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“It was a horrible shock”: the experience of motherhood and women’s family size preferences

Abstract:

Women’s capacity to have children has often been manipulated to suit a particular state agenda, neglecting women’s interests. We report on qualitative research from regional Australia in which 26 women with children participated. The findings support the view that motherhood within a nuclear family context may threaten the well-being of women who lack external support. The women’s narratives of their experience of motherhood were frequently of “shock” and struggle. They tended to prioritise their children’s well-being (in keeping with the “good mother” ideal) but some identified their own needs as important and recognised their need for support. The struggle participants experienced and the negotiations they underwent to preserve their own well-being were suggestive of the oppressive power of motherhood but also of their agency. We conclude that meeting the challenges of providing adequate information and support for women in regard to childbearing is pivotal in overcoming oppression associated with motherhood.
Keywords:
childbearing agency, feminist citizenship, good mother, qualitative research, well-being, women’s fertility

**Introduction**

The pronatalist message of “populate or perish” has been a common theme running through much of Australia’s history since European settlement (Krupinski, 1984; Lake, 1993; Flannery, 1994; Howe & Swain, 1994). To meet this agenda “respectable” women (i.e. white, middle-class, heterosexual and preferably married (Howe & Swain, 1994; Burns, 2000; Farrell, 2001)) have been viewed as producers of babies for the benefit of the nation (Lake, 1993); this is still true in the 21st century. In 2004, the Australian Federal Treasurer, Peter Costello, encouraged women to have more children by asking them to have “one for the mother, one for the father and one for the country” and instructed them to “go home and do your patriotic duty tonight” (Costello, 2004). He compensated women who did their ‘duty’ with a lump sum Maternity Payment (known popularly as the Baby Bonus) on the birth of each child ($3000 in 2004 rising to $5000 in 2008). With Australia’s total fertility rate (TFR) lower than thought judicious because a large cohort of “baby boomers” was approaching retirement, the government feared a diminishing tax base and
wanted population increase to drive economic growth (Commonwealth of Australia, 2010). Hence more babies were required as the answer to the problem of an ageing population but this kind of pronatalism has long been associated with double-standards (Yuval-Davis, 1996). In Australia and internationally, lesbians (Rich, 1986; Millbank, 1997) as well as unmarried (Burns, 2000; Harris, 2004), teenage (Harris, 2004; Save the Children, 2009), non-white (Amos & Parmar, 1984; Goodall, 1990; Young, 1997; Aujla, 2000; Moreton-Robinson, 2000; Paisley, 2000) and working-class (Goodall, 1990; Burns, 2000; Summers, 2002) women, for example, have been regarded as unfit for childbearing. Such views persist. It is notable that the Baby Bonus has been criticised for encouraging the ‘wrong’ sort of women (particularly teenage and Aboriginal women) to have children purely for the money (for example: Silmalis, 2004; Castello, 2007; ABC News, 2008).

The advocacy of increased fertility fails to take into account environmental issues (including international concerns about global warming). The size of the population that Australia can sustainably support has also been an ongoing debate and commentators have called for it to be limited (for example: Flannery, 1994; Hamilton, 2002). Australia’s population was
recently forecast to rise to 35.9 million by 2050 (Commonwealth of Australia, 2010), an increase of approximately 60 percent. This prompted an escalation of the debate around what constitutes a sustainable Australian population (for example: Carr, 2010; Gluyas & Hepworth, 2010; Meredith, 2010; Smith, 2010). The debate has mainly concerned the numbers of migrants but there have also been calls for women to limit their childbearing (Gordon, 2010). In contrast, previously migration had been dismissed as a solution to ageing population concerns (Kippen & McDonald, 2004). While the pronatalism of the economic rationalists reinforces the stereotyping of (some) women as baby producers (Summers, 2004), neither side of the population debate takes into account women’s interests.

