



Regular Article

Factors shaping the timing of later entry into parenthood: Narratives of choice and constraint

Jessica Datta^{a,*}, Karen J. Maxwell^b, Kirstin R. Mitchell^c, Ruth Lewis^c, Kaye Wellings^a^a Department of Public Health, Environments and Society, London School of Hygiene & Tropical Medicine, UK^b Research Centre for Health, Glasgow Caledonian University, UK^c MRC/CSO Social and Public Health Sciences Unit, University of Glasgow, UK

ARTICLE INFO

Keywords:

Fertility
Reproduction
Parenthood
Temporality
Life course

ABSTRACT

Objective: This study explores the choices and constraints affecting timing of parenthood among those who became parents in their mid-thirties and early forties and how their fertility decisions were both affected by and negotiated within the interplay of different temporal frameworks.

Background: Recent decades have seen a trend towards postponement of parenthood in many countries. Explanations for this delay include structural factors, changing social norms and the influence of the social meanings of age. The study assesses the influence of these factors on perceptions of the 'right' time to become parents.

Method: The study draws on qualitative interviews with 23 women and men who participated in the third British National Survey of Sexual Attitudes and Lifestyles (Natsal-3) survey and had a first child when they were aged between 33 and 46.

Results: Prerequisites for parenthood were seen as financial security, a suitable home and a steady relationship. Educational attainment and the achievement of personal and lifestyle goals affected the age at which parenthood was considered as were individual circumstances. Age was less influential than life stage as a criterion for readiness although, for women, chronological age was a decisive factor.

Conclusions: Choice in shaping personal biographies was greater among participants than it would have been for previous generations but its consequences acted to constrain options regarding the timing of parenthood. Time taken to fulfil personal and professional ambitions, changing social norms regarding the appropriate age for parenthood as well as individual and structural factors resulted in less predictable life trajectories.

1. Introduction

Recent years have seen a trend in many countries towards postponement of entry into parenthood. The average age of mothers at first birth in England and Wales increased from 24.7 to 29.1 years between 1980 and 2020 (Office for National Statistics, 2022a) and the age that men became fathers rose in parallel, with an average consistently around three years older than that of mothers. Half of women (50%) in England and Wales born in 1990 remained childless by their 30th birthday (Office for National Statistics, 2022b). This trend towards later parenthood is mirrored across European countries and in, for example, the USA, Canada, Australia, Japan and South Korea although both the mean age of mothers at first birth and the rate of increase vary internationally (Beaujouan, 2020; Benzies, 2008; Hoorens et al., 2011; van Bavel and Nitsche, 2012; Li et al., 2013; Mathews & Hamilton, 2009;

OECD, 2019).

The extent to which this tendency is determined by personal choice and how much by external structural factors and changing social norms is uncertain (Mills et al., 2011). Social class, education and financial status strongly influence the transition to adulthood (Nilsen et al., 2013, p. 5) and later parenthood is one outcome of the lengthening time taken by young people to make this transition (Anderson et al., 2005). Longer years in education compared to previous generations (Department for Education, 2018), especially for women, and precarious labour markets have affected the timing, pace and length of transitions (Bradley & Devadason, 2008; Heinz, 2009).

This transition period and the temporal ordering of life events within it – further education, leaving home, entry into the workforce, forming a lasting partnership, having a first child – have become more weakly socially prescribed and age 'deadlines' more flexible. Altered

* Corresponding author. London School of Hygiene & Tropical Medicine, 15-17 Tavistock Place, London, WC1H 9SH, UK.

E-mail address: jessica.datta@lshtm.ac.uk (J. Datta).

<https://doi.org/10.1016/j.ssaho.2023.100700>

Received 25 September 2023; Accepted 2 October 2023

Available online 7 October 2023

2590-2911/© 2023 The Authors. Published by Elsevier Ltd. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

opportunities and constraints then influence expectations among young people about both the timing and sequencing of life events and so further loosen prescriptive agendas for how and when they should be achieved. Thus, social norms around timing of parenthood are reshaped as successive generations change their fertility behaviour.

Although there has been an increase in first births to older mothers, there is a polarisation in age of first birth with unemployed women and those working in low-skilled employment being more likely to have a first child at a young age and those in higher status roles in their thirties (Berrington et al., 2010; Rendall et al., 2009). The moral dimension of this social disparity is reflected in the discourse on the timing of motherhood, particularly as presented by the media (Budde et al., 2013; Perrier, 2013; Shaw & Giles, 2009; Yläne, 2016) with both ‘young’ and ‘old’ mothers being identified as outside the norm (Thomson et al., 2011, p. 28; Macvarish and Billings, 2010). Young mothers are sometimes portrayed as feckless and irresponsible while older, middle class mothers are problematised as ‘yummy mummies’ (Boterman & Bridge, 2014) and castigated as ‘wrong and selfish’ (Shaw & Giles, 2009) for ‘putting their social interests above the biological interests of their offspring’ (Smajdor, 2009). Positive media coverage is less common (Mills et al., 2015). The terminology used to describe first motherhood after the age of around 30 – ‘delay’, ‘postpone’, ‘late’, ‘advanced maternal age’ – can sound pejorative, suggesting that there is an acceptable age for a woman to have a first child and that, after a certain date, her behaviour is deviant. The implication that later parenthood is morally questionable does not appear to apply to older fathers.

1.1. The issue of choice

In considering the role of personal choice in life decisions, we may draw for direction on two somewhat contrasting theoretical positions. For the first, cultural imperatives gradually give way to greater individual choice as modernity evolves while, for the second, culture continues to structure choice by inculcating cultural preferences.

