

Postponement of parenthood: a medical or social problem?

Summary

1. Background, statement of the problem and approach

The Netherlands is one of the leaders in 'late parenthood' in Europe, together with Italy and Spain. For a quarter of the Dutch women aged 40 or older who gave birth in 2005, this was their first child. The corresponding figure in 1970 was less than 10%, according to Statistics Netherlands (CBS, 2006). At present, 45% of all Dutch mothers are at least 30 years old when they give birth for the first time, and nearly 13% are actually 35 years old or more. The corresponding percentages in the Seventies were no more than 12% and 2% respectively. Social as well as medical reasons for this postponement of parenthood can be identified, and its effects can lead to societal problems e.g. if older mothers are faced with increased medical risks, or if shortages are experienced on the labour market due to a drop in population growth.

The key question here is whether the increasing postponement of parenthood constitutes a problem – and if it does, whether the government should be taking any steps to reverse this trend. And if the government should act, what kind of measures need to be taken? What is the role of the government in this matter, and what other parties are involved?

In the present report, the *Raad voor de Volksgezondheid en Zorg* (Public Health and Healthcare Council; Dutch abbreviation RVZ) explores the medical and social aspects of the postponement of parenthood. Various experts have given their view on the issues involved in previous chapters. It will be clear from the content of these chapters that opinions are divided on the pros and cons of postponement. There is nothing wrong with that. The present report may be regarded as the starting point for a wide-ranging social and political debate on this issue.

2. Medical aspects

Age-dependent decrease in fertility

Many people are not aware that the chance of natural conception decreases above the age of thirty, and that the risks associated with pregnancy are higher above this age. Apart from a drop in female fertility, there is an increased risk of miscarriages and congenital defects. While male fertility also shows a gradual decline with increasing age, postponement of parenthood has an even more marked effect on female fertility (Hilders and Merkus).

Congenital defects

The percentage of neonatal congenital defects is found to increase sharply as the mother gets older. Most of these cases involve chromosomal disorders, of which Down's syndrome is the most common. The risk of giving birth to a child with Down's syndrome is 4 times higher at an age of 35 and 10 times higher at an age of 40 than for 25-year-old women (Hilders and Merkus).

Complications associated with premature birth

The likelihood of premature birth also increases with the age of the mother. This applies not only to natural pregnancies in older women but also to the increasing number of in vitro fertilization (IVF) and intracytoplasmic sperm injection (ICSI) treatments performed, which are associated with an appreciably higher likelihood of multiple pregnancies. Premature birth can lead to all kinds of complications, which may range in severity from mild to very serious. For example, children who are born too early run an increased risk of developing learning or behavioural disorders (Hilders and Merkus).

Increased risk of breast cancer

Apart from consequences for the child, women who have children later or do not have children at all are at higher risk of breast cancer (Hilders and Merkus).

In vitro fertilization

As people tend to put off parenthood longer and longer, the increased difficulty women have in conceiving as they grow older means that an increasing number may be expected to seek medical help. The number of IVF treatments in the Netherlands has risen from about 1000 in 1985 and 10,000 in 1995 to more than 15,000 in 2004. IVF is not a miracle cure for fertility problems, however: the chances of a successful pregnancy brought about by IVF also fall off in women aged over 35. Nevertheless, this technique has proved a blessing for many infertile couples who would otherwise have remained childless (Hilders and Merkus).

3. Societal aspects

Demography

In 1970, more than 81% of the women born in 1940 gave birth to their first child at or before the age of 30. The corresponding figure in 2005, for women born in 1975, was only 51%. The CBS states in its 2006 population forecast that a further 30% of the women from the 1975 birth cohort will give birth for the first time after the age of 30. It follows that 19% of the women born in 1975 are likely to remain childless. Postponement of parenthood means that individuals are likely to end up with smaller families, and hence that the total proportion of children in the population as a whole will fall (Beets).

Much of the postponement behaviour can be ascribed to the higher educational level currently attained by women. Women with a university degree or similar qualification give birth to their first child at an average age of 34, as compared with 27 for women without such a qualification (Beets). However, having one's first child at a higher age is a trend also found in women who have not attended higher education. It should be noted in this connection that the educational level of the population as a whole has been rising over the past few decades.

People of non-Dutch origin show a similar trend: the second generation of women from ethnic minorities in the Netherlands get children later than their mothers, and get fewer children than their mothers (Beets). In this respect, they are thus adapting to the social patterns found in women of indigenous Dutch origin.

Reasons for delaying parenthood

(1) Changing expectations

There is a general tendency for young adults to put off decisions about living together, getting married and starting a family. They have grown up in a society that teaches them that life offers opportunities that are there to be taken (Schippers). The idea that one should not think about starting a family too early is widespread. Peers, friends and parents all confirm this view (Knijn and Ostner).

