & Rogers 2001). The Adelaide study also shows that intensive individual-based parenting can place severe psychological pressure on parents (mothers in particular) which in turn can affect their desire for more children. McDonald (2006) argues that it is societal differences in attitudes to motherhood, and the related level of economic and social support provided and accepted, that make all the difference between those European countries with low and very-low fertility; those with higher fertility are those with generally higher levels of government and community-provided support. Levels of social capital and perceptions of likely social support networks available for parenthood have been found to influence modern-day fertility intentions in Poland and Bulgaria (Buehler & Fratczak 2005; Buehler & Philipov 2005).

If higher status and higher education level can be disadvantageous in terms of reducing the opportunity to acquire parenting skills and confidence, they can be further disadvantageous if they are linked to a higher likelihood of moving for career/work reasons, for example coming to Australia as a skilled migrant. In looking at who stops at one child, Parr (2008) suggests that for migrants to Australia the location of grandparents, particularly grandmothers, in the origin country may make childrearing a more arduous prospect, thus discouraging parity progression. Adelaide mothers' comments are also echoed in Parr's suggestion that this may be a particularly important consideration for East Asian women in view of cultural traditions which place a greater importance on grandmaternal child care. Reflecting the comment by two parents in the Adelaide study, Ho (2006) cites the high costs in Australia of employing domestic workers who are widely used in other countries by the middle classes to help to look after children. Considering the move by Australian governments in recent years to attract an increasing number of skilled migrants from overseas countries, at the same time as significantly reducing the visa quota for family reunion, this may be another group which requires more extensive social support for parenting. A population level approach to parenting support for all groups may therefore be warranted alongside the current targeted approach for low-income and traditionally disadvantaged groups. It may also be appropriate for the Federal Government to review the family reunion/migration scheme to enable grandparents (or potential grandparents) to migrate to provide social as well as economic support

for social reproduction. Having family living closer by and providing support may well also provide an added incentive for skilled migrants to stay.

Unequal opportunity contexts for parenthood: The quantitative data in this article shows that in metropolitan South Australia socio-economic status is negatively correlated with family size, while the interview analysis suggests that different "cultural worlds of parenting" may exist within these different areas which influence aggregate family size. The hypothesis is that within these different worlds people develop differing degrees of confidence and skill levels for, and receive differing amounts of social and physical support, for parenting. Comparison of the quantitative and qualitative data leads to the suggestion that that cultural worlds of parenting may align to some extent with socio-economic groups and areas, so that geographical and socio-economic differences in fertility partly reflect differences in confidence, skills and social support for parenting. The qualitative data also suggested some evidence of a "crisis of parenthood" associated with high levels of anxiety and stress about contemporary parenting, and a lack of social supports. The paper has also argued that those with higher socio-economic status may be more likely to be not only choosing to concentrate on their career/work futures due to a "pull from work", but at the same time may be actively choosing not to become parents or not to have larger families due to lack of confidence, high anxiety levels, or lack of support to cope with parenthood (ie a "push from parenthood"). This in turn would contribute to the lower average family sizes observed in the higher status areas in which they reside. Even though Australia has recorded a slight upturn and possible stabilization in the total fertility rate (TFR) (McDonald 2005; ABS 2008)**,** this does not necessarily mean that parenthood experiences have suddenly improved because, as parents explained, there are many influences on fertility and family size. Nevertheless, this article argues that regardless of the TFR, improved emotional and physical support for parenting could help boost fertility and reduce fertility gaps, or at least help prevent fertility falling because of negative parenthood experiences.

CONCLUSION

This paper has explored an aspect of fertility which has been less well covered in contemporary demography in Australia. It has discussed the private experiences of parenting and has shown that they are worthy of attention in themselves as a way to improve the health and wellbeing of parents and the early childhood environment, as well as a way to stabilise and/or raise the fertility rate. The paper has suggested that, due to differences in readiness for the transition to parenthood (socially acquired skills and confidence levels) and in the levels of social support for

ongoing parenting, parenthood is experienced differently in different cultural groups or areas. It has also argued that these differences in turn contribute to differences in the aggregate fertility levels between groups or areas. These issues could be further investigated in a larger study, with interviewees perhaps sampled from a related quantitative survey which is designed for multivariate analysis. This would allow more specific quantitative investigation of the influence of different factors and the positioning of parenthood skills and support in different socioeconomic groups.