Proponents of the first perspective maintain that, in an uncertain modern world, individuals must be shapers of their own biographies, making decisions and choices in response to their circumstances in ways not prescribed by tradition (Beck & Beck-Gernsheim, 1995; Giddens, 1991). Marriage and the family are seen as having been transformed by greater choice and a more equal relationship between women and men (Giddens, 1992). The blurring of institutional boundaries and the resulting requirements for individuals to manage aspects of their personal and professional lives both opens up and closes down possibilities (Giddens, 1991; Beck, 1992). These new demands for life planning in a world of uncertainty have been referred to as a ‘choice biography’ (Beck, 1992), a contested concept but one which suggests that, despite structural barriers and the loss of traditional institutions, individuals in changing times have greater agency in deciding their futures (Woodman, 2009).

Those of the alternate view hold that whilst life appears to be characterised by choice, those choices are culturally framed. For Bourdieu, the twin concepts of habitus and field offer a useful apparatus for conceptualising choice in the timing of life events, such as the transition to parenthood. Habitus refers to a system of ‘durable and transferable dispositions integrating all past experience’ that ‘structures and shapes perceptions and actions at all times’ (Leander, 2009). Habitus accounts for individuals’ ‘ways of being, acting and approaching the world’ which are both classed and gendered (Armstrong, 2006). Parenthood can be considered as a social ‘field’ or arena ‘with specific stakes and rules’ (Boterman & Bridge, 2014) and social norms regarding the timing of childbearing will vary between women and men across social classes as a result of their different habitus. Although habitus is influential, Bourdieu acknowledged the role of personal choice, accepting that ‘social agents are not passive beings pulled and pushed about by external forces, but skilful creatures who actively construct social reality through “categories of social perception, appreciation and action”’ (Wacquant,

2011).

Occupants of the middle ground between the two perspectives draw on each to make sense of the notion of choice. Individuals are seen as continuing to be influenced by tradition and by others and so ‘patch together’ a response to the situation in which they find themselves using a process of ‘bricolage’ or ‘the everyday practice of DIY [do it yourself] and muddling through’ (Duncan, 2011). Duncan argues that individuals make family decisions pragmatically but in relation to others, adapting to the changing world by ‘invoking and reinventing tradition, often habitually and unconsciously’ in ways that are socially legitimate.

1.2. Time-lines in the life course

Adam’s (1998) concept of a multi-dimensional ‘timescape’ or temporal landscape is valuable in considering the timing of childbearing. Historical, biographical and biological timescapes all play a part in influencing individuals’ choices and constraints. Theorists have considered how the social meanings of age affect the timing of childbearing (Billari et al., 2011; Settersten & Hägestad, 1996). Neugarten and her colleagues proposed the ‘age-normative framework’ to explain how individuals adhered to a ‘prescriptive timetable’ for the linear ordering of life events. According to this perspective, life is divided into ‘meaningful segments’ in which individuals accomplish family transitions in the ‘proper’ order (Neugarten et al., 1965). These ‘target dates’ act to guide rather than to dictate the sequencing of family life (Settersten & Hägestad, 1996) and personal timetables may prevail over culturally prescribed ones. Indeed, although social norms associated with timing of parenthood may be influential, there is unlikely to be a single ‘right’ time for any individual or couple (Earle & Letharby, 2007; Perrier, 2013) to have a first child. What Adam (2008) calls ‘the temporal element of timing’ is determined by factors which may be outside individuals’ control such as the achievement of stable partnerships, career progression and financial security. The fluidity of contemporary personal biographies makes deciding whether and when to have a child ‘a contradictory and ambivalent issue’ (Sevón, 2005), especially for women, involving synchronising subjective, ‘psycho-social’ time with personal biographical and biological time.

Although ‘the meaning of age is constructed through the prevailing social and economic relations of society’ (Wyn & Woodman, 2007), time is articulated by the finite duration of women’s reproductive capacity and so a consideration of biological time must be added to that of secular and biographical time. Infertility, defined as unsuccessfully attempting conception for a 12-month period, is estimated to affect approximately one in seven heterosexual couples in the UK (National Institute for Health and Clinical Excellence, 2013). Older women are more likely to experience difficulties conceiving, face increased risk of miscarriage, stillbirth and ectopic pregnancy and later maternal age has been associated with adverse perinatal outcomes and chromosomal abnormalities (Balasch, 2010; Cleary-Goldman et al., 2005; Hefner, 2004; Jacobsson et al., 2004; Morris & Alberman, 2009). Advanced paternal age also carries infertility and reproductive risks which are less well characterised than those relating to women (Brandt et al., 2019).

As Bergmann (1992: 108) notes: ‘Time scarcity can ... arise from the desynchronisation of psychological, physiological or biological-physical environmental time, and social time’. Women who delay motherhood may feel that time is ‘running out’ and that they have ‘missed’ the ‘right’ time to conceive (Earle & Letharby, 2007). Any attempt at pregnancy has an uncertain outcome and, unlike other aspects of our lives, conception and the physiological aspects of pregnancy and birth are beyond the control of individuals. Technologies such as egg freezing and IVF are potentially expensive and not universally available or effective so, for women, biological time is ultimately non-negotiable.

In this paper we explore the interplay of historical, biographical, and age-related timescapes in shaping the timing of parenthood. We examine the extent to which that timing is under the control of individual agency and how much it is determined by social, structural and environmental

factors. Using qualitative interview data from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3) (<https://www.natsal.ac.uk/natsal-survey/natsal-3>), we assess how participants who became parents in their mid-thirties and early forties perceived the nature and extent of choices and constraints regarding timing and how fertility decisions are both affected by and negotiated within the context of different temporal frameworks.

2. Methods

The third National Survey of Sexual Attitudes and Lifestyles, Natsal-3, is a probability sample survey of 15,162 women and men aged 16–74 years and includes a wide range of questions about participants' sexual, relationship and reproductive histories, their sexual attitudes and demographic characteristics. Details of the study's methods are described elsewhere (Erens et al., 2014). This qualitative component of the Natsal-3 study drew participants from those who took part in the survey.