It is in the context of what is best for the nation or the environment that explanations for women’s childbearing behaviour have been sought. It would appear, therefore, that the purpose behind understanding women’s fertility is so it may be manipulated to suit the state. McDonald, for example, talks about finding “a solution to low fertility” (McDonald, 2006, p.495). Economic interests mean that low fertility rates, in developed countries such as Australia, have given rise to a large literature and a plethora of fertility theories. For example, economic rationalism (Leibenstein,
workforce participation preferences (Hakim, 2003), contemporary lifestyles (van da Kaa, 1987, 2001), and gender inequity within parenthood (McDonald, 2000) have been suggested as explanations. The tendency for women to stop at one or two children, rather than not having any children, is seen as the main reason for low fertility (Kippen, 2006). Smaller family size has been associated with delayed marriage, delayed childbearing after marriage, long gaps between children (Bongaarts & Potter, 1983); inadequate financial support for families through the tax and welfare systems (McDonald, 2006) and difficulty in combining work and family (Weston & Qu, 2004; McDonald, 2000; Adema & Whiteford, 2008). Normative pressures are also believed to influence family size (Ory, 1978; Udry, 1982; Thomson & Goldman, 1987; Blake, 1994; Gillespie, 2000); therefore the preponderance of smaller families encourages their occurrence. Whatever the explanation, it is recognised that family size preference is not static: Australians routinely re-evaluate how many children they will have (Newman, 2004; Qu & Weston, 2004). It is difficult to assess the relative merits of any of these explanations given that women’s actual experiences of motherhood appear to be neglected in explanations of women’s childbearing decisions.
In reality women’s childbearing behaviour is the result of a complex set of negotiations with many influences. For example, women are socialised to be mothers and undertake child raising responsibilities (Dinnerstein, 1976; Chodorow, 1978) and typically are led to believe that children will bring them happiness (Gilbert, 2007). On the other hand, parenthood has been associated with depression (Evenson & Simon, 2005) and motherhood imposes a cost on earnings and career status (Baker, 2010). Furthermore, when most women have children they have an interest in the well-being and development of those children (Ruddick, 1983) and because they have an ethic-of-care (Gilligan, 1982) they want to be “good mothers”. The good mother ideal perpetuated in Western societies requires women to always be available to their children and to see to the needs of their children at the expense of their own. Women are expected to be able to do this naturally, willingly and largely unaided (Wearing, 1984; Richards, 1997; Lupton & Schmied, 2002; Newman, 2009).

Precisely how “natural” maternal nurturing is has been a point of contention within feminism. For example, Rossi (1977) argues that the biological phenomena that women undergo through pregnancy, childbirth and lactation underpin their nurturing role. Conversely, Badinter (1981) claims maternal love and the good mother ideal
were inventions of the modern world, part of patriarchal society designed to keep women “in their place”. Indeed whether or not maternal love is socially constructed or natural, Oakley (2005) suggests that maternal love makes the oppression of women possible. Within second-wave feminism the nuclear family and motherhood were therefore viewed as sources of women’s oppression (Millet, 1971; Firestone, 1979; Rich, 1986; Walby, 1990). The interpretation of motherhood and family as institutions of oppression has been criticised and deemed a narrow, mostly white, middle-class perspective alienating many women from the feminist cause. Many women (for example: working-class (Humphries cited in Walby, 1989), rural women (Alston, 1995) Australian Aboriginal women (Moreton-Robinson, 2000; Paisley, 2000; Eveline, 2001) and women from other non-White backgrounds (hooks, 1984; Eveline, 2001; Stephan, 2010)) view the family as a source of support and power rather than oppression and the nuclear family structure may not apply. Indeed bell hooks argues that the family provides refuge from the oppression of racism and “stressful, degrading and dehumanising” work done outside the home (hooks, 1984, p.134). By contrast, Arlie Hochschild (1997) has argued that work can act as a refuge from the family.
This paper provides insights into women’s experience of motherhood and how that experience affects family size preference. We present findings from a qualitative study which supports the idea that women’s family size preferences are fluid. We argue that family size preference finally depends upon how well women perceive they are coping with the children they have. While this research looked at the experience of women with children, this in no way is meant to suggest that all women should be mothers. Rather, it is an acknowledgement that most Australian women will have at least one child\(^3\) and that their voices need to be heard. A primary motivation for undertaking the work was to understand how women came to be mothers and have the number of children that they do, and in doing so, improve women’s abilities to make fertility decisions that promote their interests.

**Methodology**

A qualitative approach was used in order to gain insights into women’s perceptions of how they negotiated the complexity of choices and constraints they faced when having a family. This research was conducted in the regional Australian city of Orange in the Central West of New South Wales, population around 38,000. Participants were women with at least one child of 9 years of age or younger who lived within an 80km radius of Orange. Recruitment of
volunteers was predominantly achieved through advertising in public school newsletters within Orange and other towns in the area. The recruitment strategy gave access to a broad cross section of women with children from a diversity of socioeconomic backgrounds and urban, semi-rural and rural locations.