A key implication of this analysis is that alongside issues of finance and work-family compatibility, any policy attempts to influence fertility should also consider individual skills and wider social supports for first-time and subsequent parenting. Hakim's (2003) conclusion that policy should focus on helping the "home-centred" to have more children therefore overlooks the fact that better support may help apparently "work-centred" groups of women (and men) to have the children they might have wanted, but for which they had little confidence or support and which therefore left them focusing on work. It is possible that it is not simply pulls from career, but also pushes from parenthood (or some combination of the two) which account for larger proportions of singles, couples and small families in higher status areas. Governments could support wider social change by encouraging discussion of the value of parenthood across all socioeconomic groups and providing greater social support across the whole population. This would benefit not only immediate-future fertility rates but could also contribute a more positive general culture of parenting to encourage younger cohorts that parenting is a desirable and achievable task, which will be as equally supported and valued by government and the community as their contribution to society through education and work.

Footnote 1: Characteristics of the Study Areas

Area highest status A - Old-established inner metropolitan area with some of the most prestigious suburbs of Adelaide, 5 to 10km (or 5 to 10 minutes drive) from the Central Business District (CBD). Gently sloping land with quiet and wide leafy streets, large grand houses on large blocks of land, many from colonial times. Large percentage of people with household incomes three or more times the average household income for Adelaide (ABS 2002b), and with university qualifications, in professional occupations, and in home ownership.

Area highest status B – Similar characteristics to Highest A, but almost adjacent to the CBD and with a higher concentration of high-income professional couples with no children.

Area upper-middle status – A middle-outer area on undulating land, approximately 15 to 20km or (15 to 20 minutes drive) from the CBD. Quiet, leafy streetscapes of native vegetation, narrow or no footpaths, average-sized homes on medium blocks, often built up to 25 years ago. Large percentages of people with household incomes 1½ to 2½ times the Adelaide average, and with post-school qualifications, often in professional, administrative or technical occupations. High levels of home ownership.

Area lower-middle status– Another middle-outer area approximately 20 to 25 km (or 25 minutes drive) from the CBD but close to large suburban shopping centres. Streetscapes of native vegetation, average-sized family homes on medium blocks in newer residential estates with a prevalence of "rooftops and roads". Large percentage of people with household incomes around the metropolitan average, in clerical/service/trades occupations with trade qualifications, school-only qualifications, or no qualifications. High percentage of households with newer home loans and one of the highest percentage of mothers in the workforce in Adelaide.

Area lowest status A
An outer suburban area 40km (or 30 to 40 minutes drive) from the CBD. Mixed area of residential and light industrial zoning. Houses average-sized family homes on medium-sized blocks plus older-style public rental housing. Wide streets with footpaths plus some unoccupied open land. Large percentages of people with household incomes half the Adelaide average or solely reliant on government payments. High proportions with no qualifications, school-only qualifications or trade qualifications, higher representation of single parent households and the unemployed, and higher levels of rented properties.

Area lowest status B – Similar to Lower status area A, but with a weaker concentration of disadvantage and poverty, and incomes somewhat higher, but nevertheless still a designated area "of aggregated disadvantage".

Footnote 2

The marketing department of the private health care organisation Adelaide Community Healthcare Alliance (ACHA) held Preconception Seminars for the general public from late 2001. Attendance was $30 per couple for two 3-hour sessions and over 80 people attended the first seminar. The author was invited to talk on "The costs of raising children" at seminars in May, August and October 2002. The opportunity was taken to invite the 108 attendees to take home a questionnaire on fertility and family size. 79 took forms and 45 were returned (42%). 50% completed evaluation forms for the organisers. Despite their success, new management in November 2002 took a "strategic decision" to lay off staff and cease the seminars.

Footnote 3

The age group 40–44 years was selected as the focus for this analysis on the assumption that most women of this age would have already completed their childbearing. However the interviews suggest 50-54 as a better category for estimating completed fertility, particularly in an era where the decimal points of fertility change are given significance and increasing numbers of women are having first or subsequent children at age 40 or older.

REFERENCES

Abbasi-Shavazi, M. J. (1998). The fertility of immigrant women in Australia. *People & Place*, 6(3), 30-38.