2.1. Sample selection

At the end of the Natsal-3 interview, survey participants were asked whether they would be willing to be contacted again by the research team to provide 'further information about some of the topics covered in the study'; 83% said they would. From this group, the survey team identified all those who reported having a first child in the 12 years before the survey interview and whose date of birth was consistent with becoming a biological parent when they were aged 34–46 years. The lower age (34) was chosen as several years above the mean age at first parenthood in Britain as a whole, and 46 was the oldest age at which a Natsal-3 participant had had a first child. Restricting reported first parenthood to the previous 12 years ensured that the social and economic period in which it occurred was roughly comparable for all participants and broadly equivalent in terms of current age group. The aim was to interview 20 people (ten women and ten men). The sampling frame for the interviews consisted of 363 survey participants (197 women and 166 men) who met these criteria. Of these 49 participants were selected to ensure a reasonable spread in terms of gender, age and geographical location.

NatCen (the study's survey partner) provided the qualitative research team with information on survey participants' age, gender and contact details but, in line with the study protocol, no further data from their survey responses. Information on participants' education level or socio-economic status was therefore not known when sampling. The qualitative team wrote to those selected, in groups of about six at a time, to inform them of the qualitative component and invite them to take part. In a follow-up telephone call a team member provided further information about the interview topic and format and invited and responded to questions. Those approached were offered time to decide whether to participate.

2.2. Achieved sample

Of the 49 individuals selected, 23 (12 women and 11 men) participated in an in-depth interview, ten (six women and four men) were not contactable after a minimum of five telephone calls, 11 (six women and five men) declined to take part and, for five (one woman and four men), it proved impossible to arrange an interview at a suitable time. The total number recruited to the study was higher than the 20 originally intended as more individuals than anticipated agreed to participate. Characteristics of participants, identified by pseudonyms, are outlined in Table 1.

All of those interviewed were heterosexual and of white ethnicity although not all were British. All lived in England and the majority in the southern half of the country. Participants worked in a range of sectors and occupations including the media, academia, manufacturing, social care, education, finance, security, local government, construction,

Table 1
Characteristics of interview participants.

Name	Age at interview	Relationship status at interview	Age at birth of first child	Number of children (age in years) at time of interview
Women				
Alison	44	married	36	1 (8)
Barbara	44	divorced	36	3 (8 and twins aged 7)
Camilla	44	married	41	2 (twins aged 3)
Denise	40	married	35	1 (5)
Elaine	38	married	33	2 (5 and 2)
Fiona	46	married	34	2 (12 and 10)
Gail	49	single	43	1 (6)
Helen	40	single	36	1 (5)
Imogen	42	cohabiting	35	2 (6 and 2)
Jane	44	separated	36	2 (9 and 6)
Karen	43	married	34	2 (9 and 6)
Laura	45	married	34	2 (11 and 5)
Men				
Adrian	42	married	37	2 (twins aged 5)
Barry	56	separated	42	1 (14)
Chris	56	married	46	1 (10)
Dominic	42	married	36	2 (6 and 4)
Edward	42	cohabiting	39	2 (3 and 8 months)
Frank	45	married	34	2 (11 and 6)
Gareth	40	married	33	2 (7 and 4)
Harry	44	separated	33	1 (11)
Ian	52	married	38	3 (13, 10, 7)
Jason	40	married	38	1 (2)
Kevin	43	married	33	2 (9 and 7)

transport and health care. Despite the systematic process to select individuals who had a first child aged 34 or older, four participants (one woman and three men) reported at interview that they had actually had their first child when they were aged 33. It is unclear why this occurred but it seems likely these individuals misreported either their own or their first child's month and year of birth when responding to the Natsal-3 survey. Their responses are included here because, at 33, they were older than the average at first birth and because it seemed unethical to discount their contributions on the basis of a specific age when the concept of 'later parenthood' is itself subjective.

2.3. Data collection

In-depth interviews were carried out by two interviewers (JD - 21 and KRM - 2) either in the participant's home, workplace or another agreed private space. Participants were provided with an information sheet and gave written consent to take part in the interview. Each one was given a £20 shop voucher to acknowledge their contribution to the study. The topic guide, developed by the research team, and amended as interviews were conducted, took a narrative, life course approach. Participants were asked about their family background, expectations of parenthood in adolescence, education, work, relationships, social networks, decision making about parenthood, and their circumstances when they became parents. Interviewers made field notes immediately after interviews which were analysed with the interview transcripts.

2.4. Data analysis

Interviews were audio-recorded with the consent of participants and transcribed verbatim for coding and analysis. Using the constant comparative method (Strauss, 1987), data were initially open coded using NVivo software (version 11) and then organised categorically into themes with attention given to references to choice, constraints and the influence of different timescapes. JD and KW conducted the analysis, discussing and comparing themes and interpretation.

Ethical approval: Natsal-3 was approved by the Oxfordshire Research Ethics Committee A (ref: 10/H0604/27).

3. Results

Asked what they had considered to be an ideal age to enter parenthood prompted reflection among some participants of their expectations at a younger age. For most, earlier thoughts were fairly consistent with the actual age at which they became parents, that is, in their mid-30s. Where they were inconsistent, parenthood had occurred slightly later than had been considered ideal earlier in life.

3.1. Influences on the timing of parenthood

In terms of the influences on thoughts about an ideal age, there was some evidence of family patterns having been repeated. Gareth, for example, had in mind that he would have a first child at the age at which his father had done so. Most participants, however, acknowledged a generational shift in expectations towards parenthood occurring later than it had for their parents. This was most notable among women, many of whom reported family and school having shaped their youthful expectations. Most had grown up anticipating that they would continue to further education and proceed to fulfilling employment and financial independence.

‘... my mum had always said to us, “Don’t have children too early”. And my headmistress from school was all about the career’. Camilla, 44

Some belonged to the first generation of their family to go to university. Three women, in particular, spoke of second wave feminism and increased women’s economic participation having influenced the aspirations of their generation from an early age and so had affected their trajectories into adult life and therefore their attitudes towards timing of motherhood.