Data was gathered from a total of 26 women in three phases comprising semi-structured interviews, focus groups and follow up interviews. Table 1 outlines the number of participants in each phase. In the first phase, the semi-structured interviews were designed to find out how women came to have the number of children that they did. The primary focus was on ascertaining the influences on the women’s childbearing decisions, particularly the importance of choice and external circumstances. In the second phase, the focus groups continued to explore the themes raised in the initial interviews but with a greater concentration on the women’s perceptions of social norms and pressures and a biological drive to have children. The semi-structured interviews in the third phase covered similar ground to the focus groups but was aimed at understanding the personal experience of the women.

[Table 1 about here]
At the time of first participation the women had between one and six children and the age of their youngest child ranged from 12 weeks to 8 years. The age at which the women had their first child ranged from 21 to 42 years. All of the women’s partners were male and in paid work (one later became a full-time father).

Briefly, the sample consisted of women who:

- were full-time mothers (6), on maternity leave (2), part-time employed (10), full-time employed (4) or self-employed (4);
- had no post-school qualifications (7), post-school qualifications below degree level (4), a bachelor degree (8) or postgraduate degree (7);
- were in a family with a net income per week of: $1201 or more (13), $501-$1200 (11) or $500 or less (2);
- were married (20), in a defacto relationship (4) or separated from their partner (2); and
- had a range of religious beliefs (Anglican (5), Catholic (6), other Christian faith (5), other religion (3) or had no religion (7)).

The women were also, to the best of our knowledge, of white European descent (hence broadly speaking fitted the hegemonic definition as “suitable reproducers”). When compared to data from the 2006 census (ABS, 2007) these women are reasonably
representative of women in the Orange area (the vast majority of the population being white European) aged between 25 to 44 years old, apart from having higher levels of qualifications. This bias is likely to have implications for their perception of the choices they can make and constraints they are subjected to, particularly at the nexus of workforce participation and motherhood.

We are mindful that our research includes only a narrow section of Australian society. Women from other races (including Australian Aboriginal women) and other lifestyles may live within alternative family structures and therefore may view the family differently (Amos & Parmer, 1984; hooks, 1984; Teghtsoonian, 1997; Young, 1997; Moreton-Robinson, 2000; Paisley, 2000; Stephan, 2010). Their concomitant needs for support and their experience of motherhood may therefore differ from the women in our study. Indeed, as an example, migrant women with limited English have been found to be in greater need of support than women born in Australia (Bandyopadhyay, Small, Watson & Brown, 2010). We recognise and respect that not all women and children live in the archetypal nuclear family.

Analysis was predominantly thematic, which entailed looking for common themes within the data (Patton, 1990; Ryan & Bernard,
Additionally, content analysis using themes derived from the literature (Ryan, & Bernard, 2000; Ezzy, 2002) was employed to mine the data for responses that supported or refuted previous findings. For ease of discussion the data collected at the interviews and focus groups has been amalgamated; the quotes given below are from interviews except where indicated. To protect the privacy of the women who took part in the research pseudonyms are used and names of family members and other identifiers have been removed from quotes.

Findings

Fluidity of family size preferences

The women varied in whether or not they could identify an ideal family size and most did not end up wanting this number of children. A clear idea of an ideal family size was expressed by 15 participants; the remainder were vague about the number of children they wanted. Only one participant appeared to have a strong unwavering idea of how many children she wanted. Mostly, the revision of the number of children wanted was downwards. Only one participant later wanted more children than she had when she had her first child. Moreover, the tenuous nature of family ideals was indicated by Gemma who said “I think I would like to have had like four. But, you know, rather than that being like a
plan – it’s a dream, it’s a whim”. Eight participants could only identify a range; for example Irene said “we are definitely having two up to four”. Three participants found it impossible to define their ideal family size. Penny just knew she wanted “more than one”. Further evidence of the fluidity of the women’s preferences is provided by four of the seven women who were hoping to have more children but were undecided about how many more and three additional women who were undecided about whether or not to have another child at the time of taking part in the study. Furthermore, three participants had thought they did not want children when they were younger; all planned their children. Participants’ family size preferences were influenced by their childhood experiences (Read, Crockett & Watson, 2007) and social discourse around family size.

