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**Investigating the Australian lump-sum Baby Bonus and the reach of its
pronatalist messages with young women in Far North Queensland**

**Marilyn June ANDERSON BA(Hons), BSocSci JCU
January 2011**

**Thesis for the degree of Doctor of Philosophy
in the Faculty of Arts, Education & Social Sciences
James Cook University**

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Declaration on ethics

The research presented and reported in this thesis was conducted within the guidelines for research ethics outlined in the *National Statement on Ethics Conduct in Research Involving Humans* (1999), the *Joint NHMRC/AVCC Statement and Guidelines on Research Practice* (2001), and the *James Cook University Statement and Guidelines on Research Practice* (2001). The proposed research methodology received clearance from the James Cook University Experimentation Ethics Review Committee, approval number H2598.

Signature

Date

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Investigating the Australian lump-sum Baby Bonus and the reach of its pronatalist messages with young women in Far North Queensland

Abstract

Pronatalism is a state-level ideology promoting birth increase that governments of developed and some developing nations have adopted in the interests of future economic stability and age balance. In 2004, the former Federal Treasurer of Australia provided a clear and simple pronatalist message for population growth to correct the ageing skew: 'have one for mum, one for dad, and one for the country'. Social policy matched this message also in a clear and simple way. The creation of a non-discriminatory, generous lump-sum Baby Bonus paid to the birth (or adoptive) mother became a congruent financial endorsement of the tandem message to 'procreate and cherish', a coinage that resonated with the older warning, 'populate or perish'. An increase in birth numbers after 2004 suggests that such messages have spoken to the national psyche, at least in the short term. Sustained population growth, however, is achieved when as many women as possible have the all-important third child. The younger a woman commences childbearing, the more likely it is, by widening her fertility window, that she will go on to have 'one for the country'.

Messages in the public arena have emphasised the age limitation of the female fertility window. Concerns about the ageing population that translated into pronatalist social policy have fused with the medical discourse of the risk of delaying conception. Such messages based on the probabilities of pregnancy being twice as high for women aged 15-26 as for women aged 35-39 convert to a risk narrative that constructs female fertility as a personal resource ebbing with age. This is not a new message, but one newly emphasised in the pronatalist state, exaggerated by the assisted reproduction industry maximising market share. The theoretical proposition calls on an idiosyncratic combination of rational choice and risk aversion theories to complement the conceptual proposition: the rational choice for women whose life script includes having children may be to avert the risk of age-related infertility by attempting to conceive naturally sooner in the life course than has been the 40-year norm.

Indications about changing norms surrounding the entry age into motherhood may be discernible in a young female population, a conceptual proposition that formed the basis of the research of the thesis. The Amber Light Project, the identity of the mixed methods research created to complement the thesis, was conducted in the Cairns Local Government Area of Far North Queensland between October 2007 and June 2008. Participants were 13-16 year-old young women (n=230), all Australian residents and 95 per cent non-Indigenous, who

completed a questionnaire in a public school setting. Key subjects from the questionnaire formed the basis for 17 semi-structured focus group discussions. The study explored participants' attitudes toward age for first-time motherhood, fertility and the Baby Bonus. One finding was that participants projected their first births occurring between 25 and 29 or, secondarily, between 20 and 24, but not later than 30 or earlier than 20. In other words, the two extremes of teen and delayed motherhood were mostly rejected by this group of young women. If a single year could be nominated for first-time motherhood aspiration for these young women, it would be the year they turn 25. This is three years younger than the 2006 national mean maternal age at first birth. Twenty per cent of questionnaire respondents expressed fears that they may not be able to become pregnant, and over two-thirds of the discussion group participants contributed views about factors that could compromise a woman's fertility. The strong, symbolic, procreative message of the lump-sum Baby Bonus may have reached this age group. Over half knew how much the lump-sum Baby Bonus was, and all focus group participants held strong views about this payment.

Participants' responses add substantial new information about young women forming their fertility futures under the influences of pronatalism and the procreative message of the lump-sum Baby Bonus that no other research has so far explored. Findings are not generalisable to the total population. However, this thesis proposes the possibility that younger motherhood may be evolving in pronatalist Australia away from the delayed motherhood trend of the past 40 years. This study contributes to the literature on motherhood in Australia and international fertility theory, providing a sociological examination of a chapter in Australia's population history: the life of the lump-sum Baby Bonus and its roles.

Investigating the Australian lump-sum Baby Bonus and the reach of its pronatalist messages with young women in Far North Queensland

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List of abbreviations

ABC	Australian Broadcasting Commission
ABS	Australian Bureau of Statistics
ACNFP	Australian Council of Natural Fertility Planning
AIFS	Australian Institute of Family Studies
AIHW	Australian Institute for Health and Welfare
ALP	Amber Light Project
ALSWH	Australian Longitudinal Study of Women's Health
ANC	Allowance for Newborn Children
ANU	Australian National University
ARACY	Australian Research Association for Children and Youth
ARHA	Australian Reproductive Health Alliance
ARMA	Association for Research on Mothering – Australia
ART	assisted reproductive technology
ATP	Australian Temperament Project
AuSSA	Australian Survey of Social Attitudes
BOM	Billings Ovulation Method
CFR	completed fertility rate
DTT	demographic transition theory
EQ	Education Queensland
FaCSIA	Department of Families, Community Services and Indigenous Affairs
FaHCSIA	Department of Housing, Families, Community Services and Indigenous Affairs (formerly FaCSIA)
FAO	Family Assistance Office
FCTR	First Child Tax Refund
FDMP	Fertility Decision Making Project
FHOG	First Home Owner Grant
FHOB	First Home Owners Boost
GDP	gross domestic product
HILDA	Household Income and Labour Dynamics in Australia Survey
HOD	Head of Department
HPE	Health and Physical Education
HREOC	Human Rights and Equal Opportunity Commission
ILO	International Labour Organization
IVF	invitro fertilisation
IWC	International Women's Conference

List of abbreviations cont'd

JCU	James Cook University
LGA	Local Government Area
NATSEM	National Centre for Social and Economic Modelling
NFPP	Natural Family Planning Program
NLCS	Negotiating the Life Course Survey
NPC	National Perinatal Collection
NSFG	National Survey of Family Growth
OECD	Organisation for Economic Cooperation and Development
POA	Post Office Area
RCT	rational choice theory
SEIFA	socio-economic indexes for areas
SLA	Statistical Local Area
SPSS	Statistical Package for the Social Sciences
TASA	The Australian Sociological Association
TFR	total fertility rate
TGA	Therapeutic Goods Authority
UK	United Kingdom
UN	United Nations
UPML	universal paid maternity leave
US or USA	United States of America

Definitions

baby boom	refers to the generation born between 1946 and 1965, known as the Baby Boomers
birth cohort	a group of people born in the same year, or bracket of years
completed fertility rate	the average number of births a cohort of females have borne over their reproductive lifetimes which is usually taken as between 15 and 49 years of age
fecundity	a woman's child-bearing potential
fertility	the ability to conceive for women or impregnate for men, actual birth performance
mean age of maternal first birth	average completed year of age of women when their first child is born
parity	the number of previous pregnancies resulting in live births or stillbirths, excluding the current pregnancy. Zero parity means that the birthing woman has not had a child before this first.
primipara	a woman who is bearing a child for the first time, or has given birth to only one child
primiparous age	a woman's completed age at her first birth
pronatalism	an ideology at a government level promoting increased births
recuperation	births to women who postponed children at earlier ages (under 30)
satisfice	a portmanteau of 'satisfy' and 'suffice'; a decision-making strategy between choosing what is satisfactory and choosing what is best
total fertility rate	the average number of births a woman would have if she were to live through her productive years (ages 15-49) and bear children at each age at the rates observed in a particular year or period
<i>zeitgeist</i>	from the German, meaning the spirit of the age in society, and can be used to describe the intellectual, cultural, ethical and political climate and moral of an era, or a trend, usually as a descriptor for past events

Timing and influences

The time bracket for this investigation is specific: from the release in May 2002 of the Commonwealth of Australia *Intergenerational Report 2002-03*, which most agree was the definitive document that began the national discussion about Australia's ageing population (Brennan 2007; Doughney & King 2006; Heard 2006), to the birth figures for the calendar year 2008, released by the ABS in October 2009, a six-year window through which to view Australia's move into pronatalism. A second timing window was the life of the lump-sum Baby Bonus, from July 2004 to December 2008. The PhD candidature transpired between January 2006 and December 2010 in close time alignment with the life of that lump sum. The research project was conducted from September 2007 to June 2008 prior to changes in the delivery mode of the Baby Bonus, from a lump sum to 13 fortnightly instalments for all recipients, effective January 2009.

The 2006 Census of Population and Housing was conducted during the course of the candidature. A federal election was held in November 2007 with family policies a major part of each Party's platform. The Federal Coalition Government led by John Howard ceded to the Australian Labor Party led by Kevin Rudd.

Commentary on sources

This sociological exploration of the Australian lump-sum Baby Bonus and its roles relies on three domains: demography, social policy and socio-cultural influences. Each component necessitates its own review of the literature, selected inasmuch as it pertains to the ultimate inquiry: young women's values surrounding entry age into first-time motherhood and fertility in pronatalist Australia, and their views about the Baby Bonus. Much of the content of this thesis focusses on events occurring between 2004 and 2008. To help compensate for the time lag between such recent events and scholarly representation in academic journals and books, 'grey literature' has been an important – even vital – component. Indeed, in a sociological study that explores exposure of average Australians – not academics – to messages in the public arena, 'grey' converts conceptually to 'red hot'. Transcripts from radio programs and motion pictures, interviews with political elites, and content of Australian print media are integral to the inquiry. A variety of newspapers are cited to eliminate any possible editorial bias. In this regard, a valuable search tool for media analysis has been the *NewsBank* database, a full-text archive of all print articles for all Australian newspapers and their magazine inserts for the past 10 years. Elsewhere, primary sources from within the academic domain are chosen, particularly in Chapter 3 in the area of demography, and Chapter 6 in the realm of theory. Refereed conference papers, academic journal articles and books, academic

reports posted to university websites, government reports and releases from authoritative bodies such as the Australian Bureau of Statistics (ABS), the Australian Institute of Health and Welfare (AIHW), the Productivity Commission and the Australian Institute of Family Studies (AIFS) are also canvassed.

Notes on stylistic choices

- The referencing system of the thesis is author-date and follows the guidelines set out in *Style manual: for authors, editors and printers* 2002, 6th edn., Commonwealth of Australia, Canberra. Minimal capitalisation and single quotation marks are two notable features of the author-date system.
- Body text is set in Times New Roman 11pt, 1.5 line spacing. Footnotes and source details are set in Times New Roman 10pt, single line spacing. Headings are set in Arial 12pt, sub-headings in Arial 11pt. Raw data excerpts from qualitative research are italicised and indented. Italicised type in body text is used occasionally for emphasis. If that emphasis is retained from within a quoted source, acknowledgement is expressed as (itals. in original).
- Spelling follows the *Australian concise Oxford dictionary*. Americanised spelling is retained if used in direct quotes, or appears in the name of an organisation.
- In-text references to authors are cited mostly using last name only. When useful, authors are introduced with their full names and domiciles.
- Direct quotes taken from electronic sources without page numbers are referenced with the year of posting to the Internet. The web address appears in the reference list.
- Sources using an Internet reference include the web address.
- ‘Lump-sum Baby Bonus’ and ‘Baby Bonus as a lump sum’ are terms used frequently. Hyphenation is used when ‘lump-sum’ is an adjective, and not when ‘sum’ is a noun.
- Dollar values are Australian currency. International currencies are converted to Australian dollar values using the exchange rate at the time.

1.0 Introduction

1.1 Conception of the research

Sylvia Hewlett, in *Baby Hunger: the new battle for motherhood* (2002), shared the experience of changing the direction of her original research purpose. The stories she had sought initially were about the accomplishments of high-achieving women breaking professional, gendered barriers in the 1980s, influenced by second-wave feminism in the United Kingdom (UK) and the United States of America (USA). What revealed itself during her research was that all the women in her case studies in their 50s at that time had foregone having children to foster their careers. They felt the lost potential of motherhood with deep regret and even anger. Closer to home, Australian Broadcasting Commission (ABC) presenter, Virginia Haussegger (2002, p. 11), shocked Australian feminists by saying similarly: 'I am childless and I am angry – angry that I was so foolish to take the word of my feminist mothers as gospel. Angry that I was daft enough to believe female fulfillment came with a leather briefcase'. Hewlett's 'leather briefcase' women of her case studies enabled her to discover the story within the story, that motherhood postponed is often motherhood jeopardised or foregone. The story with which I began changed also during my research, from a focus on Australia's adoption of pronatalism with its symbolic centrepiece, the lump-sum Baby Bonus, and teen pregnancy, to the story within the story of the Baby Bonus: young women may not be prepared to place their fecundity at risk by waiting as long as their mothers often did to become mothers themselves.

I look to my own family as an example. In 1952, my mother gave birth to me, her first child, at age 25, and left the paid workforce forever, financially supported by my breadwinner father. This daughter of the post-World War II Baby Boom had an abortion at age 19 in favour of travel and career development, then birthed her first child at age 34 in 1986, and a second at age 37 in 1989, continuing to work and study. This second child, my daughter, proceeded with an unplanned pregnancy in 2005 at age 15, and a second planned pregnancy in 2008 at age 18. She has chosen not to pursue travel or a career in favour of full-time mothering. The social pendulum has swung, at least in my own family, from my non-feminist mother who chose mothering as a vocation, to me, a feminist who delayed childbearing and continued building a career, and back to my post-feminist daughter who has chosen a family model not unlike my mother's.

My daughter's decision not to seek an abortion as I had, but to proceed with her unplanned pregnancy, motivated me to explore the socio-cultural conditions surrounding emerging motherhood in pronatalist Australia, different from my mother's and my own. I wanted to know more about the symbolic messages contained in the lump-sum Baby Bonus, and how this unusually large, unconditional payment tied in with what Ann Summers (2003, pp. 7-8)

called the 'breeding creed', a powerful new ideology defining women first and foremost as mothers, 'new in the sense that it is being articulated as a social goal in this country for the first time in almost one hundred years'. I was intuitively drawn to the young female cohort, from within which my own daughter had emerged as a mother, to research my ideas.

In the literature about cohorts and social change, I discovered endorsement for my intuitive choice in the writings of demographers Ryder (1965), Inglehart (1981) and Hirschman (1994): social change 'occurs primarily via the behavioral patterns of new generations exposed to significant historical events at the formative stage of their socialization' (Hirschman 1994, p. 205). In Ryder's schema, the formative years are those of adolescence. Inglehart's (1981, p. 882) suggestion was that 'fundamental value change takes place gradually, almost invisibly; in large part, it occurs as a younger generation replaces an older one in the adult population of a society'. Gathering the views of a young, female cohort exposed to the significant, Australian historical 'event' of the pronatalist, lump-sum Baby Bonus introduced in 2004 seemed a salient enterprise in detecting, firstly, any disposition toward teen motherhood or, secondly, any shift in ideational age for first maternal birth. My first suspicion, undoubtedly influenced by my experience with my daughter, quickly changed shape in favour of my second hunch. It was 'Holly' at the first school where I conducted focus group discussions who spoke the words that inspired the finessed direction of the thesis: 'Soon 30 is gonna be like how everyone thinks of 40, and then it's gonna get lower and lower'. Filtered through the views of Ryder, Inglehart and Hirschman, results from the exploratory, mixed methods research that I conducted from within a cohort of females born 1992-1996 (aged 13-16 at the time of fieldwork) suggest that this group of young women may be at the forefront of changing the norm of delayed entry into motherhood.

1.2 Conceptual propositions of the thesis

The first and underlying proposition of this thesis is that the Baby Bonus, introduced as a pronatalist social policy by the Australian Federal Government in 2004, became metonym for pronatalism. The second proposition is sociologically informed: '[a]lthough everyone is aware of intended consequences, sociological analysis is required to uncover the unintended consequences; indeed, to some this is the very essence of sociology' (Ritzer 2003, p. 96). One intended consequence of the lump-sum Baby Bonus was to increase Australia's total fertility rate; one unintended consequence may be the lowering of the national mean maternal age at first birth (primiparous age). The Amber Light Project, the separate identity of the research component of the thesis, explored young women's aspirations for first-time motherhood, particularly the age at which they envisage themselves becoming mothers, their ideas about the Baby Bonus, any fears they may have about fertility, and their values about abortion and adoption. Although no causal relationship can be claimed between data findings

and the effects of pronatalism from this exploratory research, findings offer the possibility of a new discussion about the aspirations of young women envisaging families of their future amid the historical ‘event’ of the lump-sum Baby Bonus. The third conceptual proposition is the idiosyncratic combination of theories, rational choice and risk aversion, that supports the lowering of primiparous age under the influence of pronatalism in Australia. Ultimately, the discussion must remain speculative until adequate time has elapsed to track the birthing performance of the cohort born 1992-1996.

1.3 Outline of thesis structure

The threads that run through this thesis are pronatalism and its symbolic message carrier, the Australian lump-sum Baby Bonus. Messages promoting the state-level ideology of pronatalism are investigated - their history, sources and content – from both demographical and sociological perspectives. Chapter 2 following the preamble lays a foundation for the thesis with a broad view of women’s choices, especially as mothers in Australian contemporary times. The choice of the research group with which to explore the ideas of the thesis is also established at the outset, along with an introduction to the research questions of the study, and the supporting literature that informed their development.

Three chapters, or sets of message generation, together form the main literature review. Chapter 3 begins with the phenomenon of sub-replacement fertility that has motivated governments of both developed and some developing nations to attend to a shrinking labour force to support age-related spending. Demographers, internationally, have been advocating for government action. They say that social policies will be more expensive if not implemented, that the state has an obligation to its future citizens, and that governments have a responsibility unable to be addressed by immigration, at least not in the longer term. The formulation of those policies is contentious, withstanding ecological angst, neo-Malthusian pessimism over adequate resources, and economic opposition. Counter arguments have not been persuasive enough, however, to deter the pronatalist direction under way in many nations. This chapter examines how pronatalism is viewed, what pronatalist endeavours have been suggested, tried in the past, are currently practised, and if they work. Four methods thought to improve the total fertility rate (TFR) of interest to this thesis are examined in detail: offering cash bonuses; lowering the mean maternal age of first birth; providing a ‘short-term upward kick’ to the TFR; and appealing to nationalistic pride. The particular quest of this chapter was to locate demography literature about the possible effect of pronatalist social policies on maternal age at first birth in Australia, but no other research to date was found.

Chapter 4, message set two, chronicles the history of maternity payments in Australia and the evolution of the lump-sum Baby Bonus, providing links for the thesis between Australia's pronatalist direction explored in Chapter 3 and, ultimately, the appraisal of the Baby Bonus by participants in the research project of the thesis (Chapter 8). The Australian lump-sum Baby Bonus has been one of the few payments exactly of its kind in Organisation for Economic Cooperation and Development (OECD) nations, and has been accorded unusual attention, especially as a substitute for a universal paid maternity leave scheme. Its transparency as a seeming, no-strings-attached, unilateral measure to offset the costs of having a baby and, at the same time, as a potential way to enhance the TFR have been two of its praiseworthy aspects. Not all commentators agree, however, and Chapter 4 incorporates critical evaluation of the lump-sum Baby Bonus. Notably, not one commentator has remarked on what behavioural economists have known for a long time, the power of a lump sum, also explored in Chapter 4. The aim of this chapter is to position the lump-sum Baby Bonus as metonym for pronatalism in Australia.

Chapter 5, message set three, investigates how the media and other institutions disseminate the pronatalist agenda, and tracks the emergence of relatively new (or renewed) macro-societal messages about women as mothers first, workers second. Australians have been exposed to pronatalist terminology in one guise or another since at least 2004 through the adoption of alternative terms to make the ideology more publicly palatable, especially via the pronatalist message carrier, the lump-sum Baby Bonus. The Australian media have proliferated messages about fertility issues concerning women (and men who are concerned about women's fertility) based dominantly on the medical scientific message that female fertility ebbs with age. Concerns about the ageing population that translate into pronatalist social policy have fused with the medical discourse of the risk of delaying conception, a powerful combination to underwrite a barrage of press material about fertility and its counterpart, infertility. Such messages are not new, but newly emphasised in the pronatalist state, pivoting on a core unknown. Sophisticated medical diagnostics, bio-scientific knowledge, and assisted reproduction technologies have been able to correct the plight of many otherwise childless women (and couples). However, there is no absolutely reliable test for a women's potential to bear a child. The ultimate test of her fecundity is a live birth. In this area of a core unknown, exaggeration of risk or a 'manufactured uncertainty' is perpetuated not least of all by the assisted reproduction industry, a fitting introduction to the theoretical development of the thesis.

Chapter 6 encompasses two realms of theory, the first sociological, the second demographical. 'Risk society' is more a paradigm than a theory, and this first component of the theory chapter explores contributions from a number of theorists pertinent to the interests

of the thesis. The second component provides a brief history of demography's fertility theories before introducing six contemporary fertility theories from which to choose the most suitable to develop the theoretical proposition of the research endeavour. Two theories prevalent in the fertility literature, rational choice theory and risk aversion theory (stemming from the risk society theoretical paradigm), are combined for an idiosyncratic theoretical application to the investigation. The rational choice to avert the risk of conception difficulties often associated with delayed motherhood may be to put fecundity to the test earlier in the life course than has been the norm for women in Australia over the past 40 years.

Chapters 7 and 8 contain the Amber Light Project, the methodology and methods followed by data analysis. My research asks how members of a cohort of 13-16 year-old young women are constructing their hopes and aspirations for motherhood in Far North Queensland amid circulation of national pronatalist messages. Specifically, I explore how these young women reacted to issues surrounding the lump-sum Baby Bonus, and the age at which they were contemplating becoming mothers. While the influences of pronatalism may affect many Australians in some way, I elected to focus on the views of this young cohort, members of which may be at the forefront of possible social change surrounding the age of first-time motherhood. Pronatalism to part-way address an age imbalance caused by an ageing population is difficult to articulate in terms meaningful for such young participants, but I wanted to gain a phenomenological sense of whether messages imbued with pronatalist rhetoric and promulgated by the media had reached into this group.

This mixed methods, exploratory study addressed four research questions arising from possible current social change in alignment with the conceptual and theoretical propositions:

1. At what age do participants idealise age for first-time motherhood?
2. What views do young women hold about the lump-sum Baby Bonus?
3. How do participants comprehend fertility, their own and others?
4. How do participants view abortion and adoption?

I used four topics that best fit the interests of the thesis as the basis for analysis in alignment with the literature and theory: first-time motherhood, the lump-sum Baby Bonus, fertility, and adoption/abortion. Descriptive statistics are used throughout, and generous space has been awarded to raw data excerpts from discussion group transcripts. This aligns with the recommendation by youth researchers of 'giving voice' to young participants, especially in areas not usually canvassed. Limitations are explored, particularly lack of generalisability, and the inability of this exploratory study to establish a causal relationship between data findings and the effects of pronatalism. A resolution of the tension between pronatalist social

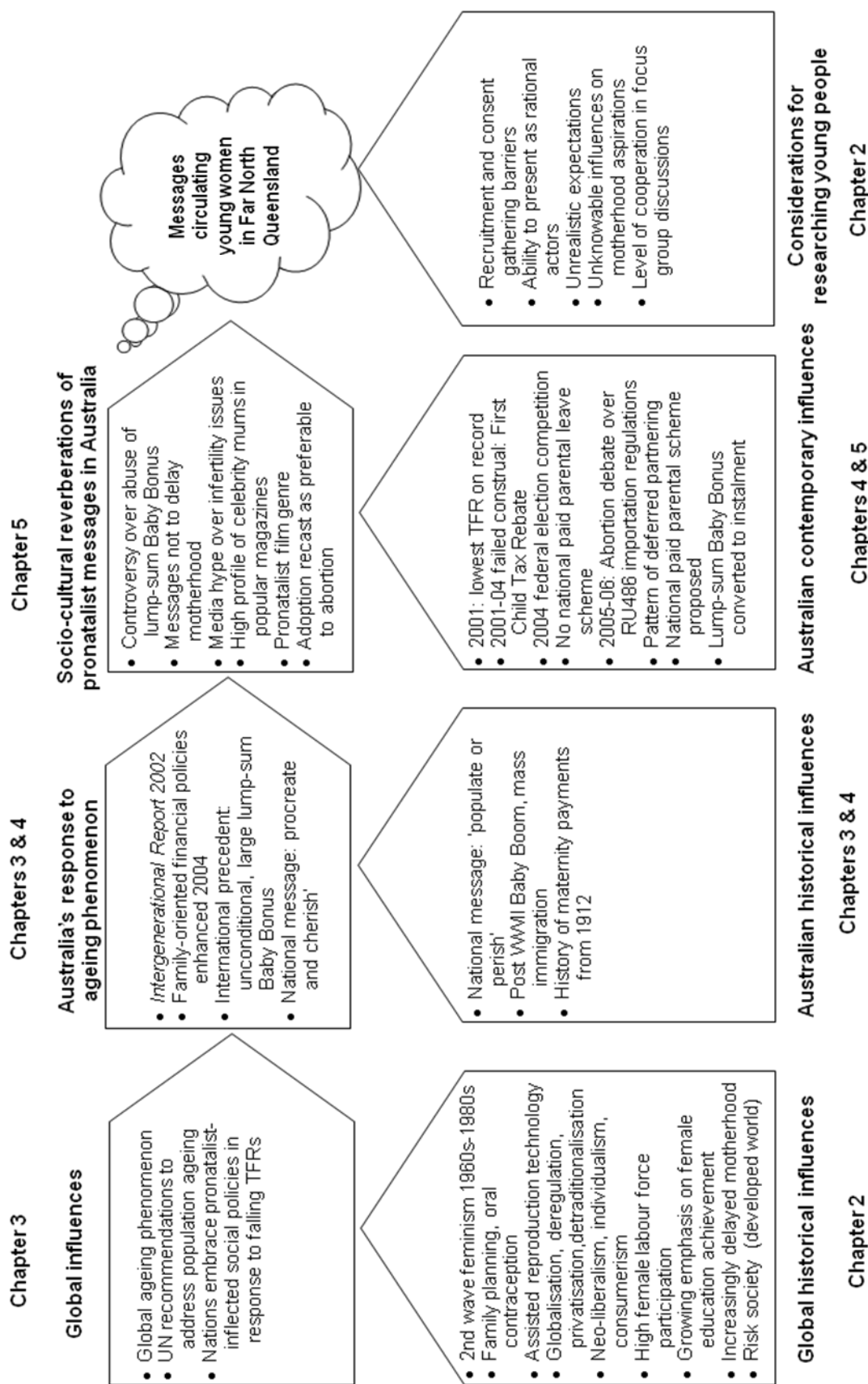
policy flowing through media representation, and whether the young women participating in the Amber Light Project have internalised such messages is not required of this exploratory research, although suggestions are made.

In the final chapter, I analyse the roles the lump-sum Baby Bonus has performed in pronatalist Australia: female vote winner for a federal election; *agent provocateur* in the introduction of a national paid parental scheme; unwitting partner with the assisted reproduction industry; ‘pump primer’ to address the ageing skew; and, speculatively, usher for lowering the mean primiparous age. An investigation of an important chapter in Australia’s population history, the life and roles of the lump-sum Baby Bonus, establishes that young women in Australia face new influences on the realisation of their hopes about fertility: pronatalist, financial policies to enhance the total fertility rate, and a public awareness campaign about placing fertility at risk by delaying entry into motherhood. A synergism of societal forces could facilitate the (re-) emergence of the younger mother, a social change that may have profound implications. I have not explored what societal changes may accompany younger motherhood, or how such a pendulum swing might affect women’s choices. These areas may offer rich potential for other studies to come.

In summary, the title, ‘Investigating the Australian lump-sum Baby Bonus and the reach of its pronatalist messages with young women in Far North Queensland’, frames the dual structure of the thesis: the literature review (Chapters 3, 4 and 5), investigating the birth payment’s evolution; and the Amber Light Project (Chapters 7 and 8 with the preparatory Chapter 2), exploring the reach of its messages. Chapters 3 and 4 examine the birth of the lump-sum Baby Bonus, its genesis in concerns over the age imbalance, and its part to play in stimulating the ‘fertility economy’ which includes the assisted reproduction industry. Chapter 4 elides with Chapter 5 in a discussion of the reception of the Baby Bonus, firstly by the lay public, then by academics, and the way pronatalism has infiltrated the public arena. Chapter 6 offers an idiosyncratic combination of two theories, rational choice and risk aversion, to support the conceptual propositions. Chapter 7 establishes the methodology and method of the research project as introduction to Chapter 8, the exploration of the potential reach of pronatalist messages with members of a young cohort in the process of forming their ideas about motherhood. Chapter 9 brings the twin components of the title and of the thesis together in the concluding analysis, an ultimate appreciation of the many roles that the lump-sum Baby Bonus has performed in pronatalist Australia, 2004 to 2008.

The following figure provides a visual map of the areas covered in the literature review, prelude to theory development and two chapters dedicated to the Amber Light Project.

Figure 1a: Schema of literature review



2.0 The research environment

2.1 Introduction

Until a relatively short time ago, women in Australia were legally obliged to resign from the public service sector on marriage (Sawer 1996). In 1965, the year before the marriage bar was repealed, 1,732 women withdrew from their employment with the Australian public service at the time of their wedding (Summers 2003). Marriage and (the prospect of) childbearing were inextricably linked, and an unmarried mother was often stigmatised, socially excluded or marginalised (Luker 1996). Less than 50 years on, women do not require marriage to legitimise having children. They can now have their own eggs frozen¹, choose an anonymous sperm donor or buy ‘beautiful’ sperm online², and be artificially impregnated at a time to suit them, with or without a partner³, who may be male or female. Not only do women not have to leave their employment to have children, they are likely to be paid for up to a year by employers investing in their return⁴. Motherhood is a malleable concept around socially-constructed ‘proper’ choices, rescheduled during each epoch and sensitive to social forces.

The decision to become a mother for the first time is more than a biological choice or, as some would have it, a means by which women achieve ultimate fulfillment. Cultural scripts of an era, an economy, a nation, a community and a family strongly influence entering and ‘doing’ motherhood, especially when family planning methods, including abortion, enable the choice of when or if to become a mother, and when reproductive technologies can assist the sub-fertile. So, too, has there been a socially-constructed ‘proper’ time for a woman’s age for first childbearing. Highly-loaded cultural and normative narratives tend to dictate a ‘very narrow right moment to become a mother’ (Sevón 2005, p. 479), a moment in a woman’s life that has shifted considerably over the past century in Australia. Women born between 1908 and 1912 had their first birth on average at 26.4 years of age, whereas women born between 1933 and 1937 had an average age for first birth of 23.3, the youngest of the century, when

¹ For example, the article, ‘Eggs on ice: young women told to prepare for future’, ran in *The Cairns Sun*, 11 November 2009, p. 1.

² A sperm and egg bank introduces ‘beautiful’ donors to would-be parents via the Internet (*Daily Telegraph*, 29 June 2010, p. 22).

³ For example, the article, ‘Only you’, in Perth’s *Sunday Magazine*, 9 March 2008, p. 27, defined ‘choice mothers’ as women without a partner but with an ‘unquenchable desire for children’ who decide to parent alone.

⁴ A national paid parental scheme is planned to take effect 1 January 2011: 18 weeks at the national minimum wage paid to qualifying, working women intending to return to their employment after childbirth (Swan 2009). Many employers have more generous schemes for employees who become mothers that include extended periods without pay by negotiation, and a continuance of benefits such as superannuation.

recovery from World War II resulted in a pendulum swing toward younger mothering (Carmichael & McDonald 2003). Since 1971, the mean age for all Australia's women giving birth has risen 'almost monotonically' (Jackson 2006, p. 6) to 30.8 years in 2006, the oldest on record (ABS 2007a), as was the national, mean age for first birth of 28.2 in that year (Laws & Hilder 2008) at the higher end of comparison on the OECD scale (see section 3.5.2, Figure 3h). Demographers refer to this growing trend as 'delayed childbearing', applied to women who begin birthing after the age of 30. In 1993, for example, 28 per cent of first births were to mothers aged over 30; by 2003, this percentage had increased to 41 (ABS 2004). The term infers a deviance from the norm yet, in fact, the recent age profile of mothers' first births in Australia is resonant of a pre-1950s' norm⁵.

In the 40-year interim, a cluster of wide concurrent changes has affected not only the age at which women have had their children, but also the rate of their fertility. In Australia, the total fertility rate was 3.55 in 1961; by 2001, that rate had declined to 1.73 (Australian Government 2008)⁶. Most analysts attribute low and delayed fertility to 'the difficulties women in contemporary industrialized societies face in combining child-rearing with their education and career, and to the rise of individualism and consumerism' (Bongaarts 2002, p. 436). Additionally, structural shifts under economic globalisation have created unprecedented levels of uncertainty in labour markets, contributing to postponement of family formation (Billari et al. 2004). Improved methods of contraception, the women's movement, changing gender roles, acceptability of non-marital cohabitation and childlessness by choice, growing emphasis on women's education, career development and financial independence, and increasingly delayed partnering have all compounded to turn the lives of women and those closest to them 'inside out' in a matter of decades (Thistle 2006, p. 1). The accumulation of massive and complex social and economic impacts on fertility is condensed to a deceptively simple register: the total fertility rate or the TFR. Like a procreative Dow Jones Index (Weston et al. 2004), TFRs are watched keenly by demographers, social planners and governments.

When the Australian TFR fell to 1.73 in 2001, the lowest ever recorded, the Australian Federal Government responded to not just national but international concerns about ageing populations. Motherhood was ripe for reshaping by patriarchal forces intent on improving the

⁵ The term is therefore somewhat artificial. Another term in the demography discourse that invokes comparison to an artificial norm is 'recuperated births', a tempo change of births to women who postponed children at earlier ages (under 30). Tempo changes are the effect of successive cohorts of women who delay or forego having children only to catch up in subsequent years.

⁶ The total fertility rate or TFR is an internationally-used, mathematical formulation based on 'the average number of births a woman would have if she were to live through her reproductive years (ages 15-49) and bear children at each age at the rates observed in a particular year or period' (Bongaarts & Feeney 1998, p. 271; see also section 3.1).

birth rate that would, so it was thought, address the ageing imbalance, not unlike other periods in Australia's social history when the nation has turned to its women and asked for more children. Summers (2003, pp. 7-8) named this most recent call the 'breeding creed',

a powerful new ideology that defines women first and foremost as mothers . . . new in the sense that it is being articulated as a social goal in this country for the first time in almost one hundred years . . . a restatement of a very traditionalist view of women's role and women's possibilities.

At the helm of the government of the day was a traditionalist prime minister with a conservative cabinet. The call to 'procreate and cherish', resonant of a decades' earlier call to 'populate or perish', coupled with the international precedent of a generous, unilateral lump-sum maternity allowance, provided an unambiguous message to the women (and their families) of Australia. However, in the 70-year passage of time between those two calls to national duty, 'the waves of feminism [had] already broken upon the shores' (McDonald 2000b, p. 12).

The second wave of the feminist movement that gathered momentum from the 1960s onwards struggled to secure, among other things, women's procreative autonomy with unrestricted access to contraception and abortion. Yet in Meyers' view (2001, p. 736), 'women's decisions about childbearing and motherhood are seldom as autonomous as they could be . . . [and fall] short of feminist emancipatory goals'. Talk of female emancipation falls mostly on young, deaf ears today as the gains of second-wave feminism are taken for granted, although some say this was what second-wave feminism sought to achieve for women, an internalisation of gender equality and the assumption of female autonomy (Bulbeck 2010). Campo (2005, p. 63) identified Virginia Haussegger's 2002 lambast of feminism's shortcomings with regard to bearing children as 'a turning point in narratives about feminism in Australia'⁷. Within a few short years, decades of second-wave-feminist, hard-won battles for women's equality were 'considered redundant, and the popular media looked to a pre-feminist past and a return to domesticity as the answer to women's woes' (Campo 2007, p. vii).

For example, a recent newspaper article with the headline, 'Women find new bliss in home duties', announced that a 'new type of feminist [is] sweeping the city': the domestic goddess who cooks, sews, cleans, tends the garden and stays home to look after her children (Rankin 2009, p. 12). In a national newspaper article also with a suspect title, 'Feminism dead: PM – Praise for younger mothers', then Prime Minister Howard offered his view:

⁷ 'I am childless and I am angry – angry that I was so foolish to take the word of my feminist mothers as gospel. Angry that I was daft enough to believe female fulfillment came with a leather briefcase' (Haussegger 2002, p. 11).

Fortunately, I think today's younger women are more in the post-feminist period, where they don't measure their independence and freedom by the number of years they remain full-time in the work force without having children. [What most families want] in the very early years, in the very early stages, [is] somebody – usually the mother – at home caring for the child full-time. (in Akerman 2006, p. 14, also see section 5.8)

In the same article, Mr Howard also said that Australia's young women had a 'greater awareness now of the disadvantage of postponing having children too long', and that they realised if childbearing was left too late it produced 'complications'. These were powerful assumptions that declared a 'vehement backlash against feminism, most frequently expressed as "family values"' (Douglas & Michaels 2005, p. 88). Mr Howard's comments were not backed by research or birth data, but were an invocation to the women of Australia to 'procreate and cherish' *at a younger age*.

I wanted to find out how young women forming their ideas about motherhood were receiving such messages emanating from high office and circulating in the public arena. To do that, I needed to speak to them and canvass their views, and to decide which group of young women would be the most suitable candidates. According to Meyers (2001, p. 748), 'desires about motherhood are generally formed well before women are equipped to make autonomous decisions', and so I resolved to approach members of the female cohort born 1992-1996, aged 13-16 at that time, as research subjects.

2.2 The research cohort: 13 to16-year-old young women

In the literature about cohorts and social change, demographers Ryder (1965), Inglehart (1981) and Hirschman (1994) shared similar views that social change is most likely to occur gradually, almost invisibly, when an adolescent cohort moving through the years of adult socialisation is exposed to significant historical events. The concept of cohorts having a unique set of characteristics because of shared experiences at a particular time in history (the socio-historical context) sources to the philosophers of Ancient Greece (Nash 1978). In more contemporary times, Karl Mannheim (1928 in German, 1952 in English) is considered the founding father of generation theory (Diepstraten, Ester & Vinken 1999). Mannheim integrated his generational theme within a theory of social function (Kriegel 1978), particularly the notion of a 'generational field' wherein 'the formative experiences during the time of youth are highlighted as the key period in which social generations are formed' (Pilcher 1994, p. 483)⁸. Alternatively expressed, a 'generational field' or a cohort is a 'group

⁸ The terms 'generation' and 'cohort' are not synonymous, although the words are often interchanged erroneously. Pilcher (1994, p. 483) believed that the way in which Mannheim used the word 'generation' was more in the sense of 'cohort', that is, a set of people born around the same time.

of contemporaries who . . . experienced common societal events and circumstances that marked their formative period and had lasting effects on their individual life courses' (Diepstraten, Ester & Vinken 1999, pp. 91-2). This notion was furthered by Cain (1965) and Ryder (1965), revisited by Inglehart (1981), but has since mostly languished as an 'undervalued legacy' of Mannheim's contribution to sociology (Pilcher 1994). Conceptually, however, this now dated body of thought has been reinvigorated in the study of youth, because 'events that occur in late adolescence and early adulthood shape a cohort's *zeitgeist*, its conceptual framework for understanding events later in life' (Bulbeck 2010, p. 25).