Both women and men described having higher material expectations than their parents and investment in career development was necessary to enable them to meet these aspirations. The dominant narrative reflected the elements of individualisation and perceived choice in the lives of those interviewed. In an environment shaped by a burgeoning mass media, technological innovation and the success of global capitalism in creating demand, they belonged to a consumer generation who expected to ‘work hard and play hard’, enjoying home comforts, overseas travel and an active social life in their twenties and early thirties. They talked of wanting to ‘live’ before ‘settling down’ and becoming parents.

More proximate secular trends had influenced the length of time needed to accomplish these goals and so had an impact on age at parenthood. Commonly referenced were contemporary social and economic factors influencing higher education and career progression. The employment market had markedly influenced participants’ choices. It took those following professional careers years of education and training to establish themselves in secure employment while others were motivated by opportunities to make money while these were available. Lack of economic stability acted as a constraint on starting a family, linked as it was to a moral sense of being in a position to financially support a child.

‘... it’s very competitive ... to get a long-term position rather than a two, three-year post-doc [post] is a big step in academia and to take a year or two out looking after kids or take on the responsibility of kids before you’ve got that is I think, well I would have been nervous about it to be honest and I know many people are.’ Frank, 45

As a result, age at first parenting was pushed higher for some than had been expected. Helen, aged 36 when she had her first child, had thought that she would have a baby when she was 32, by which time she would have completed higher education, established a career and ‘done a bit of travelling’. She acknowledged that she had underestimated the time needed to achieve that because ‘by the time you’ve done all that, 32’s actually too young ... you’re at *least* in your mid-30s’.

Peer group norms relating to parenting behaviour were not seen as having explicitly exerted pressure on participants to become parents, but there was certainly an awareness of parenting patterns among friends. Gareth, Jason, Dominic and Frank all noted a large number of members of their social circle having children at around the same time as they did when ‘quite a few babies all popped up around the same time’ (Jason). Some participants more openly acknowledged the influence of peers.

‘... it felt like a lot of my friends from childhood ... had already done it [had a baby] and I used to go and visit people with children and feel pissed off because they had babies and houses and husbands and that’s what I wanted.’ Karen, 43

For some the death of a parent was a significant life event motivating family decision-making. Ian, Alison and Helen all believed their mothers’ deaths had influenced their ideas about becoming parents and, for Frank and Fiona, the death of their partners’ fathers prompted the decision to marry. These participants did not directly attribute their plans to have a child to a parent’s death but talked about their personal sadness, the impact on their family and how loss resulted in reflection on their lives and priorities. As Ian explained, ‘my mother died, my job came to an end, and there was a natural moving of ways that then led to getting married’.

3.2. Assessing readiness for parenthood

Ideally, prerequisites for parenthood were seen as the achievement of personal and professional goals: secure employment providing financial stability, a steady relationship - and for some marriage - and a suitable home base. Accomplishment of these life objectives led many to feel ‘naturally’ ready for the next joint project for the couple - parenthood.

‘... it’s something we’ve always aspired to, you know ... it was the natural next step, you know, we got married, or we courted and got married, we had the house, we had a couple of nice holidays’. Kevin, 43

‘It felt like we’d settled down and I guess within a few years of that we thought well if not now, well why not now basically? If we’re going to do it at some point it should be about now, there’s no other excuse!’ Frank, 45

The transition to adulthood seemed more dependent on biography than age in years, insofar as those are separable. Age was mentioned by some but appeared to be of secondary importance to the achievement of life goals in considering readiness for parenthood.

‘Yeah, ‘cause I’d bought the house, I had a good job, I was working, money was alright so and I thought the age was about right as well, not too old and not too young.’ Harry, 44

In the ideal types reported by these participants, the stepwise progression of life events appears to roughly follow the age-normative model set out by Neugarten (1965) half a century earlier, according to which one life event followed another in a socially proscribed sequence. Most accounts, however, seemed to correspond better with the conceptualisation posited by [Settersten and Hägestad \(1996\)](#), in which the model acted as a guide rather than a directive. While personal trajectories were broadly seen as following a timetable, albeit a loose one, in which one life event was followed by another and in a particular order, the sequencing of significant events was not uniform for all.

For some the ordering of life events was neither linear nor sequential. The relaxation of social conventions governing relationship and family formation removed any imperative to progress from a stable relationship to parenthood. Four participants, Camilla, Alison, Helen and Jason, all reported having long-term cohabiting relationships in their twenties but chose not to have children with those partners, either because they considered the partner unsuitable for parenthood or because of priority

given to their own time-related goals, or both. For Karen and Chris, being married was a necessary precondition for parenthood while, for a minority, parenthood occurred outside a stable relationship. Two women, Gail and Helen, had actively pursued careers and, despite believing that they would marry sometime in the future, were not in a long-term relationship when they conceived. Both, despite having radically changed their lifestyles, becoming single parents and living on more limited income, reported being happy to be mothers with the caveat that, had they had a child at a younger age, they could have had more than one.

3.3. Making choices and taking chances

There was limited evidence from these older parents of a conscious and rational decision being made about when to embark on parenthood. The pregnancies of three women in the sample were unplanned, and so occurred without a decision being made. Many of those interviewed said that they 'always knew' they wanted to become parents someday and, provided neither of the couple articulated strong objections to parenthood, it was assumed it was something they would do when they were ready without the need to discuss the details years in advance.

'You know, in the back of your mind, you ultimately think you'll have children, but ... it wasn't something I was ever thinking about or delaying or planning or ... I think when the time came, then one started thinking, "About time I started a family".' Ian, 52

Few of these parents, however, appeared to have explicitly subjected the costs and benefits of starting a family to rational scrutiny. Reasonably, as some pointed out, there were simply too many imponderables to guarantee that weighing up the pros and cons would lead to a clear yes or no answer.