The “shock” of motherhood

Most of the participants commented on how different motherhood was from what they had been expecting. Claudia, for example, said “I think I’ve found the reality of being a mother is a lot different to what I imagined it would be like. I had this ideal in my head”. Only four of the women, Maria, Vera, Faye and Amy, did not make such an observation. As there was not a direct question on the subject it is unknown whether they agreed or disagreed.
“Shock” was commonly used by the participants to express their reaction to motherhood. At the first focus group Elaine said “it was a horrible shock” and Claudia said “…being a first time mum, it was a rude shock to me, like, I had no idea what to expect”. Gemma provided an insight into why she was shocked: “I think when you first have them, for me I was shocked, I was shocked at the 24/7 aspect of it. I hadn’t even considered that, so I felt quite powerless at the start”. Similarly, Lara felt “totally unprepared” for how hard she found motherhood and confessed:

I really struggled with the first twelve months with [first child] because I thought it wasn’t what I expected. It was full-on. It never stopped. I swear every time [ex-partner] walked out the door he cried until [ex-partner] walked back in the door, which was probably a result of my anxiety. And I just hated it, I hated the first twelve months because I was unprepared for it. I didn’t know what to expect. I couldn’t get it. Like I used to be an organised person and I couldn’t get over the fact that between dirty nappies and one load of washing and his crying, it was dinner time and I hadn’t even washed-up from breaky or anything, you know what I mean. I was just devastated and he had reflux and
he vomited from here to there to everywhere, so.

And I didn’t know what I was doing, again I was totally clueless.

Sometimes they just had not known what to expect. Sonya explained: “And you don’t know, you’re a first time Mum, you don’t know that nipple bleeding is not normal”. Zola had not anticipated how much her life would change. She said: “I didn’t really how much it would be altered”. Only Dawn said she found bearing and looking after children easier and more enjoyable than she had imagined, whereas 21 participants made comments about how difficult motherhood was. They related stories of sleepless nights, colic and behavioural and learning problems. Sonya described the first eight weeks of her child’s life as “an absolute nightmare” because of the difficulties she had breastfeeding, the child “screaming 15 hours a day” and not sleeping. Yvonne also described her experience as a “nightmare”. She said:

We had a bit of a baptism with fire with [child] because I had gestational diabetes, which was no particular problem, I just had to watch what I ate and then he was born 6 weeks early, he was prem and he had really bad reflux which went undiagnosed for 5 months. So it was a bit of a nightmare. And he was a really strong willed child.
He used to do the hold the breath, pass-out sort of thing, from about day two of when he was born.

Yeah, so there was a period of time then when we sat there and went ‘thank god it is only one’. Yeah it took a while to get over that.

Why were the participants’ expectations of motherhood so different from what they experienced in reality?

The participants thought it was not possible to understand what motherhood was really like until they had done it (this included both positive and negative aspects). They indicated that social discourse tended to focus on positive aspects of motherhood which provided women with false impressions and expectations. The tendency for social discourse to focus on positive aspects of motherhood was discussed in all focus groups. The media portrayal of celebrity mothers was seen as giving women unrealistic ideas of what motherhood was like. Wanda said: “You see all these celebrity families with all their perfect children and that; it sort of gives unreal expectations.” Some of the women commented on the lack of discussion about what being a mother was really like. Zola was surprised friends who had had children had not warned her. She said: “I remember ringing this friend and saying, why didn’t you tell me how hard this is?” Anita was asked
if she thought women were making an informed decision when having a child. She replied:

No, for goodness sake you wouldn’t do it…Well you wouldn’t would you? Now here, you’re just going to throw up for 3 months, have a little bit of a blissful period, you might have some stretch marks, you're going to have indigestion, you’re going to go through this awful, awful pain and a baby will emerge…that’s totally dependent, no sleep, your life will change and it’s all about them, nothing about you for quite a long time.

Similarly, Wanda said:

There’s a lot of things about motherhood that, that they don’t tell you before hand and that come as a shock but whether, if women knew everything about it before hand, they would be so keen to go into it. So maybe it’s a good idea not to tell them all the downsides – only the good sides.

The lack of contact and experience with young children or babies before they had had their own was identified by participants as contributing to motherhood coming as a horrible shock. Elaine spoke of what it was like in her own family:
I had no contact with babies my entire life, I never
grew up with my cousins, I hardly ever saw them.
So, because the family was so widespread…without
that contact…holding my own child the first time
you know was like, my god, I’ve got a baby what
am I going to do with it?