The cohort to which the individual belongs, strictly a single year of birth but often expressed as those born within a bracket of five years, is not in and of itself sociologically significant. It only becomes so when the individual is involved or participates 'in the same social and historical circumstances' during the formative years of young adulthood (Mannheim 1952, p. 298). Mannheim (1952, p. 303) characterised this shared location in time and place ('a social generation') as an 'unconscious and inactive one' in contradistinction to a conscious and active response to a 'dynamic destabilisation' such as war ('generation as actuality'). Social generations of young adulthood 'become agencies of change which construct the history of society', although not every cohort develops an original or distinctive consciousness (Pilcher 1994, p. 491). A 'trigger action' in a time of accelerated social and cultural change is required (Mannheim 1952, p. 310). Pilcher (1994, p. 492) and others have recognised, however, the lack of empirical models or guidelines in Mannheim's work, and the failure of specifying 'what is to count as "generational consciousness" in terms of data: what is it that sociologists should study?' What constitutes generational phenomena that provide 'trigger actions'? Gilleard (2004, p. 113) suggested that a generational consciousness needs

events or practices located in time that shape the discourses that set the boundaries of the generational field . . . Exposure to key historical events that took place during each cohort's transition to adulthood provides the markers for each generational field . . . By focusing upon selective socio-political events . . . an appearance of precision is established that places the onus upon the 'event' or 'period' to bear the 'identity-generating' meaning.

Such signifiers are typically established retrospectively, and the cohort of interest is treated as a social lens in the examination of a particular 'event' (Gilleard 2004).

'Generation' is used in kinship terminology to denote the parent-child relationship (Pilcher 1994). Ryder (1965) favoured a construct of 'cohort' as an aggregate of individuals born in the same year, or bracket of years, who experiences the same event within the same time interval. Kertzer (1983) further clarified 'cohort' as a population sharing a common historical origin, a shared year (or bracket of years) of birth, and a common set of historically determinate experiences. Gilleard (2004, p. 111) problematised the term by expounding the difficulties of deciding when one cohort begins and another ends ('cohort boundaries'), particularly across different societies and periods in history.

The unusually generous, unilateral lump-sum Baby Bonus can be perceived as a significant Australian socio-political ‘event’, a pronatalist ‘trigger action’ to invigorate an increase in births, and the first exactly of its kind in the world. Its existence between 2004 and 2008 was a marker of a ‘generational field’ for the (female) cohort born 1992-1996 moving into adulthood. How this ‘event’ may be affecting the views about first-time motherhood of members of this female cohort underwrites the topics of research interest of this thesis.

2.3 Research with young people

A major consideration for this research is how credible or reliable 13-16 year-old young women’s views might be. After all, the undertaking of the Australian Institute of Family Studies (Weston et al. 2004), *“It’s not for lack of wanting kids . . .”: a report on the fertility decision making project (FDMP)* excluded under 20-year-old participants. The decision was explained:

While there could be merit in exploring the fertility intentions of younger people, given the implications of their views for future fertility intentions and patterns, their intentions may be too fluid to yield reliable information about likely future fertility patterns.

(Weston et al. 2004, p. 22)

Understandably, the FDMP had a core objective to determine child-bearing intentions of average Australian adults. Nevertheless, in 2007 a total of 11,912, or 4.1 per cent of all births, were to young women aged less than 20 (Laws & Sullivan 2009). These were not fertility intentions but fertility outcomes, yet there is an absence in the literature exploring young women’s attitudes to motherhood and fertility even though a considerable number of them are expressing their fecundity. It seems paradoxical, therefore, that young women should be excluded from discussions about motherhood aspirations. The Amber Light Project called on that ‘merit in exploring the fertility intentions of younger people’ (Weston et al. 2004, p. 22), not to predict future fertility patterns but to find out about young women’s orientation to their future as first-time mothers. Such a justification to canvas the views of 13-16 year-old young women, while worthy, still does not address how reliable those views might be. In other words, how ‘real’ or ‘realistic’ are their youthful visions likely to be? How much legitimacy or gravity can be placed on their responses?

The 20th-century construct of the ‘troubled teen’ moving through a biologically-based, problematic, transitional stage on the pathway to adulthood by many esteemed authors is still influential (Hall 1914; Montessori 1912, 1913; Pavlov & Gantt 1928; Piaget 1973, 1978; Skinner 1969, 1974). Contemporary writers have seriously questioned this construct, however, and generally support young people as competent, especially if adults treat them as

such (Bruine de Bruin, Parker & Fischhoff 2007; Fischhoff 2008; Graham 2004; Stevens et al. 2007; Wyn & Woodman 2006). Graham (2004, p. 3) has strongly criticised the ‘infantilization of competent teens’, and the ‘largely unhelpful concept of adolescence’. He suggested that ‘the idea that the teen years are a separate phase of life, clearly different from the years that come before and after, is seriously flawed’ (Graham 2004, p. 3). A ‘fixation on the age and temporally constructed stage of adolescence’ has come to be viewed as a flawed paradigm, so much so that the terms ‘young people’ and ‘youth’ are preferred over the coinage ‘adolescents’ (Stevens et al. 2007, pp. 120-1)⁹. Writers and researchers have questioned the stereotype of the adolescent as a rebellious, promiscuous risk taker, or as an ‘essentialised, flawed, and incomplete being’ so prevalent in the literature of the 20th-century (Stevens et al. 2007, p. 108).

Contemporary sociology of youth is increasingly interested in the diversity of young people’s experiences and their views, and places less emphasis on age (Thomson et al. 2002). Wyn and Woodman (2006, p. 512) have promoted a generational perspective rather than a focus on age ‘to grasp the significance of shifting subjectivities that mark one generation from another’. This view resonates with Mannheim (1952), Ryder (1965), Inglehart (1981) and Hirschman’s (1994) concept of cohorts: a generational group rather than persons of a particular age. Such 21st-century views of young people are considerably different to those of many 20th-century writers who tended to position adolescence within a discourse of deficit, and with an emphasis on age.

Researchers of young people’s decision-making competence, their expectations of significant life events, and the developmental differences between young people and adults have found that ‘by mid adolescence, most individuals have approximately adults’ imperfect cognitive skills’ (Fischhoff 2008, p. 15). Fischhoff’s (2008, p. 25) conclusion from research on young people’s decision-making competence conducted between 1980 and 2002¹⁰ was that ‘teens do surprisingly well, given the difficulty of the decisions facing them’. The only area of marked difference from statistical estimates was young people’s greatly overestimated probability of their own premature death compared with adults’ more accurate mortality expectations (Bruine de Bruin, Parker & Fischhoff 2007; Fischhoff et al. 2000). One interpretation from this finding of vulnerability was that ‘teens are doing what they can to manage their lives and see them as relatively under control. Yet, over all this hangs a feeling that their world is out of control, so much so that they could die in the near future’ (Fischhoff et al. 2000, p. 200).

⁹ Participants of the Amber Light Project are referred to as ‘young women’, and not ‘adolescents’, ‘teenagers’ or ‘girls’ in accord with this preference.

¹⁰ Wave 1 of the 1997 National Longitudinal Study of Youth (n=3,436) was a representative sample of youths in the US born 1980-1981; 92 per cent of Wave 1 participants contributed to Wave 2 in 1998 of whom 92.5 percent again participated in Wave 3 between 1999 and 2002 once they had turned 20 years old (Bruine de Bruin, Parker & Fischhoff 2007; Fischhoff 2008).

Researchers for the Australia 21 Project found a similar dissonance between ‘young people’s personal future, which is overwhelmingly optimistic and positive, and the probable future of the world or humanity, which is mainly pessimistic and bleak’ (Eckersley et al. 2007, p. 13)¹¹. This Australian research with young people about their hopes and fears for their future ‘demonstrated that young people have the capacity to provide views which challenge adult ways of thinking . . . [and that] ordinary young people have important things to say’ (Eckersley et al. 2007, p. 54).

2.4 The research questions

If ‘ordinary young people have important things to say’, the questions they are asked are equally important. Research questions for the Amber Light Project, the separate identity of the study of this thesis, needed to be framed in such a way that the young participants could respond to the complex social phenomenon of pronatalism in as simple a way as possible. A coherent line of enquiry pursued throughout the thesis is whether pronatalist messages have reached members of the cohort of interest. What questions would be capable of providing such indications from the research enterprise?

The first research question needed to orient on ideal and aspirational age for first-time motherhood. Changes to the mean age at maternal first birth have implications for the demography of a nation. The need for more ‘warriors, workers, and consumers’ to offset fertility decline (Morgan 2003, p. 600) places emphasis on not just how many children women average, but also at what age they begin having them. The earlier a woman has her first child, the more likely it is that she will go onto having not just a second, but possibly a third child, the most important contributor to population growth (McDonald 2002; Meyers 1999). Therefore, any early indicators of a possible downward shift in mean age at first birth may be useful in population projections for demographers (a population’s age structure), the medical profession (health and wellbeing of mothers and babies), social planners (resource needs of sub-population changes) and, overall, governments (the future economic prospects of a nation). These issues (and more) form the basis of the literature review in Chapter 3 as preparation for analysing responses to the first research question which became:

1. At what age do participants idealise age for first-time motherhood?

The second research question needed to probe the reach of messages attaching to the lump-sum Baby Bonus. If this payment has been the primary pronatalist message carrier, how

¹¹ Researchers for the Australia 21 Project in association with the Australian Youth Research Centre at the University of Melbourne conducted an innovative drama workshop with 21 young people, 18 from Year 10, in 2006. This was the second study in a series, subtitled ‘Generations in dialogue with the future’.

would young women perceive this? The lump-sum Baby Bonus, its historical origins, the political agendas surrounding its introduction, and its public and academic reception form the basis of the literature review in Chapter 4 as preparation for analysing responses to the second research question which became:

2. What views do young women hold about the lump-sum Baby Bonus?

The third research question was to detect the possible reach of pronatalist messages concerning female fertility. In the pronatalist state, fertility, women's especially, is of acute interest, not least of all for the assisted reproduction industry. This is one of the interests of the literature review in Chapter 5 that elides into the theory development of Chapter 6, forming the basis for analysis of the third research question which became:

3. How do participants comprehend fertility, their own and others?

Next, pronatalist ideology is averse to abortion. The furor that arose over the importation of the abortifacient RU486 in Australia placed abortion, both surgical and medical, back in the public spotlight during 2005 and 2006. A belief prevailed that women who choose abortion in response to an unplanned pregnancy are 'murdering mothers' (Ripper 2007), and that '“counselling” might help more of them see the light' (Horin 2007, p. 33). Coincidentally, or serendipitously for the pronatalist state, adoption became a strong narrative of a number of popular motion pictures close to this time, audiences of which were dominantly young women. These topics are included in the literature review of Chapter 5 as the foundation from which to analyse responses to the fourth research question which became:

4. How do participants view abortion and adoption?

To recapitulate before stepping into a literature review to support each area, the research questions were:

1. At what age do participants idealise age for first-time motherhood?
2. What views do young women hold about the lump-sum Baby Bonus?
3. How do participants comprehend fertility, their own and others?
4. How do participants view abortion and adoption?

2.5 Young women's views about first-time motherhood, the lump-sum Baby Bonus, fertility, abortion and adoption: consulting the literature

2.5.1 Orientation of research question 1: young women's motherhood aspirations

Australian research on motherhood until now, while a valuable heritage, is *a priori*, that is, conducted before the historical 'event' of pronatalism, and the introduction of the lump-sum Baby Bonus. Furthermore, the age of respondents whose views have been canvassed by many studies in this topic area are not directly comparable with the research cohort of this study, 13-16 year-old young women. Additionally, research questions in other studies aligned with the interests of this thesis have rarely or never been asked of members of this cohort. Consequently, most of the extant literature was inapplicable for comparison, even though they may initially appear so. For example, the research domain of this thesis was not about young women's transitions to adulthood, as valuable as that may have been, nor even about a wide range of future possibilities such as academic achievement plans, vocational aspirations, travel, relationships or partner selection that, singly or in combination, affect motherhood plans. Other studies have accomplished (aspects of) this¹², and those designed longitudinally have done or continue to do this (see section 8.10). Neither was the study about sex, sexuality or sex education¹³, nor even teen pregnancy and/or motherhood¹⁴, all areas left to others. The study of this thesis sought only to capture reflections that may have been influenced by messages emanating from Australia's pronatalist direction since 2004 from within a cohort of 13-16 year-old young women, in particular about ideal and aspirational age for first-time motherhood.

Some potentially useful research reports have therefore been reluctantly set aside as sources of comparison. For example, the article, 'Changing conceptions: young people's views of partnering and parenting' (White 2003), was a report of a study conducted in 2001 with 36 young men and women aged 22 to 30 in their third year of university. While the topic area is

¹² See for example: Anderson et al. 2005; Aronson 2008; AIHW 2007; Arthur & Lee 2008; Baker, J 2005, 2009; Biggart & Walther 2006; Boese & Scutella 2006; Cannold 2005; Dusseldorp Skills Forum 2007; Dwyer et al. 2003; Eckersley et al. 2007; Grimshaw, Murphy & Probert 2005; Hall 2006; Harris 2004; Hoffnung 2004; Huntley 2006; Johnstone & Lee 2009; Larkins et al. 2007; Lee & Granmotnev 2006; Macken 2005; Mackinnon 2006; Maher 2005; Maher et al. 2004; Maher & Saugeres 2007; Manne 2005; Marshall et al. 2008; Mitchell & Gray 2007; Mouw 2005; Pallotta-Chiarolli 2006; Polesei, Teese & Nicholas 2006; Qu, Soriano & Weston 2006; Qu & Weston 2008; Saulwick & Muller 2006; Stevens et al. 2007; Taylor & Nelms 2006; Thomson et al. 2002; Warner-Smith & Lee 2001; Wyn 2000; Wyn & Woodman 2006.

¹³ See for example: Allen 2005; Bartz et al. 2007; Breakwell & Millward 1997; Gordon & Ellingson 2006; Halpern-Felsher et al. 2005; Manning, Giordano & Longmore 2006; Maxwell 2006; Measor, Tiffin & Miller 2000; Paton 2006; Richters & Rissel 2006.

¹⁴ See for example: Bradbury 2006; Condon, Donovan & Corkindale 2001; Darroch et al. 2001; Dash 2003; Deptula et al. 2006; Evans 2001; Hanna 2001; Kirkman et al. 2001; Morehead & Soriano 2005; Rosengard et al. 2006; Skinner, SR et al. 2009; Smith & Elander 2006; SmithBattle 2007; Stevens-Simons et al. 2005; Turner 2004; Wilson & Huntington 2005.

relevant, the year of the study and the age of participants are not. Another potentially useful article, ‘Motherhood plans among young women: who wants children these days?’ (Lee & Gramotnev 2006), is Australian authored, recently released, on topic, but ‘young’ slips away from relevance. These secondary analysts worked with data collected from the 1996, first wave of the Australian Longitudinal Study on Women’s Health (ALSWH) of 18 to 23 year-old women (n=14,779), narrowing their study to those who responded to the second wave of ALSWH in 2000 and were still childless (n=7,448). Results from this sample of 22-27 year-olds seven years ago lack age relevance for a study on the motherhood plans of 13-16 year-olds in 2007. Another potentially useful study is Mitchell and Gray’s (2007) ‘Declining fertility: intentions, attitudes and aspirations’. Australian, topical, but again, the use of data from the longitudinal project Negotiating the Life Course Survey (NLCS, wave one conducted in 1997 with respondents aged over 18), while offering important information, lacks age relevance and recency for comparison, even though the title and publication date indicate otherwise. Indeed, analyses of longitudinal studies are of limited use¹⁵, because of (mostly) the older age of respondents, the year of the study, and the choice of research questions.

Only two studies closely met the requirements for comparison, that is, they were recent, Australian, with young female participants, incorporating topics aligned with the Amber Light Project, although age groups and research time frames differed: the Fertility Decision Making Project ([FDMP] Weston et al. 2004), and the Australian Temperament Project ([ATP] Prior et al. 2000; Smart 2002). Fieldwork for the FDMP was conducted between 2003 and 2004 with a nationally representative primary sample (n=3,201, 1,250 men and 1,951 women) aged 20-39 years. A third study (Pitts & Hanley 2004) was primarily interested in 14-18 year-olds’ understanding about infertility (see below), but also included a question about the ideal age to begin a family. Data from these three pertinent studies are used to triangulate findings from the Amber Light Project in Chapter 8.

A tandem interest for the findings of the Amber Light Project is the potential influence of the age at which a woman enters motherhood on the age her daughter does so. Studies of intergenerational patterns of childbearing have mostly concentrated on the birthing choices made by daughters of mothers who birthed their first child in their teen years (Barber 2001; Campa & Eckenrode 2006; Furstenburg, Levine & Brooks-Gunn 1990; Hardy et al 1998; Kahn & Anderson 1992; Jaffee et al 2001; Manlove 1997; Meade, Kershaw & Ickovics 2008). The likelihood that daughters behave like their mothers in the timing of an early first

¹⁵ For a comprehensive list of major longitudinal studies currently being conducted in Australia, see Australian Bureau of Statistics 2006, *Improving statistics on children and youth: an information development plan*, Information Paper, cat. no. 4907.0.

birth may be a consequence of the same or similar socio-economic forces shaping opportunities and constraints for those families (Barber 2001). An influence of socialisation may also have some bearing: '[m]others who experienced early first births are likely to form positive attitudes toward early childbearing as a result, and they transmit these attitudes to their children' (Barber 2001, p. 222). A US study found that daughters of teen mothers were 66 per cent more likely to become teen mothers than daughters of older mothers (Meade, Kershaw & Ickovics 2008). In Britain, a study of the mother/daughter transmission of age at first birth in a nationally representative cohort of children found that 20 per cent of daughters of teenage mothers compared to 8 per cent of older mothers became teenage mothers (Manlove 1997). In a New Zealand birth cohort, children of teen mothers were 2.6 times more likely than children of older mothers to become parents before the age of 21 (Jafee et al. 2001).

This entrenched pattern of teen mothers begetting teen mothers may be weakening among more recent cohorts because of the expansion of women's roles and opportunities (Kahn & Anderson 1992). Moen, Erickson and Dempster-McClain (1997, p. 281) suggested that 'the notion of intergenerational transmission of attitudes and orientations becomes problematic in times of large-scale social change, when younger generations may well part ways with their elders in beliefs, values, and behavior'. A Netherlands study of how childless young women (aged 15-22 years) viewed themselves as potential mothers found another perspective: an intergenerational transmission of the maternal *values* of care, concern and connection was stronger than that of age at first birth *per se* (Ex & Janssens 2000; also see Starrels & Holm 2000). Maternal *value* transmission from mothers to daughters offers more explanatory power in light of the gradual shifting toward delayed fertility over the past decades amid large-scale social change. If all daughters emulated all mothers' age at first birth, birthing would be predictable and static. Findings from these studies are useful in the analysis of Amber Light Project data.

Also of interest are partnering patterns in Australia. Demography literature has been criticised for 'neglecting the role of partners in determining reproductive choices, focusing only on women' (Mencarini & Tanturri 2006, p. 393). The effect of partnering on realising fertility intentions cannot be overstated (Mitchell & Gray 2007), and yet this factor has received little attention (see Birrell 2000; Birrell, Rapson & Hourigan 2004; Heard 2007a, 2007b). Between 1996 and 2006 in Australia, partnering rates for women aged 20-44 years, married and defacto combined, have fallen by 3-4 per cent in every age group (ABS 2006b). In 2006, 27 per cent of women aged 20-24 were partnered; 57 per cent aged 25-29 lived in either a defacto or married partnership; and for women aged 30-34, 71 per cent lived with a partner. Apart from a small percentage of women who become sole parents, partnering is a

substantial influence on the likelihood and timing of having children. Not only does a woman need to find a partner, she and her partner (male or female) may have varying desires about family. Deciding on children, when to have them and how many is a ‘complex function of both members of the couple’ (Miller, Severy & Pasta 2004, p. 204). Partnering successfully to begin a family may be outside of young participants’ visioning ability, and this is explored in Chapter 8.

2.5.2 Orientation of research question 2: young women’s views about the lump-sum Baby Bonus

Drago et al. (2009, p. 2) from the Melbourne Institute of Applied Economic and Social Research used household panel data from the longitudinal Household Income and Labour Dynamics in Australia Survey (HILDA)¹⁶ as the basis of their analysis of the effects of the Baby Bonus on fertility intentions and births. Findings were that fertility intentions rose following the announcement of the lump-sum Baby Bonus in 2004, and that the bonus did exert a ‘small though positive effect on fertility . . . stronger for second and possibly higher-order children [with] no evidence that bonus effects were temporary’ (Drago et al. 2009, p. 24; see section 4.10.1). Webster (2010) conducted a small study in Dubbo, New South Wales with mothers of any age who birthed between July 2004 and December 2008 (the life of the lump-sum Baby Bonus) asking what influence the availability of that payment may have had on their birthing decision (broadly, none). The Amber Light Project is the first academic research to ask nulliparous 13-16 year-old young women their views about the lump-sum Baby Bonus, and has no comparative literature.

2.5.3 Orientation of research question 3: young women’s fears about fertility

Academic interests in young women’s ideas and concerns about fertility and infertility have been three-fold. One area is educative in the determination of young people’s knowledge about, or familiarity with, the terms surrounding the ability to conceive (for example, Pitts & Hanley 2004; Quach & Librach 2008; Wimberly et al. 2003). A second strand of studies about young women and their reproductive concerns is medical. For example, Clark’s (2001) meta-review of the health and medical literature located a body of studies focusing on the reproductive concerns of young women being prescribed hormonal contraception. Another literature of this second strand orients on the concerns of young women undergoing treatment for severe conditions likely to affect reproductive capacity such as bone marrow transplant or polycystic ovary syndrome (for example, Lakhani 2003; Trent et al. 2003). The third area of

¹⁶ HILDA is a household panel survey orienting on work, family and income. The longitudinal study began in 2001 (Wave 1 n=13,969 individuals from 7,682 households) and reached Wave 7 in 2008 (HILDA 2009). For the purpose of assessing fertility intent, responses from each wave of participants aged 17-50 to the question, ‘How likely are you to have a child/more children in the future’ provided 16,694 observations (allowing for non-responses) (Drago et al. 2009).

interest is more allied with the topic area of this research project - young women's own fears about the inability to conceive - but is a scant and dated literature, and more likely to have used pregnant teens or teen mothers as research participants.

Several non-Australian studies asked participants if they feared an inability to conceive. The primary desired outcome of a Rhode Island study (White et al. 2006) with 300 pregnant women under the age of 20 (20 per cent 12-15 year olds, 39 per cent 16-17 year old, 41 per cent 18-19 year olds) during their first antenatal visit between March 2002 and February 2005, was to determine if the participants had any fears that they would not be able to become pregnant just prior to becoming pregnant. Said the authors, 'few studies have looked at adolescents' fears about not being able to conceive, and this fear potentially affecting their desire to use contraception' (White et al. 2006, p. 1411). Younger adolescents in this study, 14-15 years of age, affirmed having a fear of infertility as much as the older adolescents, 18-19 years old. That 43 per cent of participants identified as Hispanic and that all were pregnant, however, reduce the relevancy of the findings of that study for this one. A 1993 study of 200 female adolescents aged 14-18 recruited from an urban adolescent health centre in Denver, Colorado found that 21.5 per cent were concerned about their fertility (Rainey, Stevens-Simon & Kaplan 1993). One of the findings from that study was that participants who doubted their fertility used contraceptives less frequently than those who did not have fears about their fertility (30 per cent of the time compared with 55 per cent).

The Pitts and Hanley study (2004) was primarily educative in intent about the effect of sexually transmitted infections left undiagnosed and treated on reproductive health. It was, however, Australian and recent, with 14-18 year-old participants (n=280, 160 female, 120 male, mean age 15.1 years). Research included the question, 'Do young people recognise their vulnerability to infertility?'. This is a substantively different research orientation to asking 'Do you have fears that you might not be able to become pregnant?', the question posed to participants of the Amber Light Project, but close enough to gain a degree of comparison. Male and female participants' responses were not differentiated: '87.9 per cent rated their perceived likelihood of developing a fertility problem as "unlikely", "very unlikely" or "never"' (Pitts & Hanley 2004, p. 107). When asked knowledge questions about infertility and its causes, respondents revealed superficial understanding, and a total lack of recognition of the role that age plays in fertility. These studies inform the data analysis of this area in Chapter 8 (section 8.4).

2.5.4 Orientation of research question 4: young women's attitudes towards abortion and adoption

Little is known about Australian adolescents' values about abortion and adoption. The work in this area has concentrated on the contributing socio-economic factors on the decision young women make whether to abort an unplanned pregnancy (Evans 2004; Fergusson & Woodward 2000). Findings are dominantly that young women with sound educational achievement and strong attachment to their schooling are more likely than underachievers to choose abortion in response to an unplanned pregnancy. In view of the relatively recent furor over the importation of the abortifacient RU486 (see section 5.11), any studies about attitudes toward abortion in particular and adoption secondarily would need to be relatively recent to offer comparison value. The de Crespigny et al. (2010) survey conducted in Victoria in 2008 offers a recent snapshot of Australian attitudes to abortion (n=1,050). Access to early abortion was strongly supported (87 per cent). However, the age entry for the survey was 18, and only four per cent of participants were aged 18-19. Also, the questions and discussions of the Amber Light Project were different, asking non-pregnant, young female participants about their values surrounding abortion and adoption. Adoption as a response to carrying an unplanned pregnancy to term has emerged in Australia as a policy option for children of drug-addicted parents (Murphy, Quartly & Cuthbert 2009), and intercountry adoptions have risen (AIHW 2008), but adopting out a child of an unplanned pregnancy has become anachronistic, (see section 5.10). Again, there is no comparable literature to complement the findings of these two components of the Amber light Project questionnaire.

The following three chapters now turn to reviewing literature that has some bearing on the line of enquiry of this thesis. The scoping of the international demography literature (Chapter 3) is important on two counts: searching for material about mean primiparous age in conjunction with pronatalist social policy, and establishing context for the emergence of the Australian lump-sum Baby Bonus (Chapter 4). The literature of the public arena (Chapter 5) is as much a gleaning or 'watchdogging' as it is a review, tracking the movement of pronatalist issues through Australian and some international media, along with socio-cultural aspects of pronatalism. This compilation forms the foundation from which to evolve suitable theories to create a dialogue with the conceptual propositions of the thesis.

3.0 Message set one: an ageing population

3.1 Introduction

This sociological analysis attempts to uncover the possibility of one unintended consequence of the adoption of pronatalist social policy in Australia: the lowering of mean primiparous age. The global ageing phenomenon is the source issue behind the interests of this thesis. As such, this chapter is required for context, providing global perspectives from the international community of demographers and economists, and exploring the milieu in which the Australian Federal Government took pronatalist action in an attempt to balance the ageing skew with more births. A review of the demography literature establishes the ‘big picture’ of pronatalism as a building block toward taking a ‘small picture’ in Far North Queensland, the research project attaching to this thesis.

Some terms central to the discussion are explained in more than a definitional sense. Pronatalism, an ideology promoting childbearing, and its opposite, anti-natalism have been adopted at various times in various countries as a government-level practice to correct perceived population imbalance especially in the aftermath of war (Berer 1993). Natalism is a belief that human reproduction is the basis for existence, practised more by individuals in contemporary times (Brooks 2004). Pronatalism is one present-day response of governments of developed and some developing nations to part way address the effects of ageing populations (see section 3.5). Pronatalist-inflected discussion pivots on the total fertility rate. Often casually expressed as the ‘fertility rate’, the correct term is the total fertility rate, or TFR. This internationally-used, mathematical formulation is based on ‘the average number of births a woman would have if she were to live through her reproductive years (ages 15-49) and bear children at each age at the rates observed in a particular year or period’ (Bongaarts & Feeney 1998, p. 271). This measure differs markedly to the completed fertility rate (CFR), the average number of births 50-year-old women had during their past reproductive years. The TFR has an advantage over the CFR, because it measures current fertility, albeit hypothetically (Bongaarts & Feeney 1998). Therborn (2004, p. 287) cautioned, however, that the TFR ‘is a very conjectural measure and very sensitive to changes of age at childbirth’. The TFR, however fallible, is used to measure a nation’s birthing performance. Replacement TFR in a population with a life expectancy of 78 years is 2.06 births per woman and, throughout the literature, sustained low fertility of a nation is a TFR of less than 1.5 births per woman that has persisted for over a decade (Lutz & Skirbekk 2005; McDonald 2006b).

Socio-economic and cultural patterns are usually slow to change, and demographic shifts take time to register in the accumulation of data. The lag time of most population counting and reporting is at least one year, more often between two and five years, with cohort, longitudinal and interpretive studies often spanning decades. Consequently, speculation is part of this domain in the attempt to bridge the time lag. However, even though the

search for key shifts and their theoretical underpinnings is the holy grail of social science, [in] practice, demographers, like other social scientists, have a poor record in predicting such shifts. The baby boom, the subsequent bust, counterurbanisation and gentrification, to name but a few examples, were largely unanticipated. (Newton & Bell 1996, p. 1)

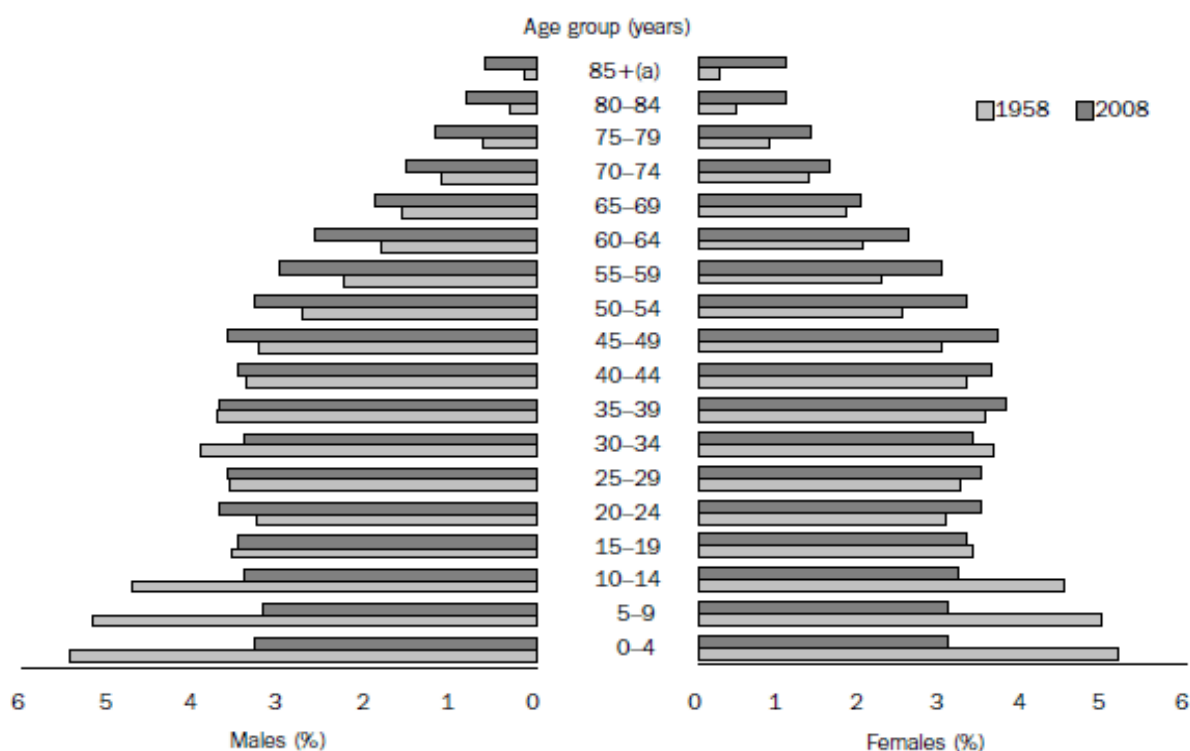
Demeny (1986, p. 340) remarked similarly: the ‘baby boom came as a nearly total surprise’ to demographers. Such observations throw the alarm generated over the ageing population phenomenon into some question. Shaw (2002, p. 11) reflected on this poor predictive capacity: ‘we simply do not understand what determines birth rates in modern societies. So demographics will not only be one of the most important factors in the next society, it will also be the least predictable and least controllable one’. Again, the reliability of long-range projections about ageing societies, projections that have motivated governments to take action, is called into question by such commentary. For example, the demographers Wilson and Bell (2004, p. 196) declared that ‘the one statement that can be made with a very high degree of certainty about a deterministic population forecast is that it will turn out to be wrong’. Van de Kaa (2006) has also been skeptical: whatever policy decisions are made based on population forecasts, fertility is mostly beyond governmental control anyway. Demeny (1986) suggested that homeostasis may spontaneously correct macro-demographic, below-replacement trends without government-level intervention (the *laissez-faire* approach). In balance, with the world of fertility ‘turned upside down in a matter of decades’ (Castles 2002, p. 25), population futures are ‘probably unknowable’, requiring a level of determinism that does not exist (Morgan & Taylor 2006, p. 393). Fallibility, questionability or unknowability aside, the vast literature in this area is testimony to the importance of population forecasting to governments adapting and forming population policy.

3.2 Global ageing phenomenon

Fertility levels, either too low or too high, have concerned governments of different epochs, from the times of the ancient Babylonians, the Greeks and the Romans, the French in the 18th century, the British, French and Germans during World War I and the 1930s, to a host of national responses post-World War II (Caldwell, Caldwell & McDonald 2002). In the 1960s and 1970s, many countries aimed for zero population growth, most notably China (Spengler

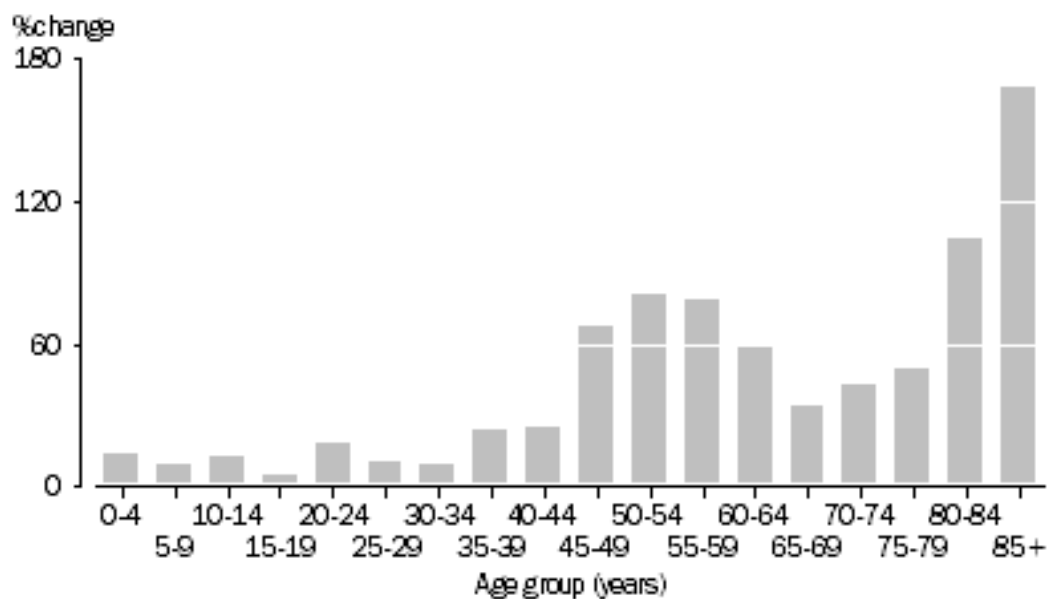
1978). In 1976, out of 156 nations, 40 (both developed and developing) had policies to lower their levels of fertility (Tsui 2001). The current concern is the global ageing of populations. This widespread phenomenon involving both developed and developing nations is producing an ageing skew unable to be balanced by births for decades to come (Chamie 2004). Two figures show aspects of the ageing phenomenon in Australia: the first (Figure 3a) is the age distribution pyramid showing the change in the nation's age structure by sex over a 50-year comparison period; the second (Figure 3b) is the percentage of population change in Australia by age group for the 20-year period, 1989 to 2009:

Figure 3a: Age distribution of Australia's population, 1958 and 2008 compared (%)



Source: ABS 2009e (a) The 85+ age group includes all ages 85 years and over.

Over the last 50 years, the proportion of the population in older age groups increased while the proportion in younger age groups declined. The two influences of proportionally fewer children in the population and increased life expectancy have resulted in proportionally more older people in the population. In 1958, people aged 0-14 years represented 30.0 per cent of Australia's population. In 2008, that proportion had decreased to 19.3 per cent. Those aged 65 years and over represented 8.9 per cent of the population. By 2008, that representation had increased to 13.2 per cent (ABS 2009e).

Figure 3b: Population change in Australia by age group, 1989 to 2009 (%)

Source: ABS 2009d

In 20 years, the proportion of Australia's population aged 15-64 years has remained relatively stable. However, at both ends of the age spectrum, the proportions have changed considerably: the proportion of those aged 85 years and over has more than doubled, from 0.9 per cent in 1989 to 1.8 per cent in 2009, and the proportion of those aged under 15 years has decreased, from 22.2 per cent to 19.1 per cent (ABS 2009e).

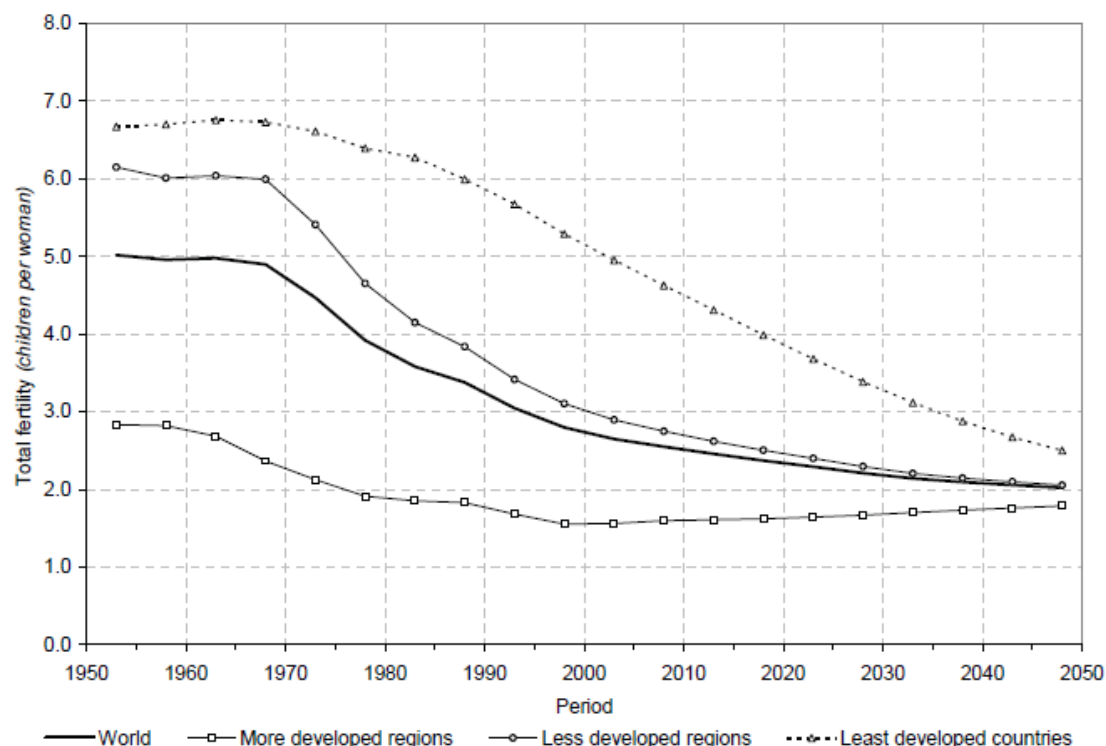
Some international commentators consider governments adopting a *laissez faire* approach to the age imbalance as irresponsible to future generations, because the consequences of inaction appear to be dire (Demeny 1986). Professor of sociology and population historian, David Reher, of the Complutense University of Madrid in Spain, provided a blunt prediction:

We are in the midst of a cascading fertility decline. Even a TFR of 1.7 is not safe; it is a disaster if you look a couple of generations down the line . . . much of the world is now on the cusp of a prolonged period of population decline. The resulting population aging would lead to labor shortages even in developing countries. The result could be an economic disaster. (in Balter 2006, p. 1897)

Reher's assessment may or may not be hyperbolic, but is representative of the alarm expressed by many commentators (who are, incidentally, mostly male). Wattenberg (2004, p. 6), for example, warned that such a view as Reher's (in Balter 2006, p. 1897) was 'not idle speculation . . . I believe the UN [United Nations] is most likely understating the actual speed of the current fertility decline'. Figure 3c provides an appreciation of global fertility decline

with trajectories to the year 2050, and Table 3a shows a more detailed downward movement of selected nations' TFRs over the past 40 years.

