

The stories behind postponing motherhood: A Qualitative Insight From Advance Aged

Mothers in Mumbai

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Introduction

India is well entrenched into the phase of falling fertility thereby reducing natural growth and is currently passing through late transitional stage of first demographic transition. With current levels of fertility close to replacement fertility, the country is predicted to reach below replacement level fertility sooner than later. Despite India being a traditional society where early marriage and childbearing has been the norm, many regions of India especially the metropolitan cities are witnessing transition parallel to that of the developed countries. Recent evidence shows that postponement of childbearing and the delay in transition to motherhood lead to “very low” fertility in Europe (Sobotka, 2000a, 2000b) particularly for some subgroups of the population. Demographers call this shift in the timing of childbearing, as “postponement transition” (Kohler et al., 2002; Goldstein et al., 2009). Similarly, India is also experiencing rapid fertility decline since 1990s, most of the states of India are on the verge of completing first demographic transition and are currently experiencing the onset of second demographic transition where fertility continues to decline below replacement level. But no study has been done to identify who are those delaying childbearing and what are the factors leading to this delay. Advanced maternal age (>35 years) is associated with several adverse pregnancy outcomes; it is therefore the paper covers advanced age women only.

The paper tries to find the demographic profile of women who have delayed childbearing post 35 years of age; and explore the various factors responsible for this delay so as to know whether norms are changing in Indian society.

Need for study

Where there is ample study about teenage pregnancy in India, we have limited research on the new trend of delayed childbearing which has increased in recent decades contributing to change in maternal demographics. Understanding the trend of late fertility and its factors have been well documented by researchers from other industrialized countries (Eriksson, Larsson, Svanberg, & Tyden, 2013; Nojomi, Haghghi, Bijari, Rezvani, & Tabatabaee, 2010; Ojule, Ibe, & Fiebai, 2011), but there is paucity of research on Indian women who are delaying their first childbirth at an advanced age. A few hospital based studies have been done but they basically deal with the

‘medical implications of delayed childbearing and do not capture the mother’s view. Identifying the population following the trend of delayed childbearing and factors leading to this transition may help in understanding the changes in the social dynamics.

Data and Methodology

For this study, 40 women aged 35 & above who delivered their first child were approached, of which 25 women agreed to be interviewed in nine hospitals/maternity homes in different locations of Mumbai. Women were purposively selected from randomly selected hospitals by seeking permission from hospital authorities. In-depth-interview of these 25 women were undertaken between October 2014 and August 2015.

Main Findings

Table 1 provides the socio-demographic profile of respondents under the study which includes their age, marital status, highest educational level and employment status. Thirteen out of 25 respondents were above the age of 35, of which two were above age 40, the rest were of age 35. All of the respondents were married and educated except one who was not educated. Nine were graduates, three had engineering degree and three were MBAs. The professions of the respondents ranged from clerk, manager, analyst, television Producer, finance consultant and housewives. Twelve out of 25 were involved in managerial level jobs while 2 were clerks and 7 were homemakers. This shows that most of the women were highly qualified professionals. Some of them had left their jobs because of pregnancy or for planning pregnancy.

Table 1: Socio-demographic profile of mothers delaying their fist childbearing at age 35 & above.

S. No.	Age at marriage (in years)	Current Age (in years)	Marital status	Education	Work Profile
1.	25	35	Married	BE	Trainer
2.	31	35	Married	BE	Manager
3.	35	37	Married	M.A. Economics	Project Manager
4.	22	37	Married	B.A.	Homemaker
5.	25	38	Married	10 th	Compounder (Left job many years back)
6.	18	36	Married	10 th	Homemaker
7.	29	36	Married	BE	Lecturer in a Private college
8.	16	35	Married	10 th	Homemaker
9.	20	35	Married	No education	Homemaker
10.	23	35	Married	9 th	Homemaker
11.	26	36	Married	12 th	Telephone operator

12.	34	35	Married	B.Com.	Homemaker
13.	31	35	Married	B.com	Clerk, Indian Navy
14.	24	36	Married	B.A.	Homemaker
15.	33	38	Married	CA	Manager
16.	24	35	Married	B.Com	Manager (left job 1 year back)
17.	32	35	Married	B.Com	Manager
18.	33	35	Married	M.B.A.	Manager
19.	31	35	Married	B. Tech	Analyst
20.	24	45	Married	B.A.	Clerk
21.	35	42	Married	B.A.	NGO
22.	22	36	Married	12 th	Receptionist (left job)
23.	34	37	Married	B.A.	Helper in a Ayurvedic centre
24.	32	35	Married	Post graduate	Television Producer
25.	33	38	Married	BHMS,MD,MBA	Finance consultant

Some of the statements of the working women were:

Some of the women faced a lot of difficulties during pregnancy. They had to leave their job because of hectic work schedule, some had no provision of maternity leave in their offices whereas many had to take leave for all the months of pregnancy without pay. There were a few who were expected to be on bed rest because of their medical condition while going through IVF (In- vitro fertilization).

“I work in a stock broking firm and mine is a very stressful work. I don’t have time for family. It becomes very difficult to manage home and work. Both mine and my husband have a hectic work schedule. We hardly get time for each other. I had to leave job for planning child.” (35 years, Manager)

“My company is a small one. There is no provision of maternity leave there. I will have to take all leave without pay post delivery. I have already taken one month of leave due to illness.”(36 years, Telephone operator)

There were many organizations where there was no provision of paternity leave at all. Some had it but the period of leave ranged between 3-5 days in private firms and 15 days in government sectors. The women felt that these leave were not sufficient especially in cases where mothers go through C-section delivery and those who are living in nuclear family with no family support. Many of the mothers recommended having the provision of paternity leave for at least 1 month to 3 months depending on the health and need of mothers.