Similarly, Claudia said: “I had just not been around kids since I
was a kid, and I feel like I was lucky, I was just out of my depth
and everything was a struggle.” Whatever the reasons for
motherhood coming as a shock, it is clear that the participants
found the transition to motherhood difficult and their well-being
was undermined.

Changing family size preference
As the women gained firsthand experience of motherhood, their
perception of what they could cope with became the basis of how
many children they wanted. Their conclusion about how big their
family should be was based on their perceptions of what their
existing children needed and their ability to provide those needs.

Gemma put this succinctly: “I remember our decision on not going
to have a third child was very much we thought it’s going to affect
our ability to parent our other two.” And Olga explained:
“Sometimes I think it would have been nice to have four but then
other times I think well it just wouldn’t be practical and I just probably wouldn’t have the energy to cope with four.” Flexibility around numbers allowed the women to assess their ability to support a new baby in addition to their existing children. No subsequent children were wanted if they did not feel they were coping well with the situation.

The women’s circumstances affected their perception of their ability to provide what their children needed, with having enough money, time and energy emerging as common themes. Kay, for example, said: “I believe that if you physically, or monetary wise, or emotionally, can’t cope with any more children, you shouldn’t have them.” Sonya believed that she needed “stability both physically and mentally” and to be “in a good emotional, mental state” to have children. Amongst the women, failed relationships, not partnering earlier in their reproductive years, having a partner with a medical condition, difficult to handle children, postnatal depression, unplanned pregnancies and fertility problems, all contributed towards changed childbearing intentions. June had not wanted children until she was 42 and had several terminations; she was asked what had led her to have her child. She replied: “A stable relationship, and self-employed, cash flow, and the
confidence that I had the ability to support the child through its
growth and development, through all its needs”.

Financial considerations were mentioned by 20 participants as a
factor in their decision making and the longer term financial
implications of having children were mentioned as a concern by
nine participants. Nancy, for example, explained her thinking in
having two children: “Two would be the about the right number to
get them through high school and university without too many
dramas, to give them other opportunities we didn’t have as
children”. The participants’ perceptions of the interrelated
physical, psychological and financial demands of raising children
influenced their later childbearing decisions. Strategies were
employed to preserve as best as they could their own well-being
and that of existing children. However, expectations around being
a mother, and workforce participation and the support they could
draw on to assist them with the demands of raising children played
into their perceptions.

Motherhood ideology

The participants’ perception of how they should behave as a
mother affected their perception of the number of children they
could cope with. Comments that suggested their lives were
organised around their children were made by 22 participants. Other commitments, particularly work, had to fit in with their obligation to their children; the children came first. For example, Anita said:

I’ve certainly changed my whole career to fit around my children…I work casually because I don’t want to put my children into childcare. I only work when my husband is available to look after them. But the children come first. That’s understood at my work. It took a long time for them to come to terms with that. Absolutely, my work and my study is geared around my children.

Similarly Beryl, Claudia and Faye respectively asserted: “his needs are my priority”, “her needs come before mine” and “they’re the centre of our life”. The women perceived that they needed to invest time and energy in their children, be involved in their schooling and volunteer in the community (especially their children’s school community). Zola explained:

…you have to be emotionally available and you have to cart them here, there and everywhere for all the different things they are expected to do. And they start doing homework from the moment they walk into school and there’s just a lot more input
that parents are expected to have. And it’s quite overwhelming, I think. And I think I’m actually very glad I’ve only got two kids now but I have a friend who has four and she says “oh why did we have four it’s just too much, I can’t concentrate enough on each one of them to feel that I’m doing enough for them”.

The pressure to prioritise their children’s needs contributed to the women’s struggle. Chris, for example, recognised that the standards she set for her caring for her two children may have made her life difficult and contributed to her not wanting further additions to her family:

I don’t know if I made it harder for myself in the way that I chose to do my parenting of infants. Like I tried to hold them a lot and we slept with them and I breastfed and was happy to breastfeed all night and stuff like that and so it really is burn out.

Even when the participants spoke about taking care of their own needs they rationalised their behaviour by concluding it would improve them as mothers. Penny illustrated this most clearly:

I came to realise that I would be a better mother if I hung onto something of myself. I had been giving away everything that made me, me. I felt that I
should be going without but making sure they had everything – I never thought my partner should be going without. I stopped having my hair done. I didn’t worry about what I was wearing, buying new clothes, or putting on make-up. I couldn’t keep giving away bits of me. It is only just recently I have realised that I needed to claim something back for myself.