Figure 3c: Total fertility trajectories for the world and the major development groups, 1950-2050 (medium variant)



Source: United Nations 2009

Table 3a: Overview of selected nations' TFRs, 1965-2005

	1965-70	1970-75	1975-80	1980-85	1985-90	1990-95	1995-2000	2000-05
Australia	2.9	2.5	2.0	1.9	1.9	1.8	1.8	1.8
Canada	2.6	2.0	1.7	1.6	1.6	1.7	1.6	1.5
China	6.1	4.9	3.3	2.6	2.5	1.9	1.8	1.7
France	2.6	2.3	1.9	1.9	1.8	1.7	1.8	1.9
Germany	2.3	1.6	1.5	1.5	1.4	1.3	1.3	1.4
Greece	2.4	2.3	2.3	2.0	1.5	1.4	1.3	1.3
Hong Kong	4.0	2.9	2.3	1.8	1.3	1.3	1.1	0.9
India	5.6	5.3	4.9	4.5	4.2	3.9	3.5	3.1
Indonesia	5.6	5.3	4.7	4.1	3.4	2.9	2.6	2.4
Italy	2.5	2.3	1.9	1.5	1.4	1.3	1.2	1.3
Japan	2.0	2.1	1.8	1.8	1.7	1.5	1.4	1.3
Korea, Republic of	4.7	4.3	2.9	2.2	1.6	1.7	1.5	1.2
New Zealand	3.4	2.8	2.2	2.0	2.1	2.1	2.0	2.0
Papua New Guinea	6.2	6.1	5.9	5.5	5.0	4.7	4.6	4.3
Singapore	3.5	2.6	1.9	1.7	1.7	1.8	1.6	1.4
Spain	2.9	2.9	2.6	1.9	1.5	1.3	1.2	1.3
Sweden	2.2	1.9	1.7	1.7	1.9	2.0	1.6	1.7
United Kingdom	2.5	2.0	1.7	1.8	1.8	1.8	1.7	1.7
United States of America	2.6	2.0	1.8	1.9	2.0	2.0	2.0	2.0
Vietnam	7.3	6.7	5.9	4.5	4.0	3.3	2.5	2.3
World	4.9	4.5	3.9	3.6	3.4	3.1	2.8	2.7

Source: United Nations 2009

The consequences of falling TFRs seem incongruent with a population prediction of nine billion people in the world by 2050 (UN 2009). Population decline, however, 'is still largely masked by the transient momentum provided by existing demographic features: results of relatively high past fertility and increasing life expectancy' (Demeny 2004, p. 450). Lutz and Skirbekk (2005) believed that the public have not fully appreciated what Wattenberg (2005, p. 194) described as the 'near-Copernican shift' of governments having to break from 'thirty years of persistent alarm' about overpopulation to now address population decline. What may well be at stake are the viabilities of economies, of democracies and of capitalism, expressed by many demographers and economists as 'a serious crisis, jeopardizing the foundations of the nation and threatening its survival' (Chamie 2004, p. 2). A shrinking labour force to support age-related spending is the core economic issue.

What may also be at risk are the well-functioning of pension and health systems (Lutz & Skirbekk 2005). As a global percentage of gross domestic product (OECD average), age-related spending at 16.9 per cent in 2000 has been predicted to rise to an estimated 22.4 per cent in 2050 (Grant & Hoorens 2006). National defence provision, cultural preservation issues, intergenerational equity and global economic competitiveness are also reasons to engage the 'paternalistic and meddlesome state' in the rectification of replacement fertility (Demeny 1986, pp. 339-40). The potential ramifications of population ageing led McDonald (2006a, p. 487) to ask 'whether the risk of doing nothing outweighs the risk that policy will not succeed'. Chesnais (1998, p. 100, *itals. in original*) was more emphatic: the '*cost of population [overageing] would be much higher than the cost of a sound family policy*'. Such views have generated a keen watchfulness of each nation's TFR performance, almost like a procreative Dow Jones Index (Weston et al. 2004).

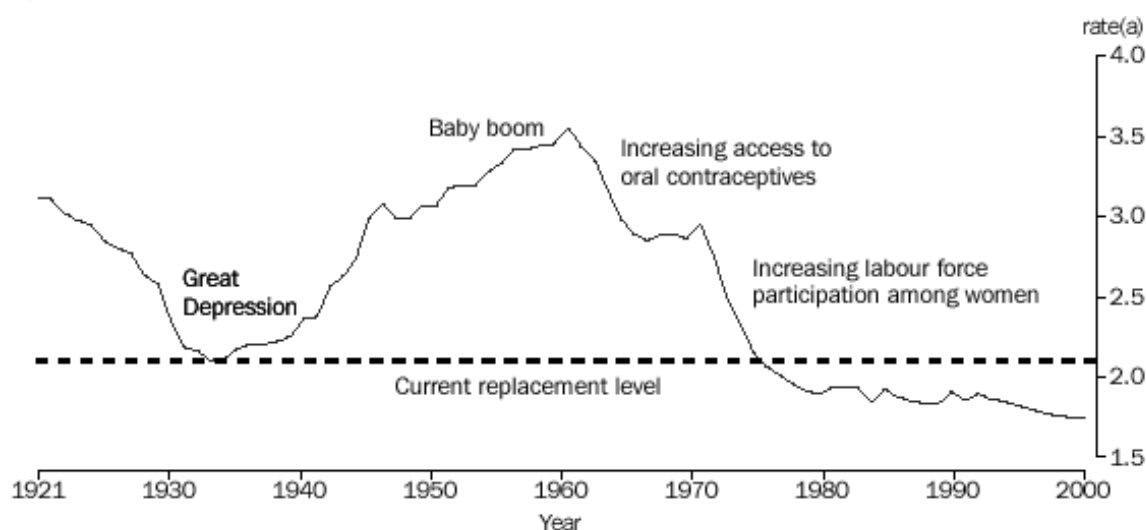
⁴ Sustained low fertility, that is, a TFR below 1.5 lasting for over a decade, is the danger level (McDonald 2006b). Once a country's TFR falls this low, or lower, a condition manifests that Lutz and Skirbekk (2005, p. 701) named as the 'low-fertility trap . . . a phenomenon of negative population momentum'¹⁷. The rationale is: 'the lower the fertility rates in the near term, the stronger the force of negative momentum in the longer term' (Lutz & Skirbekk 2005, p. 701). Only two OECD nations have maintained replacement rate fertility (a TFR of 2.06 births per woman): the USA and New Zealand¹⁸. The USA's birthing performance is

¹⁷ 'Population momentum' is a formulaic term used by demographers and is said to occur when an initially growing population experiences a reduction in fertility to replacement level or below (Kim & Schoen 1997, p. 421).

¹⁸ The 30 member nations of the OECD in 2008 were: Australia, Austria, Belgium, Canada, Czech Republic, Denmark, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Japan, Korea, Luxembourg, Mexico, Netherlands, New Zealand, Norway, Poland, Portugal, Slovak Republic, Spain, Sweden, Switzerland, Turkey, United Kingdom, and the United States of America. Discussions for membership of Chile, Estonia, Israel, Russia and Slovenia began in May 2007. Another group under consideration is: Brazil, China, India, Indonesia and South Africa.

considered the exception in English-speaking nations (Sardon 2006), and has been attributed to: unparalleled economic growth (Wattenberg 2004); earlier onset of childbearing (McDonald 2001); high prevalence of unplanned births, seven times higher in the US than in the Netherlands, for example (Billari et al. 2004); strong religious values (Sardon 2006); a large number of immigrants, the Hispanic population's values surrounding childbearing and, multi-culturally, teenage motherhood (Longman 2004)¹⁹. The New Zealand TFR moved to 2.2 in 2007 (Statistics New Zealand), attributable mainly to Indigenous birthing patterns and the younger age structure of the Maori population (McDonald 2000a)²⁰. Australia's TFR has been in decline since the peak of the Baby Boom²¹ in the 1960s. Figure 3d shows the peaks and troughs of Australia's TFR over the past century.

Figure 3d: Australia's TFR 1921-2000



Source: ABS 2002b

Australia's TFR was a comparatively healthy 1.73 in 2001 (ABS 2002a), but Lutz and Skirbekk (2005, p. 703) recommended that governments must resist complacency: 'the best and safest strategy is to avoid falling into the [fertility] trap by introducing policy interventions to prevent fertility from falling below a certain critical level for an extended period'. Recommendations such as this began in the 1980s, but governments were reluctant to act on predictions of ageing populations, and the potential ramifications.

In the main, the UN Population Division and governments were slow to respond to a growing awareness of the consequences of sustained low fertility. Wattenberg (2004, p. 15) called it

¹⁹ From 2005 data, the USA continues to have the highest adolescent childbearing in the developed world at 40.5 per 1,000 young women (Guttmacher Institute 2009).

²⁰ The TFR for New Zealand Maori women was 2.95 in 2008 (ABS 2009a), although the median age for first-time mothers was 30 in New Zealand, the oldest of all OECD nations (see Figure 3h).

²¹ The Baby Boom is a descriptor for the increase in births between 1946 and 1965. Those born in these years have come to be known as the Baby Boomers.

‘decades of dillydallying’. Caldwell, Caldwell and McDonald (2002) observed the lack of apprehension over levels of fertility expressed by the majority of governments in the 1989 UN survey of industrialised countries, even though a global downward trend was becoming observable in both industrialised and non-industrialised nations. Just 13 OECD countries until 2003 had adopted some form of pronatalist policy (McDonald 2006a; Tsui 2001). In 2005, 46 nations including Australia expressed concern about their low levels of fertility (UN 2006a) which meant that the OECD/non-OECD divide on this matter had broken its former barrier. It had taken over 20 years for many governments to engage with the difficult matter of declining fertility since first mooted in the mid-1980s, most probably because the attempt to increase fertility is much more costly politically, economically, technically and programmatically than it is to reduce fertility (Demeny 1986).

Four main beliefs prevailed that bred inaction by many governments until recently: delayed fertility observable from the 1970s had created a temporary phenomenon; pronatalist social policies would be costly and lack effectiveness; the decision to have children was a private matter that should eschew state intervention; and immigration would mitigate any fluctuations (McDonald 2006a). Each position is challengeable, with demographers, internationally, advocating that the widespread, sub-replacement fertility rate is not a temporary phenomenon, that social policies will be more expensive if *not* implemented, that the state has an obligation to its future citizens, and that governments have a responsibility unable to be addressed, at least not in the longer term, by immigration.

Demographers do not view immigration as the answer for any country. Chesnais (1998, p. 95) offered a hyperbolic solution to stress its implausibility: the only way immigration could noticeably improve the TFR would be to launch ‘a massive immigration of children without their parents’, with strongest preference for unaccompanied babies. Additionally, long-term mass immigration is deemed politically unacceptable: ethnic mix and national identity are two major considerations (Balter 2006; Sardon 2006). Another dynamic is competition.

Immigrants, especially skilled immigrants, are a sought-after commodity in all OECD nations. The nations from which Australia has traditionally drawn are themselves seeking immigrants, and also seek to retain those who may otherwise have chosen to emigrate (Jackson 2007; Lunn & Wilkinson 2009). Singapore, for instance, has a reunification scheme as part of its population policy mix to entice Singaporean emigrants back to the island (Wong 2008). Such competitiveness is also changing the previous migratory divide between OECD and non-OECD populations. In 2005, migration from non-OECD into OECD member nations increased by 10 per cent from the previous year, and continues to grow, with particular concern about a ‘brain drain’ of medical personnel (OECD 2007). Thus, most governments,

wrongly or rightly, are gambling with a two-way bet: moderately-raised net immigration, and pro-family policies to raise their TFRs toward replacement level (Withers 2002).

The formulation of those policies, however, is contentious. Incongruously, while increasing rather than decreasing populations contribute to resource strain and ecological impact, with projections of the global population reaching nine billion inhabitants by 2050 (UN 2009), OECD nations are attempting to boost fertility in the interests of future economies. How can these two sets of contradictory messages be reconciled? On the one hand, the world is already overpopulated, according to the ecologists, with '[h]uman and agricultural fertility . . . on a collision course' (Ehrlich, Ehrlich & Daily 1995, p. 1), and on the other, governments are advocating for more children. Thus, for pronatalist social policy to steady if not reverse the downward movement of the TFR, overpopulation messages of the past 40 years and justifiable ecological alarm must be assuaged. Longman's (2004, pp. 172, 149) view is representative of the heed that many commentators believe governments must take:

As the reality of global [ageing] and its consequences seeps into public understanding, policies that today might seem bizarre and impractical may well come to seem obvious and overdue . . . The critical moment will probably come in the next decade, as millions of baby boomers start crashing past the boundaries of old age . . . It is none too soon to begin thinking about how the politics of work and family will then change, and about what policies could save the day.

Compelling arguments such as this have led many governments to take action, withstanding ecological and neo-Malthusian pessimism over adequate resources (Huggins & Skandera 2004) because, at some point, 'a radical diminution in numbers will demand a state-level response' (McNicol 2001, p. 150).

Not all commentators are convinced of those arguments. Morgan (2003, p. 600), for instance, presented a more moderate overall view, that low fertility 'is a genuine problem, but the kind of problem we want to have [to offset] the crisis of continued population growth . . . Less polemical low-fertility concerns focus on a shortage of warriors, workers, and consumers'. His view does align with those of commentators like Reher (in Balter 2006), however: 'for societies that cannot even approximate replacement fertility on a decadal time scale, a full-blown crisis exists' (Morgan 2003, p. 600). Doughney and King (2006, pp. 66, 72) also challenged the crisis rhetoric, believing it to be 'profoundly misleading' and underpinned by 'muddled thinking'. Their assessment was that, with some small changes in variables, the macroeconomic 'crisis' of ageing expressed in the Commonwealth of Australia *Intergenerational Report 2002-03* can be made to disappear (Downey & King 2006, p. 67). This econometrically-based challenge was borne out to some degree in the *Report's* sequel in

2007 with its more moderate long-range forecasting of the effects of population ageing. According to Guest's calculations (2007b, p. 160), 'the worst that can be expected, even for countries that age the most, is a retardation in the rate of growth of living standards in the order of 0.3 per cent per annum'. Expressed in this way, the 'crisis' also disappears. Shaw, Director General of The Centre for Future Studies in the United Kingdom (2002, p. 11), was emphatic: 'there is no demographic time bomb'. He refuted the 'popular belief that ageing populations must mean significantly more disease and disability, and therefore must create sharply increasing demands on the provision of health and other social services' (Shaw 2002, p. 9). Lattimore and Pobke (2008, p. 96) added another perspective:

Changes in fertility are an unusual and poorly targeted way of dealing with intertemporal financing problems compared with tax and expenditure policy. It would also potentially raise moral issues if the motivation for bringing additional human beings into the world were to finance the retirement of others.

Betts' (2008, p. 50) view was pragmatic:

The only way to return to the youthful age structure of the past is by having very large families and dying young. We do not want to do this. This means that, just as individuals have to adjust to personal ageing, so do developed societies have to adjust to demographic ageing.

Such counter-arguments have not yet been persuasive enough, however, to deter the dominant pronatalist direction under way in many nations.

Whatever the misgivings of some commentators, governments of countries as diverse as Russia, Poland, Germany, France, Sweden, Japan, Canada, Cyprus and Australia have been responding to projections of ageing populations based on 'most plausible assumptions' with one accord (Demeny 2004, p. 451). Talk of 'negative economic consequences [of population ageing] in the industrialized world' has been matched with financial incentives to encourage procreation (Balter 2006, p. 1894). The search for 'magic bullet' solutions to offset the projected effects of ageing populations, whether or not those projections are reliable, orients on the ideology of pronatalism (Lutz & Skirbekk 2005, p. 703). The questions that attach to this exploration of pronatalism, firstly within OECD nations and then in Australia specifically, are: how is pronatalism viewed, what pronatalist endeavours have been suggested, tried in the past and are currently practised and, most importantly, do they work?

3.3 The 'bad word': pronatalism

The definitions of pronatalist or pronatalism are inconsistent in the demography literature. The Oxford English dictionary defines pronatalist as 'pertaining to the encouragement of large families especially by the state'. Grant and Hoorens (2007, p. 14) used pronatalism to encapsulate 'a set of policies aimed at increasing fertility', noting that the unpopularity of the words 'pronatalist' and 'pronatalism' has led to common usage of the term 'population policy'. In Australia, the coinages 'work and family balance' and 'work/life balance' allow pronatalism to be 'more readily swallowed' (Heard 2006, p. 24). Heitlinger (1993, p. 121) said that pronatalism is 'hard to define in an absolute and unequivocal way', because pronatalist measures can be simultaneous components of more general social policies, and therefore difficult to separate. Her suggestion was to differentiate between indirect and direct intentions to raise the birth rate, and she named only direct policies as pronatalist, that is, population policy involving state intervention that attempts to regulate the dynamics of fertility (Heitlinger 1993).

Pronatalism is one possible objective for governments concerned over the macroeconomic consequences of ageing populations, the key driver of which is a below-replacement TFR. Most governments consider the labels 'pronatalist' or 'anti-natalist' undesirable, because they have been synonymous with totalitarianism (Grant & Hoorens 2007), eugenics and fascism (Krause & Marchesi 2007; McDonald 2006b), anti-feminism (McDonald 2006b; Rottier 2006), and authoritarianism (van de Kaa 2006). One extreme example is China's regime of anti-natalism. The 'later, longer, fewer' campaign operational in China since 1979 was responsible for curtailing an estimated 250 million births over 20 years (Kane & Choi 1999). Van de Kaa (2006, p. 201) suggested that the 'shadows of the past make a dispassionate public discussion of the pros and cons of pro-natal policies an unattractive proposition. For politicians little is to be gained by broaching the subject'. Any government embarking upon a policy program to promote the nation's birth rate is likely to encounter a 'powerful set of objections' (McDonald 2006b, p. 218). The ideology of pronatalism meets resistance at all levels, government and public, in this most personal of spheres, leading Krause and Marchesi (2007, p. 350) to label pronatalism as the 'bad word' in population policy.

The perceived urgency, however, has necessitated a meeting of the personal with the political, some nations tenuously, and some more strenuously. Chamie (2004, p. 8) observed that 'a growing number of governments, such as Japan, are moving towards openly pronatalist policies and programs'. The rhetoric is changing, but many European governments at a semantic level 'still seem to fear the negative connotation of population policy, and remain reluctant to adopt explicitly pronatalist policies aimed at increasing fertility' (Grant &

Hoorens 2006, p. 23). Neyer and Andersson (2008, p. 699) also noted that ‘most governments refrain from proclaiming pronatalist aim’, even though the majority of governments that consider their nations’ TFR too low have instituted policies to raise fertility. Additionally, the contrast between wealthier nations attempting to promote fertility while at the same time funding family planning in poorer countries to curb population growth can be viewed dimly as undermining international efforts, and even as supremacist (McDonald 2006b). King (2001, p. 319) investigated a down play of pronatalist intent behind family policy for minority populations in France and Israel:

[I]nherent tension exists between the goals of pronatalism and the provision of social benefits to raise fertility in that proponents of pronatalism often prefer to raise births only to specific racial/ethnic groups; yet in modern democracies, it is difficult to rationalize and maintain social policies that explicitly discriminate on the basis of race or ethnicity.

Therein lies one conflict that pronatalism evokes: which babies are more valuable to the state? Krause and Marchesi (2007, p. 350) explored ‘the delicacy of adopting pronatalism as a public position in Italy. Debates and policies moved from a sneaky and uneasy pronatalism in the early 1990s to an overt and urgent pronatalism in the early 2000s’, under guise of the label ‘social cohesion’. The authors asked, ‘How did the bad word *pronatalism* once again become legitimate, acceptable, even respectable?’, especially after Italy’s infamous demographic measures under Mussolini’s fascist prime-ministership (Krause & Marchesi 2007, p. 353)²². While the UN (2004, p. 5) acknowledged that ‘pronatalist measures [are] difficult to address publicly owing to national histories’, the flipside is that they are *not* addressed publicly, but integrated into public discussion covertly (see section 5.4).

The next section reviews the pronatalist performance literature as precursor to an examination of some specific pronatalist policy interventions relevant to Australia.

3.4 Review of pronatalist performance literature

Demeny’s (1986) review of the literature into the efficacy of pronatalist policies until the mid-1980s is the one from which most contemporary studies stem. His finding was that effects of adopting pronatalist policies were ‘nil or negligible’, apart from two instances: Germany in

²² Mussolini was Prime Minister of Italy from 1922-1943. Under his dictatorship, bachelors were taxed, prolific couples were rewarded, abortion was criminalised, contraceptives were outlawed, and women were narrowly defined as reproducers for the empire (Krause & Marchesi 2007).

the 1930s and Romania in 1967 following a ban on abortion in 1966 (Demeny 1986, p. 350)²³. Otherwise, Demeny (1986, p. 350) reported a ‘picture of general impotence attributed to pronatalist measures qua fertility policy . . . Interpreting evidence of that sort requires massive *ceteris paribus* [all things being equal] assumptions’. Even short-term successes lack longer-term predictive power. Since that time, over the past 20 years, many governments have been adopting policies, some with more distinct pronatalist intent than others, enabling the much needed perspective of decades for analysis. Couch et al. (2006, p. 14) cautioned that ‘few studies can “prove” links between broad social and contextual factors [although] . . . there are studies that “prove” some of the varied steps along the way’.

Effectiveness of policies has been difficult to quantify, notwithstanding considerable effort, because political change makes proof impossible (Caldwell, Caldwell & McDonald 2002; Heitlinger 1993; Hoem 2000; McDonald 2006a; Milligan 2002, 2005). Difficulties in distinguishing social welfare provision and distinctive pronatalist policies confound transparency. Gauthier (2007) found contradiction in the literature linking improved fertility and the efficacy of policies²⁴. Her conclusion was that ‘knowledge on this matter is still limited and calls for complex modeling of the causal relationship between policies, female labor force participation, and fertility’ (Gauthier 2007, p. 342). She also found the impact to be small. Overall, ‘higher family or child benefits are associated with higher levels of fertility’, but more on the timing of births than on the total number of children (Gauthier 2007, p. 331). Such deliberations, however, have not deterred government from seeking and implementing strategies thought to improve the TFR.

3.5 ‘Familiar armamentarium’ of pronatalist policy measures

The following is a compilation of the ‘familiar armamentarium’ mooted over the past 20 years. Caldwell, Caldwell and McDonald (2002, p. 14) listed ‘nearly all the methods likely to be used’ to either improve fertility or halt its decline, implemented in part or *in toto* by either France or communist Eastern Europe over the past 50 years:

bonus payments for births, family allowances, paid maternity and parental leave, leave to care for sick children, tax relief for parents, care facilities for young children or tax relief for child care, flexible work arrangements for mothers and guarantees of retained

²³ In 1966, the Romanian dictator Ceausescu banned contraception and abortion for women under 40, unless they had birthed four or more children, resulting in tens of thousands of Romanian women dying from illegal abortions, and countless more left sterile (Demeny 1986).

²⁴ Gauthier’s (2007) meta review covered analyses of data from over 22 OECD nations for the previous 20 years, and included the work of Chesnais (1996), Demeny (1986), Gauthier (1996), Hecht and Leridon (1993), McNicoll (2001) and Sleetbos (2003), but did not include the most recent major review of the impact of pronatalist policies on fertility in OECD countries by D’addio and d’Ercole (2005) that built on the Sleetbos (2003) review.

promotion rights, labour force re-entry training programs, housing benefits for families with children, and educational supplements for children.

Chamie (2004), then UN Director of the Population Division, Department for Economic and Social Affairs, listed 25 possible measures that, in addition to the above, included restricting or limiting contraception and abortion, restricting or limiting education for girls and employment for women, facilitating early marriage, making motherhood a paid job, emphasising men's roles as fathers, carers and houseworkers, granting preferential treatment for those with dependent children in the areas of mortgages, housing and loans, providing free infertility treatment, and strengthening the economic security of full-time mothers. Demeny (1986) included on his list linking old-age pensions to prior fertility behaviour, incorporating the nuclear family for greater gender democracy (paid parenting from the family company's assets), and giving voting rights for children to be made by parents on their behalf. While some suggestions have a history of implementation in some countries, others are dubious. Some, if ever chosen, would violate international human rights. Maybe some are products of desperate creativity in the face of a 'wicked problem' (Bridgman & Davis 2004, p. 43).

Other ideas to compensate for population ageing relate more to a nation's infrastructure. One of Guest's (2007b, p. 152) suggestions was to achieve 'an optimum age mix of a firm's workforce . . . deriv[ing] a dividend in terms of aggregate labour productivity and therefore economic wellbeing'. The economists Grant and Hoorens (2006, p. 18) also viewed the offset of increasing economic activity for the elderly as potentially able to counteract the ageing workforce factor. Results from Norway were that 'the availability of high-quality, affordable child care leads to higher rates of transition into motherhood' at any age, at least in the Norwegian setting, although the authors suggested that they knew of 'no reason why [the finding] would not be generalizable to other times and places' (Rindfuss et al. 2007, p. 365). Succinctly, '[o]nce day care is in place, fertility rises' (Rindfuss et al. 2007, p. 364). Castles' (2002, p. 27) view, strongly supported by many analysts, was that 'policies that permit, indeed, encourage women to stay in the workforce when they have children are the policies most conducive to maintaining levels of fertility at or near replacement level'. This position aligns with gender equity theory (McDonald 2000b; see section 6.4.3). Longman (2004, p. 61) promoted the notion that 'feminism is the new natalism. Build more day care centers, offer more generous maternity leave, create more part-time jobs, and otherwise make it easier for both men and women to combine work and family, and birthrates will rise'. Longman's suggestions for the USA are among those that have been in place in France for a number of decades with notable success (see section 3.5.1).

Some suggestions appearing on the list at all, and from such eminent sources, are of ethical concern. Bridgman and Davis (2004 p. 24) asked, ‘Which contemporary policies, apparently now so natural and logical, will in the future prove to be just as obviously a product of their times, unacceptable to future generations?’ History records that this has already been so for population engineering programs of the past. Although ‘no one with any degree of certainty can specify which approach offers the best perspective and whether it is cost-effective’ (van de Kaa 2006, p. 200), sound family policy, gender policy, employment and human capital policy, and child development policy should be the dominant foci. With such an equitable mix, ‘if there is a need to increase or sustain birth rates, it will also mean good birth policy’ (McDonald 2006b, p. 213). The quest for a perfect formula to increase fertility remains illusive, confounded by a myriad of factors, not least of which is a nation’s social history and its bearing on population policies.

The four methods thought to improve the TFR of interest to this thesis are now examined in more detail: offering cash bonuses; lowering the mean maternal age of first birth; providing a ‘short-term upward kick’ (Lutz & Skirbekk 2005); and appealing to nationalistic pride.

3.5.1 Offering cash bonuses

Cash bonuses or direct transfers to mothers on the birth of a child are one of the more popular albeit contentious components of some pronatalist policy packages. France, the country with the longest and most open history of pronatalist policies including a cash transfer component, is ‘one of the paramount examples of the effectiveness of state involvement’ in sustaining its TFR (McDonald 2006a, p. 504)²⁵. The *Alliance Nationale contre la Dépopulation* was founded in 1896, and France has since been the most vigilant nation with explicit objectives on fertility (Grant & Hoorens 2006). Apart from the Scandinavian countries, the French government spends more on support of the family than any other European Union member (Chamie 2004). Thus, evidence from France could be expected to be most credible²⁶. Laroque and Salanié (2004) based their study of the effect of financial incentives in France on the French Labor Force Surveys of 1997, 1998 and 1999. They found that

the sensitivity of fertility to financial incentives [is] higher for first-born children, and in fact [is] zero for births of rank 3 or more. This contradicts both common beliefs and intuition, according to which for many couples the marginal decision is whether to have

²⁵ The TFR of France was 1.84 in 2006, high in European terms.

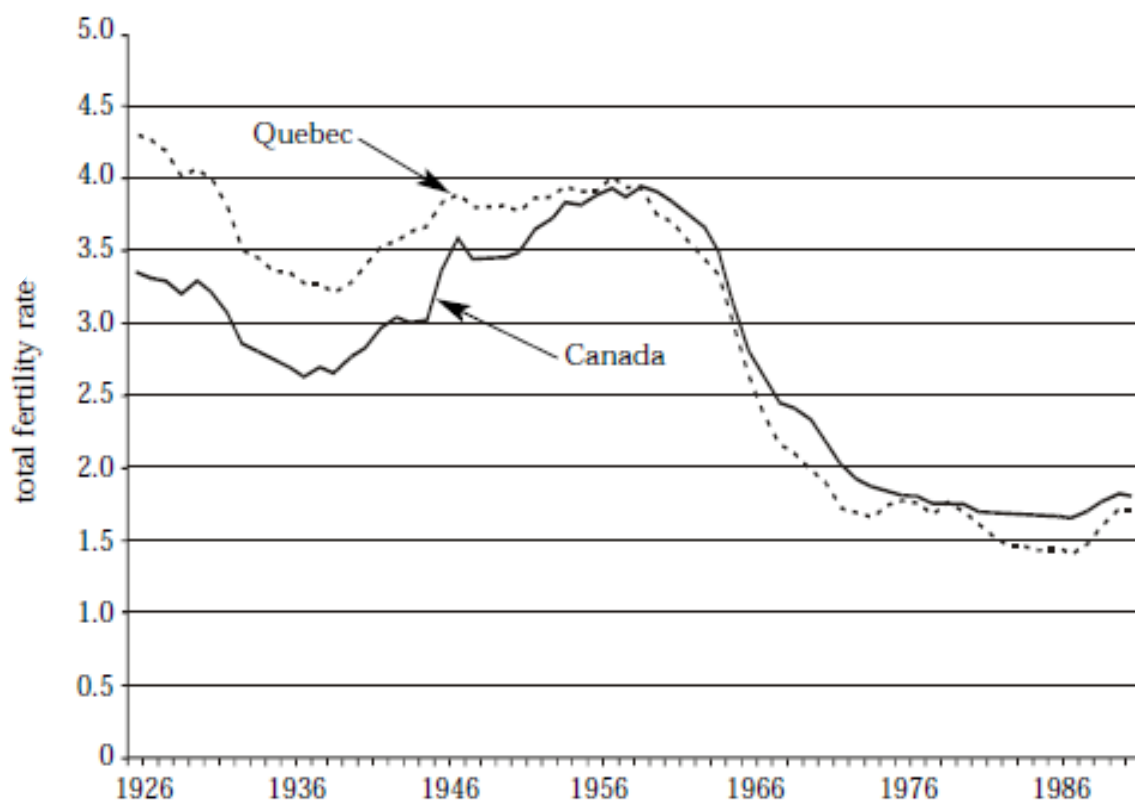
²⁶ See King (1998, p. 49, italics in original) for an examination of equity issues surrounding pronatalism in France, and the role of feminists in gaining benefits from the state both *because of* and *in spite of* the pronatalist agenda’.

a third child; the French family benefit system is indeed built on this hypothesis, as it gives stronger financial incentives for a third child. (Laroque & Salanié 2004, p. 448)

France provided yet another boost to further encourage births of the all-important third child in 2005 (Wyatt 2005). Four years on, Laroque and Salanié (2008) were able to realise their intuition by determining econometrically for France that fertility was sensitive to financial incentives for the first and third births, but hardly at all for the second.

Milligan (2002, 2005) used the Canadian province of Quebec as a case study to determine if pronatalist financial incentives affected birth outcomes. Quebec's higher-than-national average TFR until the mid-1950s fell under the nation's birthing performance, and remained there until the perceived threat of losing its culture motivated the Quebec government to take action. Figure 3e shows a comparison between Quebec and Canada's TFR until 1991.

Figure 3e: Total fertility rates, Quebec and Canada, 1926-1991

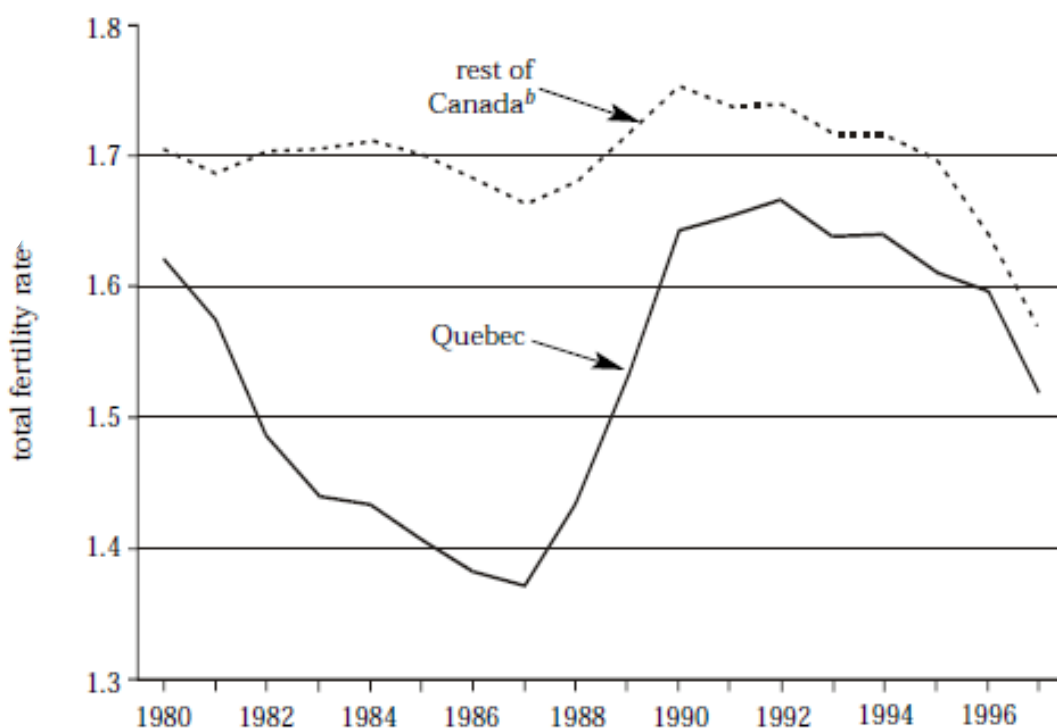


Source: Milligan 2002, p. 3.

The Allowance for Newborn Children (ANC), a non-discriminatory cash transfer scheme on the birth of a child to permanent residents of Quebec province, was launched by the Quebec government in 1988, and remained operational until 1997. The scheme (ultimately) paid the approximate equivalent of \$A535 for the first child, \$A1,070 for the second (split between the

birth and the first birthday), and \$A8,550 paid in 20 quarterly instalments for the third (and further children)²⁷. The ANC was abandoned in 1997 in favour of day care programs and parental leave²⁸ which left an isolatable 10-year time frame to analyse any effect the ANC may have had on birth rates. Milligan (2002, 2005) used the women of Quebec as the treatment group and the women of the rest of Canada as the control group for the life of the ANC which was operational in Quebec, but with no equivalent in the remainder of Canada. Between 1989 and 1996, the gap between the TFRs of Quebec and the rest of Canada ‘shrank dramatically and quickly . . . the gap closed by 86 percent, from 0.290 to 0.041 children per woman’ (Milligan 2002, p. 3) (Figure 3f).

Figure 3f: Total fertility rates, Quebec and the rest of Canada, 1980-1997



Source: Milligan 2002, p. 4.

Milligan’s (2005, p. 540) finding was that the ANC had ‘a strong, positive, and robust effect’ on fertility at a cost of the approximate equivalent of \$A16,000 for each child who would not have otherwise been born. Another verdict was that the Quebec experiment ‘did have an impact, [but] the results may have been too modest compared to the cost’ (Varga-Toth & Singer 2006). It also needs to be noted that the ANC’s boost to fertility was immediately

²⁷ Per capita GDP for Canada in 2006 was the approximate equivalent of \$A52,000 (UN 2006b).

²⁸ Revised family support policies in Quebec are ‘the most generous in the country. [They] include a \$7-a-day childcare system and Canada’s only provincial parental leave program, which extends benefits to fathers and self-employed women, and pays more than the federal equivalent’ (Tam 2008).

effective but declined toward the end of its existence. Milligan's econometric analysis is perhaps the most careful study to date of an important, contemporary episode in the use of pronatalist cash bonuses (Drago et al. 2009). However, the possibility that the ANC affected the timing of births rather than on the eventual size of families cannot be determined until the affected cohorts of women complete their fertile years (Milligan 2005; Parent & Wang 2007).

Schemes in other countries include cash payments, mostly weighted as incentive for the all-important third child, because the third child is the most important contributor to increasing the TFR (McDonald 2002; Meyers 1999). This coverage is not exhaustive, more indicative of the ingenuity or, at times, desperation of some social planners. The Cypriot government entered the bidding for more babies by proposing to pay the equivalent of \$A62,500 to mothers bearing their third child, and the same again for the fourth and fifth²⁹. This strategy was reportedly to offset 'being outbred' (Smith 2007), and to redress the 'island's ethnic character and population ratio' (Borowiec 2007). A dubious and incredulous reception created a 'flood of inquiries about abortions from [pregnant] women considering delaying having a baby' until the proposed payment was ratified (Smith 2007). The \$A2.8 billion, 24-year plan was quashed by opposition parliamentary members, but was set to be reformulated. In Japan, a local government initiative in Yamatsuri, a prefecture north of Tokyo with an average age of 58, began paying its townswomen in 2005 one million yen (\$A12,800) per third birth, half after the baby turned three months old, with the remainder spread over ten years (Wiseman 2005)³⁰. This was a vain attempt, according to Japanese economists, to retain the town's viability (Wiseman 2005). The government of Singapore, after years of bungling with incentives pitched at specific groups, particularly university graduates, appointed a ministerial-level body, the National Population Committee, to address the island's acute population depletion (Anderson 2004). A holistic approach promoted marriage, parenthood, immigration and reunification of its overseas citizenry, and offered complex tax incentives (Wong 2008). *Elterngeld*, from the German for 'parent's money,' has been established for some time in Germany, France, Denmark and Scandinavian countries, a third, state-level subsidy on top of maternity allowance and tax benefits. Effective January 2007, Germany increased its birth payment from the approximate equivalent of \$A11,700 to \$A40,000 (a maximum based on two-thirds of the parents' former, combined annual salary) for each baby born (*BBC News* 2006).