Anderson, K. (1999). Introduction. In K. Anderson & F. Gale (Eds.), *Cultural Geographies* 2nd edition (pp. 1-14). Sydney: Addison Wesley Longman Australia.

Andorka, R. (1980). Lessons from studies on differential fertility in advanced societies. In C. Höhn & F. Mackensen (Eds.), *Determinants of Fertility Trends: Theories Re-Examined.* IUSSP Proceedings of a seminar in Bad Homburg (Germany) 14-17 April (pp. 19-33). Liege: Ordina Editions.

Arendell, T. (1997). A social constructionist approach to parenting. In T. Arendell (Ed), *Contemporary Parenting: Challenges and Issues* (pp. 1-44). Thousand Oaks: Sage Publications.

Australian Bureau of Statistics (2000). *Australian Demographic Statistics, September Quarter.* Canberra: Commonwealth of Australia, catalogue no. 3101.0

Australian Bureau of Statistics (2001a). *Yearbook Australia 2001*. Canberra: Commonwealth of Australia, catalogue no. 1301.0.

Australian Bureau of Statistics (2002a). *Australian Social Trends 2002.* Canberra: Commonwealth of Australia, catalogue number 4102.0).

Australian Bureau of Statistics (2002b). *Adelaide: A Social Atlas.* Canberra: Commonwealth of Australia, catalogue number 2030.4.

Australian Bureau of Statistics (2004a). *Australian Social Trends 2004*, catalogue no. 4102.0. Available via http://www.abs.gov.au/ausstats. Cited 5 March 2007.

Australian Bureau of Statistics (2004b). *Australian Historical Population Statistics,* catalogue number 3105.0.65.001, Tables 39 and 40. Available via http://www.abs.gov.au/ausstats. Cited 14 October 2006.

Australian Bureau of Statistics (2006). *Australian Demographic Statistics, December Quarter 2005*. Canberra: Commonwealth of Australia, catalogue number 3101.0.

Australian Bureau of Statistics (2007). *Australian Demographic Statistics, December 2006*. Canberra: Commonwealth of Australia, catalogue number 3101.0.

Australian Bureau of Statistics (2008a). *Australian Demographic Statistics, March Quarter 2008.* Canberra: Commonwealth of Australia, catalogue no. 3101.0.

Beazley, K. (1999). *Nation Building: Towards an Australian Population Policy*. Hawke Institute lecture, Adelaide: University of South Australia, 17 September 1999. Available via http://www.unisa.edu.au/hawke/speeches/nation.htm. Cited 26 August 2006.

Beyondblue: The National Depression Initiative (2002). Postnatal Depression. Available via http://www.beyondblue.org.au. Cited 26 August 2006.

Birrell, B. (2000). Australian mothers: fewer and poorer. *People & Place*, 8(2), 33-42.

Bongaarts, J. (2001). The end of the fertility transition in the developed world. Working Paper no. 152, Policy Research Division. New York: The Population Council.

Borrie, W. D. (1975). *Population and Australia: A Demographic Analysis and Projection.* First Report of the National Population Inquiry. Canberra: AGPS.

Boyce, P. & Condon, J. (2003). Sex the key to first time dads' postnatal depression. Media Release from The Royal Australian & New Zealand College of Obstetricians & Gynaecologists, 12 May.

Busfield, J. & Paddon, M. (1977). *Thinking About Children: Sociology and Fertility in Post-War England*.Cambridge: Cambridge University Press.

Caldwell, J. C. (1982). *Theory of Fertility Decline*. London: Academic Press.

Caldwell, J. C. & Ruzicka, L. T. (1978). The Australian fertility transition: an analysis. *Population & Development Review*, 4(1), 81-103.

Campbell, D. (1976). 'The Sydney Survey', in J. Caldwell et al (1976), *Towards an Understanding of Contemporary Demographic Change: A Report on Semi-Structured Interviews*, Australian Family Formation Project Monograph No. 4, Department of Demography. Canberra: The Australian National University: 29-54.

Carmichael, G. & Whittaker, A. (2007). Forming relationships in Australia: qualitative insights into a process important to human wellbeing. *European Journal of Population Research,* 23(2): 111-143.

Cartwright, A. (1976). *How Many Children?* London: Routledge & Kegan Paul.

Chase, S.E. & Rogers, M.F. (2001). *Mothers & Children: Feminist Analyses*. New Brunswick NJ: Rutgers University Press.