'[I wanted children] when I could afford them and obviously you never know when you can afford them, do you?' Edward, 42

The point was made that there was never likely to be an optimal time financially because of the lost income if one parent (usually the mother) takes time off work or works fewer hours and/or the high costs of child care.

'I think in the end we decided that there is never a good time, you are never ever going to be able to afford to have children really, you just do it.' Fiona, 46

What seemed clear was that for some there had, all along, been a tacit recognition that an implicit objective to forging a long-term relationship, securing a steady job and setting up a stable home, was parenthood, even if that had not been explicitly articulated. Jane, whose first pregnancy was unplanned, explained:

'... ultimately what we were doing with our lives at that time was building a nest and feathering it and you only do that for one thing ... It's very traditional and, you know, you get to a certain age, you get married, you have a little house, you do that for children. That lifestyle doesn't support anything else at all.' Jane, 44

3.4. The biological imperative

Unlike the categorical variable of age, the 'choice biography' is essentially a continuous process. Self-realisation is not a finite goal, nor is career advancement or home improvement and, as Jason noted, such endeavours may seem to have no obvious endpoint.

'I never really thought about children really. Kind of thought that it might happen and I think a lot of my male friends have just sort of drifted into it really. Yeah, it's something that drives women more, I think.' Jason, 40

The age issue was clearly more salient for women than men and, for them, what limited lifestyle goals being pursued indefinitely was the awareness that the 'choice biography' might cease to be so if they were denied the option of becoming mothers. For some, this realisation was sudden, presenting the need for an urgent decision. Elaine described the abrupt transition in her feelings:

'I don't know whether there was a trigger but literally in the space of three months I said, right, I've got to have children, we've got to have children now ... I knew that that was the time so that's when we decided to go for it.' Elaine, 38

Recognition of the finite nature of their reproductive capacity then tended to override considerations for other sources of achievement for women.

'Yeah, it was [an age thing] really, and I thought I've got to where I am [at work] ... I've got to apply for management positions or, you know, have a baby. It was time really. I didn't want to not be able to have them you see ... We could have probably waited a couple of years, I probably could have got that management position and then, but you just don't know ...' Laura, 45

Whilst both women and men recognised the downsides of delaying parenthood in terms of the limitations of physiological aging, for men, the implications were expressed more in terms of physical fitness, their identities as fathers, and their fears relating to, for example, being seen as a 'fat dad' or the 'oldest dad in the playground'.

'I didn't want to be an older dad, couldn't kick a ball around with the kids and, you know, and wanted to be able to see them grow up as well which is very important.' Dominic, 42

For women, however, advancing age generated far more fundamental concerns relating to their chances of conceiving successfully, of taking a pregnancy to term and of having a healthy baby. Women were more keenly aware of these risks than men. Seven of the 11 men interviewed mentioned their partner's age as being the crucially decisive factor in the timing of parenthood, but several of them had been unaware of the risks until these were brought to their attention by their partner. In instances of a disjuncture in preference about the timing of parenthood because of a disparity in their ages, the men being younger than their partners, both women and men reported an element of persuasion by the women. Imogen, whose partner was nine years her junior, admitted 'I did pressure him, persuaded him I suppose' to have a child when he didn't feel ready. Talking about his partner, Jason explained:

'... she's older than me, so she said, "Look, I'm getting older ... I want to have kids ... If you're serious about this relationship, you need to think about children because if you're not, then you're wasting my time," ... there was pressure, I suppose, and that made me think about it, and, yeah, I yielded.' Jason, 40

For one woman, the biological imperative was an important criterion governing the choice of a partner. Camilla, having begun a relationship with a man she considered a good candidate for fatherhood when she was 39, made it clear to him that the relationship was conditional on their having children. After a miscarriage, she had twins when she was 41, one of three participants to have a multiple birth.

Despite apparently accepting the constraints on timing of parenthood imposed by biological age, there was some evidence of reluctance to relinquish the element of choice even in this area of life. Participants talked about changing concepts of age with medical and technological advances and were optimistic about both current possibilities and those to come. Elaine, who had her first child at 33, said she would consider having one at 42 and referred to friends who had first children in their 40s. Adrian, whose twins were conceived using IVF, thought 'medical advancements' meant that the risks of having children at older ages were no longer 'a massive issue'. Gail believed that social transformation was

in the vanguard and that medicine has not 'caught up'.

'I just think medicine isn't catching up with the evolution in people generally, you know. Look at us, you know, people used to get married in their late teens, early 20s. If you were mid-20s to late-20s that was late. Now look, you know, we've shifted a decade or two decades but they haven't caught up with that'. Gail, 49

Against a backdrop of reported experience of the uncertainties of reproduction, there did seem to be an element of optimism about the potential of therapeutic advances to improve the chances of conception and maternal outcomes into older age. Several accounts illustrated how the planned age for parenthood was pushed higher by the time it took to have a child. Amongst our participants, Karen had expected to conceive immediately and was 'gutted that it didn't happen straightaway because I'd assumed it would the first time I had unprotected sex', Denise took a number of years to conceive as did Frank's wife. Imogen had three miscarriages before having her first child, and both Adrian's and Jason's wives conceived through IVF treatment.

4. Discussion

We report findings from a sample of women and men in Britain who became parents in their early thirties to mid-forties. Their accounts illustrate the diverse nature of influences on the timing of parenthood in contemporary society, in particular, the complex interplay between factors relating to historical period, life stage and biological age. For the first, generational changes in expectations of educational attainment, personal achievement and lifestyle goals, particularly among women, contributed to an extension of the time taken before embarking on parenthood. This period was further lengthened by more proximate structural factors relating to contemporary employment and financial insecurity. Features of individual biographies relating to life events, the death of a parent or the breakdown of a relationship, for example, intersected with these trends and contributed to individual variability. Financial security, a steady relationship and a stable home base were considered prerequisites for becoming parents and, for some, an indication that parenthood would follow. Chronological age featured less prominently among criteria for readiness but was often the ultimate arbiter in the decision to attempt pregnancy.