Across the OECD divide, several initiatives have begun in a bid for improved fertility rates. In the Russian region of Ulyanovsk, the governor allocated 12 September as Family Contact

²⁹ The per capita GDP for Cyprus in 2006 was the approximate equivalent of \$A29,500 (UN 2006b).

³⁰ The average annual wage in Japan in 2006 was the approximate equivalent of \$A46,200 (UN 2006b).

Day, also dubbed ‘sex day’ or ‘Conception Day’ (*BBC News* 2007). The goal was to win substantial prizes such as motor vehicles for babies born on 12 June, Russia’s Constitution Day. Employers were encouraged to award staff a patriotic day off nine months before Constitution Day to help boost flagging birth rates. Additionally, women were eligible to receive the equivalent of \$A9,550 for a second child (*BBC News* 2007)³¹. The Taiwanese government introduced the Mega Warmth Social Welfare Program in 2006 (Lin & Yang 2009). Parental leave benefits, child care subsidies and early schooling supported family-making decisions. Such has been the creativity in the realm of bonuses and other incentives in the development of pronatalist social policy.

If the question is to determine whether lump-sum payments can lead people over the threshold into the long-term commitment of parenting, the answer is that cash bonuses ‘play a non-negligible role’ in increasing fertility (Laroque & Salanié 2004, p. 448), a double negative that affirmed a positive result. The overall assessment was that family policies (which includes cash bonuses) can move fertility up or down by about five percent, but not necessarily in the direction of the third child (D’addio & d’Ercole 2005). Gauthier (2007, p. 342) was disconcerted that results from the empirical literature were ‘often contradictory, especially when it comes to the magnitude of the impact of policies and on the differential impact of birth order’. She summarised: ‘in view of these results, the popularity of baby bonus schemes among governments, as a way of encouraging fertility, is difficult to understand’ (Gauthier 2007, p. 329). Notwithstanding considerable skepticism about baby bonus schemes, the Australian Federal Government created an international precedent when it introduced a generous, unilateral, lump-sum maternity payment, three years before Spain followed suit³².

3.5.2 Lowering the primiparous mean age

Among demographers, one most plausible solution to redress fertility decline, at least in the relative short term, is for women to enter their childbearing years at a younger age than the primiparous (maternal first birth) current mean of around 30 years (van de Kaa 2006). Carmichael and McDonald (2003, pp. 42-3) offered a vital consideration: ‘age at the commencement of childbearing is a major determinant of ultimate family size’. Support for this position came from an average-age-at-first-birth comparison in the Australian setting: women born between 1908 and 1912 in Australia had their first birth, on average, at 26.4

³¹ Twelve per cent of the Russian population lives on less than the approximate equivalent of \$A2.70 per day (Population Reference Bureau 2006). The per capita GDP in the Russian Federation in 2006 was the approximate equivalent of \$A9,200 (UN 2006b).

³² In 2007, Spain introduced a unilateral baby bonus, the equivalent of \$A4,000 paid for every new baby born to Spanish residents (*News.com.au* 2007). Spain’s per capita GDP in 2006 was the approximate equivalent of \$A37,200 (UN 2006b).

years old; women born between 1933 and 1937 had an average age for first birth of 23.3 years old (the youngest of the century), a cohort which reached the highest completed fertility rate (3.0) for any cohort of the 20th century³³. The significance of this to demographers is that the peak in cohort fertility was achieved by the youngest, average-age-at-first-birth group. The equation is simply put: ‘when women have their first child in their 30s, the time left to have other children is cut by half relative to those who had their first children in their 20s’ (D’addio & d’Ercole 2005, p. 23). Research has indicated that, while many Australian couples aspire to having three children, the greater likelihood is that they will have just two (Weston et al. 2004), especially if women delay their first birth until their 30s. Thus, the earlier a woman has her first child, the more likely it is that she will go onto having not just a second, but possibly a third child, the child of population growth.

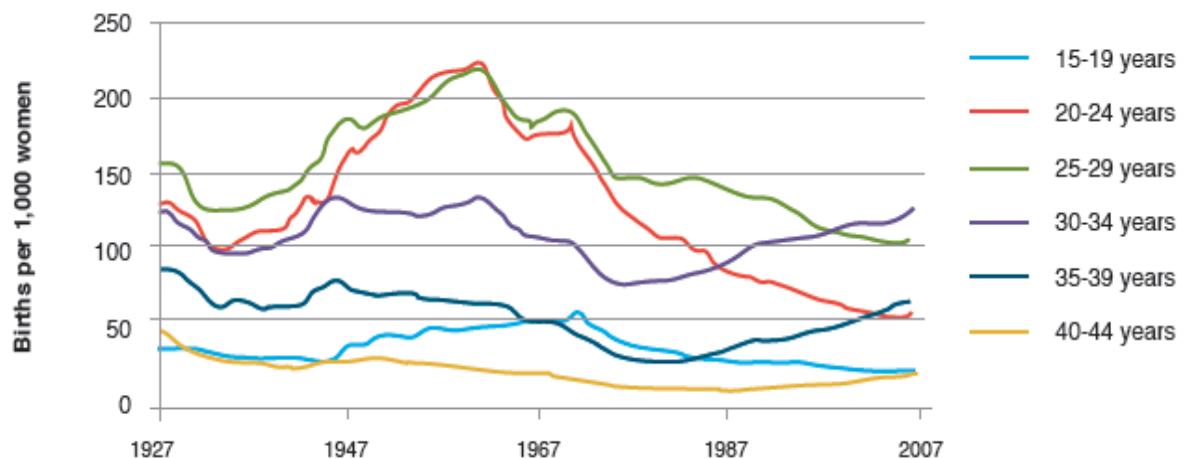
Thus, delayed childbearing is of great significance to demographers (quite apart from the significance to many women), because:

- (a) later childbearing leaves fewer years at risk of an unintended pregnancy/birth; (b) later childbearing increases the risk of sub/infecundity; and (c) postponement allows women/couples to revise intentions, and these revisions tend to be disproportionately reductions (owing to the development of competing interests). (Morgan & Taylor 2006, p. 380)

Delayed first and subsequent childbearing has been a feature of developed economies for over 40 years (D’addio & d’Ercole 2005). In Australia, women in their early 20s had the highest fertility rates in the 1960s, followed by women in their late 20s, and then women in their early 30s but, by 2002, the ranking had reversed (de Vaus 2004). Figure 3g shows a time-line overview of movements in age-group-specific fertility rates over eight decades in Australia.

³³ The way the ABS collected birth data based on women’s nuptiality enabled maternal age at first birth to be more readily determinable before the mid-1970s when ex-nuptial births were less than 10 per cent of all births until that time (ABS 2002a). Since then, a greater disparity between nuptial and ex-nuptial births has meant that a woman’s age at first birth has been difficult to determine, until 1994 when the AIHW began the collection of first-birth data, regardless of a woman’s marital status.

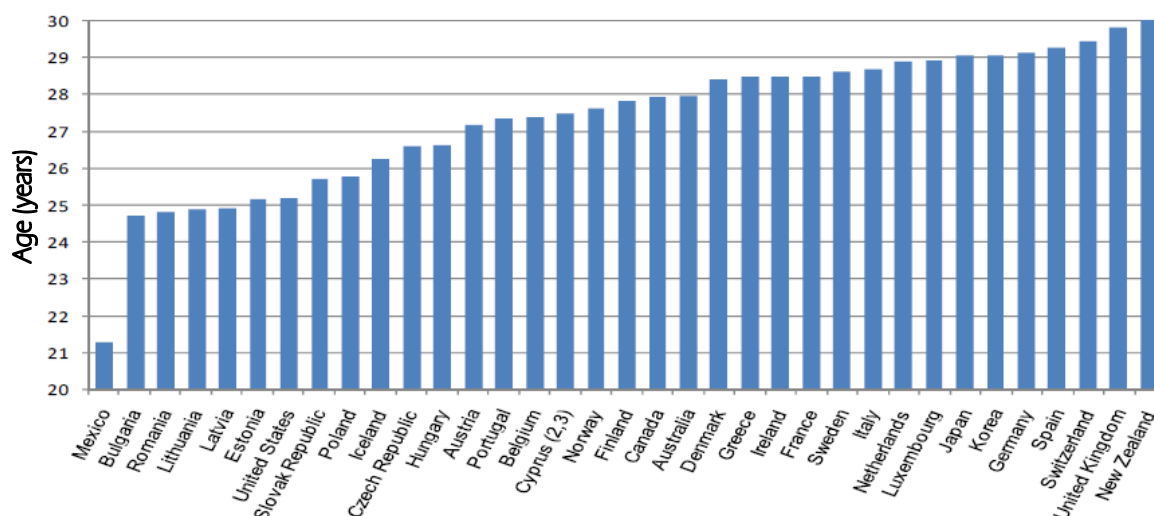
Figure 3g: Age-specific fertility rates, Australia, 1927-2007 (births per 1,000 women)



Source: ABS 2007a

Over the past 40 years, delayed childbearing, reflected in the increase of maternal median age, has transformed the birthing pattern of Australia's women. In 2006, the median age of all Australia's mothers was 30.8 years, the highest on record (ABS 2007a), as was the median age of 28.0 years for first-time mothers (Laws & Hilder 2008).

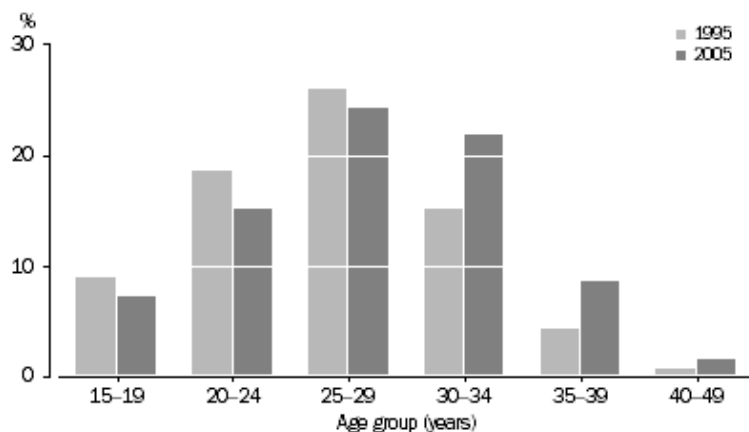
However, the median age of maternal first birth must have a ceiling (Bongaarts 2002). Bongaarts and Feeney (1998, p. 285) predicted that '[e]ventually, the age at childbearing will stop rising and the removal of this fertility-depressing effect might well result in a rise in the TFR, as in fact happened in the United States in the late 1980s'. At what age that ceiling might be has motivated long-term population calculation. Goldstein, Lutz and Scherbov (2003) applied a set of scenarios for Europe, extending the ceiling of mean primiparous age from 29 to 33. They demonstrated 'unambiguously that an end to further postponement of childbearing does have significant positive effects both on population size and on reducing the burden of population [ageing] over the coming decades' (Goldstein, Lutz & Scherbov 2003, p. 706). They added: 'we did not address the difficult question of what kinds of policy intervention might end further delays in childbearing or even decrease the mean age of childbearing' (Goldstein, Lutz & Scherbov 2003, p. 706). Postponement of first child birth has increased the mean maternal age of first birth in almost all OECD countries to levels never before experienced, from 24.1 years in 1970 to 27.1 years in 2000 (Sleeboos 2003). Figure 3h shows the 2005 national averages of maternal age at first birth in OECD nations ranked in ascending order.

Figure 3h: Mean age of women at the birth of their first child, 2005, OECD nations

Source: OECD 2008

The mean age of maternal first birth has been rising ‘almost universally’ over the past 40 years, a strong trend of first-birth postponement persisting in all but two OECD nations: the Netherlands and the USA (Frejka & Sardon 2006, p. 176). Advancing delay of entry into motherhood has been causing consternation to demographers, health professionals and the public (see Chapter 5). With the median age of first-time mothers in Europe of around 30, ‘even defenders of delaying parenthood seem to assume that the delays now typical in Europe go well beyond the age that is healthiest for the mothers’ (Mirowsky 2002, p. 316). This observation for European first time mothers holds for the antipodes. In the age range from 24.7 years for Bulgaria to 30.0 for New Zealand, Australia’s mean age of women at the birth of their first child at 28.0 in 2005 is at the higher end of the OECD comparison.

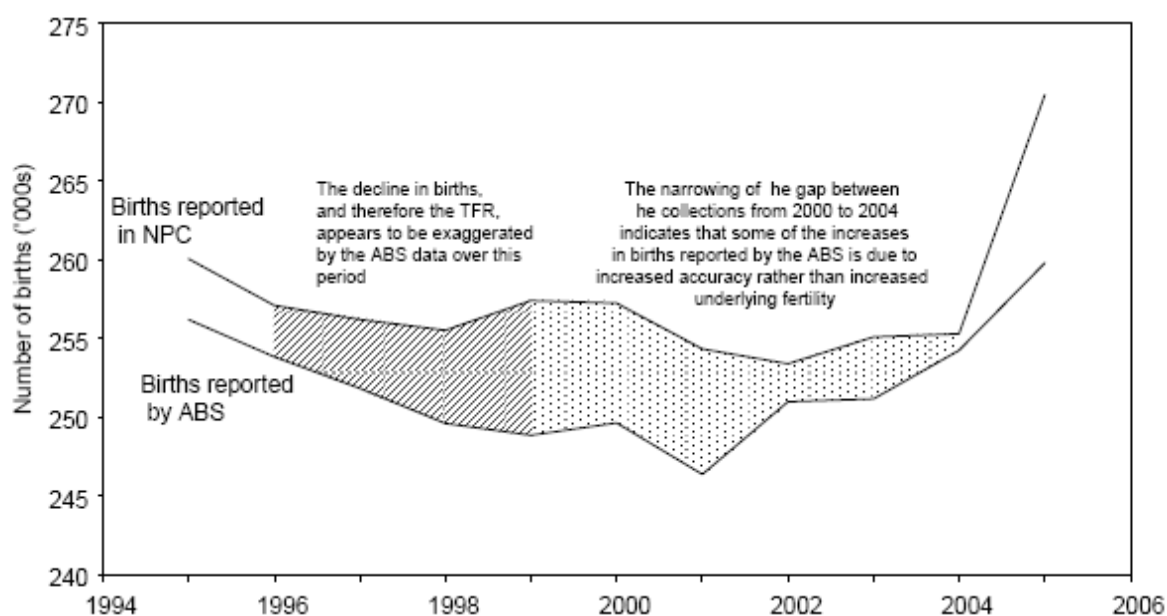
The age at which Australia’s women actualise first birth shifted upwards noticeably in just one decade, especially for mothers aged 30 and over (Figure 3i).

Figure 3i: Australia’s women having a first birth by age group, 1995 and 2005

Source: ABS 2008b

In 1992, the *median* age of all Australia's mothers at first birth was 26.8 years (Lancaster, Huang & Pedisich 1995)³⁴. By 2001, the *median* age of maternal first birth had risen to 28.0 years, and has remained so until 2007 (Laws & Sullivan 2009). The *mean* age of first-time motherhood in 2008 was 28.2 years (Laws & Sullivan 2009). The figure used in the literature until quite recently has been mean maternal age at first *nuptial* confinement of the *current* relationship (30.5 years in 2006 [ABS 2007a]). A lack of uniformity in Australian state-by-state collection processes has been problematic, as has been the capture by the ABS of births to mothers from the *current* relationship instead of a woman's first birth *per se* (ABS 2007a). Indeed, birth data collection and reporting is particularly problematic between the two bodies responsible for the task, the ABS, publishing as *Births Australia* each year, nearly one calendar year after the year of birth registration, and the AIHW national perinatal collection (NPC), publishing as *Australia's mothers and babies* (various authors), two calendar years later. *Australia's mothers and babies* is considered the more reliable of the two reports, because its longer collection period enables late registrations to flow through to enumeration (Lattimore & Pobke 2008). The ABS *Births Australia*, however, is the report most often accessed for use in the public arena and, frequently, academic reference. Figure 3j shows the difference between the two collections, especially important when calculating TFR and mean maternal age at first birth.

Figure 3j: Difference in births recorded by the ABS and the NPC, 1994-2005



Source: Lattimore and Pobke 2008, p. 18.

³⁴ The first maternal-age-at-first-birth national figures that did not differentiate on nuptiality or stipulate a first birth of the *current* relationship appeared in AIHW *Australia's mothers and babies 1992* (Lancaster, Huang & Pedisich 1995).

The point made by Lattimore and Pobke (2008) was that each year's TFR, usually taken from ABS data, has been under-reported, making recent rises of less comparative impact³⁵. Census figures help to overcome this inconsistency of data collection, and provide an alternate view of the progressive postponement of women's childbearing³⁶. In 1986, 25 per cent of women aged 20-24 years, the cohort born 1962-1966, had had at least one child (ABS 1986). A decade later, the figure had fallen to 18 per cent for women in the same age group, born 1972-1976 (ABS 1996). For mothers born 1982-1986 at the 2006 Census of Population and Housing, the figure had fallen again to 14.4 per cent of that cohort who had had at least one child between the ages of 20 and 24. In 20 years, the birthing performance of this age group had nearly halved, a trend by no means of exclusive concern in Australia.

A number of governments have recognised the strategy of supporting earlier-age childbearing to increase their TFRs. Singapore, Japan, Czech Republic, South Korea, Hungary and Sweden have sought such an outcome in targeted policy initiatives (Table 3b).

Table 3b: Support for earlier childbearing

Country	Support given
Singapore	Tax rebates for women who have their children by specified ages; priority access to housing to facilitate young couples' formation of independent households
Japan	Provision of home-based electronic continuing education and training for women on maternity leave
Czech Republic	Provision of low interest loans to newlyweds, with portions forgiven with each birth
South Korea	Offers households with more than 2 children a 12-18 month bonus period in the national pension system for more pension benefits
Hungary	Allows deferment of mortgage repayment for borrowers who are buying a new house and expecting to have an additional child. This loan will be paid by the government at the time the child is born.
Sweden	"Speed premiums" whereby parents of more than one child are entitled to benefits without returning to work between births

Source: Chavkin 2008, p. 46

³⁵ Late registration of births is a possible complicating factor. Of births registered in 2004, 13.3 per cent were for births occurring prior to 2004; of births registered in 2005, 11 per cent occurred previous to that year; for 2006, 12.1 per cent were for births occurring in 2005 or earlier; of births registered in 2007, 12.4 per cent were for births occurring in 2006 or earlier (ABS 2005, 2006a, 2007a, 2008a). The average delay is in the vicinity of 2.2 months (ABS 2006a). Apart from the dip in 2005 when qualification for the Baby Bonus improved timeliness of registration, consistency negates late registration as a skewing factor. Amendments to the *A New Tax System (Family Assistance) Act 1999* took effect 1 July 2007, and required births to be registered as a condition for applying for the Baby Bonus (ABS 2009a).

³⁶ The Australian Census of Population and Housing is conducted every five years. The question, 'For each female, how many babies has she ever had?', appears only every second Census, that is, every 10 years, which is considered a major shortcoming in data gathering on parity (Corr & Kippen 2006).

While the orientation of these initiatives is pronatalist, not all are directed overtly toward earlier childbearing. However, pre-conditions for security and stability that such policies offer make earlier childbearing more attractive and within reach for younger people (Weston et al. 2004). These initiatives will take at least a decade, perhaps much longer, to measure their degree of success in lowering mean primiparous age.

In the meantime, demographers have been increasingly interested in the link between primiparous age and TFRs. One much-cited study found for Britain over the period 1971-1985 that ‘more generous child allowances increase the chances of third and fourth births and also encourage early motherhood’ (Ermisch 1988, p. 571). Details about *earlier* motherhood, that is, a decline in the mean maternal age at first birth, however, were not made clear. By far the most prevalent studies of maternal age at first birth across OECD member nations are those that examine the relationship between women’s education and age of entry into motherhood in Europe (Beets 2001; Billari & Philipov 2004; Goldstein, Lutz & Scherbov 2003; Lutz & Skirbekk 2005; Skirbekk 2007; Skirbekk, Kohler & Prskawetz 2004), in the USA (Heck et al. 1997; Vere 2007), and in Australia (Heard 2007b; Weston et al. 2004). Most findings have been consistent: women extending their education also extend their entry into motherhood, thus elevating mean maternal age at first birth. Beets (2001) found for the Netherlands, for example, that the higher the education of women, the later is their birthing debut, although the spacing of subsequent births is shorter than for women with lower education attainment (a tempo effect). The concern by the Dutch ministry over the ongoing rise in the maternal age at first birth linked strongly to rising education levels of women led to a campaign in 2001 called ‘Do we still have time for children?’ (Beets 2001, p. 9). Mean maternal age at first birth in the Netherlands was 28.6 years in 2000, edging up to 28.9 years in 2005 (Eurobarometer 2006). Evidently, the campaign did not curtail prevailing trends of delayed entry into motherhood. How to do that more effectively was the hypothesis of Lutz and Skirbekk’s (2005): by shortening education strategies in Europe, maternal age at first birth could be lowered.

3.5.3 Providing a ‘short-term upward kick’

Demographers use the terms ‘tempo effect’, the timing of childbearing over a woman’s life cycle, and ‘quantum effect’, the number of children born to a woman, when discussing population policy and possible outcomes (Philipov, Speder & Billari 2006). Lutz and Skirbekk (2005) suggested a tempo effect that could be adopted by a government. In the search for a ‘magic bullet’ solution to offset the projected effects of ageing populations, the authors suggested one that ‘may well exist in the form of tempo policies that give period fertility a short-term upward kick’ (Lutz & Skirbekk 2005, p. 703). The ‘kick’ involves an

attempt to lower the age of childbearing by lowering the education exit age, and thus interfere with social forces that fuse in the prevailing trend toward later childbearing. ‘Most women do not have children before the end of education and the longer the education the later they have children’, notwithstanding the important reasons surrounding such decisions (Skirbekk 2007). Thus, policies aimed at creating the conditions that allow women to have their children at an earlier age could be ‘win-win strategies, responding to individual health concerns as well as public, demographic and economic concerns’ (Lutz & Skirbekk 2005, p. 705).

This rationale involves a ‘reordering of life events, either having children before finishing education, or compressing the period of education (Lutz & Skirbekk 2005, p. 706). The first option was rejected as pushing too strongly against traditional norms, although Skirbekk (2007) cited the Swedish example of public support for women who have children during tertiary education. The second option, however, seemed ‘a better candidate for short-term interventions with near-term effects on period fertility rates . . . [because] the timing of fertility is strongly connected to the time of leaving school’ (Lutz & Skirbekk 2005, pp. 706, 709). The literature was vague on by just how much of a time gap that might be on average. Skirbekk, Kohler & Prskawetz (2004) suggested eight to ten years. School shortening reforms, that is, lowering entry age to four years old and reducing the total time in basic education to ten years, have already been implemented in some parts of Europe. The reasons given are ‘to increase the flow of students through the system, to increase the supply of labor for the economy, and to improve the cost-effectiveness of the education system’, but not in consideration of a tempo-related policy formulation – ‘so far’, said Lutz and Skirbekk (2005, pp. 707, 717). The authors declared that they have begun a new discussion, and ‘see no reason to dismiss the hypothesis on grounds of implausibility’.

Sardon (2006) and Weston et al. (2004) partook in a similar discussion. Sardon (2006, p. 290) recommended for Europe that ‘encouraging or enabling couples to start their families rather earlier’ may offer a way of raising fertility. In Australia, the *Fertility Decision Making Project* (FDMP) was ‘the first in-depth analyses of the aspirations, expectations and ideals of Australians’ about having children (Hayes in Weston et al. 2004, p. v), and made a similar suggestion:

while most people want to have children, the most common pre-conditions people nominate for having them are a secure, stable and adequate partner, and a secure, stable and adequate income stream. It seems that these pre-conditions are becoming further out of reach for people in their twenties. One policy question that could be posed is: ‘What supports need to be in place to help people meet these pre-conditions in their twenties?’ (Weston et al. 2004, p. xv)

The FDMP report did not make clear the rationale for posing this question. Not once did the report mention pronatalism, but since the impetus of the study emanated from the concerns about the ageing population (Weston et al. 2004, pp. 3-5), it is clearly pronatalist literature (among other things). The report echoes Lutz and Skirbekk's (2005) logic for increasing fertility rates, that is, by lowering entry age into motherhood.

A version of a 'short-term upward kick' has evolved in the state where the research for this thesis was conducted. While unlikely to have been motivated by pronatalist intent and more by workforce supply and demand, the 'kick' is nevertheless imbued with a potential tempo effect. The Queensland State Government has enabled parents to enrol their children from the age of four³⁷, one year earlier than has been the previous norm in state-provided schooling, effective January 2007 (Education Queensland 2002). While not compulsory, encouragement to participate comes with a 'good parent' tag of enhancing the capacity for learning. Then, while compulsory schooling continues until the completion of Year 10 (or turning 16, whichever comes first), the Queensland Government's school-based apprenticeship program for 15-16 year olds has the potential of eliding schooling with working (Beattie & Welford 2007; Education Queensland 2002). These two education initiatives have the combined, potential effect of shifting the education span back by (at least) a year.

The Queensland State Government's education initiatives are almost certainly not pronatalist in intent, more a confluence of other imperatives with responsible governance. Psychologists have recommended that, from the age of four, children benefit from increased learning exposure (Bennett 2007); young people interested in the Australian Apprenticeship Scheme can experience possible employment directions before a four-year commitment. The combination of younger entry into formal schooling with the elision of school and work for many young people undertaking school-based apprenticeships is nevertheless resonant of Lutz and Skirbekk's recommendations for that 'short-term upward kick' to fertility.

These observations aside, the importance of including Lutz and Skirbekk's work is that this set of studies (Lutz & Skirbekk 2005; Skirbekk 2007; Skirbekk, Kohler & Prskawetz 2004) is dominant in the demography literature suggesting strategies to lower maternal age at first birth. Although interest in maternal age at first birth exists elsewhere in the literature, especially about the relationship between women's education and entry into motherhood, specific research about the effect of pronatalist, national policies on a change in the mean maternal age at first birth in Australia appears to be nonexistent.

³⁷ The child must have turned four by the 30th of June preceding the schooling year commencing in January.

3.5.4 Appealing to nationalistic pride

Another approach in the attempt to encourage procreation and so raise the TFR is to appeal to nationalistic pride, evident for example in Russia's Constitution Day birth competition mentioned earlier. The French and Malaysian governments have also attempted to halt fertility decline by appealing to the national spirit, but 'conventional wisdom is that government expenditures aimed at raising fertility achieve little or nothing' using this approach (Caldwell, Caldwell & McDonald 2002, p. 17). Demeny (1986, p. 347) situated democratic states as 'ill-equipped to engage in specialized value education of their citizens . . . Ministerial exhortations, posters of happy three-child families, and medals to heroine mothers are neither well received nor effective in influencing fertility'.

Australia has had its own version of appealing to nationalistic pride. Then Federal Treasurer, Peter Costello, exhorted Australians to 'have one for mum, one for dad and one for the country' and, even more explicitly, 'Go ahead, have a baby – it's all in the line of national service' (*The Sydney Morning Herald*, 13 May 2004, p. 5). Lattimore and Pobke (2008, p. 57) commented that, 'if family policy is accompanied by an explicit and repeated message from both government and the media that emphasises the importance of having children, this may foster a more favourable community attitude to family formation'. Australians were repeatedly exposed to Costello's message³⁸. Heroine mothers are also acknowledged in Australia. Barnardos Australia (<http://www.bamya.com.au>) provides generous prizes in its Mother of the Year Awards, each year selecting 'someone whose special qualities make them an excellent representative of all Aussie Mums'. These appeals to nationalistic pride in a nation with a distinctive history of peopling a vast continent may be more successful than 'conventional wisdom' might have it for other countries.

3.6 National histories

If the findings for the efficacy of pronatalist initiatives are so mixed, one reading is that there is no one-size-fits-all formula in enhancing the TFR. Low fertility 'has multiple causes, and convincing explanations may read like country-specific social histories' (Morgan 2003, p. 598). For example, Baker (2008) compared concern about the TFR between Canada and Australia. Although Canada's TFR is lower than Australia's, 'the level of concern remains much higher in Australia. The "moral panic" in Australia indicates [the greater] concern about the economic consequences of population [ageing]' (Baker 2008, p. 77). Each nation's

³⁸ According to *NewsBank*, the database of all-text Australian newspaper articles over the last decade, the phrase and its derivations attributed to the former Federal Treasurer (search term Costello AND "one for the country") appeared in Australian newspaper print 78 times in 2004, 39 in 2005, 112 in 2006, and 67 in 2007.

fertility and population history, its form of government, its set of social policies, its ethnic mix will synergise differently, a point made by Jackson (2006, p. 9): ‘if Australia wants to raise its fertility, it may be more germane to look for answers closer to home than to countries like Sweden’. Similarly, van de Kaa (2006, p. 201) recommended that the ‘French policy approach is not simply transferable to other national settings, for in that country successive armed conflicts with a large neighbour have instilled a particularly strong feeling about the importance of maintaining its numerical strength’. The Australian context does happen to compare with van de Kaa’s example, however. The mantra, ‘procreate and cherish’ (Costello 2006a), has as its antecedent the slogan ‘populate or perish’, first put to use in 1937 by former Prime Minister and then Minister for Health, Billy Hughes (Clarke 1992): Minister for Immigration, Arthur Calwell, revived the slogan in 1947, used for a similar reason to that of France: improving numerical strength (Clarke 1992). The threat of Japanese invasion during World War II made many Australians conscious of the continent’s isolation and its relatively small population, an awareness that triggered a massive immigration program post-World War II. Sardon (2006, p. 289) noted that a ‘pioneer’ mentality has contributed to higher birthing performance along with large-scale immigration practices in countries such as Australia. McDonald (2002, p. 417) made a democratic recommendation: ‘there can be no single cross-national model for success. Each country must seek its own institutionally appropriate approach’. The next section covers the approach made by the Australian Federal Government to correct the perceived problem of ageing population.

3.7 Australia’s pronatalist response to correct the ageing skew

After the Australian TFR fell to 1.73 in 2001 (ABS 2002a), the lowest ever recorded, the Australian Federal Government at that time, a coalition of the Liberal and National Parties led by John Howard, responding to not just national but international concerns about ageing populations, began a new discussion with Australia’s families. The first hint of the new pronatalist-inflected rhetoric was an almost buried aside in Prime Minister Howard’s Federal Liberal Party campaign launch in October 2001 when he announced the First Child Tax Refund (the original baby bonus, to be remodelled in 2004): ‘assistance with family formation is very much in Australia’s long-term interests’ (in Heard 2006, p. 17). Since then, from Heard’s (2006) timeline tracking of the development of pronatalism under the Howard Government, the idioms of, first, gender equity theory³⁹ and then preference theory⁴⁰

³⁹ Fertility remains higher when women are supported in combining work and family goals (McDonald 2000b; see section 6.4.3).

⁴⁰ The previous family policy formulation of the one-size-fits-all approach to women, family and work ignored three types of women: adaptive, home-centred and work-centred (Hakim 2003; see section 6.4.4).

surrounding the pronatalist agenda had softened the sensitive matter of the ‘government-in-the-bedroom’. The carefully worded Commonwealth of Australia *Intergenerational Report 2002-03*, released on the occasion of the Federal Budget 2002-2003, was accepted without contention in the media, even though phrases in the *Report* such as ‘emerging issues associated with an ageing population’, and ‘fiscal outlook over the long term’ provided hints about forthcoming pronatalist intent.

The decision by the Federal Government to implement a pronatalist policy⁴¹, however, was contrary to Caldwell, Caldwell and McDonald’s (2002, p. 20) opinion that ‘politicians will almost certainly feel their way cautiously into the future, and give the impression of being pushed by events rather than leading’. This was not the case in Australia. Momentum gathered from the Federal Budget of May 2004 onward, strengthened by the former Federal Treasurer’s exhortation: ‘You should have, if you can – not everyone can – but one for your husband, one for your wife and one for the country’ (Costello 2004)⁴². The movement into pronatalism heightened concern over related issues. Revision of family tax benefits had been receiving criticism over the penalty for mothers who stayed in full-time employment (Summers 2003); consideration of a universal paid maternity leave scheme was much contested on the grounds that such a scheme favoured working mothers (*ABC Radio National* 2002); and creation of more child care centre placements, although part way addressed, was controversial⁴³. The one, so-called ‘vote winner’⁴⁴ was a direct cash transfer to mothers of newborns, which came to be known as the Baby Bonus. The Baby Bonus lump-sum payment, nationally accessible through the Federal Government agency, Centrelink, for each newborn and paid to the birth mother, was introduced in July 2004 at \$3,000, increasing to \$4,000 in July 2006, and further to \$5,000 in July 2008 (all index linked). This non-means-tested payment was not age restricted, although from July 2007, mothers under the age of 18

⁴¹ Australia does not have a population or pronatalist policy, ‘in the strict sense,’ said McDonald (2003, p. 267): ‘The usual definition of a population policy is a policy directed at achieving a particular target population size or a particular target rate of population growth . . . Australia is not alone in not having a specific population policy. No OECD country has a population policy expressed in terms of a target population size or a target rate of population growth.’ Jackson (2006, p. 1) said otherwise, that Australia has an ‘explicit fertility policy in the form of a Maternity Payment’.

⁴² This aphorism was first mentioned at the budget lock-up press conference (Costello 2004), transmuted to ‘have one for mum, one for dad and one for the country’ in later media releases, and echoed British Prime Minister Winston Churchill’s 1945 exhortation, that women should ‘have one for the mother, one for the father, one for accidents and one for increase’ (Weston et al. 2004, p. 4).

⁴³ A Federal Treasury analysis reportedly claimed that ‘It’s a myth child care is hard to find and too expensive’ (Colebatch 2007, p. 5), yet a National Centre for Social and Economic Modelling (NATSEM) study (McNamara, Cassells & Lloyd 2005) had found two years earlier that 27 per cent of families accessing paid child care were concerned about the cost, 22 per cent had difficulties locating the centre of choice, and 20 per cent complained about getting the hours of care they needed.

⁴⁴ The Peter Nicholson pocket cartoon in *The Australian* on 1 July 2004 depicted Federal Treasurer Costello ‘giving birth’ to the Baby Bonus, with Prime Minister Howard’s words as the caption, ‘Congratulations! It’s a vote winner!’.

received the amount as 13 fortnightly instalments (the case for under 16-year-old mothers from the payment's inception, spread as six payments).

The Baby Bonus was one component of a set of pronatalist-driven policies, but was more explicitly pronatalist than the suite of socio-economic drivers for family formation and support, carrying a symbolic power larger than its lump sum. As Withers (in Warne-Smith 2005, p. 3) suggested, 'the Government's symbolism and moral support has been more of a factor than its practical support'. McDonald (2006b, p. 223) assessed the payment as scoring highly in the Australian pronatalist package: '[b]ecause of its directness, it strongly affirms that society values children'. Yet this payment, too, has been criticised, by feminists and others (see section 4.10). Its utilitarianism may have had unintended consequences: the powerful message made by the Baby Bonus may be received by 'the wrong people' (McDonald 2006b, p. 224), which included teenage girls internalising messages meant for their (much) older sisters (see section 4.8).

At the federal election in November 2007, the Coalition Government ceded to a Labor Government led by Kevin Rudd. When pressed for comment on the intention of the new government to dismantle the Baby Bonus, incumbent Federal Minister for Families, Jenny Macklin, refused 'to endorse the baby bonus as a mechanism to increase Australia's fertility rate but said the Government had no plans to scrap it' (Parnell 2008, p. 1). The Labor Federal Government retained the Baby Bonus in its 2008 budget, withstanding strong pressure to rationalise welfare benefits, but did make the payment means tested, effective 1 July 2008, and unilaterally by instalment delivery effective January 2009 (Davis 2008).

3.8 Conclusion

This thesis does not examine the history or causes of below-replacement fertility in many nations, but accepts that it has been the hegemonic view expressed as a problem for governments to address. Additionally, the task of this thesis is to neither prove nor disprove calculations by demographers or economists about ageing populations; neither is it to approve nor disapprove of the Australian Government's response to below-replacement TFR. Mitchell and Gray (2007, p. 23) stated that they 'do not enter into the debate about whether the decline in fertility is a positive or negative development', a positioning suited to this thesis also. What is of interest is that the Australian Federal Government, embracing 20 years of persistent recommendations from the UN Population Policy Division, viewed Australia's TFR of 1.73 in 2001 as unacceptably low. Australia's move into social policy with pronatalist intent was in accord with many other nations' efforts to address the ageing phenomenon with the intended consequence of improving their TFR. One of the less-than-intended

consequences is the subject under investigation: is pronatalist social policy in Australia poised to affect age of entry into first-time motherhood? The reviews gathered in this chapter, while locating some information pertaining to other nations, and some that lend generic perspective, have not revealed any specific literature on the effect of pronatalism, or social policy stemming from pronatalist ideology, on the median age of first-time motherhood in Australia.

The next chapter explores the history of maternity payments in Australia, in particular the history of the lump-sum Baby Bonus introduced by the Federal Government in 2004, as a building block in the investigation.

4.0 Message set two: the Baby Bonus

4.1 Introduction

A suite of enhanced, family-friendly policies including a remodelled maternity payment was formulated by the Australian Federal Government in the election year of 2004. This chapter considers the history of maternity payments in Australia and the evolution of the Baby Bonus, providing links for the thesis between Australia's pronatalist direction explored in Chapter 2 and, ultimately, the appraisal of the lump-sum Baby Bonus by participants in the research project of the thesis (see Chapter 8). This contemporary social policy has had limited academic evaluation to date (see section 4.10). Thus, media and public responses are important elements of this next building block in the investigation. Another important element has been the linkage of the Baby Bonus with a national paid maternity leave scheme, explored at some length (see section 4.7). The aim of this chapter is to position the lump-sum Baby Bonus as metonym for pronatalism in Australia.

4.2 Chronology of maternity payments

The antecedent of the Baby Bonus was a non-means-tested, lump sum Maternity Allowance introduced under the Fisher Labor Government in 1912, when £5 was paid for each confinement (except to Asiatic or Aboriginal mothers⁴⁵) under the *Maternity Allowance Act 1912* (Parliament of Australia 2009). It was among the first payments of its kind in the world, an outcome from the findings of the 1904 *Royal Commission on the decline of the birth-rate and on the mortality of infants in New South Wales* (Baird & Cutcher 2005)⁴⁶. In 1931, the Maternity Allowance was reduced, and became income tested for the first time at a ceiling of an income of £260 per annum per couple (or per claimant in the case of an ex-nuptial child). Then in 1934, payments were weighted for more than one child. In 1943, the allowance was increased to £15, weighted for more than one child, and no longer income tested (Parliament of Australia 2009). Although provisions changed, the allowance spanned 66 years until it was abolished in 1978 (Table 4a).

⁴⁵ In 1926, an Asiatic mothers' exclusion clause was rephrased to exclude mothers who were aliens, and then altered again in 1947 if the alien mother had 12 months' residency. The exclusion of Aboriginal mothers was not removed until 1959 (Parliament of Australia 2009).