Clifford, W. B. (1971). Modern and traditional value orientations and fertility behaviour: A social demographic study. *Demography*, 8(1), 37-48.

Costello, P. (2007). Speech at the Launch of the 2006 Census, Australian Bureau of Statistics Data Processing Centre, Melbourne. 27 June. Available via http://www.treasurer.gov.au/tsr/content/speeches/2007/011.asp. Cited 24 August 2007.

Crittenden, A. (2001). *The Price of Motherhood: Why the Most Important Job in the World is Still the Least Valued.* New York: Henry Holt & Co.

Czikszentmihalyi, M. (1990). *Flow: The Psychology of Optimal Experience*. New York: HarperCollins/

Dally, A. (1982). *Inventing Motherhood: The Consequences of an Ideal*. London: Burnett Books.

Davies, H., Joshi H. & Peronaci R. (2000). Forgone income and motherhood: what do recent British data tell us? *Population Studies,* 54, 293-305.

Davis, K. (1955). Institutional patterns favouring high fertility in underdeveloped areas. *Eugenics Quarterly*, 2(1), 33-39.

Day, L. H. (1965), Family size and fertility. In A. F. Davies & S. Encel (Eds.), *Australian Society: A Sociological Introduction* (pp. 156-167). Melbourne: Cheshire.

De Beauvoir, S. (1949). *Le Deuxieme Sexe II. L'Experience Vecue*. [The Second Sex II: The Lived Experience]. Paris: Editions Gallimard.

De Bruijn, B. J. (1999). *Foundations* of Demographic Theory: Choice, Process, Context. PhD Dissertation, Rijksuniversitaet Groningen. Available via Thela Thesis.

http://www.ub.rug.nl/eldoc/dis/rw/b.j.de.bruin/thesis.pdf. Cited 3 March 2007.

Demeny, P. (1986). Pronatalist policies in low fertility countries: Patterns, performances and prospects. In K. Davis, M. S. Bernstam & R. Ricardo-Campbell (Eds.), *Below Replacement Fertility in Industrialised Societies: Causes, Consequences and Policies. A Supplement to Vol 12 of Population & Development Review* (pp. 355-58). New York: Cambridge University Press.

Department of Family & Community Services (2004a). *Research into the Information Needs of Australian Parents.* Early Childhood Initiatives: Parenting Information Project, Volume 3. Available via http://www.facs.gov.au/internet/facsinternet.nsf/family/early_ childhood.pip.htm. Cited 13 September 2006.

Department of Family & Community Services (2004b). *Early Childhood Initiatives: Parenting Information Project*. Available via http://www.facs.gov.au/internet/ facsinternet.nsf /family/early_childhood.pip.htm. Cited 13 September 2006.

De Vaus, D. (2002). Fertility decline in Australia: A demographic context. *Family Matters*, 63, 14-21.

Dimitrovsky, L. (2000). Effect of gender-role orientation of primiparous mothers on their cognitive appraisals, coping strategies, and mood postpartum, *Sex Roles: A Journal of Research*, November 2000. [online] available URL: <http://www.findarticles.com> 13 October 2003.

Dunham, C. *et al* (1991). *Mamatoto: A Celebration of Birth*. London: Virago Press.

Dyck, I. (1990). Space, time and renegotiating motherhood: an explanation of the domestic workplace. *Environment & Planning D: Society & Space*, 8, 459-483.

Ekert-Jaffe, O., Joshi H., Lynch, K., Mougin, R. & Rendall, M. (2002). Fertility, timing of births and socio-economic status in France and Britain: Social policies and occupational polarization. *Population-E*, 57(3), 475-508.

Engel, B. (1998). *The Parental Decision: Discovering Whether You Are Ready and Willing to Become a Parent*. Sydney: Main Street Books/Doubleday.

Faulkner, D. (2005). *Spatial Dynamics of Fertility in South Australia, 1976 to 1996.* Unpublished PhD thesis. Adelaide: Department of Geographical & Environmental Studies, The University of Adelaide.

Fletcher, R.J., Matthey, S. & Marley, C.G. (2006). Addressing depression and anxiety among new fathers. *Medical Journal of Australia*, 185 (8): 461-463.

Fricke, T. (1997). The uses of culture in demographic research: a continuing place for community studies. *Population & Development Review*, 23(4), 825-832.