A strength of the study is the fact that participants were drawn from a national probability sample survey, thereby minimising the possibility of bias resulting from recruitment context or locality. Their accounts provide a rich source of qualitative data documenting the meaning of readiness for parenthood and the significance of the various influences on its timing. The apparent over-representation in the sample of individuals of higher educational and social status is consistent with the demographic profiles of older parents. We acknowledge that, in recalling their biographies through the lens of their current circumstances, participants may have recast experiences and reinterpreted motivations. We also recognise that, in drawing only on accounts of adults who became parents at a later age, we provide a partial picture of the influences on timing of parenting.

Of interest is the extent to which women and men exercised choice in shaping their biographies. The lifestyle options open to them were greater than for previous generations as were opportunities to access higher education and fulfilling employment. The scale of increased access to higher education and employment opportunities has been described as 'an intergenerational rupture' (Thomson et al., 2011, p. 173).

Yet increased opportunities can be seen to have constrained choice in relation to whether and when to embark on parenthood. The time needed to complete higher education, establish a career and set up home served to put parenting on hold. The impact on timing of childbearing of longer years in education, particularly for women, has been well documented (Mills et al., 2011; Ní Bhrolcháin & Beaujouan, 2012). Changing social norms were intrinsically linked to these structural factors. These

later parents had been socialised into expectations that parenthood would be scheduled after the accomplishment of other goals. They saw their immediate personal goals in terms of pursuing travel plans, securing rewarding work and a sound material base, manifesting 'a concern for self-fulfilment' (Giddens, 1990, p. 124). Childbearing and rearing, it was assumed, would follow the accomplishment of these objectives; age per se being a secondary consideration. Consistent with other findings (Bergnéhr, 2007; Henwood et al., 2011), social expectations were translated into individual aspirations. The internalisation of the social norms governing timing of parenthood aligns with Bourdieu's concept of habitus as the forces guiding behaviour are a function of both individual agency and social structure: 'the way society becomes deposited in persons in the form of lasting dispositions, or trained capacities and structured propensities to think, feel and act in determinant ways, which then guide them' (Wacquant, 2005, p. 316).

4.1. Temporality and time scarcity

The accounts of few of those we interviewed reflected an 'age-normative framework', as described by earlier observers (Neugarten et al., 1965). Despite initial expectations, age appeared to have been replaced by life stage as the defining criterion for readiness. Nor was the idea of a linear, future-oriented conception of temporality - such that life would progress through an orderly series of predictable life events (Shirani & Henwood, 2011) - the reality for all. As others have shown, the ordering of life events is neither dependably linear nor sequential (Shirani, 2014); trajectories are increasingly messy and unpredictable, and characterised by 'muddling through' (Duncan, 2011). The relaxation in social norms governing relationship and family formation, and the weakening of the assumption that childbearing will inevitably follow the establishment of a co-habiting relationship, served to further disrupt linear timelines for some. Serially conducted, cohabiting but childless, relationships also had implications for initiating parenthood.

As Bergmann (1992:107) notes, individuals are 'part of numerous temporal orders' and the time structures of different social systems - the economy and the family in this context - are not dependably concordant. The demands of the economic system can delay the start of family life and, conversely, parenthood, and maternity in particular, have the propensity to disrupt time structures enforced by the world of work. Although reflections on the timing of parenthood generally referenced the time taken to achieve personal goals, rather than the opportunity costs of taking time off work to raise children (Cooke et al., 2012; Wong, 2021), we found more than one example of work plans being radically reconfigured to accommodate motherhood.

4.2. The biological imperative

As noted, of interest in participants' accounts was the foregrounding of structural factors influencing the timing of parenthood, to the apparent neglect of age. The relatively open-ended nature of the pursuit of lifestyle goals, however, stands in stark contrast to the finite nature of reproductive choices. It was at the point of realisation that the option of childbearing was time-limited that participants had set about becoming parents in earnest. The concept of the 'choice biography' (Beck, 1992) became least tenable at the point at which further pursuit of lifestyle objectives would be at the cost of achieving reproductive goals. Awareness of the biological constraints of age was heightened among women, and it fell largely to them to raise awareness among male partners of the necessary urgency of action.

4.3. Policy relevance

Our findings pose questions for social policy. Opportunities for individuals to chart their own life course are clearly greater than in the past. Much of the change has been especially advantageous to women. Yet it might be seen that one set of social imperatives, relating to

childbearing and family building, may have been replaced by another, relating to self-realisation and achievement. An unintended consequence is that maternal goals may be missed. Some women regretted not having time to have more than one child. We do not report the views of those whose fertility intentions were not realised but other research shows a sizeable proportion of women in this category were either focussed on their career, did not have suitable housing, or simply did not get round to motherhood (Berrington, 2017).

From a societal standpoint, recognition of the implications of falling birth rates add impetus to the need for efforts to mitigate the current incompatibility between fertility and economic objectives. This is most likely to be achieved through social policies such as family-friendly employment structures and affordable childcare. The rationale for the alternatives is not strong. The optimism held by some of our participants that therapeutic advances would eventually create the means by which reproductive options might be extended, even if desirable, seems unwarranted in the foreseeable future. Public engagement efforts to address the issues, directed towards the individual and aimed at raising awareness that fertility choices are time limited (RCOG, 2016), have been criticised by some media observers as paternalistic (Coslett, 2021). Mothers should not have to give up satisfying well paid employment, unless they choose to.

Funding

This work was supported by grants from the Medical Research Council (G0701757) and the Wellcome Trust (084840) with contributions from the Economic and Social Research Council and Department of Health. KRM and RL are supported by the United Kingdom Medical Research Council (MC_UU_00022/3) and Chief Scientist Office, Scotland (SPHSU18). The sponsors played no role in the study design, data interpretation, data collection, data analysis or writing of the article.