⁴⁶ In 1911, a similar but less generous payment was introduced in the UK (Parliament of Australia 2009).

Table 4a: Australian maternity allowance rates 1912-1978

Date from which payable	Each confinement	1st child	2nd child	3rd child	4th child	Other children
	£. s. d.	£. s. d.	£. s. d.	£. s. d.	£. s. d.	£. s. d.
10.10.12	5.0.0					
20.7.31	4.0.0					
1.8.34		4.0.0	4.5.0	4.10.0	4.15.0	5.0.0
21.9.36	4.10.0	5.0.0	5.0.0	5.0.0	5.0.0	
1.1.38		4.10.0	5.0.0	5.0.0	7.10.0	7.10.0
1.7.43		15.0.0	16.0.0	16.0.0	17.10.0	17.10.0
1.11.78	Abolished					

Source: Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) 2009. Australia's currency was pound sterling until 1966.

Between 1978 and 1995, there was no such payment during the global trend of governments seeking to reduce fertility, an indication that such payments were explicitly pronatalist since inception.

The next phase of the payment's history began in 1996 when it was re-introduced as a maternity allowance of \$840 as a single payment, signalling the end of an 18-year period of less political concern about the birth rate. The following time line (Table 4b) contains events relevant to the Baby Bonus, a payment that became linked in the discussion of a universal paid maternity leave (UPML) scheme.

Table 4b: Timeline of events relevant to the Baby Bonus 1996-2009

Date	Activity
1 Feb 1996	Maternity Allowance was re-introduced as a tax-free, assets-tested, lump sum of \$840 paid to the birth or adoptive mother on the birth of a child (including still-birth, adopted new-borns and children who died soon after birth), which included a maternity immunisation allowance (\$200 by the time the child turned 2).
April 2002	<i>Valuing parenthood: options for paid maternity leave</i> interim report was released by the Human Rights and Equal Opportunity Commission (HREOC 2002a).
1 July 2002	The First Child Tax Refund (FCTR) was introduced by the Howard Federal Government operational from the birth of a child for a maximum period of five years. The refundable tax offset was one-fifth of the tax paid from the mother's year of work preceding the first birth, or adoption, or commencement of legally appointed guardianship of the first child (retrospective calculation to the tax year commencing 1 July 2001) paid each year over five years. FCTR had a ceiling of \$2,500 pa and a minimum of \$500 pa regardless of prior earnings. This payment became known as the baby bonus (lower case). The Maternity Allowance by now \$880 continued as a payment per birth, along with maternity immunisation allowance of \$208.
Dec 2002	The HREOC final report (2002b), " <i>A time to value</i> ": <i>proposal for a national paid maternity leave scheme</i> , was submitted to Parliament. The model of 14 weeks, government-funded leave at the minimum wage for all working women giving birth was recommended.
May 2003	Federal Budget 2003-04 did not take up the HREOC report recommendations.
April 2004	A Baby Care Payment of a lump-sum, means-tested \$3,000, set to commence 1 July 2005 and increase in stages to \$5,380 by 2010, was mooted by the Opposition Australian Labor Party (ALP) preceding the 2004-05 Federal Budget and the 2004 Federal Election.
1 July 2004	The Maternity Payment, dubbed the Baby Bonus (capitalised) from its commencement, and then officially from 1 July 2007, paid to the family (usually the mother) was introduced by the Howard Government as a non-means-tested, lump sum of \$3,000 (indexed) for the birth or stillbirth (adoption of a child up to two years of age was added in 2005), replacing the FCTR (except for those still eligible pre-July 2004) and the Maternity Allowance (but keeping the maternity immunisation allowance). For mothers under 16 years old, the payment was made in six fortnightly instalments, contingent upon a Centrelink case worker's assessment.
1 July 2006	The Baby Bonus increased to \$4,000 (indexed to inflation).
1 July 2007	All mothers under 18 received the payment in 13 fortnightly instalments. An income management regime, or a quarantining, was introduced from 17 August 2007 if children were assessed as being at risk of neglect.
Nov 2007	A new Federal Government was appointed, under the Australian Labor Party Prime Ministership of Kevin Rudd.
Dec 2007	The matter of a national paid maternity leave scheme was handed by the Rudd Government to the Productivity Commission, final report due February 2009.
1 July 2008	The Baby Bonus increased to \$5,000 as a lump sum for mothers over 18, and as 13 fortnightly instalments to mothers under the age of 18. A means test using a ceiling of combined family annual income of \$150,000 (\$75,000 for the six months following the birth) was applied.
1 Jan 2009	The means-tested Baby Bonus of \$5,000 was paid to all families (usually the mother) on the birth (or stillbirth or adoption or legally-appointed guardianship) of a child regardless of the mother's age in 13 fortnightly payments.

Source: Department of Families, Community Services and Indigenous Affairs (FaCSIA) 2006; FaHCSIA 2009; HREOC 2002a, 2002b; Parliament of Australia 2009.

4.3 Historical perspective

In 1912, when the first Maternity Allowance was introduced at £5, the lump-sum payment was over twice the basic weekly wage (ABS 2008d). In 1943, the allowance increased to £15, an amount just over three times the basic weekly wage (Hancock 1960). By 1953, with the influences of the reduction of standard working hours from 44 to 40 hours per week in 1948, and a recession in 1952-1953, the basic weekly wage had increased to £11.16s, but the Maternity Allowance remained the same (Parliament of Australia 2009; Hancock 1960). In 1996, the payment was re-introduced following an 18-year absence as \$840, a little over the average weekly wage. The First Child Tax Refund (FCTR) introduced in 2001, effective July 2002 (Costello 2001), although popularly dubbed the ‘baby bonus’, was construed differently (see section 4.4), and for the purpose of this comparison is not included. The Baby Bonus was \$3,000 effective July 2004, and in November 2003, the average weekly wage was \$939.60, with the same ratio as that of 1943 preceding the post-World War II Baby Boom. In November 2005, preceding the rise of the Baby Bonus to \$4,000, the average weekly wage was \$1,029.50; and in November 2007, preceding the rise to \$5,000 in July 2008, the average weekly wage was \$1,112.70⁴⁷. Table 4c sets out the ratios.

Table 4c: Ratio of Maternity Payment to average weekly wage, 1912-2008

Year	Maternity Payment	Average weekly wage	Means tested?	Ratio MP:AWW
1912	£5	£2.7s	no	2.2:1
1943	£15	£4.16s	no	3.2:1
1953	£15	£11.16s	no	1.3:1
1996	\$840	\$661.40	yes	1.3:1
2004	\$3,000	\$939.80	no	3.2:1
2006	\$4,000	\$1,029.50	no	3.9:1
2008	\$5,000	\$1,112.70	yes	4.5:1

Source: Hancock 1960; ABS November figures, various years.

A ratio comparison spanning a century such as this requires historical context. The percentage of women aged 15-64 in the Australian workforce between 1901 and 1961 hovered around 30 per cent – 30.7 per cent in 1901, 33.8 per cent in 1961 (Sheridan & Stretton 2004) – whereas in 2006, 57.1 per cent of all women were working (ABS 2007b). The female workforce as a percentage of the total workforce has more than doubled over the course of a century: 20.5 per cent in 1901, 24.8 per cent in 1961 (Sheridan & Stretton 2004)

⁴⁷ Average weekly wages are from ABS cat. no. 6302.0 November figures, preceding the stages of the respective payments, based on full-time, all adults, ordinary time earnings, private and public sectors combined. November was chosen because of the gestation period leading into the July increases, although this cannot be said of November 2003 before the announcement of the lump-sum Baby Bonus (see Gans & Leigh 2009 about birth shifting at midnight on 1 July 2004).

compared with 45.0 per cent in 2006 (ABS 2007b). In the past few decades, women who take time from the workplace for childbearing and caring, expecting to return to work, forego considerable earnings (Percival et al. 2008)⁴⁸. This contemporary situation cannot be compared alongside the pre-1966 norms when, for instance, women were legally obliged to resign from the public service sector on marriage (Sawer 1996). A ratio of the maternity payment to the average weekly wage, therefore, is a simplistic measure, but useful nevertheless⁴⁹. Expressed in this manner as a guide only with consideration for historical influences such as women's attachment to the workforce and changing economic climates, the last lump-sum maternity payment of \$5,000 made on the birth of a child, effective 1 July 2008 until 31 December 2008, was the most generous of a century's worth of all such payments at four-and-a-half times the average weekly wage. This finding is integral for a later argument (see sections 4.11 and 9.2).

4.4 First Child Tax Refund (FCTR)

The political perception of women's roles and needs surrounding childbirth was a major influence at the time the FCTR was created. The prevailing ideology of the early years of the Howard Government revealed itself in 'hostility towards mothers' workforce participation' (Brennan 2007, p. 50). An 'internal clash of ideas', a disconnect between Howard the politician whose adroit rhetoric embraced women as both workers and carers, and Howard the man whose strong views about traditional mothering were well known, compromised public policy in the treatment of Australia's women (Hill 2006). Summers (2006a) provided an overview of actions taken by the Howard Government that penalised women, not only as workers:

During the early years of the Howard government, funding for childcare was slashed, the tax system was changed to penalise working mothers, the Women's Bureau (an initiative of Sir Robert Menzies that monitored women's employment, especially equal pay) was abolished, the Sex Discrimination Commissioner position was left vacant for more than a year and the position had its complaint-handling powers abolished, the Human Rights and Equal Opportunity Commission (the home of the Sex Discrimination Commissioner) had its funding cut by 40 percent and its staff cut by one-third.

⁴⁸ The amount has been nominated as up to \$310,000 (Lattimore & Pobke 2008, p. 59). Foregone earnings by the father are contraindicated: 'empirical work suggests that fatherhood has positive effects on both earnings and occupational achievement' (Rindfuss, Guzzo & Morgan 2003, p. 414).

⁴⁹ Note, *basic* weekly wage is used for 1912-1953 ratio calculations. By 1996, use of the *average* weekly wage had become a more usual way to compare income and costs of an era.

This de-escalation of support for women at a national level, support that had taken decades to evolve, was indicative of an ideological shift in the way Australia's women were being reconceived and recognised. Baird and Cutcher (2005, p. 104) denounced the Howard Government on the grounds that, by failing to introduce a UPML scheme, it also failed to recognise 'women's attachment to the paid labour force, and the need for women to maintain continuity, career advancement, and retirement security'. They concluded that attitudes of politicians toward Australian motherhood had barely changed over the past 100 years (Baird & Cutcher 2005). This is a common theme among feminist critics. Van Acker (2005, p. 100), for instance, assessed that 'notions of a traditional gendered workforce have shaped the federal government's budgets, reinforcing a model of the primary breadwinner and the dependent spouse'⁵⁰. Summers (2003, p. 240) charged the Howard Government with adhering to 'absolute intransigence when it comes to the needs of working mothers (or working women who would like to become mothers)'. Into this setting arrived the FCTR, colloquially named the 'baby bonus' (lower case).

The FCTR introduced in 2002 was premised on a woman's attachment to the workforce before a first birth, and her (virtual) removal from the workforce for up to five years after the birth. The FCTR was deemed a policy failure early in its existence. Its cumbersome conditions, bias toward stay-at-home mothers, and a paltry tax refund based on the tax paid in her year of work preceding the birth of her first child (minimum of \$500 and maximum of \$2,500 a year for five years) guaranteed a call for remodelling. Then President of the Australian Council of Social Services, Andrew McCallum, said that the FCTR was a 'nonsense exercise from day one' (*ABC Radio National* 2003). Then Opposition Treasury spokesperson, Simon Crean, deemed the baby bonus a 'bigger flop than they [the Coalition Government] ever let on' (Lewis & Karvelas 2004, p. 4). Pocock (2004) was even blunter: the FCTR was 'an expensive, regressive, badly timed policy disaster'. It was inevitable that this dismal failure of a family policy would be replaced, but with what?

A replacement of the FCTR was first publicly mooted by the Australian Labor Party (ALP) Federal Opposition in the form of a Baby Care Payment, a lump-sum, means-tested \$3,000 to be partly funded by a payroll tax (Wroe & Robinson 2004). At the same time, a minor political party, Family First, entered the bidding by offering \$10,000 should the party be

⁵⁰ This became particularly evident in the differences between parenting-payment eligibility for single parents and partnered parents of a single-income family effective 2006. The former were required to find employment for at least 15 hours a week – the welfare-to-work program – once the youngest child turned eight, whereas the latter simply had to reapply for continuing eligibility once the youngest turned six (Gray, Qu & Weston 2008). Apps' (2006, p. 28, *itals. in original*) analysis of the 2005-2006 Australian family tax system found that 'second earners in low and average wage families face the highest *average* tax rates in the economy', a disincentive that served to entrench the bread-winner model (also see Cass & Brennan 2003 on gender politics embedded in the tax transfer system).

selected, to be paid fortnightly over six months to families who have a third or subsequent child (Family First 2004). The Opposition ALP's Baby Care Payment came as a small but significant 'bargain basement proposal' approaching paid maternity leave (Pocock 2004). Then Opposition spokesperson, Wayne Swan, said that the initiative was 'the most significant announcement that we have made as a party in social policy for a very long time' (in Wroe & Robinson 2004, p. 1). That 'very long time', in this case, was 85 years for a political party to take Australia close to the 1919 International Labour Organization's (ILO) recommendation of 12 weeks' paid maternity leave (Pocock 2004). At this point, a maternity payment and a UPML scheme began a persistent linkage.

Interestingly, the Australian Labor Party's National Platform and Constitution adopted at its national conference in January 2004 included a commitment to introduce 'a national fourteen week paid maternity leave scheme, with no cost burden to small business' (point 30:29). Yet the Baby Care Payment unveiled to the press on 1 April 2004 was not to be paid over 14 weeks, and included a payroll tax of 0.1 per cent, a version that Sex Discrimination Commissioner Pru Goward, the compiler of the 2002 HREOC report into paid maternity leave, criticised as falling well short of a 14-week scheme paying minimum wage (Lewis & Karvelas 2004). Then Family and Community Services Minister, Kay Patterson, 'accused Labor of plagiarising proposals' from a 'leaked' government document (Wroe & Robinson 2004, p. 1). This 'leaked' cabinet document of an inter-departmental taskforce had been in existence for over a year, and contained a recommendation that the FCTR should be redesigned to mimic a national paid maternity leave scheme (Bachelard 2004). Goward was reported as saying that she hoped Labor's announcement would 'trigger a bidding war between parties' (Wroe & Robinson 2004, p. 1), and it did. Megalogenis (2008, p. 181) observed that the 'last budget before an election is the one that flirts with fate, because governments seeking another term offer voters more than is prudent, and oppositions wishing to break a losing streak always try to out-bid them'. The replacement of the FCTR lacked circumspection under election pressure. A 'furious race between the major parties to secure the female vote' led up to the 2004 Federal Election (Walsh 2004, p. 61). An emphasis on family-friendly policies became catalyst to the creation of the Maternity Payment.

4.5 Birth of the Baby Bonus

Meanwhile, in the political milieu of concern about an ageing population, a clear need to improve family support policy in alignment with other OECD nations' performance (D'addio & d'Ercole 2005), and a political imperative to replace the failed FCTR, the seeming dichotomy of working versus stay-at-home mothers became a 'sticking point' for the Howard Government (Brennan 2007, p. 42). Traditional family lobby groups 'found a willing ear

with the Howard government' (Apps 2002), an ear that was also willing to listen to the preference theory espoused by Catherine Hakim, a British sociologist. Hakim (2003, p. 369) recommended that, if governments are committed to raising fertility rates, they should focus on policies that support home-centred women who have 'the highest fertility rates and can most easily be persuaded to increase their family size'. Family policy analysts have contradicted this theory (see also section 6.4.4). Castles (2002) and McDonald (2000a) have examined evidence from cross-national experiences, finding the opposite to Hakim: 'the countries that have the higher labour force participation rates for women have the highest fertility rates, and those that have the low labour force participation rates, because they don't make it possible for mothers to work, have low fertility rates' (McDonald in Phillips 2002, p. 52). Placing policy emphasis on home-centred women and adaptive women, then, would not increase but decrease overall fertility, given that many women want or need to combine work and family, and want or need to take up child care as a means to do so.

Hakim's preference theory, however, matched Howard's known bias toward stay-at-home mothers (Summers 2003). This strong view about traditional mothering 'compromised public policy' (Hill 2006), because it was Hakim's preference theory that contributed significantly to the Howard Government's formulations of the family policy components of the 2004-2005 budget⁵¹. A newly-modelled package of family-friendly policies targeted Hakim's adaptor ideal-type of woman who could be persuaded, given the right incentives it was believed, to become home centred with her children. The FCTR or baby bonus was replaced by the Maternity Payment to help achieve that objective. To add confusion, the Maternity Payment was popularly adopted in the capitalised form as the Baby Bonus (and then officially as such from 1 July 2007), masking a social policy mistake with recycled nomenclature. The modification of an existing response to a problem saved an entire policy cycle and, at the same time, blocked a UPML scheme. At this point, the two styles of maternity support were separated, or so it seemed. Another role for the Baby Bonus other than support for the costs of a new baby was yet to be revealed.

The language is important here: the Baby Bonus was a payment in recognition of 'the extra costs incurred at the time of a new birth or adoption of a baby' (Australian Government Family Assistance Office [FAO] 2009). This terminology placed the Baby Bonus inside a welfare paradigm, further emphasised when the payment became means tested effective July 2008. A UPML scheme, on the other hand, belongs within a human rights paradigm, because

⁵¹ Prime Minister John Howard 'declared himself "very impressed" by her [Hakim's] "realistic and compelling" theories and sent his social policy adviser, John Perrin, to London to meet her. Her expertise and strong opinions have made her central in two of our policy hot spots – maternity leave and fertility' (Arndt 2003, p. 15).

without income replacement, employment security and superannuation continuity, a female worker (and her family) is financially penalised for having a child. The argument that welfare is a human rights issue aside (Posner 2008), the elementary distinction was critical in the formulations of a UPML scheme. It was clear, however, that the Howard Government's Baby Bonus was intended to deflect the national discussion of a UPML scheme, in effect prioritising Australia's women as mothers first, workers second (see section 5.8).

The Australian Baby Bonus has been one of the few payments exactly of its kind in OECD nations (see section 3.5.1), and has received much attention and criticism, especially as a substitute for a UPML scheme. Its transparency as a *seeming* no-strings-attached, unilateral measure to offset the costs of having a baby (see section 4.11), and at the same time as a potential way to enhance the TFR, however, have been two of its praiseworthy aspects, clearly lacking in the construal of the FCTR.

4.6 Two-fold bid

The delivery of improved financial benefits to families by the Howard Government in 2004, apart from appearing to some commentators as an 'obscene vote-buying exercise' (Walsh 2004, p. 61), contained a two-fold bid: firstly, to further improve Australia's performance by comparison with other OECD nations in supporting families and, secondly, to halt the decline of Australia's TFR, both aims which have transpired (Gray, Qu & Weston 2008). A growing body of evidence that family-friendly policies do influence fertility rates made the two bids complementary (Gray, Qu & Weston 2008; although see section 3.4). Express articulation of the payment's potential role in lifting the TFR to address the ageing skew, however, at least at the time of its formulation, was curbed by sensitivity about a perception of a government paying people to have children (Heard 2006). No such sensitivity was evident when the Baby Bonus was launched as part of the pre-election 2004-2005 Federal Budget (Costello 2004). The pronatalist intent of the Baby Bonus was revealed unequivocally, because most articles announcing the Baby Bonus included in tandem the former Federal Treasurer Costello's exhortations that Australians should go home and do their patriotic duty, and to have 'one for mum, one for dad and one for the country' (in Price 2004, p. 1). Costello's photograph at the Royal Women's Hospital, Melbourne, surrounded by babies born in March 2005 conceived after the Baby Bonus announcement in May 2004, appeared in newspaper publications Australia wide (Figure 4a).

Figure 4a: Photograph of former Federal Treasurer, Peter Costello, at the Royal Women's Hospital, Melbourne, April 2005.



Source: *Herald Sun* 1 April 2005, p. 1

Costello's message that accompanied the photograph was, 'I wouldn't hold off waiting for the \$4000 – get going . . . The more babies the better' (in Jones & Frenkel 2005, p. 1). Costello's messages were, again, explicitly pronatalist. There can be no doubt that the Baby Bonus particularly (and also enhanced family benefits to some extent) was formulated with pronatalist intent. The 'elephant in the room' (Vuk 2008), however, was a UPML scheme, still missing from an otherwise robust package supporting Australian families.

4.7 A long history of procrastination: universal paid maternity leave (UPML)

Efforts from many petitioners over many years had failed to persuade successive governments to implement a UPML scheme from the public purse (Brennan 2007), even though since 1973 the Australian Public Service (2008) had offered its employees giving birth a 12-week paid/40 week unpaid scheme⁵². This model was intended to be a 'pace-setter' for the private sector, but emulation was slow, and mostly limited to large business (National Foundation for Australian Women 2008). A major reason for procrastination had been the seeming dichotomy of working versus stay-at-home mothers, the core of the struggle for a financial formula to support new mothers in Australia. Brennan (2007, p. 42) called it, mentioned earlier, the 'sticking point': a lump sum for a birth favours non-working women, whereas paid maternity leave favours working women. In Baird and Cutcher's view (2005, p. 109), the

⁵² In Australia since 1994, a legislated 52 weeks of unpaid leave for care of a newborn or adopted child has been available for permanent and casual employees who have had at least 12 months' continuous service (ABS 2007b).

reasons for procrastination had been the ‘continuing dominance of a male paradigm regarding paid work, and a conservative view of what it means to be a mother’ in Australia. The Baby Bonus with its antecedent in the FCTR placed Australia’s women as mothers first, whereas a UPML scheme places women as workers first.

The Howard Federal Government (1996-2007) was steeped in conservatism, and antagonistic toward a UPML scheme. Minister Abbott had previously said in a national radio interview that a UPML scheme would be adopted ‘over this government’s dead body, frankly, it just won’t happen under this Government’ (*ABC Radio National* 2002). The Australian Council of Trade Unions (2008, p. 2) attributed the creation of the Baby Bonus as a means to rebuff the 2002 HREOC report’s recommendation for a UPML scheme which, incidentally, was inherent in the Australian Labor Party’s mooted Baby Care Payment in April 2004 (Brennan 2007). When the Baby Bonus was converted from a lump sum to universal payment by instalment in the Federal Budget 2008-2009, effective 1 January 2009, however, it began to look more like a universal maternity leave payment than ever before.

4.8 Baby Bonus by instalment

When the Baby Bonus came into effect 1 July 2004, public alarm sounded loudly over the potential creation of yet more welfare-dependent, single, teenage mothers, a less-than-desirable corollary of the new promotion of parenthood. Responding to a spate of anguish-laden newspaper articles following the 2004-2005 Federal Budget release, then Prime Minister Howard placated community angst over teenage girls who might be tempted to internalise messages meant for their older sisters (Gough 2004; Maiden 2004). Teenage motherhood was at that time the lowest in Australia since first recorded by the ABS in 1921, peaking in 1971 at 55.5 live births per 1,000 females aged 15-19 (which includes births to mothers under 15 years), down to 16.3 per 1,000 in 2004 (ABS 2005). The potential impact of the Baby Bonus on very young women was not so blithely brushed to one side, at least not by Plumpton High School principal Glenn Sergeant, who reacted strongly: ‘You put \$3000 in anybody’s hands who’s not used to having any money whatsoever, well it’s a big risk’ (in House of Representatives 2004)⁵³. McDonald (2006b, p. 224) assessed that such ‘objections have faded with time’, but with the Baby Bonus set to increase (at that time) to \$5,000 in 2008, and with fewer teenagers seeking abortions (at least in Victoria [Switzer 2007]), it was inevitable that this contentious issue would reappear, despite Howard’s reassurance of the ‘misbelief’ about an increase in teen pregnancies (Grattan & Nguyen 2004, p. 1).

⁵³ Plumpton High School in Melbourne was one of the few secondary schools in Australia with a young parents’ school program in Australia in 2004.

In October 2006, controversy did flare again over unsubstantiated claims that ‘the \$4,000 baby bonus leads to abandoned infants, late-term self-abortions and girls being raped by their partners’ (*The Sydney Morning Herald* 2006). Concerns were expressed by youth workers, grandparents and community health nurses ‘that some people are having children for the wrong reason’ (Plibersek 2006, p. 15). A heated exchange in the press between politicians followed, resulting in a call to ‘increase scrutiny to stop baby bonus abuse’ (Schubert 2006, p. 6). Response to this politically-sensitive issue came shortly after when then Family and Community Services Minister, Mal Brough, announced changes to the Baby Bonus payment conditions. Mothers under 18 years old would no longer be eligible for a lump-sum payment and would receive the Baby Bonus by instalment, because ‘the younger a person is, the higher the risk of vulnerability and the less their experience with larger sums of money’ (Brough in Milne 2006, p. 3). The lump-sum mode of delivery was influential and detrimental enough for some young women that a government response was required to nip adverse attention to this most sensitive aspect of the Baby Bonus, and to avert the potential of misuse. The Baby Bonus began a new, fixed-age limit: from 1 July 2007, under 18-year-old mothers received their payment as 13 fortnightly payments (which was the case for under 16-year-old mothers all along, but spread over six payments at the discretion of the Centrelink case worker). This payment delivery was adopted for all eligible recipients, effective 1 January 2009, and has been likened to ‘paid maternity leave by stealth’ (Horin 2008). In spreading the payment of the Baby Bonus to shore up the perceived misuse potential, the instalment plan opened the conceptual door to help resolve a perplexing social policy issue that had lasted for nearly a century.

4.9 What was the Baby Bonus?

The creation and evolution of the lump-sum Baby Bonus has been variously received, mostly as a boon to family expenses surrounding the birth of a child, but also as: a response to the below-replacement total fertility rate (McDonald 2006b); a government-level manipulation of women as mothers first and workers second (Baird & Cutcher 2005); a poor substitute for a UPML scheme (Brennan 2007); an inefficient use and waste of taxpayers’ funds (Guest 2007a); an ecologically irresponsible policy (Walters 2007); and a means of welfare abuse (House of Representatives 2007). The lump-sum Baby Bonus became, arguably, the single-most contested lump-sum payment within the Australian welfare package of family provisions since Federation, and even that was contested, that the payment was, indeed, even a welfare payment (McDonald in Skilton 2008).

So what was the lump-sum Baby Bonus? Views about the Baby Bonus across the nation were mixed. *National Nine News* conducted an on-line survey, ‘Your say: Is the baby bonus

necessary?’, on one day, 14 March 2008, and for just two hours, 11.36am to 1.34pm. The blog space opened following a morning television program invitation for contributions to distil a national mood over the Baby Bonus. Before the public domain space was closed, 235 responses had been received. The advantage of viewing this particular set of responses is that it transpired in just two hours which eliminated any diatribe, and attracted more serious and circumspect discussion than is the norm for these electronic conversations. The disadvantage of citing this survey is that respondents are unknown. Nevertheless, ‘popular discussion is well suited for analyzing the changing structure of the political and intellectual debate over the desirability of intervention in population [policy] processes’ (Wilmoth & Ball 1992, p. 631). Selected responses are in three sections: those in favour, those against, and those with less polemic views about the Baby Bonus (Table 4d).

Table 4d: Selection of comments, *National Nine News* on-line survey 14 March 2008

Comment	A selection of comments from those in favour of the Baby Bonus
6	The baby bonus was one of the best things the government’s done to help families.
30	We would STILL be waiting to be able to afford to have a baby if not for the bonus.
40	I think it is a wise policy of our government to help ease the burden of parenting.
64	I think the economists are wrong. I think that the bonus is great for the economy.
216	This bonus just shows what country we live in. Thank you Australia, again.
227	If it wasn't for the baby bonus, we would be delaying our pregnancy for at least another two years.
Comment	A selection of comments from those not in favour of the Baby Bonus
2	The bonus only encourages the lower class to have children for the money.
35	Why should taxpayers have to find the extra money to raise someone else’s children?
49	[There is] absolutely no justification for welfare payments for a lifestyle choice.
70	Give people \$5000 NOT to have a baby.
147	[This is] a quick way for 15 year olds to get hold of a substantial amount of money.
209	[The Baby Bonus is] the most abused form of government handout.
224	If you can't afford to have one - have an abortion.
Comment	A selection of sundry comments from respondents with less polemic views
5	[It] should be called the 'Baby Benefit' or 'Baby Support'.
24	Everyone is too busy looking at the probably small percentage of people abusing the baby bonus.
46	[Phase] out the baby bonus when Australia finally brings in mandatory maternity leave
81	I think its unfair to say teenagers misuse the baby bonus, as not all teenagers are as materialistic as most people make out.
85	I'm sure the majority of young people realise it cost[s] a lot more than \$5000 to raise a child.
92	Pay the parents of the under 18 year old mother.
123	If it’s a problem change the way it is given don't get rid of it.
125	The baby bonus is the only miserable excuse this country has in the way of paid maternity leave.
151	Free child care [would be] a better incentive to have more children.
228	I guarantee that if the baby bonus is cut so will the birth rate.

Source: *National Nine News* 2008

Of the 235 contributions to this *National Nine News* on-line survey, those in favour of retaining the Baby Bonus numbered 135 (57 per cent), those against totalled 87 (37 per cent), and those with mixed views tallied 13 (6 per cent). From all respondents, 52 (22 per cent) recommended some form of stricter control, the most popular being the issue of vouchers, or for the payment to be made in instalments. Only 11 respondents (5 per cent) considered that the payment should be means tested, with four mentioning that it should not, which indicates that means testing was not of particular concern, although Newspoll (*The Australian*, 12 May 2008, n=1,206) received a 65 per cent vote in favour of applying a means test⁵⁴. What concerned 23 per cent of the *National Nine News* survey respondents was very young women having babies motivated by the availability of the Baby Bonus, although respondent 149 suggested that 15-16 year-old mothers were the very people who should receive the Bonus, because they needed it the most. These views exemplify the controversy that the Baby Bonus had generated. They were also expressed on the eve of a decision by the Rudd Federal Government to implement a means-tested eligibility for the Baby Bonus, and to move the payment to unilateral instalment delivery of 13 fortnightly payments effective 1 January 2009 (Treasurer of the Commonwealth of Australia 2008).

The announcement that the Baby Bonus was to be administered in instalments undoubtedly assuaged much divisive opinion about the perceived allure of the lump sum. However, by applying a means test, cutting out at a combined family income of \$75,000 in the six months following the birth or adoption of a child under two years of age (FAO 2009), the payment was delineated as welfare provision. More significantly, the instalment mode of delivery paved the way for its perception as a maternity leave payment, opening the door to a national discussion (Productivity Commission 2009b) which had a referendum quality about it.

4.10 Critical evaluation

In Australia, incentives used in social policy have received little critical evaluation (Chenoweth, Warburton & Buckley 2005). Leigh (2003, p. 341) observed similarly: ‘robust evaluation of the effectiveness of particular programs remains rare . . . [P]olitical rhetoric is usually substituted for hard evidence’. ‘All policy effectively is experimentation’, said Gary Banks, Chairman of the Productivity Commission (2009a). The lump-sum Baby Bonus has been no exception. Its analysts are few, and analysis of its role in potentially enhancing Australia’s TFR, arguably the payment’s primary objective, is incomplete. This is to be expected in an area that is difficult to analyse econometrically in such a short time frame and, ultimately, only fully once the fertility cycle (a cohort of women who have reached the age of

⁵⁴ The two groups are not directly comparable. The *National Nine News* blog space survey did not have the randomised telephone sampling technique of Newspoll.

50) of those exposed to policy change is completed (Parent & Wang 2007). Public attention has far outweighed that of academia. A review of the literature in this section is confined to academic attention. Some reports include views or analysis of other pronatalist measures, not just the Baby Bonus.

Responses to the lump-sum Baby Bonus have been mixed. Some commentators deemed the lump-sum Baby Bonus as making a modest contribution to the improvement of the TFR (Drago et al. 2009; Gray, Qu & Weston 2008; McDonald 2006b); some rejected such a notion (Lattimore & Pobke 2008); some repudiated its existence (Guest 2007a; Walters 2007); some remained neutral overall, but had specific findings (Coughlan 2008), or objections (Gans & Leigh 2009); some asked for cautious interpretation (Heard 2007a; Jackson 2006, 2007); and one detected a covert agenda (Bacchi 2009).

4.10.1 Modest contribution

In the AIFS review, *Fertility and family policy in Australia*, the authors (Gray, Qu & Weston 2008, p. 16) noted that, although some evidence indicated that ‘the maternity payments had an impact upon fertility, it is difficult to determine whether this was caused by changes in the financial incentives to have children or the publicity around the payment’. Put another way, the controversy over the lump-sum Baby Bonus had been more successful in promoting the pronatalist agenda, perhaps, than the Baby Bonus itself.

McDonald (2006b) was more confident in his appraisal of the impact of the Baby Bonus. He cited early data from the Australian experience as evidence that the implementation of the Baby Bonus payment (and family tax incentives) had been effective in raising the TFR: ‘in the first quarter in which births could have been affected by the new payment (June Quarter 2005), there was an increase of 10 per cent in the number of births compared to the same quarter in the preceding year’ (McDonald 2006b, pp. 224-5). Birth numbers can be misleading (Jackson 2006)⁵⁵, although they are the first available (imperfect) indicator of fertility change. Not only has McDonald (2006b) supported the lump sum cash transfer to the mother at birth because of its transparency and horizontal equity, he also favoured even higher payments to be made when the child turns one, and then again at the age of two.

Drago et al. (2009, p. 2) from the Melbourne Institute of Applied Economic and Social Research, considered the Australian Baby Bonus ‘a natural experiment in terms of fertility policies’. They suggested that it was more isolatable, and therefore easier to assess its impact

⁵⁵ Birth numbers reflect not just the birth rate per woman, but the number of women at childbearing age (particularly peak childbearing age); the TFR can rise if there is even a *deceleration in the rate of increase* in the age at childbearing (Jackson 2006).

within a shorter timeframe than is the norm for national studies of this nature (see section 3.5.1, the Quebec experience). They used household panel data from the longitudinal Household Income and Labour Dynamics in Australia Survey (HILDA) as the basis of their analysis of the effects of the Baby Bonus on fertility intentions and births. Findings were that fertility intentions rose following the announcement of the lump-sum Baby Bonus in 2004, and that the bonus did exert a ‘small though positive effect on fertility . . . stronger for second and possibly higher-order children [with] no evidence that bonus effects were temporary’ (Drago et al. 2009, p. 24).

4.10.2 No contribution

Lattimore and Pobke (2008) examined the role of the Baby Bonus for the Productivity Commission in an econometric determination of the causes of the recent rise in the Australian TFR (from 1.73 in 2001 to 1.83 in 2006). Their central tenet was that ‘family policy is unlikely to have been a major factor in the recent upturn’ of the TFR, notwithstanding a

wide range of family policies that may incidentally affect fertility, but which are premised largely on improving parental and child welfare, encouraging gender equity, achieving social justice and encouraging workforce participation, rather than more babies per se. (Lattimore & Pobke 2008, pp. xvii, xix)⁵⁶

They stressed the lack of explicit pronatalist intent of contemporary family policies in Australia (pp. xvii, 35, 59, 71, 74). Pronatalist elements, according to these writers, are to be located in the distribution of benefits based on parity and bonuses to larger families in other countries, not Australia. The writers justified that the lump-sum Baby Bonus was not pronatalist, because it was delivered as a flat, non-discriminatory payment not based on parity (a bonus paid on the birth of a second, third or even fourth child). This position can be traced to a 1994 definition included in their literature review: ‘Pronatalism was defined by the extent to which payments increased with parity’ (p. 136). Pronatalism is difficult to isolate to a single definition (see section 3.3), but Lattimore and Pobke took this particular one as adequate, and so categorised the Australian lump-sum Baby Bonus as not pronatalist.

The argument proposed by Lattimore and Pobke placed strong reliance on the economic rationalisation of children’s lifetime costs⁵⁷. The lump-sum Baby Bonus was positioned accordingly as playing a ‘minor role’ in the decision to have children (p. 59). A note of incredulity sat behind the assessment that, because \$5,000 was totally inadequate in

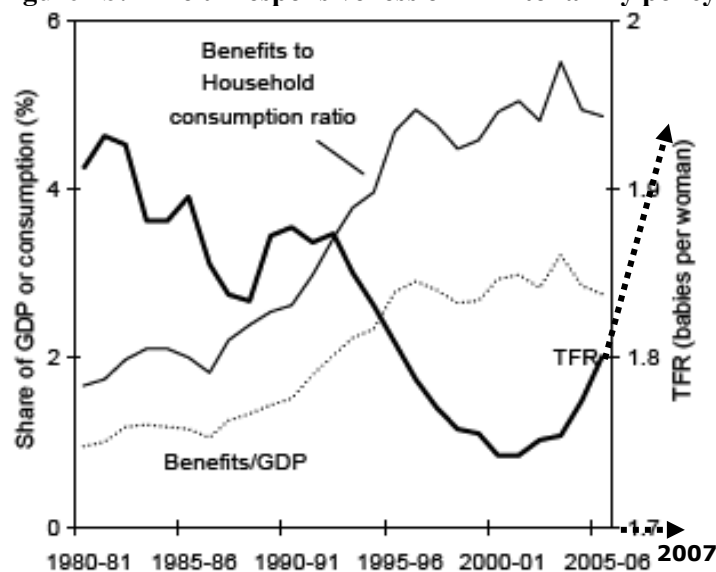
⁵⁶ Page numbers for this section refer to Lattimore and Pobke (2008).

⁵⁷ The lifetime costs of raising children were mentioned 21 times (pp. 57, 59, 60, 61, 62, 65, 68, 121, 143) as the most significant contribution in the decision to have a child or more children.

consideration of the lifetime costs of a child (which is true), the Baby Bonus could not have been a driver of increasing the TFR. Thus, on two counts, the Baby Bonus was contained as an influence on the TFR increase, firstly, as not pronatalist and, secondly, as not enough of an incentive anyway, not unless intending parents exhibited ‘short-sightedness’ (p. 61).

To prove their position that rising family benefits did not result in a rising TFR, the authors used two ratios: one, family benefits measured as a ratio of household consumption; two, family benefits measured as a ratio of gross domestic product (GDP). Figure 4b bears the title of their diagram, ‘The unresponsiveness of TFR to family policy’. The dotted line $\cdots\blacktriangleright$ is added to the original diagram to indicate the 2007 (calendar year) increase in the TFR.

Figure 4b: ‘The unresponsiveness of TFR to family policy’



Source: Lattimore & Pobke 2008, p. 65, adapted

Had the authors added the increase in the TFR for 2007, the picture is much more dramatic. The upward movement is near-vertical between 2005 and 2007 (shown with adaptation to Figure 4b). This was a remarkable omission, because the figure (1.92) was available to the writers at the time of publication (September 2008) in advance of the official ABS release in October (pp. xii, xiii, 7, 12, 31, 32). If, as the authors calculated, family benefits measured as, first, a ratio of household consumption and, then, as a ratio of gross domestic product (GDP) have both had an inverse relationship with the TFR from 1980 onward, the argument based on two economic ratio comparisons succeeds, although ignores history to do so, another remarkable oversight⁵⁸. On this basis, the authors concluded that ‘there can be no sensible long-run positive link between the *level* of [family] payments and the fertility rate’ (p. 64,

⁵⁸ Lattimore and Pobke did not factor in the period between the 1970s and 1990s. The quest toward zero population growth in those decades was the genesis in 1979 of the one-child population policy in China, and the emergence of the one-child family as a new family type in Western democracies (Hawke & Knox 1978).

itals. in original). The elimination of the rising level of family payments in relationship to household consumption and GDP as contributors to a rise in TFR cleared the way for their ultimate finding: the strength of Australia's economy enabled recuperation of previously postponed births which drove the TFR upwards.