Friedan, B. (1963). *The Feminine Mystique*. New York: Dell Publishing Co.

Gauthier, A. H. (1996). *The State and The Family*: *A Comparative Analysis of Family Policies in Industrialised Countries.* Oxford: Oxford University Press.

Furnham, A. & Bochner S. (1986). *Culture Shock: Psychological Reactions to Unfamiliar Environments*. New York: Methuen.

Gerson, K. (1985). *Hard Choices: How Women Decide About Work, Career and Motherhood*. Berkeley: University of California Press.

Government of South Australia (2004). *Prosperity Through People: A Population Policy for South Australia*. Adelaide.

Hakim, C. (2001). Taking women seriously. *People & Place,* 9(4), 1-6.

Hakim, C. (2003). Preference Theory: A new approach to explaining fertility patterns. *Population & Development Review,* 29(3), 349-374.

Hays, S. (1996). *The Cultural Contradictions of Motherhood*. New Haven: Yale University Press.

Heiland, F., Prskawetz, A. & Sanderson, W. C. (2005). *Do The More-educated Prefer Smaller Families?* Working Paper No. 3, Vienna Institute of Demography. Available via http://www.oeaw.ac.at/vid/publictions/WP2005_3.pdf. Cited 10 November 2006.

Ho, C. (2006). Migration as feminization? Chinese women's experiences of work and family in Australia. *Journal of Ethnic and Migration Studies,* 32(3), 497–514.

Hobcraft, J. (2000). The consequences of female empowerment for child well-being: review of concepts, issues and evidence in a post-Cairo context. In H. B. Presser & G. Sen (Eds.), *Women's Empowerment & Demographic Processes: Moving Beyond Cairo* (pp. 159-185). Oxford: Oxford University Press.

Howard, J. (2002). Paid maternity leave won't solve fertility crisis: PM. ABC TV Lateline Program Broadcast 16 July 2002. Available via http://www.abc.net.au/lateline/s608877.htm. Cited 26 August 2002.

Hugo, G. (1986). *Australia's Changing Population: Trends and Implications*. Melbourne: Oxford University Press.

Hugo, G. (2004). *Recent Fertility Trends in South Australia*. Report to Planning SA. Adelaide: Department of Geographical & Environmental Studies, The University of Adelaide.

Ivell,R. (2005). *Uterine receptivity and environmental influences.* Paper presented to the Healthy Development Adelaide Research Cluster Annual Research Day, The University of Adelaide, 27 May.

Jolivet ,M. (1997). *Japan: The Childless Society? The Crisis of Motherhood*. London: Routledge.
Lane, M. (2005). *Assisted reproductive technology – is the sky the limit?* Paper presented to the Healthy Development Adelaide Research Cluster Annual Research Day, The University of Adelaide, 27 May.

Larson, A. (1997). New directions for the study of Australia's fertility decline. *Journal of the Australian Population Association,* 14(1), 47-68.

Leblanc, W. (1999). *Naked Motherhood: Shattering Illusions and Sharing Truths*. Sydney: Randomhouse.

Lesthaeghe, R. J. (1977). *The Decline of Belgian Fertility 1800-1970*. Princeton: Princeton University Press.

Lesthaeghe, R. & Surkyn, J. (1988). Cultural dynamics & economic theories of fertility change. *Population & Development Review,* 14(1), 1-45.

Lesthaeghe, R. & Surkyn, J.(2004). *When history moves on: the foundations and diffusion of a second demographic transition*. Paper presented at the 12th Biennial Conference of the Australian Population Association, Canberra.

Livvi Bacci, M. (2001). Comment: Desired fertility size and the future course of fertility. In R. A. Bulatao & J. B. Casterline (Eds.), *Global Fertility Transition* (pp. 282-289). New York: The Population Council.

McDonald, P. (1998). Contemporary fertility patterns in Australia: first data from the 1996 census. *People and Place*, 6(1), 1-13.

McDonald, P. (2001a). Family support policy in Australia: the need for a paradigm shift. *People and Place*, 9(2), 14-20.

McDonald, P. (2001b). Work-family policies are the right approach to the prevention of very low fertility. *People and Place*, 9(3), 17-27.

McDonald, P. (2002). Low fertility – unifying the theory and the demography. Paper presented at the 2002 Meeting of the Population Association of America, Atlanta.