To these women, seeing themselves as a good mother necessitated looking after their own well-being in addition to their children’s.

Support networks

The importance of support networks in helping women cope with their children was acknowledged by all participants. Networks provided moral and/or practical support for these women; both were important. Olga felt friends helped her by:

…being able to discuss, you know, any problems or [pause] and plus it’s good for the children too, to have, you know, friends of the same age that they could sort of interact with.

Hilary felt she could rely on more practical help:
You can ring up at anytime, at a moment’s notice, here can you have the kids…if you don’t have that kind of support you can’t have as many kids.

Around half of the women felt that they lacked people to call upon for support and four of the women felt that had contributed to them having fewer children than they would have liked. There was a perception among almost half of the women that there was a lack of community support. Chris, who felt that lack of practical support constrained her choice to have another child, said:

I feel like society doesn’t support women to do the early mothering of babies properly. Like we are taught to do “cry-it-out” methods of teaching sleep because it is quick and convenient and everyone can get back to work. Whereas I feel like the proper support is actually to have people in the house that can help you while you’re sleepless and that sort of stuff.

Sonya was particularly concerned about a lack of support services in Orange and Renee considered that the support available to new mothers was not advertised well enough:

You know they always say if you need help with this, if you need help with that, don’t hesitate to ask
– but then who do you ask and if you are a little bit stubborn, as I was, then you know actually, having to divulge that you’re not coping or that you don’t feel so well physically – when there are millions of other parents that get out there and do it anyway.

Sonya believed a support service like that she had been able to access in Sydney (a three and a half to four hour drive from Orange) was urgently needed. She had been referred to the family health organisation, “Tresillian”, for advice about the difficulties she was having with breastfeeding and settling her baby. Sonya said about her experience:

An excellent resource but you have to go to Sydney…you know they ring and they say you have got to be here tomorrow and if you can’t go tomorrow then you almost, you do, you lose your place. And I was just lucky enough – she was only seven weeks old – that my husband could take the time off work on that day and drive me down there. I wouldn’t have been confident in driving down there with [child] – because she just never slept – down there by myself.

Rural and regional women are then at a disadvantage compared to women living within major Australian cities where services tend to
be concentrated. Distance constitutes a barrier to accessing support that some women in regional and rural Australia may find hard to overcome.

_Workforce participation_

Workforce participation was also affected by the women’s perceptions of what was best for them and their children. Participants that were (or had been) full-time mothers spoke about their position as a choice they had taken in order to provide their children with the care they believed they needed. Penny, for example said:

> I kept saying I would go back but I realised that is not what I wanted to do. I wasn’t prepared for the strong maternal pull and I soon realised that I couldn’t let him be cared for by someone else – not even family. I couldn’t allow him to be cared for by others and I wasn’t there if he hurt himself, or if he needed attention, but there were two or three other little boys all needing attention ahead of him.

Similarly Zola, who did a small amount of self-employed work at home, considered that she and others expected her to work; ‘just’ being a mother was not seen as enough:
When I first had my daughter, who was my first child, I felt an enormous pressure to go back to work. Not only from myself, not really from my husband, but it was definitely from me but from my mother-in-law… I thought, no actually I think it’s really – for me, for my family – it is really important that I stay home and try to be a sane mother and I actually quite liked it.

Full-time mother Trish would have preferred to work part-time but said:

I really want to do right by my children. When you have kids you know, it is a real commitment…Somehow I couldn’t have then gone off to work and left them in childcare. I could have left them with my husband, if he had been willing to work part-time, maybe even grandparents if they had been close by, but they’re not, so that wasn’t an option.

Unsurprisingly, participation in the workforce of course contributed to participants being able to manage financially. However, six participants felt that they needed to undertake more paid employment (either at the time of interview or at sometime in the past) than they would have liked. This had a flow on effect as
these participants also reported not having as much time to spend with their children as they would have liked or enough time for themselves. Beryl, working full-time, was undecided whether to have a second child:

   I want to have enough time to be there for the baby.
   Yes, all the attention and everything. I want to be there for the two of them. I not sure, ‘cause at the moment I work and then I’m at home and I’m quite worn out. The weekend is sort of recharge time…I come home from work…you do your chores and I still want to have time for [child] and that is quite important for me. So I think to myself now, if I have another one I wonder to myself will I still have enough energy to be there for them. Whereas if I wouldn’t work full-time I might have more time for them, which I think is important. So that’s one thing that at the moment might stop me from having another.