4.10.3 Waste of money

A major detractor of Australia's pronatalist direction, Guest (2007a, p. 11) asked three important questions: 'Do we need a pronatalist policy in Australia? Will the Baby Bonus raise fertility? Is the Baby Bonus a good pronatalist policy?' On all three counts, Guest found for the negative. He lambasted the Baby Bonus as a misdirected 'spaghetti bowl' of a policy with so many better options, because it 'wastes' money on parents who would have had children anyway (in Parnell 2008, p. 1). McDonald (2006b, p. 225) pre-empted such commentary, saying that 'it is extremely difficult to identify or define the target group, that is, those who will actually change behaviour in response to the incentive'. Walters (2007) went further than Guest in his condemnation of the Baby Bonus. Instead of 'showering booty on new mothers', his recommendation was the reverse, a 'Baby Levy', or carbon tax, to be charged to the new parents to 'offset the carbon cost generated by a new human being' (Walters 2007, p. 668). He also suggested that contraceptives and sterilisation procedures should attract carbon credits. Walters' polemic views were taken up briefly in press reports (*ABC News* 2007), but Guest's views appeared more prominently in media coverage of the Baby Bonus (Laune 2007; Lunn & Wilson 2008; Parnell 2008).

4.10.4 Specific findings

The Australian (Parnell 2008) published a brief analysis of ABS data based on postcode delivery of the Baby Bonus, finding that the high-income suburbs were showing the fastest growth in Baby Bonus claims. Coughlan's (2008) analysis was more specific. He compared ABS Census data between 1996 and 2006 on teen fertility for all national Statistical Local Areas (SLAs). He found that the

most statistically significant factors associated with intercensal increase in the SLA's proportion of their 15-19 year old female population with 1+ parity were: a below average median age of the SLA population, SLAs with a low percentage of their population being of Aboriginal or Torres Strait Islander origin, below average median household income, and an above average percentage of the SLA's population who follow Christian religions. (Coughlan 2008, p. 12)

This analysis revealed that, while the overall TFR for females under 20 years of age was stable, a shift in *where* those births were occurring was observable. An increase in the TFRs for 15-19 year-old mothers had emerged in young, low socio-economic, Caucasian, Christian populations, predominantly rural locations, rural towns and non-metropolitan cities. An inference can be drawn that a pronatalist effect was revealed in pockets of the teenage female population, but not in Indigenous communities, portrayed, for instance, as experiencing ‘an explosion’ of teenage mothers in Aboriginal, Cape York Peninsula communities spurred by the Baby Bonus (Butson & Reghenzani 2008, p. 1). Unfortunately, it will be 10 more years (in the Census of 2016 when the question ‘For each female, how many babies has she ever had?’ is next scheduled) before the next comparison can be performed at this data level to probe the more subtle shifts shielded by larger-scale data.

4.10.5 Specific objections

The phenomenon of birth shifting concerned Gans and Leigh (2009) who approached the influence of the Baby Bonus through an ethical filter. They calculated the shifting of an estimated 1,089 births nationally across the dividing timeline of midnight between 30 June and 1 July in 2004 when the \$3,000 payment came into effect, and of 687 births between 30 June and 1 July 2006 when it increased by \$834 to \$4,000 (allowing for indexation in the interim)⁵⁹. The authors’ aim was not to determine any effect the Baby Bonus may have had on overall fertility, but more to demonstrate that parents behaved strategically to take advantage of the new (July 2004) or increased (July 2006) benefit, co-opting medical staff to do so. They listed their concerns from their findings as: potentially adverse health consequences to the babies involved; disruptions to maternity wards and, more particularly, hospital theatres handling a spike in both scheduled and unscheduled caesarean deliveries timed to take advantage of the payment’s imminent arrival or increase; and lack of due care by politicians who could ease the burden by spreading the instalments sensibly. Gans and Leigh suggested a phased-in payment during June leading into the 1 July 2008 increase, a recommendation supported by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (Price 2006), but ‘scorned’ by then Minister for Family and Community Services, Mal Brough (Metherell 2007, p. 3). No changes were made to phase in the July 2008 increase or phase out the December 2008 end of the lump sum delivery method.

⁵⁹ See also Dickert-Conlin and Chandra (1999) on the impact of US tax savings for a birth before midnight of 1 January that increased the probability of birth in the last week of December by 26.9 per cent.

4.10.6 Cautious interpretation

Jackson (2006) was disconcerted that politicians and the media had claimed an increase in birth numbers in Australia as a baby boom. Her calculations recommended a major consideration: ‘the movement through the age structure of the very large cohort born 1968 to 1974, at its peak childbearing ages (31-37 years) in 2006, continues to be the driving force behind total birth numbers’ (Jackson 2006, p. 5). Additionally, this current so-called baby boom cannot be compared to the ‘real’ one: the post-World War II Baby Boom. Jackson (2006, pp. 5-6) referred to the peak of that boom, 1961, when ‘39 per cent of the contribution to the TFR came from women aged less than 24 years; today that proportion is 19 per cent’. She asked, ‘are we really seeking a return to the youthful childbearing of the baby boom era?’ Her cautionary comment followed: ‘we should be careful what we wish for’. For the TFR to truly ‘boom’, if that is indeed desirable, the re-emergence of the younger mother would be necessary.

Heard (2007a, p. 9) also asked for caution in claiming the modest rise in the TFR to be a baby boom as many commentators have been apt to do with sensationalist headlines⁶⁰. She examined 2006 Census data and determined that ‘trends away from marriage, towards urbanisation, and towards an ever-higher immigration intake all have the potential to militate against any substantial recovery in fertility’ (Heard 2007a, p. 9). She included a caveat, that constancy (which underwrote her 10-year projection of a continuing decline in completed cohort fertility) may be interrupted, but by what she failed to suggest.

4.10.7 Covert agenda

Bacchi’s (2009, p. 165) policy analysis of the lump-sum Baby Bonus located Australian maternity payments alongside ‘the old nostrum, “the baby is the best immigrant”’. In Bacchi’s view, the rationale that the most recent of such payments would increase the TFR, so addressing the ageing skew and future global competitiveness, shielded a racial supremacist ideology. In the past, the White Australia immigration policy, biased language tests for intending immigrants, and the coinage ‘populate or perish’ did not seek to disguise this ideology (Bacchi 2009). Parliamentarian Danna Vale damaged her political career when she voiced what Bacchi (2009) since suggested is at the buried heart of the intent of maternity payments. Vale’s unpopular version was that the non-Muslim baby is the best immigrant. Her thoughtless comment about the flow-on effect of the Baby Bonus generated derision in the media (Moscaritolo 2006).

⁶⁰ *Newsbank* data records show that ‘baby boom’ in the headlines of all Australian newspapers appeared 54 times in 2004, 64 in 2005, 94 in 2006, 93 in 2007, and 126 times in 2008.

4.10.8 Discussion of critical evaluation

The lump-sum Baby Bonus has been a controversial social policy as this compilation of commentators' views shows. In some ways, the mixed academic response aligns with the lay public's equally mixed response to the *National Nine News* invitation for views about the Baby Bonus. Now that the payment is means-tested and incrementally paid, if press coverage can be used as a gauge, interest has abated, at least in the public arena⁶¹. Interest in the academic domain, however, has probably only just begun, because the effects of the Baby Bonus and other aspects of the pronatalist family package in Australia will take at least a decade to determine econometrically as was the case for Quebec (Milligan 2002, 2005) and France (Laroque & Salanié 2004, 2008).

Any attempt to disentangle the effect of one particular component of family policy on overall fertility change is notoriously difficult, and calls for cautious interpretation (Gauthier 2007; McDonald 2006a). Nevertheless, some of the findings thus far are illuminating. Two reports have been produced earlier than might be expected for such a complex undertaking (Drago et al. 2009; Lattimore & Pobke 2008), not least because birth data collection discrepancies take time to resolve (see Figure 3j, section 3.5.2). Lattimore and Pobke's report was the more detailed of the two, yet failed to explain why older women recuperated postponed births from 2005 onward, other than with a strength-of-the-economy rationale⁶². The national economy had been strong before the recent rise in the TFR, and yet birth postponement has been part of the social landscape for over 30 years. Weston et al. (2004, p. 9) asked similarly: 'if the economic outlook is so important to the fertility rate, why has the rate continued to fall in recent times, when the outlook has been relatively positive?'. A comparatively sudden resolve for so many of Australia's women in their mid to late 30s to recuperate postponed births leaves Lattimore and Pobke's explanation wanting in spite of their econometric elaboration, particularly in consideration of their remarkable omission and oversight.

The economic rationale also makes difficult an explanation of why those having the most children are those who can least afford them (de Vaus 2004; Weston et al. 2004), or those who simply want them: 'Policymakers find it hard to believe that young women, often in the least auspicious circumstances, might actually *want* to be mothers' (Arai 2003, p. 212, italics in original). Another difficulty with the economic rationalist approach is the tacit assumption that all pregnancies are planned, particularly when some reports estimate that up to 50 per cent of pregnancies are unintended (Barrett & Wellings 2002; Finer & Henshaw 2006;

⁶¹ *NewsBank* registered 1,654 references to the Baby Bonus in 2008 (search term "baby bonus" in all text), and 631 in 2009.

⁶² In demographic discourse, recuperated births are births to women who postponed children at earlier ages (under 30).

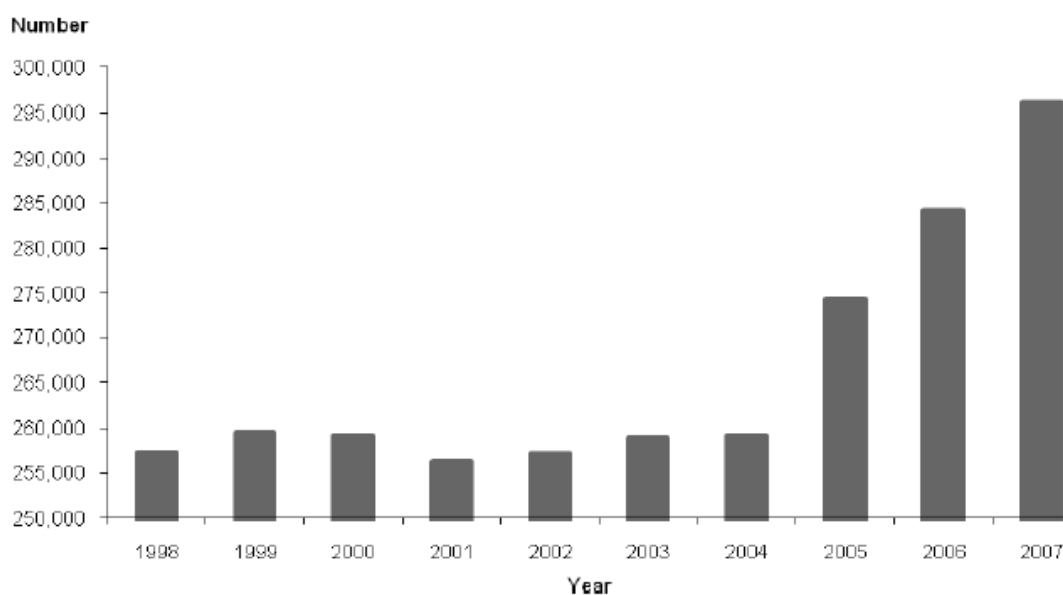
Guttmacher Institute 2009). Even with immense data and sophisticated methods of interpretation, ‘it is still possible to debate whether couples do or do not plan their family size precisely and, if they do, what costs and benefits enter into the equation’ (Robinson 1997, p. 63). Dockery (2009, p. 15), for example, challenged ‘the common perception that children are a large financial burden’⁶³. He calculated that, ‘under Australia’s existing social security arrangements, couples who have children will find themselves no worse off financially than those who do not, although they may allocate their expenditure very differently’ (Dockery 2009, p. 15). An insistence that people should make childbearing decisions based on the economic rationalist logic of lifetime costs as Lattimore and Pobke (2008) did is, according to Dockery’s (2009) finding, irrelevant and misleading.

Lattimore and Pobke’s (2008, p. xvi) elimination of the role of the Baby Bonus (embedded in family payments) as a pronatalist stimulant to the TFR is also misleading and problematic to this thesis, although the authors did allow that the Baby Bonus ‘is likely to have played a part, albeit probably a modest one’. Contrary to their rejection of the lump-sum Baby Bonus as a pronatalist incentive, the Baby Bonus was clearly so, given the media’s perpetuation of Costello’s exhortations and cajolements with risqué asides at the time of its announcement in 2004 (see section 4.5). For all their reticence about its power and their contrivance to de-emphasise its pronatalist role, Lattimore and Pobke (2008, p. 65) conceded that the ‘universality and generosity of the Baby Bonus have made it a prominent feature of the fertility and population ageing discourse’.

No doubt some people have used the lump-sum Baby Bonus for purposes other than those intended. Coughlan’s (2008) finding, however, aligned with the view of the former Prime Minister, that teenagers would not be vulnerable to the possible allure of the lump sum. There has been no spike in births to teen mothers, although Coughlan’s analysis of Census data did locate a shift in *which* teens were having babies. Contrary to a stereotype exaggerated by the media, Coughlan’s (2008) findings that Indigenous teen mothers have not had any more babies than they normally would were important.

Jackson and Heard’s conservatism is difficult to support when births in Australia have increased so dramatically since the advent of pronatalist-inflected family support policy from 2004 onward (Figure 4c).

⁶³ Dockery (2009) based his calculations on continuously partnered couples from HILDA Waves 1 and 5 (excluding lone parents and those with children who had experienced partnership dissolution), using a ‘net wealth approach’.

Figure 4c: Number of live births in Australia, 1998-2007

Source: Laws & Sullivan 2009. Note: the Y-axis does not begin at zero.

From 1998 to 2004, live birth numbers fluctuated between about 254,000 and 257,000 per annum, then increased sharply in 2005 by 5.9 per cent over the previous year, and then again by a further 3.6 per cent in 2006, to 282,169 live births (Laws & Hilder 2008). In 2007, 292,027 live births were recorded by the National Perinatal Collection Unit (Laws & Sullivan 2009). In 2008, four years after the introduction of the lump-sum Baby Bonus, Australia's women aged 30-34 years birthed 127.8 babies per 1,000 women, the highest rate recorded for this age bracket since 1961; women aged 35-39 years gave birth at the rate of 70.9 babies per 1,000 women, the highest since 1948; the previously falling teen birth rate rose between 2006 and 2008. In a mere four years, live birth numbers increased by 14.4 per cent, and the TFR rose from 1.77 in 2004 to 1.97 in 2008 (ABS 2009a). A TFR movement of 0.2 births per woman in less than five years is not 'moderate' (Lattimore & Pobke 2008, p. 14), and affects population dynamics considerably (Billari et al. 2004). Whether the lump-sum Baby Bonus can be credited with the power to influence Australia's fertility can only be determined, however, with the passage of decades and further econometric analyses.

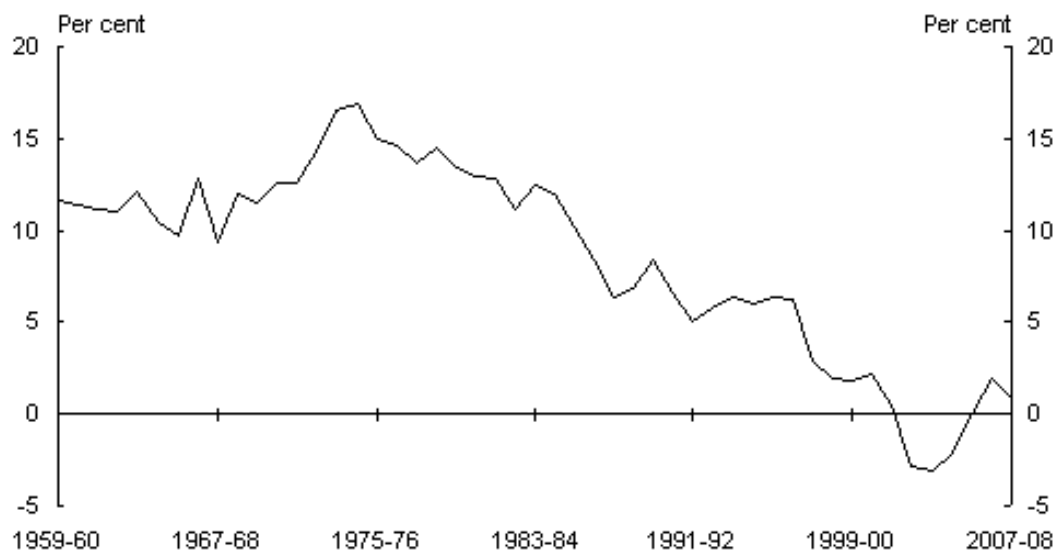
4.11 Power of the lump sum

None of the critical, conservative or supportive views about the effects of pronatalist policies on birthing performance in Australia has mentioned the power of the lump sum. Given a choice, potential recipients' preference for lump sum payments has long been noted by behavioural economists (Fennell 2006). The value attached to receiving a lump sum is understandable. Many desirable consumer goods require a significant outlay of cash, and not everyone has the ability or the inclination to borrow. Some major outlays do not lend

themselves to financing, such as cash gifts, donations, second-hand market purchases or gambling; some large expenditures such as vacations are likely to be prepaid in full or with a sizeable cash deposit (Fennell 2006). In some cases, enjoyment of the consumption experience requires spending a large sum of cash all at once, especially enjoyable if the cash is perceived as a windfall and not via credit extension.

Credit is currently a primary means to manage finances: the total amount of debt owed by Australian households rose almost six-fold between 1990 and 2008 (ABS 2009c). In tandem, household savings in Australia have declined steadily as a share of disposable income over the last 30 years (Thorne & Cropp 2008) (Figure 4d).

Figure 4d: Household savings as share of disposable income in Australia 1959-2008 (%)



Source: Thorne & Cropp 2008

The majority of Australians does not save, and using borrowed funds as a means to manage finances is the norm. To receive a large sum of cash is for many a novelty, for others an appreciated windfall, and for most a 'qualitatively different thing than the same amount of money received in bits and pieces over time' (Fennell 2006, p. 153).

The attractiveness of lump-sum deliverables has not gone unnoticed by policy planners and governments (Fennell 2006). About three-quarters of taxpayers in the USA have more income tax than necessary withheld from their wages, behaviour that has perplexed economists (Ayers, Kachelmeier & Robinson 1999). Additionally, low-income earners who qualify to receive advances on that credit during the year rarely do, and most opt instead for a single lump-sum payment at the end of the tax year. Speculation about this behaviour is two-fold: people fear a tax bill at the end of the financial year, and tax overpayment is a form of

forced savings deliverable as a lump sum as a tax return (Fennell 2006). Also in the USA, lump sums have become more popular in the distribution of retirement benefits as an alternative to annuity payments (Blostin 2003). In Australia, lump-sum withdrawal of superannuation benefits is both permitted and widespread practice, even though superannuation was originally conceived as regular income in lieu of a fortnightly aged pension. As part of a series of ‘stimulus packages’ in Australia during 2008 and 2009 to help stem the ripple effects of the global financial crisis, lump sums were delivered to low-income earners along with a government-level directive to ‘splash the cash’ (Grattan & Nicholson 2008, p. 2), and ‘spend, spend, spend’ (Best 2008, p. 7). The Government urged Australians to indulge themselves in what economists call ‘lumpy consumption’ (Fennell 2006) to stimulate economic recovery, and they did.

Another example of the power of the lump sum is the Australian First Home Owner Grant. In the year 2000, the grant was reintroduced after a five-year absence as a \$7,000 lump-sum contribution to the purchase of a first home to offset the effect of the Goods and Services Tax (GST) effected that year⁶⁴. The rate of loans to first home buyers increased immediately after the grant commenced, up by 71.3 per cent over the previous month before the grant’s introduction (ABS 2009b). Another hastening of commitments ahead of the June 2002 cessation of a Commonwealth additional grant resulted in another spike, reaching a record 7.7 commitments per 1,000 people (ABS 2008b⁶⁵). In October 2008, the Australian government again augmented the scheme, known as the First Home Owners Boost (FHOB), to alleviate the impact of the global financial crisis with the intent of stimulating the housing industry and increasing home affordability. An extra \$14,000 was made available to first home owners buying or building a new home (a total of \$21,000), as well as an extra \$7,000 for established homes (a total of \$14,000). The boosted scheme continued to September 2009, was phased back between October 2009 and December 2009, then from January 2010 returned to its pre-2008 amount of \$7,000 for all first home owners, new homes and old (ABS 2009b). Again, between October 2008 and 2009, a marked increase of 18.8 per cent in first home commitments was recorded, 64 per cent greater than the long term average (ABS 2009b) (Figure 4e).

⁶⁴ When the unemployment figure rose to 10 per cent in the early 1980s, the Hawke Federal Government boosted the housing sector by providing a first home owner’s subsidy in 1983 of between \$2,000 and \$5,000. The scheme was discontinued mid-1990 (Wilkinson 2005).

⁶⁵ On 9 March 2001, the Commonwealth Government announced an additional \$7,000 grant where a first homeowner builds a first home or purchases a new, previously unoccupied home. On 9 October 2001 the Prime Minister announced variations to the terms and conditions of this additional grant, which ceased on 31 December 2001. From 1 January 2002 until 30 June 2002 inclusive, the additional grant was reduced to \$3,000 (ABS 2008b).

Figure 4e: Annual housing finance commitments to first home buyers, 1998-2008

Source: ABS 2008b

The lowest home lending interest rates in 49 years during 2009 was a factor in this last jump, but it was ‘evident that the introduction of government grant initiatives for first home buyers contributed to the number (and proportion) of this type of borrower’ (ABS 2009b). Maybe those who positioned themselves to receive a first home loan grant had been contemplating a house purchase, and the grant tipped the scales to proceed with their plan. Additionally, ‘assistance with entry into, and maintenance of, home purchase is perceived to be an entitlement within a property owning democracy’ (Beer, Kearins & Pieters 2007, p. 14). These are socially-legitimised ‘lumpy consumptions’, the attractiveness of which has been successfully adopted in the development of policy instruments.

Such policy instruments are often imbued, however, with a neo-liberal political agenda. Wilson and Turnbull (2000, p. 1) identified ‘a plethora of public measures, inducements, taxes and incentives to encourage private spending and the growth of household debt in order to sustain Australia’s growth rate’: One such measure was the First Home Owners Grant, designed

to keep investment in the building industry strong through the forecast downturn in demand, and reduce the effects on the unemployment level. Most importantly, [this acts] as a ‘pump-primer’ to the economy at a cheap cost to governments with all the risk being borne by the household. (Wilson & Turnbull 2000, p. 1)

According to McDonald (2002, p. 426), ‘the present direction of social policy . . . is to pass the risks and the costs back on to individuals and families and away from the state . . . The direction of social and economic policy in almost all industrialized countries is to increase, rather than to reduce, the risks that people face’. Reframed, the role of the lump-sum Baby

Bonus can be viewed similarly: a ‘pump primer’ to counteract the decline in the total fertility rate which, in turn, may reduce the effects of an ageing population, and to pass the long-term costs of children to families away from the state.

4.12 Conclusion

The aim of this chapter has been to position the Baby Bonus as metonym for pronatalism in Australia. In metonymy, ‘the literal term for one thing is applied to another with which it is closely associated because of contiguity in common experience’ (Abrams 1993, pp. 68-9). Metonymy pivots on contiguity or association between two concepts, whereas metaphor pivots on the similarity between them. Is the Baby Bonus contiguous with pronatalism? Pronatalism is a ‘bad word’ tainted by history and rarely used in the public arena. Instead, a substitute lexicon gradually increased the presence of pronatalist ideology in the media (see Table 5a, section 5.4). The lump-sum Baby Bonus or perhaps, more correctly, controversy over the lump-sum Baby Bonus has done the most work in promoting pronatalism contiguously and, as such, has become metonym for pronatalism in Australia.

However, the lump-sum Baby Bonus emerged in 2004 for multiple reasons, not just as a policy mechanism thought to be able to ‘kick start’ an increase in the TFR. It was also a component in delivering better family support performance as an OECD nation; it was a stop gap to the unresolved, contentious issue of a UPML scheme in Australia; and it was a ‘vote winner’ during a federal election. The concept through its 21st century incarnations, from First Child Tax Refund, to baby bonus, to Baby Care Payment, to Maternity Payment, to Baby Bonus has been a breakthrough in Australian social policy to assist mothers and their families financially at the time of a child’s birth, a payment that has not discriminated between working and non-working mothers. At the same time it has been a burden, damaging a bid for a UPML scheme. The Baby Bonus delivered not as a lump sum but incrementally, first for under 18-year-old mothers in 2007, and then for all mothers in 2009, fulfilled a role contrary to one of its original purposes. Almost like an *agent provocateur*, it paved the conceptual way for the introduction of a long-awaited UPML scheme nearly a century after the ILO first recommended it, and five years after a government so vehemently rejected it.

A number of commentators have sought to determine if the lump-sum Baby Bonus has played a powerful enough role as a ‘pump primer’ in the increase of births in Australia. An increase in birth numbers, however, has the potential of telling a different story to that of difference in age at first birth. A cause-and-effect determination of the role of the lump-sum Baby Bonus on birth numbers is not as relevant to the conceptual propositions of this thesis as is the *age* at which Australia’s women first birth, an aspect of the expert commentary almost entirely

absent. Jackson's insight is the only one resonant with the interests of this thesis: for the TFR to truly 'boom', the re-emergence of the younger mother would be necessary. Tracking the evolution, reception and roles of the lump-sum Baby Bonus has been a building block in the investigation that seeks to locate a possible influence of pronatalist social policy on mean primiparous age, a quest that culminates in the research project of the thesis.

The next chapter explores components of what Meyers (2001, p. 759) dubbed the 'pronatalist juggernaut' that have contributed to the national agenda of bolstering Australia's TFR, and possibly of lowering the entry age into motherhood.

5.0 Message set three: contributions in the public arena

5.1 Introduction

Financial recompense may be singularly high enough to attract women (and men) into (additional) childbearing, as was the case in Quebec and almost so in Cyprus (see section 3.5.1). A family support policy package may be substantial enough to have one or more children, as has been the case in France (also see section 3.5.1). However, whatever a nation's pronatalist social policy approach to address the socio-economic issue of population ageing, co-option of institutions in the public arena is necessary in the attempt to penetrate a nation's psyche about increasing the birth rate. Hilgartner and Bosk (1988, pp. 58-9) listed what they believed constituted the public arena:

the executive and legislative branches of government, the courts, made-for-TV movies, the cinema, the news media (television news, magazines, newspapers, and radio), political campaign organizations, social action groups, direct mail solicitations, books dealing with social issues, the research community, religious organizations, professional societies, and private foundations. It is in these institutions that social problems are discussed, selected, defined, framed, dramatized, packaged, and presented to the public.

Some social issues are transformed into social problems, 'a highly selective conversion that awards "celebrity" status to some social problems and not to others even though they may be equally deserving or dangerous' (Hilgartner & Bosk 1988, p. 59). The ageing phenomenon was one such 'celebrity' social problem that became part of, the 'pronatalist juggernaut' (Meyers 2001, p. 759), an unstoppable force that promulgates the future need for more 'warriors, workers, and consumers' to offset fertility decline (Morgan 2003, p. 600). Yet 'pronatalism' is a 'bad word' needing disguise (see section 3.3). This chapter seeks to locate some of pronatalism's camouflaged messages (although some are brazen) circulating in the public arena during the period 2004 to 2009.

5.2 How is the public arena co-opted?

Hilgartner and Bosk (1988) proposed a public arenas model to help explain how social problems are, first, labelled as such, and then how they are selected to enter the dynamic environment of public discourses, perpetuated or dropped as they are jostled by operatives for a host of reasons, not least of all the advancement of careers. Among the selection principles is the intense competition for prime space. This in turn generates a need for drama, novelty, and vivid emotional rhetoric. Social problems are fitted into 'slick, little packages that crisply present issues in authoritative and urgent tones' that, in turn, provide social problems with life

and growth (Hilgartner & Bosk 1988, p. 62). Those social problems that ‘can be related to deep mythic themes or broad cultural preoccupations have a higher probability of competing successfully’ (Hilgartner & Bosk 1988, p. 71). There is no deeper mythic theme than The Mother, a theme around which pronatalism orients, and a theme with much potential to provide journalists with drama and novelty.

Many journalists source information from highly-placed government and corporate spokespeople, the safest way to lend their stories legitimacy, and the most expedient way to meet deadlines (Beder 2004). A disturbing trend in Australia is the handling of the media agenda, controlled more and more by politicians with their ‘growing armies of media advisers’ (Young 2007). Journalists turn to press releases and interview transcripts for much of their material: ‘In Australia, the press gallery is now frequently accused of acting as “a pack”, of writing the same stories, using the same angles. But this may be because they have to rely on the same pool of material’ (Young 2007). Such tactics effectively ‘muzzle’ the media (Young 2007) but, at the same time, those tactics concentrate attention on government agendas. Heard (2007b, p. 52) situated statements issued by politicians, both in power and in opposition, as ‘especially influential in the dissemination of policy (formation) information, and cue the press to “break” the news which is determined invariably by a select political elite’. This was an effective stratagem for the Australian Federal Government adopting the ‘unattractive proposition’ (van de Kaa 2006, p. 201) of pronatalism to address the source issue: an ageing population. Imbued with the deep mythic theme of The Mother, the ageing population quickly became a ‘celebrity’ social problem.

5.3 How is fertility decline framed in the public arena?

Studies of media activity have provided evidence of how the source issue behind pronatalism is framed. Stark and Kohler (2002, p. 541) analysed 437 articles about low or sub-replacement fertility rates in the popular press of 11 developed countries⁶⁶ over a two year period, 1998 to 1999, providing ‘ample time to glean a sense of enduring medium- and long-term issues rather than journalistic capriciousness’. Articles were allocated to positive, negative or neutral perspectives, that is, the researchers used key words such as ‘crisis’, ‘fear’ or ‘threat’ to categorise for the negative; key words such as ‘progress’ or ‘victory’ to move the article into a positive categorisation. Overall, 62 per cent of articles viewed low fertility in negative terms, and 33 per cent were neutral. In Australia, of the 74 items collected, 76 per cent represented low fertility issues negatively, 23 per cent were positioned neutrally, with just one per cent presenting low fertility positively. Stark and Kohler’s assessment of

⁶⁶ The countries included were Australia, Austria, France, Germany, Italy, Japan, New Zealand, Spain, Switzerland, the United Kingdom, and the United States of America.

Australia's press appearances about low or sub-replacement fertility rates is significant, given that this analysis was performed from articles appearing between 1998 and 1999.

Most commentators agree that the definitive document that began the national discussion about Australia's ageing population was the Commonwealth of Australia *Intergenerational Report 2002-03* (Brennan 2007; Doughney & King 2006; Heard 2006), although a dialogue about low or sub-replacement fertility rates in the public arena pre-existed the report's release. Indeed, a national compulsory superannuation guarantee system had been introduced by the Keating Labor Government as early as 1992 in anticipation of unaffordable strain on the Australian economy with an increase in age pension payments. This 10-year lead in may explain why the potentially contentious *Intergeneration Report* was accepted without censure in the media (see section 3.7, and Heard's [2007b] timeline development of pronatalism in Australia from 1996-2002). Once the source issue was accepted as a social problem, that is, dominantly without censure and in negative terms, ways to address the perceived problems flowing on from population ageing could be imbued with risk.

Another set of writers analysed how print media framed fertility decline as a social problem, and as a risk to the future economy of Britain. Brown and Ferree (2005) assessed that, of the 202 articles that met with their search criteria appearing between 2000 and 2002 across ten major British newspapers, seven articles positioned the topic positively, nine dismissed the matter as a potential crisis, 91 used the language of acute crisis, and the remainder inflected the issue negatively. Low or sub-replacement fertility rates, fertility decline, and the demography of an ageing population couched in dominantly negative and crisis terminology form a base from which tangential subject matter flows. For example, 40 per cent of the 202 articles in Brown and Ferree's (2005, p. 20) analysis resorted to a mixture of 'begging, lecturing, threatening, and bribing women to do reproductive work for the nation' to assist in averting the crisis. The following builds an evidential base from which to perform an analysis of how the national, pronatalist agenda has spread through the public arena in Australia, dominantly but not exclusively by print media.

5.4 How do the media represent pronatalism in Australia?

Australian readers (and audiences of similar stories on television and radio not examined here) have been exposed to pronatalist terminology in one guise or another since at least 2004.

A check with the *NewsBank* database of full-text articles⁶⁷ appearing between 2000 to 2008 in all Australian newspapers reveals a yearly, incremental increase of some terms that have been harnessed to pronatalist ideology: ‘family-friendly’, ‘work/life’, ‘ageing population’, ‘baby’, ‘intergeneration’, ‘maternity’ and ‘baby bonus’ (Table 5a).

Table 5a: *NewsBank* search on key words associated with pronatalism, 2000-2008

Year	family-friendly	work/life	ageing population	baby	inter-generation	maternity	baby bonus	TOTAL
2000	591	221	457	23,963	47	1,222	11	26,512
2001	714	252	731	25,958	30	1,600	284	29,569
2002	913	303	1,111	26,790	302	2,895	584	32,898
2003	1,096	438	1,170	29,468	183	2,339	278	34,972
2004	1,639	734	1,911	33,416	423	3,087	1,028	42,238
2005	1,856	842	1,799	34,708	189	2,508	387	42,289
2006	2,109	950	1,532	35,509	229	2,266	605	43,200
2007	2,446	1,322	1,464	36,463	423	2,699	565	45,382
2008	2,642	1,382	1,252	37,318	276	3,446	1,640	47,956

Source: *NewsBank* 2009

The term ‘family-friendly’ is most often applied in the context of ‘family-friendly policies’ as rhetoric for pronatalist ideology (Heard 2006). From the year 2000, when the coinage appeared 591 times, to 2008 when the count was 2,642, a 348 per cent increase over nine years is observable. The coinage ‘work/life balance’ (search term ‘work/life OR “work and life” OR work-life’) that Heard (2006) believed makes pronatalism more digestible was in circulation before the release of the pronatalist package in 2004. From 438 usages in 2003 to 1,382 in 2008, its popularity intensified three-fold. The use of the term, ‘ageing population’, the source issue of pronatalism, increased by 176 per cent in the same time frame, peaking in 2004. The word ‘baby’ (search term ‘baby NOT “baby bonus” ’) appeared 23,963 times in the year 2000 and 37,318 times in 2008, an escalation of 55 per cent over nine intervening years. ‘Intergeneration’, most often expressed as ‘intergenerational equity’, was a term barely used in public discourse before this century (although it has wide use in the field of economics). In 1998 (not shown), the coinage was used just 13 times, and in 1999, 33 times in all national newspapers. By 2007, with 423 appearances, it had become a familiar term to

⁶⁷ *NewsBank* (<http://ezproxy.slq.qld.gov.au/login?url=http://infoweb.newsbank.com>) is a research tool, accessible through Queensland public libraries, that archives all print articles in full text for all Australian newspapers and their magazine inserts for the past 10 years: *The Advertiser*, *The Age*, *The Australian*, *Australian Magazine*, *Brisbane News*, *Canberra Times*, *Central Coast Herald*, *Centralian Advocate*, *The Courier Mail*, *Daily Telegraph*, *Herald Sun*, *Hobart Mercury*, *Home Magazine*, *Illawarra Mercury*, *MX*, *Newcastle Herald*, *New South Wales Community Publications Cumberland Group* (22 titles), *Northern Territory News*, *NT Business Review*, *Queensland Community Publications* (20 titles), *Queensland Regional Publications* (17 titles), *Queensland Weekend Magazine*, *Sportsman*, *The Sunday Age*, *Sunday Herald Sun*, *The Sunday Mail*, *Sunday Mail*, *Sunday Tasmanian*, *Sunday Telegraph*, *Sunday Telegraph Magazine*, *Sunday Territorian*, *Sunday Times* (Perth, 4 titles), *The Sun Herald*, *The Sydney Morning Herald*, *Victoria Community Publications Leader Group* (36 titles), *Weekend Australian*, and *The Weekly Times*.

describe issues between generations (the funding of aged care through taxation of a younger generation of workers, for instance). The use of ‘maternity’, most often coupled with ‘allowance’, ‘benefit’, ‘payment’, ‘leave’ or ‘ward’, spiked in 2008 during the national discussion about a UPML scheme when its use nearly trebled, from the year 2000 with 1,222 citations, up to 3,446 appearances in 2008. The Baby Bonus as an entity barely existed in 2000 with just 11 entries but, in 2004, the year of its release as a lump sum, it appeared over 1,000 times. In 2008, the Baby Bonus was mentioned 1,640 times, its usage heightened during the national discussion about a UPML scheme, and its conversion that year from a lump sum to incremental payments.

This suggested lexicon has increased in total by 81 per cent in nine years, representing a numeric heightening of the pronatalist agenda moving through the Australian press. The word ‘pronatalist’, however, has appeared only 23 times in Australian newspapers over that same nine years, according to the *NewsBank* ten-year archive. The words ‘pronatalism’ or ‘pro-natalism’ have appeared just twice in that time span in the Australian press, both on the same day, 14 October 2006, once in the *Herald Sun* and also in the *Advertiser*, both referring to an ideology of the Catholic Church. Pronatalism is, again, a ‘bad word’ that requires the adoption of alternative terms to make the ideology more publicly palatable.

5.5 How do the media express infertility as a concern?

Two topics, not new but newly emphasised, in Australian media are fertility and its counterpart, infertility. Coverage of risk potential is a popular strategy of the media to capture reader/viewer attention, perpetuating and often exaggerating alarm. Furedi (2006, p. xvii) gauged the media as possessing an ‘unprecedented preoccupation with risk’, building a culture of fear, and resulting in ‘every conceivable experience transformed into a risk to be managed’. The risk to be managed in this instance is women’s fertility and, to a lesser extent, men’s, ostensibly as a precious personal resource not to be squandered and, abstrusely, as a precarious national resource to help improve the TFR.

Health-related information secures high readership and media ratings. Cooper and Roter (2000) surveyed adult viewers (n=915) about programs containing a health topic that concerned them personally. Regardless of their health knowledge, the respondents were most attracted to news stories that touched their lives. Additionally, health news was ‘frequently rated by viewers as the category of news that interests them most’ (Cooper & Roter 2000, p. 332). A tandem issue is the ratings’ politics of news coverage: when news broadcasters decrease sensationalism, stations suffer ‘devastating declines’ in market share (Cooper & Roter 2000, p. 336). Given the high profile both the former and present Australian Federal

Governments have awarded the ageing population issue since 2004, fertility matters easy to sensationalise become manna for journalists, and magnets for many readers and viewers.