McDonald, P. (2005). Has the Australian fertility rate stopped falling? *People and Place*, 13(3), 1–5.

McDonald, P. (2006). Low fertility and the state: The efficacy of policy. *Population and Development Review*, 32(3), 485-510.

McIntosh, A. (1998). European population policy in the twentieth century: is it relevant for Australia? *People and Place*, 6(3), 1-15.

McNicoll, G. (2001). Government and fertility in transitional and post-transitional societies. In R. A. Bulatao & J. B. Casterline (Eds.), *Global Fertility Transition* (pp. 129-159). *Supplement to vol 27 Population & Development Review*. New York: The Population Council.

Macken, D. (2005). *Oh No, We Forgot to Have Children: How Declining Birth Rates are Reshaping Our Society*. Crows Nest NSW: Allen & Unwin.

Maggioni, G. (2004). Becoming parents: a qualitative analysis of fertility choices. *Genus*, LX(1), 89-109.

Marshall, H. (1993). *Not Having Children*. Oxford: Oxford University Press.

Marten, L. (2002). The effect of social interaction on fertility goals and behaviour among women in Bangladesh. *Asia-Pacific Population Journal*, 17(2), 87-110.

Martin, G. T. (1997). An agenda for family policy in the United States. In T. Arendell (Ed.), *Contemporary Parenting: Challenges and Issues* (pp. 289-324). Thousand Oaks: Sage Publications.
Maushart, S. (2006). *The Mask of Motherhood: How Becoming a Mother Changes Our Lives and Why We Never Talk About It*. 2nd Edition. Sydney: Random House Australia.

Nedelsky, J. (1999). Dilemmas of passion, privilege and isolation: reflections on mothering in a white, middle-class nuclear family, in JE Hanigsberg & S Ruddick (eds), *Mother Troubles – Rethinking Contemporary Maternal Dilemmas*, Boston MA: Beacon Press, Boston: 304-334.

Newman, L. (forthcoming). The health care system as a social determinant of health: qualitative insights from Australian maternity consumers. *Australian Health Review*.

Newman, L. A. & Hugo, G. J. (2006). Women's religion, fertility and education in a low-fertility setting: evidence from South Australia. *Journal of Population Research*, 23(1), 41-66.

Oakley, A. (1992). *Social Support & Motherhood*. Oxford & Cambridge: Blackwell.

Parr N (2006). Do children from small families do better? *Journal of Population Research,* 23(1): 1-25.

Parr, N. (2008). Which women stop at one child in Australia? *Journal of Population Research,* 24(2), 207-225.

Pocock, B. (2000). *Having a Life: Work, Family, Fairness and Community in 2000.* Adelaide: Department of Social Enquiry, Centre for Labour Research, University of Adelaide.

Presser, H. B. (2001). Comment: A gender perspective for understanding low fertility in post-transitional societies. In R. A. Bulatao & J. B. Casterline (Eds.), *Global Fertility Transition, Supplement to Population and Development Review, Vol 27* (pp. 177-183). New York: The Population Council.

Read, D., Crockett, J., & Watson, G. (2007). What's behind recent fertility trends - government policy, alarms on biological clocks or lessons learned from childhood? *People & Place,* 15(2), 12-29

Redden, E. (2000). *Baby Daze: Becoming a Mother and Staying You*. Sydney: Hodder.

Rich, A. (1976). *Of Woman Born: Motherhood as Experience and Institution*. New York: Norton & Co.

Richards, L. (1978). *Having Families: Marriage, Parenthood and Social Pressure in Australia*. Richmond Victoria: Penguin.

Rindfuss, R. & K. L. Brewster (1996). Childrearing and fertility. In J. B. Casterline, R. D. Lee & K. A. Foote (Eds.), *Fertility in the United States: New Patterns, New Theories. Supplement to Vol 22, Population and Development Review* (pp. 258-289). New York: The Population Council.

Rosen, B. C. & Simmons, A. B. (1971). Industrialization, family and fertility: a structural-psychological analysis of the Brazilian case. *Demography,* 8(1), 49-69.

Roxon, N. (2003). Howard Abandons Nation building. ALP News Statement. Available via http://alp.org.au/media/1103/20006444.html. Cited 12 December 2003.