On the other hand, work in some cases contributed to psychologically coping. Claudia told one of the focus groups:

   There was one year when I was just working part-time and I ended up sending my partner absolutely batty…because I was working a really mind-
numbing job and then I’d just have [child] and I would come home and he would come home and I’d be like “oh an adult to talk to who’s intelligent and discusses things” and I found that it is really important to have that outside something. And now I would go batty if I was at home the whole time.

And Wanda told the same focus group: “Sometimes, after a weekend or something you think ‘ah good, I can get back to the office for some peace and quiet’”. Hilary thought it was important to “get out and have some grown up perspective. And I think it would make me a much better mother”. Elaine said: “My kids drove me insane, so that was like another reason for going back to work full-time”. For Gemma, her sense of well-being was connected to her perception of independence: “It’s really important to be earning your own money and to have economic independence.”

For participants that wanted to be in paid employment nearly all saw part-time work as the best option. Conversely, all the self-employed women, regardless of the numbers of hours they worked, believed self-employment helped them to manage. Therefore the number of hours worked _per se_ may not be important to the perception of coping: the degree of flexibility and
control that women had in regard to the hours they work were probably more important.

Discussion

Overall the women’s childbearing intentions and behaviour reflected complex negotiations that took into account the reality of their experiences and circumstances. Indeed, the general flexibility of the women’s family-size preferences indicated their need to negotiate. Nevertheless, the tendency for family-size preferences to be revised down, rather than up, was evidence that motherhood failed to live up to expectations. Ultimately, the number of children wanted related to the women’s experience and their perception of coping. This finding echoes previous studies (Newman, 2008, 2009; Evans, Barbato, Bettini, Gray & Kippen, 2009). The women’s experiences of motherhood appeared to be a greater influence on family size than cultural influences, a finding also in common with previous studies (Mauthner, 1999; Maher & Saugeres, 2007). This is not to deny socialisation played an important part in childbearing outcomes. However, preference refinement continued after the women became mothers.

It is clear from the data presented that the women’s experience of motherhood was generally not what they had anticipated. Most
participants did not naturally and effortlessly slip into motherhood; instead it came as a shock. This concurs with previous research that identified a mismatch between women’s expectations and the reality of motherhood (Woollett & Phoenix, 1991; Oakley, 2005). For example women in 1970s London used the same “language of shock” to describe their reaction to motherhood (Oakley, 2005, p.120). The view that women frequently do not experience motherhood as an overwhelmingly positive experience (Arendell, 2000; Shelton & Johnson, 2006) is also reinforced by these findings. In our study, the women’s narratives frequently suggested motherhood was a threat to their mental health.

The shock experienced when becoming a mother was explained by participants to be due to: an inability to understand what motherhood would be like without first-hand experience, lack of prior contact with babies and young children and being misled (or not told) about the challenges of motherhood. Furthermore some women in this study implied that it might be useful for them not to be fully informed in order for them to make the decision to have children. They did not regard this as problematic which suggests they accepted childbearing as duty and women’s self-interests as secondary. However the findings overall suggest that misleading women about motherhood is problematic because it perpetuates the
myth that having children comes naturally to women and only brings happiness. The power of such mythology suggests that young women are probably given an overly optimistic view of motherhood that detracts from their ability to make well informed fertility decisions, thereby contributing to their disempowerment.

The findings fit with the proposition that women may initially over-estimate the number of children they want because of their high expectations of their ability to cope (Mauthner, 1999). An overly optimistic view of motherhood and the good mother ideal that expects motherhood to be instinctual probably contributed to the “shock” the participants experienced and influenced their childbearing plans. Previous research suggests that women frequently expect mothering skills to be instinctive and effortless (Lupton, 2000; Weston & Qu, 2008). In our study, a more realistic idea of motherhood may have helped the women to prepare more effectively for the mothering role. The belief that they would call on innate coping abilities is likely to have led the women to think they should more easily have been able to undertake the demands of motherhood.