CRedit authorship contribution statement

Jessica Datta: Methodology, Investigation, Project administration, Formal analysis, Writing – original draft, Writing – review & editing. **Karen J. Maxwell:** Formal analysis, Writing – review & editing. **Kirstin R. Mitchell:** Methodology, Investigation, Writing – review & editing. **Ruth Lewis:** Methodology, Writing – review & editing. **Kaye Wellings:** Funding acquisition, Conceptualization, Methodology, Formal analysis, Writing – original draft, Writing – review & editing, Supervision.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

References

- Adam, B. (1998). *Timescapes of modernity: The environment and invisible hazards*. London: Routledge.
- Adam, B. (2008). The timescapes challenge: Engagement with the invisible temporal. In J. Hockey, P. Thompson, & R. Edwards (Eds.), *Researching lives through time: Time, generation and life stories. Timescapes working paper series No. 1*. University of Leeds.
- Anderson, M., Bechhofer, F., McCrone, D., Jamieson, L., Li, Y., & Stewart, R. (2005). Timespans and plans among young adults. *Sociology*, 39, 139–155.
- Armstrong, J. (2006). Combining ‘juggling’ and ‘flexibility’: Classed and gendered experiences of combining employment and motherhood. *Sociological Research Online*, 11, 94–106.
- Balasz, J. (2010). Ageing and infertility: An overview. *Gynecological Endocrinology*, 26, 855–860.
- Beaujouan, E. (2020). Latest-late fertility? Decline and resurgence of late parenthood across the low-fertility countries. *Population and Development Review*, 46, 219–247.
- Beck, U. (1992). *Risk society: Towards a new modernity*. London: Sage Publications.
- Beck, U., & Beck-Gernsheim, E. (1995). *The normal chaos of love*. Oxford: Polity Press.
- Benzies, K. M. (2008). Advanced maternal age: Are decisions about the timing of child-bearing a failure to understand the risks? *Canadian Medical Association Journal*, 178, 183–184.

- Bergmann, W. (1992). *The problem of time in sociology: An overview of the literature on the state of theory and research on the ‘sociology of time’, 1900-82* (Vol. 1, pp. 81–134). Time & Society.
- Bergnéhr, D. (2007). Love and family: Discussions between Swedish men and women concerning the transition to parenthood. *Forum for Qualitative Social Research*, 8, Article 23.
- Berrington, A. (2017). Childlessness in the UK. Demographic Research Monographs. Max Planck Institute. In M. Kreyenfeld, & D. Konietzka (Eds.), *Childlessness in Europe: Contexts, causes and consequences* (pp. 57–77). Rostock, Germany: Springer.
- Berrington, A., Stone, J., & Falkingham, J. (2010). *How far have transitions to adulthood changed over the last decade? Evidence from the United Kingdom labour force survey*. ESRC Centre for Population Change Working Paper No. 5.
- Billari, F. C., Goisis, A., Liefbroer, A. C., Settersten, R. A., Aasve, A., Hagestad, G., & Spéder, Z. (2011). Social age deadlines for the childbearing of men and women. *Human Reproduction*, 26, 616–622.
- Boterman, W. R., & Bridge, G. (2014). Gender, class and space in the field of parenthood: Comparing middle-class fractions in Amsterdam and London. *Transactions of the Institute of British Geographers*, 40, 249–261.
- Bradley, H., & Devadasan, R. (2008). Fractured transitions: Young adults’ pathways into contemporary labour markets. *Sociology*, 42, 119–136.
- Brandt, J. S., Cruz Ithier, M. A., Rosen, T., & Ashkinadze, E. (2019). Advanced paternal age, infertility, and reproductive risks: A review of the literature. *Prenatal Diagnosis*, 39, 81–87.
- Budds, K., Locke, A., & Burr, V. (2013). *Risky business: Constructing the ‘choice’ to ‘delay’ motherhood in the British press* (Vol. 13, pp. 132–147). Feminist Media Studies.
- Cleary-Goldman, J., Malone, F. D., Vidaver, J., Ball, R. H., Nyberg, D. A., Comstock, C. H., D’Alton, ., & for the FASTER consortium, M. (2005). Impact of maternal age on obstetric outcome. *The Obstetrician and Gynaecologist*, 105, 983–990.
- Cooke, A., Mills, T. A., & Lavender, T. (2012). Advanced maternal age: Delayed childbearing is rarely a conscious choice. A qualitative study of women’s view and experiences. *International Journal of Nursing Studies*, 49, 30–39.
- Coslett, R. C. (2021). *Women are still being blamed for society’s problems with fertility*. Retrieved from <https://www.theguardian.com/commentisfree/2021/oct/13/women-society-fertility-seminars-barriers-parenthood>.
- Duncan, S. (2011). Personal life, pragmatism and bricolage. *Sociological Research Online*, 16, 13.
- Earle, S., & Lethaby, G. (2007). Conceiving time? Women who do or do not conceive. *Sociology of Health & Illness*, 29, 233–250.
- Erens, B., Phelps, A., Clifton, S., Mercer, C. H., Tanton, C., Hussey, D., Sonnenberg, P., Macdowall, W., Field, N., Datta, J., Mitchell, K., Copas, A. J., Wellings, K., & Johnson, A. M. (2014). Methodology of the third British national survey of sexual attitudes and lifestyles (Natsal-3). *Sexually Transmitted Infections*, 90, 84–89.
- Giddens, A. (1990). *The consequences of modernity*. Cambridge: Polity Press.
- Giddens, A. (1991). *Modernity and self-identity*. Oxford: Polity Press.
- Giddens, A. (1992). *The transformation of intimacy: Sexuality, love and eroticism in modern societies*. Cambridge: Polity Press.
- Heffner, L. (2004). Advanced maternal age: How old is too old? *New England Journal of Medicine*, 351, 1297–1299.
- Heinz, W. R. (2009). Structure and agency in transition research. *Journal of Education and Work*, 22, 391–404.
- Henwood, K., Shirani, L., & Kellett, L. (2011). On delayed fatherhood: The social and subjective ‘logistics’ at work in men’s lives (a UK study). In G. Beets, J. J. Schippers, & E. R. te Velde (Eds.), *The future of motherhood in western societies: Late fertility and its consequences* (pp. 159–176). Dordrecht: Springer.
- Hoorens, S., Clift, J., Staetsky, L., Janta, B., Diepeveen, S., Morgan Jones, M., & Grant, J. (2011). *Low fertility in Europe: Is there still reason to worry? RAND Europe*.
- Jacobsson, B., Ladfors, L., & Milson, I. (2004). Advanced maternal age and adverse perinatal outcome. *The Obstetrician and Gynaecologist*, 104, 727–733.
- Leander, A. (2009). Habit and field. In *Working paper No. 9 Copenhagen Business School*.
- Li, Z., Zeki, R., Hilder, L., & Sullivan, E. A. (2013). *Australia’s mothers and babies 2011. Perinatal statistics series no. 28. Cat. no. PER 59*. Canberra: AIHW National Perinatal Epidemiology and Statistics Unit.
- Mathews, T. J., & Hamilton, B. E. (2009). *Delayed childbearing: More women are having their first child later in life. NCHS data brief, no 21*. Hyattsville, MD: National Centre for Health Statistics.
- Mills, T. A., Lavender, R., & Lavender, T. (2015). “Forty is the new twenty”: Analysis of British media portrayals of older mothers. *Sexual & Reproductive Healthcare*, 6, 88–94.
- Mills, M., Rindfuss, R. R., McDonald, P., & te Velde, E. on behalf of the ESHRE Reproduction and Society Task Force. (2011). Why do people postpone parenthood? Reasons and social policy incentives. *Human Reproduction Update*, 17, 848–860.
- Morris, J. K., & Alberman, E. (2009). Trends in down’s syndrome live births and antenatal diagnoses in England and Wales from 1989 to 2008: Analysis of data from the national down syndrome cytogenetic register. *BMJ*, 339, Article b3794.
- National Institute for Health and Clinical Excellence. (2013). *Fertility: Assessment and treatment for people with fertility problems*. Manchester: NICE Clinical Guideline.
- Neugarten, B. L., Moore, J. W., & Lowe, J. C. (1965). Age norms, age constraints, and adult socialisation. *American Journal of Sociology*, 70, 710–717.
- Ní Bhrolcháin, N., & Beaujouan, E. (2012). Fertility postponement is largely due to rising educational enrolment. *Population Studies: A Journal of Demography*, 66, 311–327.
- Nilsen, A., Brannen, J., & Lewis, S. (2013). Introduction. In A. Nilsen, J. Brannen, & S. Lewis (Eds.), *Transitions to parenthood in Europe: A comparative life course perspective (1st ed)* (p. 5). Bristol: Policy Press.
- OECD. (2019). *Rejuvenating Korea: Policies for a changing society. Gender equality at work*. Paris: OECD Publishing.