Rubin, H. J. & Rubin, I. S. 1995. *Qualitative Interviewing: The Art of Hearing Data*. Thousand Oaks: Sage Publications.

Ruddock, P. (2002). Encouraging a More Informed Population Debate. Speech given to the Population Summit in Melbourne, 25 February. Available via http://www.minister.immi.gov.au/media/transcripts/transcripts02/population250202.htm. Cited 26 August 2006.

Ruzicka, L. T. & Caldwell J. C. (1982). Fertility. In United Nations, *Population of Australia* (pp. 119-229), Country Monograph Series no. 9, Bangkok: Economic & Social Commission for Asia and the Pacific.

Santow, G. (1989). *Employment and Family in the Lives of Australian Women.* Australian Family Project Working Paper No. 9. Canberra: The Australian National University.

Simmons, R. (1996). Women's lives in transition: a qualitative analysis of the fertility decline in Bangladesh. *Studies in Family Planning,* 27(5), 251-268.

Stadlen N. (2004). *What Mothers Do - Especially When It Looks Like Nothing.* London: Piatkus.

Sydney Morning Herald (2005). Howard's baby bonus sparks jump in birth rate. 12 June. Available via http://www.smh.com.au/news/National/Howards-baby-bonus-sparks-jump-in-birth-rate/2005/06/12/1118347641050.html

van de Kaa, D. (1998). *Postmodern Fertility Preferences: From Changing Value Orientation to New Behaviour.* Working Papers in Demography, No. 74, Research School of Social Sciences. Canberra: The Australian National University.

van Peer, C. (2000). *Desired and realized fertility in selected FFS countries.* Paper presented at the FFS Flagship Conference, Brussels

von der Lippe, H. (2004). Transitions to Fatherhood in East Germany in the 1990s: Psychological Determinants of Childbearing and the Meaning of Entering into Parenthood for Young Adults from Rostock. PhD Dissertation, Universitaet Magdeburg.

von der Lippe, H., Billari, F. C. & Reis, O. (2002). *Psychological Traits and Early Parenthood in a Lowest-Low Fertility Context, Rostock 1990-1995.* Working Paper WP 2002-014, Rostock: Max Planck Institute for Demographic Research.

Ware, H. (1973). The limits of acceptable family size. *Journal of Biosocial Science*, 5(3), 309-328.

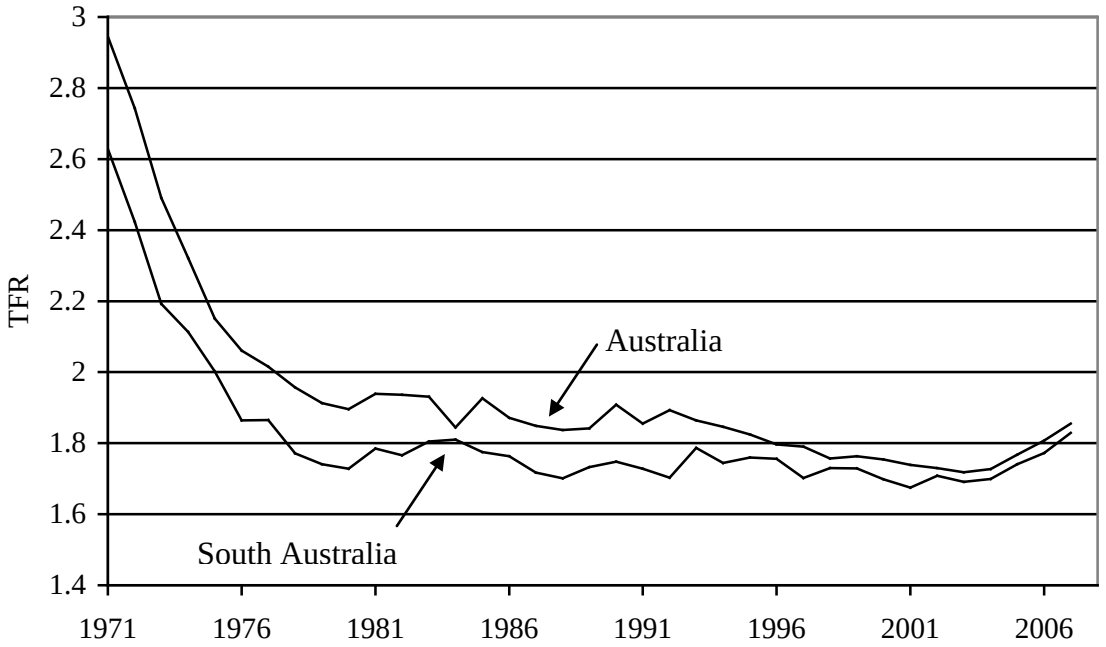
Westoff, C. F., Potter, R. G. & Sagi, P.C. (1963). *The Third Child: A Study in the Prediction of Fertility.* Princeton: Princeton University Press.