While the women’s ethic of care extended to self-care (in keeping with Gilligan’s (1982) supposition), self-care was secondary to
child-care because of the level of responsibility they felt. Whether or not the degree of self-sacrifice amounted to oppression is not clear. On the one hand, the risk to well-being (especially mental health) and self-abnegation supports the argument that motherhood and family structure are oppressive. On the other hand, participants were not just passive victims. They were able to employ strategies (including working, not working and having fewer children) to preserve their own well-being (and that of their children). Which strategies were best were reconsidered in the light of experience. The findings therefore lead us to agree with Hochschild (1997) that workforce participation can provide women with children much needed relief. We also concur with Gerson’s (1985) conclusion that, as circumstances change and unanticipated opportunities and difficulties arise, women continually reassess decisions around childbearing, childrearing and work, a phenomenon which she associated with agency. In this study evidence of agency may be associated with the women’s experience eventually having a greater influence than socialisation on desired family size. Nevertheless, the women were attempting to accommodate their rights (reproductive and personal well-being rights) and responsibilities to others (most notably their children). By balancing rights and responsibilities the women were augmenting their status as citizens, in a way that reflects a feminist
model of citizenship (O’Connor, Oloff & Shaver, 1999). Hence their effort was indicative of their struggle to achieve full citizenship status.

The women also perceived that a lack of public and private support made their experience of motherhood difficult and influenced their childbearing intentions. Many of the participants were looking for a greater level of support to assist with their child raising responsibilities. This finding agrees with previous research that found that family size is influenced by the amount of social support perceived as being available (Newman, 2009). In our study family, public services and the community failed to meet all the participants’ support needs. Potentially, infrastructure that promotes community interaction and support for families (as discussed by Williams & Pocock, 2009) may help to address a lack of extended family contact. The importance and the lack of adequate support in the public and private domains and the need for greater community connections for families have been points of discussion in Australia in recent years (for example: McDonald, 2000; Newman, 2008; Edwards, et al., 2009). This study highlights the view that lack of support may be more acutely felt by women in regional and rural areas of Australia than those in major cities because of the geographical distance from services.
and family in our large country (see also Alston, Dietsch, Davies, Shackleton & McLeod, 2009).

**Conclusion**

This paper has reported research that reinforces earlier studies that depict the struggle that many women face when having a child. Motherhood, in the words of one woman, came as a “horrible shock” to the women in this study; they felt misled and under supported. This meant that the women tended to want fewer children once they experienced the realities of motherhood. We contend this downwards revision should not necessarily be interpreted as their childbearing preferences being constrained in the manner suggested by fertility theories. Rather the downward revision is because prior to having children the women had an insufficient basis for their preferences. Furthermore, many anticipated making adjustments to the number of children desired and therefore did not set out with an absolute ideal number in mind. Once the women had children they appeared to have some options for balancing their rights and responsibilities to safeguard the well-being of themselves and their children and exert themselves as citizens. Nevertheless, their options were limited by their circumstances, the support they were able to draw upon and the expectations the women assumed as mothers and workers.
These limitations ultimately influenced the family size desired. The negotiation between preferences and the number of children that could be coped with in reality was, therefore, suggestive of limited agency.

We conclude that society may have failed the women by not informing them openly and honestly about what they might expect as mothers and by not providing them with the support they felt they needed in that role. Therefore, the principal challenges that need to be addressed are how to best enable and support women to make childbearing decisions right for them, regardless of their background. Portrayals of families in the popular media and the focus of women with children on the positive aspects of motherhood were implicated in misleading women in regard to motherhood. Much of the shock experienced and the potential threat that motherhood poses to women’s mental health appeared to be associated with the gap between their expectations and the reality of motherhood. This misinformation and inability for women to make an informed decision about motherhood may be the most pressing problem that needs to be overcome to advance women’s agency. It is clear from this study that there is a need to investigate ways in which to better inform young women about the realities of motherhood. Women who have experienced the
struggles of motherhood undoubtedly have insights that if communicated openly and honestly would help to empower young women in their fertility decisions. Additionally, the provision of sufficient support to women (especially those in regional and rural areas) to meet the expectations that society now has of women in the home and workplace needs to be explored. Meeting these two challenges, we argue, are pivotal in overcoming oppression associated with motherhood.

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1 An estimate of the total number of children the average woman will have (ABS, 2010).

2 The TFR dipped to 1.73 in 2001 but has since increased and stood at 1.96 in 2008 dropping back slightly to 1.9 in 2009 (ABS, 2010).

3 Long term fertility trends show that 80-90% of Australian women have at least one child over the course of their life (Kippen, 2006).