(2) The changing patterns of marriage and cohabitation

It is highly desirable to be living in a stable partnership before one has a baby. A lot has changed in this field since the 1970s. The frequent break-up of marriages and other partnerships has led many women to have fewer children, and to have them later, than they would really like (Beets). The pressures on relationships are high, and the feeling shared by many people that they need to get everything they can out of life is not conducive to a stable relationship (Brinkgreve).

(3) Educational level

It is mainly the increased educational level of women that leads to the postponement of parenthood; the increased educational level of men has hardly any effect in this respect (Beets). As mentioned above, women with a university degree tend to have their first child later than those who do not.

(4) Career perspectives

According to Brinkgreve, young, well educated women tend to receive a double message nowadays: they need to work very hard to get on in their job, but at the same time they should really be starting a family earlier. In practice, however, the career pressures generally make it more attractive to put off having children (Schippers). Women who commit themselves fully to their work during the initial years of their career often manage to build up a strong position within an organization. Moreover, calculations show that starting a family later leads to a higher overall income over the total length of one's working life.

(5) Combining work and household tasks

Schippers states in his paper that in particular highly educated women think that household tasks should be shared on a 50/50 basis. Nevertheless, parents tend to be more satisfied with the current unequal division of tasks than one might expect. Many couples go for a 'one and a half breadwinners' model. It is difficult to tell, however, whether they are making the best of a bad situation or are really satisfied (Brinkgreve). The postponement of parenthood has also led to the growth of the 'sandwich generation' – the parents who alongside their work are expected to care for the older generation (e.g. their own parents) as well as the younger generation (their children). That makes the task of achieving a proper work-life balance even more challenging than it otherwise would be.

(6) Perceived need to ensure a stable basis before starting a family

The Flycatcher study of 20-to-44-year-olds commissioned by the Public Health and Healthcare Council and the debate among young people organized by the Council both show that in particular well-educated young people feel the need to ensure a stable basis for their life – finish their studies, build up a stable relationship, find well-paid long-term employment and rent or preferably buy a house – before they start a family. It is not always easy to meet all these requirements. For example, in the Netherlands as in other countries it may take a long time to get a foot on the housing ladder.

4. Should the government intervene?

Individual and collective consequences of 'delayed parenthood'

Is delayed parenthood a problem, and if so for whom? It is certainly true that having children late in life can lead to medical problems at an individual level. If many couples experience complications, together with the disappointment of not being able to have children at all because one has put it off too long for whatever reason that may be, it could perhaps be considered to be a collective problem. Dutch women and men have fewer children than they would ideally like to (Knijn and Ostner). Effects are also felt in the fields of population structure (the aging of the population), the labour market (the need to get more women into employment) and collective provisions such as healthcare. Is the government in a position to do something about these issues? And should it do so?

Government policy

There is still a great deal of ignorance about the medical risks of postponement, even among well educated people. The Flycatcher study made it clear that even well educated people are not well aware of the risks their life choices entail. This underlines the importance of providing the general public with information about the risks associated with late pregnancies.

To a certain extent, government policy is unable to influence decisions regarding the postponement of parenthood. For example, the government can do little to influence the educational levels of individual couples (apart from the efforts it makes to raise the overall educational level of the population as a whole). At the same time, present-day society puts women under double pressure: to work, and to have children (earlier than they are now). One contribution the government could make here is to promote a more favourable climate for young people by easing the pressures of education and training, work, income, career and stress and thus help couples to decide to start a family earlier (Brinkgreve).

The public provisions that tend to be thought of in this connection are childcare facilities and maternity and paternity leave. However, the level of provision of these facilities is unlikely to have much influence on the age at which women in the Netherlands have children (Portegijs). When women are deciding whether to participate in the work process, their main consideration is what is best for the child. The idea that mothers should look after their children themselves is still firmly entrenched in the Netherlands (Portegijs et al., 2006). Where the government could exert a useful influence is in connection with such factors as the organization of labour (flexible working hours, the ability to take time off if necessary in order to care e.g. for sick children or elderly parents, known in the Netherlands under such names as 'care leave' or 'calamity leave') and furthering of a healthier work-life balance (e.g. by making it possible for part-time workers to seek and gain promotion) as discussed by Brinkgreve and Schippers.

Promoting bigger families is not seen as a priority in the Netherlands, perhaps with good reason: the birth rate of 1.7 children per woman is not as far below the value of 2.1 needed to prevent a drop in population as for example in Germany, where the birth rate is only 1.3 children per woman (Knijn and Ostner). Brinkgreve points out in her contribution that the importance of children for society is often defined in instrumental terms (e.g. the need to maintain an adequate labour force and keep the welfare state functioning properly), but should really be seen in a much wider context: parenthood also makes a major contribution to the social and psychological health of individuals and society, e.g. by meeting people's innate need to continue the family line and one's own history, the vitalizing and renewing effect children can have and the vast contribution they make to people's emotional life.