Winchester, H. P. M. (1999). Interviews and questionnaires as mixed methods in population geography: the case of lone fathers in Newcastle, Australia. *The Professional Geographer*, 51 (1), 60-67.

Wolf, N. (2001). *Misconceptions: Truth, Lies and the Unexpected on the Journey to Motherhood.* London: Chatto & Windus.

Young, C.M. (1975). *Planned Numbers of Children Versus Expected Numbers of Children.* Working Papers in Demography No.2. Canberra: The Australian National University.

Figure 1
Total Fertility Rates, Australia and South Australia, 1971 to 2007
Source: ABS (2000, 2004b, 2008).



T**able 1**

Average number of children by mother's age for selected socio-economic areas, Adelaide Statistical Division, 1996

Source: Compiled from unpublished ABS 1996 Census of Population & Housing data, except data for Australia which is from McDonald (1998, Table 2).

	Age group						
Socio-economic area	15-19	20-24	25-29	30-34	35-39	40-44	45+
Lowest A	0.13	0.65	1.28	1.87	2.20	2.30	2.92
Lowest B	0.07	0.42	1.07	1.72	2.12	2.20	2.60
Lower-Middle	0.03	0.18	0.72	1.58	2.02	2.05	2.36
Upper-Middle	0.01	0.06	0.40	1.29	1.80	1.98	2.33
Highest A	0.02	0.09	0.29	1.03	1.63	1.84	2.15
Highest B	0.03	0.06	0.22	0.83	1.30	1.71	2.13
Adelaide average	0.05	0.25	0.71	1.41	1.86	2.01	2.45
Australia	0.05	0.28	0.79	1.53	2.01	2.17	n.a.

Table 2

Distribution of number of children ever born to women aged 40-44 years in selected socio-economic areas, Adelaide Statistical Division, 1996 census

Source: Compiled from unpublished ABS Census of Housing & Population 1996 data, except data for Australia which is from McDonald (1998)

	Percentage						
Socio-economic status area	No children	One child	Two children	Three children	Four children	Five or more children	Mean number children
Lowest A	9.7	11.0	41.9	23.2	8.4	5.8	2.30
Lowest B	7.5	10.9	48.4	23.8	6.9	2.6	2.20
Lower-Middle	9.0	13.0	50.0	21.5	5.7	0.9	2.05
Upper-Middle	16.3	9.0	46.2	20.8	5.2	2.3	1.98
Highest A	17.1	12.5	45.6	20.1	3.9	0.8	1.84
Highest B	26.3	14.7	34.6	16.2	6.7	1.3	1.67
Adelaide average	14.4	12.7	42.9	21.0	6.6	2.4	2.01
Australia	12.8	11.3	38.2	24.6	13.2		n.a

Table 3

Distribution of number of children ever born to women aged 35-39 years in selected socio-economic areas, Adelaide Statistical Division, 1996 census

Source: Compiled from unpublished ABS Census of Housing & Population 1996 data, except data for Australia which is from McDonald (1998)

	Percentage						
Socio-economic status area	No children	One child	Two children	Three children	Four children	Five or more children	Mean number children
Lowest A	11.6	13.7	39.4	21.2	9.2	5.0	2.20
Lowest B	10.0	13.0	44.7	22.3	7.8	2.2	2.12
Lower-Middle	9.9	12.4	50.4	21.8	4.6	0.9	2.02
Upper-Middle	18.9	13.8	43.0	17.8	5.3	1.2	1.80
Highest A	23.7	16.0	39.7	16.2	3.9	0.6	1.63
Highest B	39.2	12.6	32.0	13.8	2.1	0.3	1.28
Adelaide average	18.6	14.9	39.6	19.1	5.7	2.1	1.86
Australia	16.3	13.3	36.7	22.3	11.0		2.01