Fertility issues concerning women (and men who are concerned about women's fertility) are based dominantly on the medical scientific message that the 'probabilities of pregnancy [are] twice as high for women aged 15-26 years compared with women aged 35-39 years' (Dunson, Colombo & Baird 2002, p. 1399). Such a message converts to a risk narrative that constructs female fertility as a personal resource ebbing with age, even though the authors of this important study acknowledged 'the enormous heterogeneity in fertility among healthy couples that is not accounted for by age' (Dunson, Colombo & Baird 2002, p. 1403). It is generally accepted from population-based studies that

the proportion of women who fail to conceive after one year of trying increases from 5% in those under 25 years to 30% in those 35 years and older. Additionally, the spontaneous miscarriage rate in clinically recognised pregnancies increases from 10% before the age of 30 to 34% at the age of 40, and reaches 50-75% at ages above 45 years. (Nwandison & Bewley 2006, p. 191)

The assisted reproduction industry has responded to the age-related fertility message of such reports by metamorphosing from 'medical cottage industries into 21st-century conglomerates' (Saville 2004, p. 13). Beck's (1992, p. 211) litany of risks included the assisted reproduction industry, which he described as possessing a 'golden goose', capitalising on an 'insatiable appetite for medicine' within a culture obsessed with ameliorating risk. Concerns about the ageing population that translate into pronatalist social policy fuse with the medical discourse of risk of delaying conception, a powerful combination to underwrite a barrage of press material about fertility and its counterpart, infertility, emanating from, not least of all, the assisted reproduction industry.

Low fertility issues in Australia transmute readily through the media to concerns over individual fertility, and often appear in alarmist headlines: 'Call for caution as egg freezing boosts fertility hopes', warned Haussegger (*Canberra Times*, 31 March 2007); 'Fat, smokes, booze will hurt sperm', cautioned McLean (*The Australian*, 10 September 2007); 'Trend for older mums carries baby risk', stated Masters (*Daily Telegraph*, 23 November 2007, p. 9); 'A problem of harder conception', explained McLean (*The Courier Mail*, 26 February 2008, p. 3). In *The Weekend Post* (20 January 2007, p. 27), the article, 'Fast way to infertility: study gives women food for thought', offered 'scientific validation' of the danger to fertility of eating French fries, one of many examples of how journalists perpetuate the myth of scientific objectivity by uncritically quoting – or misquoting – scientists' reports (Beder 2004). Brown

and Ferree (2005, p. 16) commented similarly: media writers tend to legitimate their presentation of dire personal and social consequences by drawing on the ‘facts’ of science without question, selectively and forebodingly. ‘Contemporary knowledges and discourses on risk emerge from both expert and lay sites, but it is the experts who hold sway because of the assumed “scientific” and “neutral” character of their knowledges’ (Lupton 1999a, p. 63). Add to this that negative news has four times the weight of positive news (Ahluwalia, Burnkrant & Unnava 2000, p. 203), and the drawing power of health news items is high. Alarm over fertility issues guarantees high reader- and viewership.

Not only those preparing for a child, but almost everyone of child-bearing age should take heed of pre-conception health, according to Pirani’s article (*The Australian*, 3 March 2007), ‘Conception: never too early to be prepared’⁶⁸. This journalistic offering exhorted all women of child-bearing age, not just those contemplating motherhood, to ‘consciously think about being ready for pregnancy before pregnancy happens’. The rationale of the article was that about half of all pregnancies are not planned. Weight reduction, smoking cessation, reduced or no alcohol consumption, improved nutrition, folic acid supplementation, up-to-date immunisation, a Pap smear, and a diabetes test made up the pre-conception check list. Men’s health was also targeted to improve sperm count, and to reduce damaged sperm. Pirani (2007) reported that the policy for pre-conception health developed by the Centers for Disease Control and Prevention in the USA (2006) was a first, and ‘the new hot area of research into reproductive health’. Warning readers to maintain a healthy lifestyle is not pronatalist *per se*, but framing it in terms of an ever-readiness to conceive is, aimed at the fertile couple contemplating family-making decisions, the couple possibly facing infertility, or anyone even vaguely contemplating a future with children.

5.6 What is the prevalence of infertility?

Human fertility is inherently difficult to study, and accurate assessment of the prevalence of infertility in a population is problematic (Menken, Trussell & Larsen 1986; Rowe 1999; Stephen & Chandra 2006; Weinberg & Dunson 2000). Even the definition of infertility varies, for women and for men. Historically, studies concentrate on the more definitive measurability of women’s infertility, rather than of men’s, because of more readily determinable and recordable birth outcomes (Marshall 2005)⁶⁹. The National Survey of Family Growth in the USA classifies a woman as infertile if she has not conceived after 12

⁶⁸ A similar article titled ‘Misconceptions’ by the same author was published in *Weekend Australian*, 3 March, p. 28.

⁶⁹ This categorisation of higher reliability rested in women can be viewed as fertility being female-centred or a women’s issue, a bias that the discipline of demography entrenches (Cannold 2004).

months of regular, unprotected intercourse (Stephen & Chandra 2006)⁷⁰. Epidemiological studies dominantly use two years' regular exposure to the risk of pregnancy without becoming pregnant to establish a woman as infertile, while demographers tend to use five years' regular exposure to the potential of impregnation without a viable birth (Rowe 1999). Sandelowski (1990) traced the aetiology of sterility in the USA, and found a lack of conceptual or methodological consensus of how to determine the prevalence or risk of infertility. As Lupton (1999a, p. 64) noted for contemporary society, 'risks exist in scientific knowledge rather than in everyday experience. Expert knowledges tend to contradict each other, resulting in debates over standpoints, calculation procedures and results'. Given this lack of definitive agreement and level of difficulty to measure infertility, the 'facts' of infertility can be manipulated easily, especially by journalists not bound by academic rigour.

The perception of infertility as a tragedy and as an 'epidemic' is especially persuasive in an era of pronatalism, but Stephen and Chandra (2006, p. 516) counteracted 'a persisting view in the popular press that infertility is increasing'. Using National Fertility Study data of 1965, and National Survey of Family Growth (NSFG) data from 1976, 1982, 1988, 1995 and 2002 (n=15,303 for pooled data across the last four survey years), collected by the National Center for Health Statistics, the researchers determined *decreasing* trends in infertility in the USA⁷¹. The comparison was limited to married women, aged 15 to 44, to achieve a comparison between 1965 and 2002. The trend toward cohabitation in the intervening years meant the exclusion of cohabitators in the later cycles of NSFG, which left an area for speculation of the infertility rate of unmarried women. While Stephen and Chandra (2006, p. 517) cautioned that 'there is no perfect measure of infertility', their finding for the prevalence of infertility was 11.2 per cent for married women in 1965, declining to 7.4 per cent of ever-married women in 2002⁷². Major reasons suggested for the decline in infertility are better screening, diagnostic testing and treatment techniques for pelvic inflammatory disease, chlamydia and gonorrhoea, all sexually transmitted infections that interfere with fertility, especially if left untreated. The incidence of gonorrhoea, for instance, decreased in the USA by 73.8 per cent between 1975 and 1997 (Stephen & Chandra 2006, p. 521). An estimate of worldwide involuntary, primary infertility from epidemiological studies, however, is between one and five percent of women; secondary infertility, the inability of a couple to conceive after at least a year of unprotected and appropriately-timed intercourse, when one or both partners have previously conceived, is estimated at between seven and 33 per cent, with higher rates in

⁷⁰ The literature is not specific about how regular, or how well-timed, unprotected heterosexual intercourse might be. See Weinstein et al. (1990) on fecundability and coital frequency declining with a woman's age and duration of union.

⁷¹ This is not to be confused with the reported decline in semen quality over the past 50 years (Carlsen et al. 1992). Reduced fertility does not necessarily correlate with infertility.

⁷² See Guzick and Swan's (2006) challenges to Stephen and Chandra's (2006) report.

some parts of Africa (Rowe 1999). Sandelowski (1990, p. 475) found ‘no hard evidence that the percentage of marital pairs in the United States unable to have the children they want over the past century has been lower than 10 percent or higher than 20 percent’. Overall, the prevalence of infertility in the USA appears to be stable. According to this research, reporting infertility as an epidemic is unfounded.

A selection of Australian press articles appearing over just a few weeks, February to March 2008, exemplifies the epidemic and crisis rhetoric that attaches to reportage on infertility. The warning in the article, ‘Cigs can stub fertility’ (*Leader-Knox News*, 5 February 2008, p. 27) was that ‘one in five couples has difficulty conceiving a child’. The article, ‘STD epidemic alert: experts warn of chlamydia sweeping Coast’ (*Gold Coast Sun*, 5 March 2008, p. 7), stressed ‘serious consequences for women, including infertility, ectopic pregnancy and pelvic inflammatory disease’⁷³. The report, ‘High stress levels may lower fertility’ (*The Advertiser*, 3 March 2008, p. 15), warned women they may have ‘less chance of falling pregnant’ if they work in highly stressful jobs. The commentary, ‘A problem of harder conception’ (*The Courier Mail*, 26 February 2008, p. 3), warned men that using Viagra ‘could be damaging their sperm quality and ruining their chances of fathering a child’. The piece, ‘IVF infertility timebomb’ (*The Advertiser*, 16 February 2008, p. 11), stated that infertility ‘now affects around 15 per cent of couples trying to conceive’. The example, ‘Study links infertility in men to mobile phone use’ (*Gold Coast Bulletin*, 9 February 2008, p. 45), prepared potential fathers to be attentive to their communication choices: ‘the more hours the men [in the study] spent on their mobile phones each day, the lower their sperm count and the greater their percentage of abnormal sperm’. The same story ran in *The Herald Sun* (8 February 2008, p. 7) with the headline ‘Fertility fear over phones’, appearing to invest all telephones, not just mobile phones, with fertility-damaging properties for men. The frequency of such articles, and their level of angst over threats to fertility, signal two dynamics at work in the subtext: pronatalism and the assisted reproduction industry flexing its corporate muscle. As Heard (2007b, p. 50) commented, ‘[t]hough historical perspective tells us that concern over fertility is nothing new, the resurgence of active government interest in the subject is unprecedented in the memories of most alive today’. A government interest all too readily translates into a media interest (see section 5.2) in the heightening of risk awareness over fertility-limiting obstacles.

The disparity between risk perception and the actual prevalence of danger distorts and, at the same time, heightens risk awareness, especially in such a sensitive domain as (perceived)

⁷³ Chlamydia is a notifiable sexually transmissible infection. In 2005, 50 per cent of all chlamydia notifications were for young people aged 12-24. The rate of notifications has been steadily on the rise over the last decade, from 200 per 100,000 young people in 1995 to 572 in 2005 (AIHW 2007).

infertility. Fabiansson (2007, p. 32) named it as a ‘fear trajectory’, a malignant discourse useful for political, legal and economic purposes. When reproduction is commodified, a media culture steeped in an ‘excess of synthesised fear’ (Watts 2006, p. 386), and a corporate sector maximising market share elevate concern about infertility. Abboud (2005, p. 25) detected ‘a false infertility crisis through deliberate distortion of infertility data’ by an industry worth over \$170 million in Australia, the only country in the world with unlimited government reimbursement for invitro-fertilisation (IVF) treatment⁷⁴. The sense of urgency about infertility may be attributable to the growing number of higher-income couples accessing assisted reproduction services, the growing number of services able to meet that need, and the improving technologies involved (Sandelowski 1990). The actual rate of infertility has not increased, at least not according to the studies cited above, but risk awareness in media reports relay a strong sense that it has. One reporter, however, detected the presence of a ‘manufactured uncertainty’ (Giddens 1999, p. 4): ‘Experts commonly assert that one in six couples is infertile. This is up from one in 10 a generation ago, an increase that suggests an unexplained fertility crisis among increasingly healthy and long-lived populations’ (Neill 1999, p. 11).

The manufactured infertility alarm sends a message that ‘women should have their children young, while they are at the height of their fertility’ (Summers 2003, p. 9). The tandem message is that the earlier in life a woman contemplates having a child, the less likelihood she has of needing (to resort to) assisted reproduction. For example, *The Sydney Morning Herald* (31 October 2007, p. 14) passed on a warning from fertility specialists ‘against complacency about doctors’ ability to engineer a pregnancy later in life. More publicity about the dashed hopes after IVF treatment that doesn’t succeed may persuade more couples to get down to it’. Instead, stories such as ‘Miracle mums share IVF stories’ (*The Northern Rivers Echo*, 15 January 2009, p. 1), and ‘Blessings for miracle mum: first baby at 47, second at 51’ (*The Sunday Mail*, 11 May 2008, p. 5) uphold a view that women undergoing fertility treatment are heroic (Meyers 2001), and feed the impression of achievability of IVF success regardless of the odds. Yet even representatives of the ART industry with their vested interests acknowledge that this view is fallacious (Benson 2007). The recommendation for women becomes to optimise their most fertile, younger years for the potential of natural conception.

⁷⁴ In 2000, the previous restriction of six cycles or procedures per woman for Medicare rebate was lifted to allow unlimited treatments with Medicare safety net to decrease out-of-pocket expenses (Jansen & Dill 2009). Australian Government medical benefits for the 2010 restructure of rebates have increased for a typical treatment cycle (<http://www.health.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-Assisted-Reproductive-Technologies>). Over 12 years (1991-2003), assisted reproductive treatments rose by 77 per cent in Australia (Saville 2004). IVF is the most well-known treatment. Others include intracytoplasmic sperm injection, gamete intrafallopian transfer, zygote intrafallopian transfer, and use of a donor egg or embryo (Chavkin 2008).

5.7 What is the optimal age for a woman's first birth?

Female fertility ebbing with age, a prevalent message in Australian media, is often disassociated from the best health outcomes linked with maternal age at first birth⁷⁵. Many studies of the health consequences of maternal age at first birth concentrate on the complications linked with adolescent childbearing (Mirowsky 2002) or, at the other end of the birthing age spectrum, first births to women over the age of 40 (Hanson 2003), studies that often attract media attention because of their extremes. The real story about women's optimal age for first birth is much more ordinary, and thus less likely to be reported. The Mirowsky study (2002), a 1995 national telephone probability sample of USA households (n= 2,592, aged 18 to 95), determined the optimal maternal age for first birth, linked with maximum expected health in the life course. Five measures of health were used to map the impact that age at first birth has on maximum expected health over the life course for both women and men: perceived health, energy and fitness, physical impairment, chronic conditions, aches and pains. The finding for the optimal age at first birth for women was around 30.5 years, with a 95 per cent confidence interval from 26.5 to 34.1 years of age. Additionally, 'mothers who had a first birth within the range of 21.8 to 39.2 years of age are healthier than nonmothers with similar background traits' (Mirowsky 2002, p. 340):

Women planning careers may worry about health consequences of delaying the first birth beyond the early twenties. These results show no cause for worry. They imply that women can delay parenthood until their late twenties or early thirties with no general risk to future health. Indeed, the results imply that such delay may improve health throughout life. (Mirowsky 2002, p. 343)

While this information did not address the most advantageous fertility window for women, it offsets the intensity of the dominant narrative, and broadens the discussion: there are other health concerns concerning pregnancy than the ready ability to conceive.

Another concern is the relationship between a woman's age and the health of the foetus. A health-of-the-foetus study in Denmark (Anderson et al. 2000) found that the lowest risk to foetuses are those conceptions at around the mother's age of 20, with little increase in risk from ages 20 to 30, and close to equal risk at ages 15 and 37⁷⁶. Such benign messages not only lack newsworthiness, but also do not fit the pronatalist agenda, because first birth at a

⁷⁵ This does not include social health consequences, an entirely different area of consideration.

⁷⁶ Data (n=634,272 women and 1,211,546 pregnancy outcomes) were obtained from several national register sets for all women in Denmark, between 1978 and 1992, with a reproductive outcome (live birth, stillbirth, spontaneous abortion in a hospital setting, induced abortion, or ectopic pregnancy).

younger age widens the fertility window, and thus increases the potential for women to have more children.

5.8 Australia's women: mothers first, workers second?

A proponent of younger motherhood has been the highest office bearer in the country. In an interview with *The Sunday Telegraph* (Akerman, 31 December 2006, p. 14), appearing in an article with the title, 'Feminism dead: PM – Praise for younger mothers', then Prime Minister Howard said that Australia's women had a 'greater awareness now of the disadvantage of postponing having children too long', and that they realised if childbearing was left too late it produced 'complications'. Presumably, Mr Howard intended this to mean health complications. The title of the piece became clear when Howard was quoted further:

Fortunately, I think today's younger women are more in the post-feminist period, where they don't measure their independence and freedom by the number of years they remain full-time in the work force without having children. [What most families want] in the very early years, in the very early stages, [is] somebody – usually the mother – at home caring for the child full-time.

Howard's indictment of women who choose career over children, who do not stay at home with young children, and who do not begin childbearing early enough clearly promoted the pronatalist agenda. The reference to 'complications' that can befall women and their babies if heed is not taken to have children at a younger age matches the media-engineered, fear-based narrative of female fertility ebbing with age. The second speaker in the same article, Ms Levy aged 26, was the journalist's or editor's choice to exemplify Howard's point, positioned as role model for the women of Australia, especially in the mention of having three children:

I love being a young mum. I have so much more energy and patience than I would have if I was 10 years older . . . Provided you're ready for it and you're financially stable, it's a good idea to start young, it's fun. My aim is to have all three before I reach 30.

Other, equally valid positions representing Australian women's views did not complement this voice. Strong messages move through this piece, especially given the high public office of the first speaker, coupled with his known 'ideological commitment to full-time mothering', that is, the stay-at-home mum (Brennan 2007, p. 37).

The FCTR introduced in 2001, effective July 2002 (Costello 2001), was not subtle in its construal to encourage mothers to stay at home with their young children. The newly-modelled package of family-friendly policies effective July 2004 built in financial

encouragement for mothers (and some fathers) to stay at home with their young children, at least for the first two years, against the trend for women to return to (part-time) work soon after the birth (ABS 2007b; AIFS 2008). Franks (1999, p. 5) suggested what many may have in mind, but hesitate to voice (except, perhaps, Mr Howard): ‘if women would go back home, then the world would return to the way it always was, crime would reduce, families would be healed, and we would all be happier’. This nostalgic and ill-conceived view of women’s roles has nevertheless gained some currency. The bid for a UPML scheme with a mooted 18-week paid time out for a new baby, while an appropriate alignment with similar schemes in all OECD nations but one, the USA, nevertheless entrenches the social value that all mothers, not just (previously) working mothers, should stay at home with their young children.

A check with the *NewsBank* database authenticates that staying at home with children has had increasing presence in the Australian print media (Table 5b).

Table 5b: Staying at home with children: terms in Australian newspapers 2000-2008

Year	stay-at-home mum	stay-at-home dad
2000	51	9
2001	67	15
2002	97	15
2003	65	42
2004	181	57
2005	217	71
2006	308	124
2007	269	88
2008	340	86

Source: *NewsBank* 2009

‘Stay-at-home mum’ (search term “stay-at-home mum” OR “stay at home mum” OR “stay-at-home mother” OR “stay at home mother”), a barely mentioned concept in the late 1990s, trebled in use in all Australian newspapers between 2001 and 2004, then nearly doubled again over the next four years, from 181 appearances in 2004 to 340 in 2008. ‘Stay-at-home dad’ (search term “stay-at-home dad” OR “stay at home dad” OR “stay-at-home father” OR “stay at home father”) was an almost non-existent coinage in 2000. Its usage increased noticeably between 2002 and 2005, from 15 mentions to 71. Then in 2006, the term’s use spiked with 124 usages. The upward movement of both terms reflects a creeping sense that the good Australian mother (or sometimes father) stays at home with her child or children until, ideally, the youngest attends school (Evans & Kelly 2002). ‘“Good mothers” are expected to wait until their child is at least one year old before returning to paid work. Only then is it socially acceptable for them to again seek personal autonomy and self-development via such work’ (Lupton 2000, p. 62). This is a relatively new message in Australia, if the *NewsBank* count can be used as an indicator, although not so new in the USA.

The trend of ‘opting out’, the title of her book, is the subject of Stone’s (2007) study of high-achieving women in the USA who choose full-time motherhood over professional careers. She considered that media sensationalism over a small number of high profile women changing their preferences to caregiving roles have shaped perceptions of a trend toward stay-at-home mothering. However, a significant number – one in four – of college-educated professional women are at home with their children, and 43 per cent of highly qualified women, according to a US national survey reported in the *Harvard Business Review*, had interrupted their careers to provide care (Stone 2007). This movement has become ‘compelling and accumulating’, which motivated Stone’s (2007, pp. 10-14) investigation:

At a moment when women, especially elite, highly educated women, can ‘have it all’ as at no time before, when the fruits of feminism and other social changes are widely heralded to have given women choices, many high-achieving women appear to be making unanticipated – and little understood – choices to interrupt and perhaps end flourishing professional careers in order to devote themselves, seemingly exclusively, to motherhood . . . Because they appear to have it all and to have choice . . . they are closely watched, commanding the popular imagination and dominating media attention.

Stone’s finding was that these women are more often shut out, not opting out, from workplaces hostile to work-life balance, placing them invariably in a double bind that circumscribes their choice to be a stay-at-home mother. She asked, ‘If elite women, who are opinion leaders, are in retreat from “doing it all”, what are the implications for larger cultural attitudes and norms? What are the implications for women’s status and standing?’ (Stone 2007, p. 15). The trickle-down messages are fraught with ambivalence, but have the ultimate effect of raising the status of mothering.

In Goyder’s (2005) comparison of occupational prestige studies (the Guppy-Siltanen 1975 study in Ontario and a replication study in the year 2000), the category of housewife received a mean score of occupational prestige in 1975 of 46.3, and in 2000 of 48.1⁷⁷, not a great change over the interim 25 years. In the year 2000 replication study (Goyder, Guppy & Thompson 2003), however, the title ‘housewife’ had been altered to read ‘stay-at-home spouse’, and included sub-scales for gender-neutral (48.1, as above), for househusband (51.4), and for housewife (58.9). The categories did not specify that staying at home meant also caring for children, but an assumption can be made by the absence of such qualifiers as ‘retired’ or ‘unemployed’. Prestige studies seem prime targets for charges of fallible research

⁷⁷ The highest scores were those of physician (92.7), airplane pilot (82.8), biologist (79.9), university professor ((78.5); the lowest were fruit packer (27.4), flagperson on a road construction site (26.9), filling station attendant (24.6), and telemarketer (23.9).

methods and poorly weighted data analysis but, regardless, that a stay-at-home spouse is a) a new, overarching category in 2000; b) that its prestige for women has leapt by 12.6 points after a 25 year gap and c) that it has been deemed necessary to subcategorise the role into three gendered components all speak of a social shift: a move back-to-the-home is increasingly prestigious for both women and men, at least in Canada. The Goyder (2005) occupational prestige studies were of Canadians, and Stone's (2007) study was exclusively oriented around elite and professional American women, but social commentator Susan Maushart (2005, p. 14) also detected for Australians a 'growing nostalgia for cosier times and places, a yearning to look homeward once more'. To recall, Rankine (2009, p. 3) identified a 'new type of feminist sweeping the city': the domestic goddess who cooks, sews, cleans, tends the garden and stays home to look after her children.

A mounting sense that the role of the stay-at-home mother has become newly desirable, however, is at odds with female employment data, a tension that underwrites the paradox for women in the pronatalist state. Then Liberal Member of Parliament, Chris Gallus, captured the twinned issues in Australia of the ageing population problem, and women's potential role in its solution:

If increased fertility is regarded as the sole way to solve the problem of a demographic imbalance, then the pressure placed on women to have more children could recreate a social structure in which having and raising children is seen as the only really worthwhile role for women. (in Grattan 2002, p. 2)

Although women's contribution to the economy as workers is vital, that they become mothers is even more so, preferably stay-at-home ones if family budgets can afford it. Press articles in this sphere are numerous. This is a sample: 'Family assistance: tax breaks and payments available to ease the burden of rearing children', suggested Keane, Smart Money Editor for *The Advertiser* (10 March 2008, p. 42); 'Working out benefits of stay-at-home dads', informed the *Daily Telegraph* (18 February 2008, p. 2); 'Planning ahead can make the financial cost of raising children child's play', calculated Dorch in the business section of *The Age* (1 December 2007, p. 6). As Summers (2003, p. 226) observed, 'How to get women to have more babies has become a subject of almost daily press and political discussion . . . of what measures are necessary to get women to become little Aussie breeders'. Figure 5a shows one example of articles about the 'procreation prod' emanating from a government that 'identified population growth as a policy imperative' (Overington 2006, pp. 1, 10).

Figure 5a: Example in Australian media of encouragement to procreate



Great Aussie breeders

The Government's procreation prod seems to have led to a mini baby boom, writes
Caroline Overington

Source: *The Australian*, 24 July 2006, p. 1.

Such messages are only part of the 'pronatalist juggernaut' in the depiction of women as mothers first, workers second or, to borrow Baird and Cutcher's (2005, p. 107) term, 'maternal citizens'. A plethora of messages have popularised pregnancy, promoted adoption and denigrated abortion in pronatalist Australia, now explored.

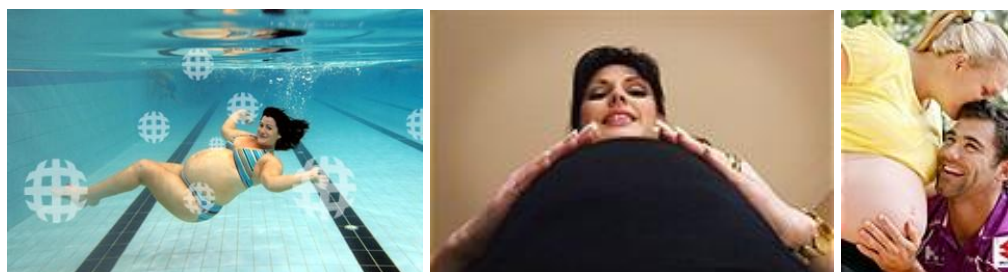
5.9 How is pregnancy depicted in the media?

Another component of the 'pronatalist juggernaut' is photographic representation of the obviously pregnant form. *Newsphotos* is the online photograph sales gallery and archive for News Limited's newspapers in Australia for both published and unpublished photographs⁷⁸. The search on the term, 'pregnant OR pregnancy', yielded 547 entries from 1999 to 2008, the lifespan of the collection. For the purpose of this analysis, however, only published photographs from the general news sections depicting some aspect of human pregnancy were counted. Some photographs appeared as multiple entries for editorial selection or client

⁷⁸ The gallery is accessible at <http://www.newsphotos.com.au>. The publishing group includes community newspaper groups – Leader in Victoria, Cumberland in New South Wales, Quest in Queensland, Messenger in South Australia – and *The Advertiser*, *The Australian*, *The Cairns Post*, *The Courier Mail*, *Daily Telegraph*, *Herald Sun*, *Hobart Mercury*, *Northern Territory News*, *Sunday Tasmanian*, *Sunday Telegraph*, *Sunday Times*, and *People*.

ordering, in which case only one was chosen, as long as it had a published date. In the year 2000, the photographic collection featured three published photographs of obviously pregnant women that appeared in national newspapers. By 2008, the number had increased to 56. Such an upsurge of nearly 20-fold in nine years indicates the growing newsworthiness of pregnancy. Another indicator of editorial tendency about pregnancy issues from this analysis was the number of photographs of pregnant women taken, featured in the gallery, but *not* recorded as published in 2000 and 2001. The photographs posted to the site in 2006, 2007 and 2008 were almost all published, as though visual representations of the pregnant woman had become more desirable inclusions (Figure 5b).

Figure 5b: Examples of visual representations of the pregnant form in Australian newspapers 2008



Source: *Newsphotos*. Photographs appeared (L-R) *The Daily Telegraph* 25 November 2008, p. 3; *The Advertiser*, 28 March 2008, p. 26; *Herald Sun*, 8 February, p. 103.

Additionally, if text accompanies most photographs, an increase in articles about this topic is anticipated. A check with the *NewsBank* database confirms the hypothesis (Table 5c).

Table 5c: Appearances of ‘pregnant’ and ‘pregnancy’ in press records 2000-2008

Year	<i>NewsBank</i> pregnan*	<i>Newsphotos</i> pregnan*
2000	7,206	3
2001	8,877	10
2002	8,282	13
2003	9,345	30
2004	10,804	17
2005	11,882	21
2006	11,864	58
2007	11,270	56
2008	11,947	56

Source: *NewsBank* 2009; *Newsphotos* 2009

Again, using the search term, ‘pregnant OR pregnancy’, the incremental increase noticed in the photographic representation between 2000 and 2008 held in print. In 2000, the words ‘pregnant’, or ‘pregnancy’ appeared 7,206 times in newspaper articles; in 2008, there were 11,947 appearances. An increase of 66 per cent over nine years is a significant indication of the increasing newsworthiness of pregnancy.

Pregnancy, or the appearance of pregnancy, has become popular. A cosmetic surgical treatment to plump the cheeks is available in Australia that seeks to imitate the ‘wondrous glow of a mother-to-be . . . without any of that messy stuff’ (*The Daily Telegraph*, 8 May 2009, p. 3). The gel implant replaces collagen fillers, costs around \$1,200 per cheek, and lasts for up to two years. Other indications of the popularity of pregnancy align in filmic representations and popular women’s magazines. In the motion picture release, *Knocked Up*, which ranked in the top five per cent of 2007 box office gross takings in Australian cinemas (Box Office Mojo 2009), a woman choosing to proceed with her unplanned pregnancy faces a workplace dilemma. Alison (Katherine Heigl) has been reluctant to discuss her pregnancy with her employer, Jack (Alan Tudyk), for fear of losing her job as a talk show host on the program *e!*. The moment of confrontation arrives. Alison is eight months pregnant, and anticipates dismissal or demotion, but Jack announces otherwise:

It’s unfortunate you didn’t tell us, because, ah, you would have found out that we thought it’s great. So, we did some research, and turns out, people like pregnant. The bigger you are, the bigger the numbers . . . We’re gonna do a whole maternity month on e-exclamation-mommy. You’re gonna interview all the pregnant celebs . . . You’re pregnant, they’re pregnant, you can talk about being pregnant . . . and everything that goes into it, none of the gross stuff but, you know, hopes, dreams, whatever. It’s gonna be great.

Pregnancy, but ‘none of the gross stuff’, boosts ratings, and places pronatalism in the motion picture.

Those ‘pregnant celebs’ also appeared prominently in popular women’s magazines. *OK! Magazine* specialises in celebrity news and pitches to young female readers. It is published in 18 countries with a worldwide, weekly circulation of approximately 30 million copies. The Australian edition of *OK! Magazine* published by Australian Consolidated Press (ACP) has a weekly circulation of 120,407 copies, and a weekly readership of 437,000, according to the magazine’s website (<http://www.okmagazine.com.au>)⁷⁹. In a seven month period, between 4 February and 4 August 2008, 12 of the 27 issues featured celebrities’ pregnancies and parenthood prominently on their front covers (Figure 5c).

⁷⁹ Circulation is audited by the Audit Bureau of Circulation, and readership is assessed by Roy Morgan Research in Australia. For comparison, the top-selling, weekly women’s magazine in Australia is *Woman’s Day*, targeting women aged 25-54 with 430,235 copies sold per week with an estimated readership of 2.3 million per week (2008 figures, <http://womansday.ninemsn.com.au>).

Figure 5c: Selected front covers of *OK! Magazine*, Australian edition, 4 February - 4 August 2008



Issue 88 4 February 2008 Issue 92 3 March 2008 Issue 94 17 March 2008 Issue 97 7 April 2008



Issue 105 2 June 2008 Issue 106 9 June 2008 Issue 107 16 June 2008 Issue 110 7 July 2008



Issue 111 14 July 2008 Issue 112 21 July 2008 Issue 113 28 July 2008 Issue 97 4 August 2008

Source: *OK! Magazine*, Australian edition, viewed 1 November 2009, <http://www.okmagazine.com.au>.

The strong coverage of pregnancy is a divergence for this magazine that otherwise orients on glamour and scandal in the celebrity world. Douglas and Michaels (2005, p. 133) were disturbed by the high-level reportage of celebrity mothering: ‘By the turn of the twenty-first century, celebrity mom profiles were completely out of hand. Who wouldn’t want to have a baby, and believe that doing so would make you feel ecstatic 24/7, after sucking in this journalistic sugar water?’ They suggested that ‘Celebrity mom profiles haven’t been just harmless dreck that helps sell magazines’ (Douglas & Michaels 2005, p. 138).

ACP (2009), the major magazine publisher in Australia⁸⁰, pitches potential advertisers with the concept of the deepening of ‘markers’:

[D]ollar for dollar, advertising expenditures in magazines produce advertising awareness levels 3 times higher than television . . . A brief glance at an advertisement can be valuable and worthwhile to the advertiser by reinforcing and reminding about product messages received from previous exposures. A print exposure can trigger and deepen ‘markers’ or brand associations derived from earlier experience.

If this is a credible assessment of the power of advertising in magazines, the stories that sell magazines are equally powerful and also deepen ‘markers’. When those deepening ‘markers’ feed on an unusual signal, an ‘information cascade’ can begin, an idea borrowed from behavioural economics to understand excessive price movement in financial markets when speculation is fed by cumulative popularity (Bikhchandani, Hirshleifer & Welch 1992). The information cascade model orients on the phenomenon of ‘herd behaviour’, and has been applied to political, social and economic situations, including ‘product choices, investment, voting, fertility choices, political movements, fashions, fads, and cultural change’ (Neill 2005, p. 192). The principles of a cascade are observability (the pregnant form in this case) coupled with the human propensity to conform by imitation in a bid to gain social acceptance (Jones 1984). ‘Cascades can explain the process by which society switches from one equilibrium to another’ (Bikhchandani, Hirshleifer & Welch 1992, p. 1016). The switch in equilibrium in this instance is from celebrity women to celebrity mothers, an ‘information cascade’ speaking anything but ‘harmless dreck’ to young female readers.

Not only young female readers but all two million readers of Australia’s best selling weekly magazine, *Woman’s Day*, were exposed to another equilibrium shift, from celebrity mothers to *all* women as mothers. The front cover feature story entitled ‘We’re all pregnant’ could have been worded ‘They’re all pregnant’ which was what the story was about, but an editorial choice of exhortative wording embraced all the women of Australia (Figure 5d).

⁸⁰ ACP holds 51.6 per cent market share of magazine sales in Australia, viewed 1 November 2009, <http://www.acp.com/market-share.htm>.

Figure 5d: Front cover of *Woman's Day*, 22 March 2010



Source: ACP 2010

The by-line, ‘and look who’s trying for baby No. 3’ also resonates with pronatalism’s accent on the third child for population growth.

Another ‘information cascade’ is the recycling of adoption as a response to an unplanned pregnancy. The switch in equilibrium in this next instance is from a woman’s right of choice in response to an unplanned pregnancy to the rights of an unborn child, a message particularly suited to the pronatalist agenda.

5.10 Has adoption been re-adopted as a response to unplanned pregnancy?

A pro-life film genre that emerged in 2007-2008 was also part of the ‘pronatalist juggernaut’. Five motion pictures all produced in the USA and released in 2007 – *August Rush*, *Bella*, *Juno*, *Knocked Up* and *Waitress* – used unplanned pregnancy as their theme, and not one narrative resorted to abortion as a resolution. In *Knocked Up* and *Waitress*, the mothers keep their babies, whereas in *Juno* and *Bella* the mothers place their babies for adoption. In *August Rush*, the mother’s baby is placed into adoption without her knowledge. *Juno* and *Bella* have

given adoption advocates in the USA an opening, because the two motion pictures have offered the opportunity to promote adoption awareness. ‘Infant adoption is ripe for growth, for revival’, said Thomas Attwood, President of the National Council for Adoption (in Koch 2008). While this reaction may reflect and feed back into American culture with its strong, pro-life lobby groups, a similar response is noted for Australia. The Australian Christian Lobby (2008) celebrated 2007 as the ‘Year of Pro-Life Cinema’, and applauded filmmakers for reintroducing adoption as an alternative to abortion. Of particular interest here is the award-winning *Juno*⁸¹, because it has attracted very young, female audiences. *Juno* was placed 4th in Australian box office takings for the first quarter of 2008 when it was showing in major cinemas, and 18th out of 284 motion pictures released in Australia during 2008 (Box Office Mojo 2009). None too subtle is the pronatalist message of *Juno*, a teen movie that has moved to cult status, according to Reuters (Sergeant 2008). When the members of a focus group in the research of the thesis, for example, were asked what they thought about adopting out a baby, 14-year-old ‘Brie’ responded, ‘Oh, you mean, like, doing a “Juno”.’ This American product has reached many young women in Australia, a cohort forming some of their values on motherhood.

Motion pictures are powerful in helping to shape values. Gallus (2002) named them as ‘the greatest propaganda tool of all’, above magazines, newspapers, radio and television. Product placement in film, for instance, is a marketing strategy pursued aggressively, because it is an effective way to promote behaviour (Distefan, Pierce & Gilpin 2004). The influence of actors’ cigarette smoking behaviour on adolescent females’ take up of smoking, more so than adolescent boys in this case, is one research example of the power of film to enhance receptivity of particular messages:

Adolescent girls who had a favorite star who smoked in movies released between 1994 and 1996, before the baseline study, [n=3,104 adolescents who had never smoked aged 12-15, 1,040 female, 1,044 male] had more than 80% increased odds of smoking by the time of the follow-up interview relative to those whose favorite star did not smoke on screen. (Distefan, Pierce & Gilpin 2004, p. 1241)

This example of the effect of product placement in motion pictures transfers to the effect of the ‘products’ of pregnancy, adoption, abortion and, perhaps the most important, ultrasound imaging.

⁸¹ *Juno* was nominated for four Oscar Academy Awards in 2008, winning one for Best Original Screenplay. The film has been the most financially successful independent film in the history of independent movie making, winning both the Spirit Award in 2008 for the best independent film, and the best film award at the Rome Film Festival in 2007 (Richardson 2008).

Juno and *Knocked Up* feature ultrasound images of the foetus in utero. Real time, three-dimensional ultrasonography, first trialled in 1987, is now standard procedure in monitoring the foetus in advanced nations, usually performed at 6-10 weeks' gestation, again at 12 weeks, then finally at 18-21 weeks (de Costa 2007). The ultrasound image is a resource for opponents of abortion (Boucher 2004; Petchesky 1987), because it is a

powerful bonding tool for a woman and her baby. You can show a young lady a brochure or model, and she may not have a connection to it. Ultrasound helps her transform the concept of a pregnancy into a baby. That's the moment that minds are changed and life is chosen. (Conrey 2007)

Petchesky (1987, p. 70) named the process as 'fetishization' when the ultrasound image is 'used as a weapon of intimidation against women seeking abortion'. Such a message is firmly embedded in the adoption narrative that situates abortion as an immoral choice in response to an unplanned pregnancy. Filmic representations of unplanned pregnancy in popular motion pictures resolved in, first, exposure to an ultrasound image of the foetus, second, a live birth not an abortion, and third, a baby adopted out send a powerful set of pronatalist messages to the young female audiences of motion pictures like *Juno* and *Knocked Up*, helping to shape social attitudes toward abortion and adoption.

The concept of adoption may have re-appeared after 30 years of disfavour as a moral alternative to abortion in filmic representation, but in name only, because the latest statistics refute its return to favour. Adoption in Australia has declined 17-fold over the past 25 years, from 2,805 Australian children adopted 1981-1982 to 163 in 2006-2007, although intercountry adoptions have risen, from 162 in 1981-1982 to 405 in 2006-2007 (AIHW 2008). Before the 1960s, the moral discourse surrounding adoption was about the best interests of the child. Since then, the raising of children outside of marriage has received increasing social acceptance. In addition, oral contraception has been available since the 1960s, and legal abortion (mostly) since the 1970s, making adoption almost anachronistic. Indeed, if abortion is not chosen, keeping the child of an unplanned pregnancy is now the moral value, whatever the personal and financial cost, because the emotional cost of relinquishing a child to adoption is deemed too high for both mother and child (Luker 1996).