- Perrier, M. (2013). No right time: The significance of reproductive timing for younger and older mothers' moralities. *The Sociological Review*, 61, 69–87.
- RCOG. (2016). **Young people 'missing out' on parenthood due to a lack of knowledge about their fertility**. <https://www.rcog.org.uk/en/news/young-people-missing-out-on-parenthood-due-to-a-lack-of-knowledge-about-their-fertility/>.
- Rendall, M. S., Ekert-Jaffé, O., Joshi, H., Lynch, K., & Mouglin, R. (2009). Universal versus economically polarised change at age at first birth: A French-British comparison. *Population and Development Review*, 35, 89–115.
- Settersten, R. A., & Hägestad, G. O. (1996). What's the latest? Cultural age deadlines for family transitions. *The Gerontologist*, 36, 178–188.
- Sevón, E. (2005). Timing motherhood: Experiencing and narrating the choice to become a mother. *Feminism & Psychology*, 15, 461–482.
- Shaw, R. L., & Giles, D. C. (2009). Motherhood on ice? A media framing analysis of older mothers in the UK news. *Psychology and Health*, 24, 221–236.
- Shirani, F., & Henwood, K. (2011). Taking one day at a time: Temporal experiences in the context of unexpected life course transitions. *Time & Society*, 20, 49–68.
- Smajdor, A. (2009). Between fecklessness and selfishness: Is there a biologically optimal time for motherhood? In F. Simonstein (Ed.), *International library of Ethics, law, and the new medicine: Vol. 43. Reprogen-ethics and the future of gender*. Dordrecht: Springer.
- Strauss, A. L. (1987). *Qualitative analysis for social scientists*. New York: Cambridge University Press.
- Thomson, R., Kehily, M. J., Hadfield, L., & Sharpe, S. (2011). *Making modern mothers*. Bristol: Policy Press.
- Wacquant, L. (2005). Habitus. In J. Beckert, & M. Zafirovski (Eds.), *International encyclopedia of economic sociology* (p. 316). London: Routledge.
- Wacquant, L. (2011). Habitus as topic and tool: Reflections on becoming a prize fighter. *Qualitative Research in Psychology*, 8, 81–92.
- Wong, J. C. (2021). Aspiring dual-professional couples career launch plans and childbearing timing. *Journal of Family Issues*, 42, 1092–1115.
- Woodman, D. (2009). The mysterious case of the pervasive choice biography: Ulrich Beck, structure/agency, and the middling state of theory in the sociology of youth. *Journal of Youth Studies*, 12, 243–256.
- Wyn, J., & Woodman, D. (2007). Generation, youth and social change in Australia. *Journal of Youth Studies*, 9, 495–514.
- Ylänne, V. (2016). Too old to parent? Discursive representations of late parenting in the British press. *Discourse & Communication*, 10, 176–197.