“My husband is working as an executive in a big private hospital of Mumbai but does not get paternity leave. If something could be done to encourage organizations to give paternity leave, it would be great. At least 15 days of paternity leave should be mandatory in all organizations.” (35 years, clerk)

Table 2 provides the factors which determine the timing of first childbearing among women age 35 & above. The reasons varied according to educational status and occupational status of women. Multiple responses were reported by the respondents. Eleven of the 25 women delayed their childbearing primarily because of late marriage. Eight of the women had difficulty in conception primarily because of medical problems related to their eggs, fallopian tube, uterus, cyst, frequent miscarriages etc. Four of the women were not able to conceive because their husbands had low sperm count. One woman delayed childbearing because the couples were not ready to have child earlier. Job search was mentioned by one woman as the most important reason. Also, financial stability and willingness to enjoy life were reported as other reasons. So, late marriage and medical reasons has come out to be the most important reasons of delay.

S. No.	Current Age	Education	Work Profile	Reasons for delay
1.	35	BE	Trainer	Not ready for child
2.	35	BE	Manager	Late marriage, Career
3.	37	M.A. Economics	Project Manager	Late marriage, Not found suitable match
4.	37	B.A.	Homemaker	Fallopian tube problems (ectopic pregnancy), miscarriages
5.	38	10 th	Compounder (Left job many years back)	Low Sperm count of husband
6.	36	10 th	Homemaker	Egg production took longer than normal
7.	36	BE	Lecturer in a Private college	Low sperm count of husband
8.	35	10 th	Homemaker	Fallopian tube problem
9.	35	No education	Homemaker	Cyst and Fallopian tube problem
10.	35	9 th	Homemaker	Had frequent miscarriages earlier, rupture in uterus
11.	36	12 th	Telephone operator	Low sperm count of husband, irregular period of respondent
12.	35	B.Com.	Homemaker	Late marriage, Not found suitable match
13.	35	B.com	Clerk, Indian Navy	Job search, Late marriage, not found suitable match
14.	36	B.A.	Homemaker	Not able to conceive, Irregular menstrual cycle
15.	38	CA	Manager	Frequent miscarriages
16.	35	B.Com	Manager (left job 1 year back)	Financial stability, career, difficult to conceive (because of stress at work)
17.	35	B.Com	Manager	Late marriage at 32(took time to get the right match),PCOD, wanted to enjoy togetherness

				before child
18.	35	M.B.A.	Manager	Late marriage, wanted to enjoy togetherness before child
19.	35	B. Tech	Analyst	Late marriage, education, career, wanted to enjoy togetherness before child, Primary infertility
20.	45	B.A.	Clerk	Egg and sperm related problem
21.	42	B.A.	NGO	Late marriage, Egg related problem
22.	36	12 th	Receptionist (left job)	Bed rest for 9 months, Fallopian tube problem
23.	37	B.A.	Helper in a Ayurvedic centre	Late marriage, Not found suitable match, Less egg count, Fibroid
24.	35	Post graduate	Television Producer	Late marriage, Not found suitable match, fertility treatment
25.	38	BHMS,MD,MBA	Finance consultant	Late marriage, Not found suitable match, education, career, financial stability

Some of the respondents expressed the reasons of delay like this;

“I wanted to get married only when I really liked someone, not just for the sake of marriage. Despite pressure from family and relatives I took my time. I wanted to be a mother so got married not because of cultural or other reasons.” (37 years, Project manager)

Nowadays, there is no job security unlike the past when our parents worked in government organizations. Therefore, it takes long to decide about childbearing since it is important to secure the job and have financial stability before starting a family.” (35 years, Manager)

“Age is just a mental block. It does not affect childbearing. It is the mental age that effects not the biological age.” (35 years, Trainer).

“I went to a doctor for some treatment. She found cyst and asked me when I am going to plan a child. I didn't like it. Who is she to ask me when I want to plan my child? She lost her business. I changed my doctor. I had my first child naturally at age 35. Though it took long to conceive and a few treatment but these doctors unnecessarily scare the patients and make them stressed.”(35 years, Television producer).

Discussion and Conclusion

In this study, we explored the profile of women who have delayed their first childbirth and the experience of mother's perceived opinion about the causes of delay. All of the respondents were married and educated except one who was not educated. Nine were graduates, three had engineering degree and three were MBAs. One was educated till 9th class and three had studied till 10th class while two had studied till 12th class. The professions of the women ranged from clerk, manager, analyst, television Producer, finance consultant and housewives.

In this study, though late marriage is considered to be the biggest factor for delaying childbearing; in most cases late marriage is the result of long academic and career pursuits of

women and their spouses. Until either or both spouses are psychologically and financially prepared to bear the child, it becomes a difficult to plan a child.

Second, with changing times and changes in the individual norms and priorities, there is rising self-interest and individualism among the new generations. Once the basic material preoccupations are satisfied, further income growth and educational expansion jointly lead to the articulation of more existential and expressive needs. Many couples in the study reported that they wanted to enjoy togetherness and satisfy their personal goals before planning child.

Third, another important reason of delayed childbearing was delay caused by medical condition of women and their spouses. Most of the women in the study suffered medical conditions like fallopian tube blockage, decreased ovarian reserve, decreased sperm count etc.

Note: Complete literature review, analysis and detailed discussion of the paper will be given in the final version of the paper.