Thus, for the narrative of *Juno* to offer adoption as its resolution, especially with its bland, unemotional denouement, seems misplaced. The lead character and birth mother, Juno (Ellen Page), resumes her former life seamlessly following the birth and adoption. The audience is spared any post-partum experience, and the unbearable emotional pain reportedly associated with adoption. Horin (2004, p. 37) warned against any attempt to 'airbrush cruelties of

adoption’, sensing that behind opposition to abortion was a ‘none-too-subtle demand that pregnant girls who don’t want a baby should give up their infant to deserving infertile couples’. The pre-1980s stigma of childbirth out of wedlock that led many young women to adopt out their babies in the so-called best interests of the child has shifted. The stigma now is more likely to surround those who choose abortion in response to an unplanned pregnancy. Adoption is reframed as being a ‘good mother’, the theme of an extensive pro-adoption campaign in English and Spanish languages launched in the USA in 2008 (Figure 5e).

Figure 5e: Outdoor billboard in the USA promoting adoption.



Source: ichooseadoption.org, viewed 1 November 2009, <http://ichooseadoption.org/media.php>.

While this campaign may have emerged under the influence and funding of strong, American pro-life lobby groups, such messages have been promulgated by the US motion picture industry viewed just as avidly by cinema goers in Australia as they are in the USA, according to Box Office Mojo. The re-emergence of adoption in response to an unplanned pregnancy, even if only as a consideration, is compatible with pronatalism. Women with unplanned pregnancies resolved in birth not abortion improve the TFR.

5.11 How is abortion viewed in Australia?

Abortion becomes morally unpalatable in the pronatalist state, and as a risk to the birth rate of a nation. Grant (2005, p. 15), for instance, an outspoken pro-life advocate (who, at that time, was a policy researcher for the Australian Government), stated unabashedly that abortion has been ‘the major contributor to the escalating ageing crisis’ in Australia. His solution to address the ageing population problem was fundamental: ‘the tightening and enforcement of our nation’s abortion laws, combined with the cessation of medical benefits for abortion, would produce a significant and sustained increase in fertility’ (Grant 2005, p. 20). An

ideology such as Grant's represents a vocal minority, yet such views expressed by then Federal Minister for Health and Ageing, Tony Abbott, were remarkably similar. At the Adelaide University Democratic Club in March 2004, Abbott asked his audience, 'Why isn't the fact that 100,000 women choose to end their pregnancies regarded as a national tragedy?' (Abbott 2004). Abbott's hyperbole was held in check when the AIHW (Grayson, Hargreaves & Sullivan 2005) released an estimate of 84,218 induced abortions in Australia for 2003 (excluding spontaneous abortion, known more commonly as miscarriage, and ectopic pregnancy discontinuation). This was somewhat short of Abbott's charge, although the report did show an increase in abortions, from 7.8 per 1,000 women in the year 2000 to 11.8 in 2003. Most of the abortions to which Abbott referred were surgical. The perception of easier abortion by *medical* means, and thus more of them, haunted the unfolding of the parliamentary and public furor that began in Australia in 2005 over medical abortion, and the importation of the abortifacient, mifepristone, known as RU486.

The safe practice of medical abortion has ample precedent, with a history of over 15 years of research and administration in 35 countries (Parliament of Australia 2006a). Mifepristone is the preferred abortifacient for a medical abortion, but not usually as a stand-alone drug. Misoprostol is most often administered in tandem for safest and most efficacious termination of pregnancies of up to 24 weeks' gestation, although the drug combination is more commonly administered between four and nine weeks' gestation (Dickinson, Godfrey & Evans 1998). Mifepristone has been used in Australia under clinical trial conditions authorised by the Therapeutic Goods Administration (TGA), a unit of the Commonwealth Department of Health and Ageing (Dickinson, Godfrey & Evans 1998). Medical abortion using drugs other than mifepristone – in particular, a combination of methotrexate and misoprostol or misoprostol alone – has been conducted in Australia for some time, using the medical strategy referred to as 'off-label' use (Ansani et al. 2006; de Costa 2007; Ryle 2007)⁸². Medical abortion is also used to 'interrupt' a pregnancy to treat foetal death in utero or severe foetal abnormality (Dickinson, Godfrey & Evans 1998). Another strategy to effect a medical abortion falls 'under the radar': a standard consultation with no specific Medicare number (Nader 2006). Access and practice have nevertheless been limited to certain practitioners, and not widely available (de Costa 2007).

One compelling argument in favour of medical abortion is that this method is a superior means of administering abortion in rural, remote or health-service-diminished areas of both

⁸² Methotrexate is registered for use in the treatment of cancer, rheumatoid arthritis, inflammatory disorders, psoriasis and other severe skin disorders, and ectopic pregnancy. Misoprostol is a registered drug for use to prevent peptic ulcer disease, and is also an effective abortifacient when used alone, or in conjunction with other drugs such as mifepristone or methotrexate (de Costa 2007; Dickinson, Godfrey & Evans 1998).

the developed and developing worlds. Additionally, and just as importantly, the method is non-invasive, far cheaper than surgical abortion, and can be achieved at home under medical supervision (de Costa 2007). Chair of the International Consortium for Medical Abortion in London, Marge Berer (2005, p. 6), said, ‘Surely everyone with a public health perspective must welcome this [medical abortion] development’. The bid in 2005-2006 to legally import RU486 was not welcome, however, by certain members of the Parliament of Australia who staunchly opposed an amendment to the *Therapeutic Goods Act 1989*.

At that time, medicines intended for use by women as abortifacients of which RU486 was one required the importation approval of the Minister for Health and Ageing, ‘the only such medicines to which this arrangement applies’ (Parliament of Australia 2005, p. 4). The importation of drugs and other substances is normally authorised by the TGA. The *Therapeutic Goods Amendment (Repeal of Ministerial responsibility for approval of RU486) Bill 2005*, co-sponsored by four women senators in 2005 to 2006 in a bid to amend the *Therapeutic Goods Act 1989*⁸³, intended to make possible the evaluation, registration, listing and importation of abortifacient medicines by the TGA without prior approval of the Minister (Parliament of Australia 2006a). The arrival of a Bill Amendment to transfer the registration decision of mifepristone from the Minister to the TGA carried an inference that it would be approved by the TGA and, as a consequence, that more abortions would take place. A rise in the total number of abortions once medical abortion is readily available is not supported by the literature (Jones & Henshaw 2002). However, a shift from the number of abortions performed surgically to the number using abortifacient drugs could be anticipated.

The controversy was not only from the familiar pro-choice/pro-life antagonism, although a strong element of this was highly visible in Abbott’s position. Maddox (2005, p. 104) suggested that Abbott’s strategy was more to do with keeping his own profile alive during one of a number of leadership tussles, because abortion was ‘an issue long thought relegated to federal political wilderness’⁸⁴. When medical abortion was brought into the political spotlight between 2005 and 2006, even more was on the table than on whose authority an abortifacient could be imported: ‘The debate has not been restricted to the substantive issue raised by this Bill . . . Rather, it has been, to some extent a debate about the legitimacy of abortion, in which RU486 has come to play a symbolic role’ (Parliament of Australia 2006a, p. 5). Regardless of the Bill’s successful passage through the Senate and the House of Representatives, of a rare conscience vote that enabled many politicians to cross the floor, and of a bipartisan,

⁸³ Senators Lyn Allison, then leader of the Australian Democrats, Judith Troeth, Liberal Party of Australia, Fiona Nash, National Party of Australia, and Claire Moore, Australian Labor Party.

⁸⁴ Tony Abbott was described as the ‘blue heeler’ of a leadership contest, winning by one vote to become the Leader of the Opposition on 1 December 2009 (*The Australian*, 2 December 2009, p. 1).

parliamentary sisterhood of support (Horin 2007), Ripper (2007) believed that the government may have lost the battle, but it won the war as the locus of the nation's moral fibre. Ripper's reading of the moral panic that arose was that aborting women were tainted through the process as 'murdering mothers'. Robotham (2004, p. 17) believed that aborting women were 'passively demonised in a debate that this Government has conjured out of thin air'.

At the same time that the Australian Federal Government was promoting a population increase, the Bill Amendment and its ensuing moral panic was serendipitous for the pronatalist state. Pronatalism was supported in a de facto sense: unplanned pregnancy would be better resolved in a live birth, another Australian for the birth mother or parents, or for adoptive parents, and for the Australian TFR. The serendipitous aspect of this controversy is revealed: while the issue was, strictly, medical abortion, not abortion *per se*, abortion itself re-entered public discourse through the media's uptake of the controversial subject, as the following results show (Table 5d).

Table 5d: Appearances of abortion terms in Australian press 2000-2008

year	abortion in all text	abortion NOT "abortion pill" NOT "medical abortion" in headline	"medical abortion" OR "abortion pill" in all text	"medical abortion" OR "abortion pill" in headline	mifepristone in all text	RU486 OR RU-486 in all text
2000	1,309	100	34	12	10	42
2001	1,455	148	31	6	5	58
2002	1,163	120	11	5	3	18
2003	975	55	3	0	0	5
2004	2,430	396	19	7	3	23
2005	3,067	437	301	85	98	453
2006	3,054	388	672	118	107	1,451
2007	1,765	167	85	7	23	154
2008	2,243	301	28	2	3	65

Source: *NewsBank* 2009

Search terms 'abortion', 'medical abortion', 'mifepristone', and 'RU486' were used to locate appearances in all text and, separately, in headlines from the *NewsBank* database. The flood of articles around these topics in 2005-2006 (in bold type, Table 5d) is a clear indication of a 'hot spot' in news reportage, particularly the spike in 2006 of the use of RU486, or its hyphenated version, RU-486. Minimal representation between the years 2000 and 2004 jumped to 453 appearances in 2005, trebled that in 2006, and then resumed its lower presence in 2007. More interesting is the higher exposure of the single word 'abortion' versus the terms 'medical abortion' or 'abortion pill'. A comparison between the use of 'abortion' (search term 'abortion NOT "abortion pill" NOT "medical abortion" ') in headlines presses the point, that in 2005 abortion by itself in headlines had five times the exposure in 2005, and three times in 2006. Most of the articles about the abortion pill contained information in the

early stages of the debate, and a victory element in the later stages of the outcome, whereas when abortion by itself was the focus of the article, the topic was toned negatively. A typical example was ‘Catholic church to advise on abortion’ (*The Australian*, 2 January 2007, p. 3), an article that expressed a strong sentiment prevailing throughout the period of the Bill Amendment process of a ‘clear consensus that the abortion rate was too high and people wanted it reduced’. Such a response may source to Abbott’s (2004) ‘national tragedy’ speech and its press reportage that, in Hayes’ (2007, p. 27) opinion, revived ‘the discourse of an epidemic of selfish, uncaring promiscuous and irresponsible women making immoral decisions when faced with an unplanned or unwanted pregnancy’. The Australian Survey of Social Attitudes (AuSSA) conducted in 2003, however, reported high agreement from respondents that it was a woman’s right to choose an abortion (Evans & Gray 2005)⁸⁵. The argument against all abortion took place under guise of the Bill Amendment topic of medical abortion. For a government willing its populace to embrace pronatalism, the issue of medical abortion enabled attention to be drawn to the ‘tragedy’ of any abortion, medical or surgical.

Any residual doubt about the agenda that sat behind the RU486 debate was revealed immediately following the resolution to pass the registration of the abortifacient to the TGA: the formation of federally-funded pregnancy counselling services. One commentator expressed nervousness about

the Government emphasis on counselling when its stated aim is to reduce the abortion rate rather than to support women in their choices. It clearly believes too many women have been making the wrong choice, and ‘counselling’ might help more of them see the light. (Horin 2007, p. 33)

Another commentator (Summers 2006b, p. 2) viewed the ‘federal Health Minister’s multi-million-dollar funding package for pregnancy counselling services as being a form of payback for having “lost” on RU486’. These ‘false providers’ (Allanson 2007, p. 5) were potentially not only in violation of the ethics of counselling, but also in violation of women’s rights to correct and adequate information (Calo 2007). The furor over biased pregnancy counselling services culminated in the *Pregnancy Counselling (Truth in Advertising) Act 2006*.

A national promotion campaign for natural family planning also followed immediately after the passing of the RU486 Bill Amendment, funded by the Australian Government Department of Health and Ageing, the Australian Council of Natural Family Planning (ACNFP), and the

⁸⁵ AuSSA (n=4,270) was a mail-out survey conducted in 2003 by the Centre for Social Research at the Australian National University. In response to the statement, ‘a woman should have the right to choose whether or not she has an abortion’, 4 per cent of women (n=2,175) strongly disagreed and 5 per cent disagreed; 5 per cent of men (n=1,914) strongly disagreed, 6 per cent disagreed (Evans & Gray 2005).

Natural Family Planning Program (NFPP)⁸⁶. Part of the natural family planning campaign was a poster entitled, ‘You manage a busy social life but can you manage your fertility?’ (Figure 5f). Alongside Figure 5f, Table 5e contains information about the percentage of sexually active women who will become pregnant after a year of using each form of contraception, both perfect and typical use.

Figure 5f: Poster promoting natural family planning



Source: ACNFP circa 2007, personal copy

Table 5e: Percentage of women who will become pregnant in their first year of use with regular sexual activity

Method	Perfect use	Typical use
Pill (combined)	0.3	8.0
Tubal sterilization	0.5	0.5
Male condom	2.0	15.0
Vasectomy	0.1	0.2
Three-month injectable	0.3	3.0
Withdrawal	4.0	27.0
IUD Copper-T	0.6	0.8
IUD Mirena	0.1	0.1
Periodic abstinence		
Calendar	9.0	25.0
Ovulation method	3.0	25.0
Symptothermal	2.0	25.0
Post-ovulation	1.0	25.0
One-month injectable	0.1	3.0
Implant	0.1	0.1
Patch	0.3	8.0
Diaphragm	6.0	16.0
Sponge		
Women who have had a child	20.0	32.0
Women who have never had a child	9.0	16.0
Cervical cap		
Women who have had a child	26.0	32.0
Women who have never had a child	9.0	16.0
Female condom	5.0	21.0
Spermicide	18.0	29.0
No method	85.0	85.0

Source: Guttmacher Institute 2009

⁸⁶ The ACNFP is a training body with 35 accredited centres throughout Australia, funded primarily by the Commonwealth Department for Health and Ageing, and part funded by the Catholic Church (<http://www.acnfp.com.au>). The NFPP is a Catholic service delivery organisation, also funded by the Commonwealth Government, specialising in the Billings Ovulation Method and the Symptothermal Method of natural birth control (<http://www.nfpprog.com>).

The (undated) poster depicts a group of smiling young adults, sepia toned, in 1950s' clothing. The aura of the message is of a nostalgic return to the Baby Boom era of the 1950s, and is coupled with the promotion of natural birth control, that is, the Billings Ovulation Method and the Symptothermal Method. Ovulation and symptothermal methods of contraception are among the *least* effective from the typical use statistics (Table 5e): 25 per cent of women using these methods will become pregnant within a year of regular sexual activity. Other of the more fallible methods are: using a sponge or cervical cap for women who have had a child (32 per cent); using a spermicide alone (29 per cent); and the practice of withdrawal (27 per cent)⁸⁷. The Billings Ovulation Method (BOM) is used to aid conception as much as it is used to prevent it, and the BOM web site (<http://www.billings-centre.ab.ca>) focusses dominantly on using the method to achieve pregnancy, especially for those who may be dealing with sub-fertility. This information calls into question the agenda of the poster's message of managing fertility. One interpretation is that this federally-funded publicity campaign really promoted a less-than-satisfactory method of contraception to encourage, rather than to deter, conception. All three endeavours – attempting to control the importation of RU486, funding pregnancy 'counselling' services, and promoting natural birth control methods – potentially placed the state in a watchdog position over women's reproductive choices, effectively questioned women's moral intentions, and ultimately contributed to the pronatalist agenda.

Whether the attempt to set in motion an 'information cascade' to deter women from seeking abortion in response to an unplanned pregnancy has been effective has yet to be revealed in national data collections. In the meantime, a notable spokesperson, Professor Euan Wallace, the director of obstetrics, Monash Medical Centre, suggested that new financial incentives may be influencing some women to proceed with their pregnancies who may have previously chosen to abort (in Switzer 2007). This comment elides two pulses of pronatalism: the availability of the Baby Bonus and other family payments as financially supportive in the decision to proceed with an unplanned pregnancy, and a government-level antipathy toward abortion. The politics of pronatalism have thus entered the private realm of women's choices about unplanned pregnancies.

⁸⁷ Unfortunately, this information set does not make reference to age, which can make a difference to unintended conception rates. For instance, Beets (2001) using a Netherlands example relayed that the proportion of women aged 25 trying to become pregnant who will conceive within six months is in the vicinity of 75 per cent, those aged 30, 43 per cent, and those aged 40, 18 per cent. Again, 'regular sexual activity' is not defined.

5.12 Conclusion

The aim of this chapter has been to glean components of the ‘pronatalist juggernaut’ in a ‘watchdog’ monitor of Australian media and socio-cultural influences. Messages promoting fertility awareness, pregnancy and motherhood include: overstatement of the rate of infertility as an epidemic; promotion of pre-conception health in ever-readiness for pregnancy; and increasing newsworthiness of pregnancy and the pregnant form. Women who postpone entrance into motherhood are positioned tacitly as less than responsible, to themselves and to Australian society, as are those who seek abortion. Abortion cedes to adoption, even if in name only, as the moral choice for an unplanned pregnancy if a woman does not wish to keep her child. Younger entry into motherhood is advocated, especially as antidote to the uncertainty of assisted reproduction. These are enduring, macro-societal messages about women’s choices that, in sum, may affect the mean maternal age of motherhood in Australia which, to date, no research literature has yet captured.

6.0 Theory

6.1 Introduction

This sociological examination has gathered from demography, social policy and socio-cultural influences to explore pronatalism in Australia. The next stage is to locate theory to support the conceptual proposition that pronatalist social policy may affect the age at which Australia's women enter motherhood, because it is 'impossible to understand any reasonably complicated situation – including almost any policy process – without some theoretical lens' (Sabatier & Jenkins-Smith 1993, p. xi). More than one 'theoretical lens' is likely to be required, because 'monocausal theories, with or without explicit claims of universal validity, have lost their explanatory power' (Janssens 1998, p. 22). This observation aligns with Lyotard's (1984) pronouncement that grand narratives have lost their credibility in the postmodern condition. For example, demographic transition theory (DTT, see section 6.3) was one such monocausal theory and grand narrative that lost its universal explanatory power in the wake of plummeting fertility rates.

In this chapter, DTT and other classical fertility theories are discussed briefly before turning to contemporary theories that have been used to explain fertility change. McDonald (2000a, pp. 15-16) nominated three theories that correspond to the three broad target areas around which pronatalist policy can orient: rational choice theory aligns with the provision of financial incentives for family formation and support; gender equity theory parallels support for parents to combine work and family; and risk aversion theory corresponds to the broad social change required to enhance the value of children and parenting. The quest is to locate a suitable combination of theories to help explain any effect that pronatalist policy may have on entry age into motherhood in Australia. In preparation for that discussion, 'risk society', a rich theoretical paradigm emerging from and speaking to the postmodern condition, is briefly explored. In some ways, contrary to Lyotard's pronouncement of the obsolescence of grand narratives, 'risk society' is paradoxically poised as such in explications of all-pervasive risk concepts. Its flexibility and adaptability transcend disciplinary boundaries, although is adopted most frequently within sociological expositions of social phenomena.

6.2 Risk society

Lupton (1999b) charted the emergence of risk as an element of contemporary western existence. Fear of mostly unknown forces was explained supernaturally in medieval times. Everyday existence became 'full of customs and beliefs that involved behaving in certain ways or avoiding actions to ward off danger or disease' (Lupton 1999b, p. 2). During the Middle Ages, people prayed for protection, and embroiled themselves in a network of

superstition against seemingly irrational forces. Dangers measured scientifically amid a growing trend toward secularity from the 17th century onward began to render the inexplicable explicable. The natural world came to be perceived as dangerous and uncertain rather than as irrational or supernatural, and as calculable, therefore predictable. Once positioned as predictable, danger and uncertainty could be reduced, contained, avoided or insured against. Once able to be insured against, danger and uncertainty converted to risk.

The distinction between risk and uncertainty has been sourced to the writings of the economist Frank Knight in the 1920s (Luhmann 2005). This distinction was not newly conceived: Ewald (1991) had argued that risk as an objective danger not attributable to wrongful human conduct originated in maritime insurance in the pre-modern period. It was Knight's differentiation in *Risk, uncertainty and profit* (1921), however, that 'petrified [risk] into a sort of dogma' (Luhmann 2005, p. 1):

An apparatus of expert research, knowledge and advice has developed around the concept of risk: risk analysis, risk assessment, risk communications, and risk management are all major fields of research and practice, used to measure and control risk in areas as far-ranging as medicine and public health, finance, the law, and business and industry. (Lupton 1999b, p. 9)

Risk discourses now pervade everyday existence, especially in response to some risks which have never existed before, such as nuclear weaponry and radiation, widespread pollution, chemicals in food, and disease spread globally. Living in current times is to feel constantly at risk, if not imminent risk then latent risk that could manifest at any moment.

In a rapidly changing world, risk underwrites a heterogeneous movement in the enterprise of theorising social and cultural contemporary existence. Lupton (1999b) outlined the three major perspectives adopted by sociocultural theorists of risk: 'cultural/symbolic', who follow in the footsteps of Mary Douglas (1992) and her colleagues, loosely categorised as functional structuralists; 'risk society', a cultural structuralist perspective dominated by Ulrich Beck (1992, 2000) and Anthony Giddens (1991) and their followers who tend to pursue macro-social processes; and 'governmentality', a poststructuralist perspective sourcing from the works of Michel Foucault (1997). Lupton set out the paradigms in an approachable way, helpful when considering the wealth of literature and schools of thought in the area of risk theorising (Table 6a).

Table 6a: Continuum of epistemological approaches to risk in the social sciences

Epistemological position	Associated perspectives and theories	Key questions
<i>Realist</i> : Risk is an objective hazard, threat or danger that exists and can be measured independently of social and cultural processes, but may be distorted or biased through social and cultural frameworks of interpretation	Technico-scientific perspectives/most cognitive science theories	What risks exist? How should we manage them? How do people respond cognitively to risk?
<i>Weak constructionist</i> : Risk is an objective hazard, threat or danger that is inevitably mediated through social and cultural processes and can never be known in isolation from these processes	'Risk society' perspectives/critical structuralism/ some psychological approaches	What is the relationship of risk to the structures and processes of late modernity? How is risk understood in different sociocultural contexts?
	'Cultural/symbolic' perspectives/functional structuralism, psychoanalysis, phenomenology	Why are some dangers selected as risks and others not? How does risk operate as a symbolic boundary measure? What are the psychodynamics of our risk responses? What is the situated context of risk?
<i>Strong constructionist</i> : Nothing is a risk in itself - what we understand to be a 'risk' (or a hazard, threat or danger) is a product of historically, socially and politically contingent 'ways of seeing'.	'Governmentality' perspectives/post-structuralism	How do the discourses and practices around risk operate in the construction of subjectivity and social life?

Source: Lupton 1999b, p. 35.

The theoretical position of this thesis in the area of risk using Lupton's schema aligns with the epistemology of 'weak constructionism':

Certain dangers are selected out from others for attention by a society and entitled 'risks' for certain reasons that make sense to a particular culture, based on its shared values and concerns . . . [Risk is] a socially constructed interpretation and response to a 'real' danger that objectively exists, even if knowledge about it can only ever be mediated through sociocultural processes. (Lupton 1999b, p. 39)

This has certain resonances with Hilgartner and Bosk's (1988) public arenas model (see section 5.2) that helps to explain the winnowing process of which risks are the most newsworthy, and which risks can be manipulated to enter – and stay in - the dynamic environment of public discourses. In that process, risks are socially constructed, some in response to a 'real' danger, and others manufactured for alternate purposes.

The question extending from Lupton's 'weak constructionist' epistemological position most pertinent to this study is: 'What is the situated context of risk?' The risk to a woman's fertility as she ages is unquestionably 'real' and 'objectively exists', but the situated context of such risk is mutable, in this case, a national state ideology. Douglas' (1992, p. 29) idea is pertinent: 'This argument is not about the reality of dangers, but how much they are politicized. This cannot be emphasized too much'. The politicisation of women's fertility in Australia is not new. Periods of needed population growth have accentuated women as 'little Aussie breeders' (Summers 2003, p. 226), and concepts of risk have been situated contextually to augment political agendas. The *Royal Commission on the decline of the birth rate and on the mortality of infants in New South Wales* (1904) chastised Australia's women for their unwillingness to submit to the 'strain and worry of children', and so place the nation's viability at risk. In the late 1930s following the Great Depression, and during the post-World War II recovery years, women in Australia were instructed to 'populate or perish', another risk-laden message about the nation's felt vulnerability.

However, during the decades of the quest for zero population growth, from the 1970s to the 1990s, the state removed the Maternity Allowance and funded family planning clinics. Also during this time, the 'lay phenomenon of biopanic . . . moved from a woman's 30th birthday to her 40th as the upper limit for natural conception' (Nwandison & Bewley 2006, p. 199). Now, in a nation concerned about producing more children, the 'biopanic' surrounding natural conception has shifted backwards, from a woman's 40th birthday to no later than her 35th. For example, a syndicated article prompted by a press release from the Royal College of Obstetricians and Gynaecologists in Britain ran in five major Australian newspapers in June 2009 with the title, 'Don't leave motherhood too late, doctors warn'.

Fertility experts have called for an urgent public debate on the trend for women to delay motherhood because many of them still do not understand how rapidly fertility declines after the age of 35 . . . [B]iologically, the optimum period for childbearing is between ages 20 and 35. (Hall 2009, p. 4)

This information has been in circulation for nearly 30 years – Menken (1985) sourced its earliest appearance to 1982⁸⁸ – but it is information newly emphasised in the pronatalist state. The call for an 'urgent public debate' was not heard in the 1980s and 1990s, but has emerged alongside the present-day exhortation to 'procreate and cherish' as a way to address the burden of an ageing population.

⁸⁸ According to Menken (1985, p. 469), over two decades ago, '[f]ew articles have attempted to describe the facts about the extent of infertility, and the one that received the most attention, published in the *New England Journal of Medicine*, concluded that fecundity declines more rapidly with age than had previously been thought (Federation CECOS, Schwartz and Mayaux, 1982)'.

The message about ‘increased risks of miscarriage and pregnancy complications for older mothers and defects in their babies’, the same article went on to warn (Hall 2009, p. 4), resonates with another of Lupton’s questions under the ‘weak constructionist’ epistemological approach to risk: ‘Why are some risks selected and others not?’. A requirement of pronatalist ideology is for women to bear more children. Studies have found that women mostly desire three children, but are more likely to have just two (Weston et al. 2004). The most effective way for a woman to achieve a third child, the child of population growth, is to commence childbearing at a younger age than has been the 40-year norm. The most effective way to mobilise this is to imbue delayed motherhood with risk. A woman’s fertility becomes a selected risk or a ‘manufactured uncertainty’ (Giddens 1996, p. 366) in the pronatalist state, propounded by ‘fertility experts’ who are mostly spokespeople from the assisted reproduction industry. Their sudden call for an ‘urgent public debate’ about averting the risks involved in delaying motherhood positions the assisted reproduction industry as handmaiden to the pronatalist state.

Risk aversion theory applied to fertility extends this discussion in the coming review of six contemporary fertility theories, preceded by a short history of a century’s worth of fertility theorising.

6.3 Fertility theories: a short history

Contemporary theories of fertility change rely on, and spring from, a century’s worth of demography scholarship seeking to explain why, when and how many children are born into families. A brief exposition of theories of fertility change lays the foundation for selecting the most probable theoretical positions to propose the possible (re-)emergence of younger motherhood as a deliberate life-stage choice.

The grand theory of demographic transition offered explanatory power for global fertility change from the late 19th century with predictions for the 20th century, and held sway until proven wanting in the wake of lower-than-expected fertility rates after the 1970s.

Demographic transition theory (DTT, also expressed in some literature as a model [Szreter 1993]) was first proposed by Thompson (1929), crystallised in the works of Davis (1945) and Notestein (1945, 1950), and developed further in adjustments made by Davis (1963) and Coale (1973). The driving principle of DTT was that the demographic consequences of socio-economic change following modernisation – urbanisation, secularisation and individualisation – had the effects of, first, lowering mortality rates (especially those of children) through improved public health, food supply and disease reduction, then, as a consequence, lowering fertility rates (Hirschman 1994). According to this theoretical model,

not unlike the Malthusian model before it (Malthus 1798), the transition ends when equilibrium between mortality and fertility is achieved, that is, when birth rates reach a replacement level of around two babies per woman (Bongaarts 2002). DTT dominated fertility theory for a large part of the 20th century, but outgrew its usefulness when its core premise, that mortality and fertility rates would reach equilibrium, failed to predict that fertility rates would continue to decline to well below replacement level. Additional criticisms of DTT were its failure to explain cultural variables, and its assumption of a transhistorical, ‘single monolithic pattern of modernization’ (Hirschman 1994, p. 220). Cracks in the edifice of DTT also widened as vastly improved data of, first, European childbearing through the Princeton European Fertility Project in the 1970s, and then global childbearing through the World Fertility Survey from 1982 onward became available, casting serious doubt on many of DTT’s tenets (Cleland & Wilson 1987). Hirschman (1994, p. 213) pronounced that ‘demographic transition theory is near death’. DTT’s redeeming feature, however, was its prediction of the *permanency* of fertility decline.

Lack of confidence in DTT left a theoretical void in explaining below-replacement fertility, so much so that, in 1980, the International Review Group of Social Science Research on Population and Development, a prestigious group of fertility researchers, reported on the poor state of fertility theory:

Perhaps the most striking aspect of the present state of knowledge on fertility is the absence of an accepted theory of fertility change. The demographic transition has been an object of study for over 25 years, and yet no satisfactory or proven theory is at hand to explain the phenomenon in now-developed or in presently developing nations. (Miró & Potter 1980, in Demeny 1986, p. 341)

New economic theories emerged to fill the void of the redundant DTT, sourcing dominantly from Becker (1960) and Leibenstein (1975), and pivoted on the notion of the ‘household production function’ in which children were conceptualised as utilities for parents or a ‘special type of capital goods’ (Robinson 1997, p. 63). This host of economic theories took a core premise from rational choice theory that positioned parents or potential parents as profit maximisers. An extract provides an example of the detached, economic-infused language of these approaches:

Optimal fertility is determined when the marginal cost of an additional child, measured by the parents’ net expenditure on her or him, is equal to the monetary value of the marginal utility of a birth to the parent, measured by the child’s lifetime utility divided by the parents’ marginal utility of wealth. (Willis 1987, p. 76)

Adherents of the economic approach to fertility such as Willis (1987, p. 78) claimed that ‘no alternative theory of demographic behavior . . . comes close in terms of either scope or power’. Cleland and Wilson (1987) noted the ubiquity of economic reasoning in the field of demography which assumes that economic forces drive fertility, and that parents make rational choices in response to those forces in their child-bearing decisions.

Pushing strongly against an economic orientation toward fertility and theories of reproductive change, Blake (1968) began an alternate discussion by asking if babies were, indeed, consumer durables alongside cars, refrigerators and houses. She proposed that such an approach was ‘sociologically absurd’:

unless we presume a ‘means test’ for the acquisition of children analogous to a ‘credit rating’ for the acquisition of consumer durables, the analogy between the demand for consumer durables and voluntary family size is far fetched. (Blake 1968, pp. 16-17)

Blake’s critique of Becker’s (1960) economic theory of reproductive motivation⁸⁹ was ‘devastating’ (Hirschman 1994, p. 215). In similar vein, Turchi (1975, p. 44) further exposed the incredibility of the conceptualisation of children as consumer durables:

The decision to have a child is one of the few resource allocation decisions that the couple makes that implies an essentially irrevocable commitment to a stream of expenditures over a long period of time. There is an essential difference between children and consumer durables, since, once the child arrives, there is no recourse to a resale market nor to a local humane society.

Purely economic approaches to fertility persist, and still have much appeal in the precision mathematical modelling offers (Cleland & Wilson 1987). However, rebukes such as those from Blake and Turchi have contributed significantly to a ‘polarization between those who attribute fertility decline largely to economic factors and those who attribute it largely to cultural factors’ (Burch 1996, p. 59).

Such polarity drove a debate between leaders in their field. Demographers Billari, Frejka, Hobcraft, Macura and van de Kaa (Billari et al. 2004) responded to Caldwell and Schindlmyr’s (2003) bid to explain the fertility crisis in essentially economic terms. Caldwell and Schindlmyr (2003, p. 242) stressed ‘the need for a long-term perspective on population replacement based on a single explanation for low fertility’, although finding an ultimate cause for all fertility-related behaviour had been deemed ‘extraordinarily unlikely’ (Billari et

⁸⁹ Economic theory of reproductive motivation was known variously as New Home Economics, demand theory and the Chicago School approach (Cleland & Wilson 1987) and, latterly, as neoclassical economic theory of fertility (Torr & Short 2004).

al. 2004, p. 83). Hobcraft (in Billari et al. 2004, p. 81) did call for a ‘common overarching framework’ but, at the same time, accepted that ‘differing explanations for different regions and time periods’ were more appropriate in understanding the fertility-decision process rather than an all-encompassing grand theory to replace DTT, or an over-reliance on economic paradigms and concepts. One such approach had been mooted by Szreter (1993, p. 692) who advocated for:

an accumulation of patient, carefully contextualized, investigative projects on fertility change in specific communities . . . Only such studies as these can do justice to the variety of changing fertility behaviors in any community and can examine the ways in which economic and political forces of change are mediated by local, cultural, and institutional forms such as changes in language, values, and roles.

Burch (1996, pp. 74-5) believed an advocacy such as Szreter’s (1993) would generate ‘hundreds of research monographs telling hundreds of different and completely separate stories about fertility decline’ that would be too general and, ultimately, ineffectual. He favoured and recommended simulation or computer modelling from national data sets for ‘greater precision and rigor . . . as a workaday theoretical tool’ (Burch 1996, p. 74). Lack of consensus among demographers and the bleak assessment of theory in demography scholarship by the International Review Group in 1980 had barely changed by the mid 1990s, leading Burch (1996, p. 59) to muse that ‘the current status of demographic theories of fertility decline leaves something to be desired’.

6.4 Contemporary fertility theories

At the turn of this century, McDonald (2000a) nominated the four theories that he believed best explained the contemporary experience of low fertility, particularly in OECD nations: rational choice theory (Coleman 1988, 1989; Goldthorpe 2000; Hechter 1994); risk aversion theory in a risk society (Beck 1992, 2000; Douglas 1992; Giddens 1991; Lupton 1999b); a theory of post-materialist values (Inglehart 1981); and gender equity theory (Esping-Anderson 1996; McDonald 2000a). Additionally, Hakim’s (2003) preference theory emerged around this time, and Friedman, Hechter and Kanazawa’s (1994) theory of the value of children belongs in this grouping. Hakim and McDonald were the two theorists of most influence in the development of pronatalist social policy in Australia, but a degree of inter-relatedness necessitates a review of these theories to evolve a theoretical position for the thesis.

6.4.1 Rational choice theory (applied to fertility)

Rational choice theory's pedigree is in economics and economic theory (Coleman 1989), and has been amenable for adoption by fertility theorists. The principles of informed decision-making, rational choice and deliberate action, especially in the wake of widely available, more effective contraception from the 1960s, have made the use of rational choice theory (RCT) 'a congenial, comfortable idea', the basis of which is that children are a 'special type of capital goods' in the form of 'long-lived assets' (Robinson 1997, pp. 63-4). RCT is focussed on actors whose actions are undertaken rationally to achieve objectives consistent with preferences, taking into account constraints of resources and the opportunity costs involved. In pursuing goals, actors must consider the costs of foregoing their next most attractive option and their abilities to maximise opportunities, weighing benefits always with costs, both personal and financial (Ritzer 2003). Additionally, authorities and social institutions apply sanctions to either encourage or discourage actions that often restrict or channel choices (legalisation of abortion, for example). Information is integral to rational choice, the quality and quantity of which is rarely perfect or even adequate to achieve the most desirable rewards of rational choices. In some ways, the actor becomes a 'rational profit seeker' (Ritzer 2003, p. 166), a positioning wherein economics and RCT are so readily complementary.

RCT has factored significantly and companionably throughout the enterprise of developing fertility theories, offering a thread of continuity. Even when other theories are harnessed to the research explication, RCT's unwitting presence can be identified (Hechter & Kanazawa 1997)⁹⁰. DTT, for example, was premised on the assumption of reasoned fertility decision-making. Once mortality was reduced especially of children, couples could have a rational expectation that most if not all children would survive, and therefore have fewer of them (Mason 1997). In contemporary times, RCT applied to fertility decision-making takes as a given that people understand the costs and benefits of a child or children⁹¹. RCT does not offer *in itself* a theoretical framework or model as Hirschman (1994, p. 203) suggested should be the case to explain 'the diversity of historical paths from high to low fertility'. While 'not a highly unified intellectual entity' (Goldthorpe 2000, p. 115), so pervasive is this theory that it can be accorded 'paradigmatic privilege' (Zafirovski 2003, p. 41).

⁹⁰ RCT is at the core of, to name a few, demand theory, repeated game theory, principal-agent theory, the theory of public goods, and transaction cost analysis (Hechter 1994).

⁹¹ Costs can be both direct and indirect. Indirect costs are usually attributable to the mother's sacrificed income and interrupted career that lead to the foregone maximisation of her utility to her household, at least in monetary terms.

Gauthier (2007) found RCT at the core of the literature on the relationship between fertility and policies that seek to improve the birth rate. She identified five embedded assumptions from her meta review of the major fertility literature analysing birth data from 22 OECD nations over the previous 20 years⁹² :

- the quality-quantity trade off assumption, that parents make decisions to have a child or more than one child based on lifestyle preferences
- the information assumption, that parents are well-equipped with knowledge of the fiscal commitment of child rearing
- the economic rationalist assumption, that decisions to have children are based on their cost
- the cost equation assumption, that by reducing the cost of children and raising income, fertility is positively influenced
- the homogeneity assumption, that household members agree about the desired number of children and when to have them

All five assumptions are questionable, yet remain pivotal as the basis for theorising and gathering empirical evidence about fertility (Gauthier 2007). Consequently, RCT, rightly or wrongly, has accompanied most macro- and micro-theories of fertility decision-making.

Detractors have questioned the typical value assumption of RCT that actors are motivated by, essentially, greed (Hechter 1994). Altruism and self-sacrifice can be equally rational without the motivation of wealth, power or prestige. Another criticism has been the assumption of rationality. To this charge, Goldthorpe (2000, p. 116) defended the use of large-scale data sets in the social sciences to offset the encumbered notion of the rational actor:

it need not be claimed that all actors at all times act in an entirely rational way: only that the tendency to act rationally (however this may be construed) is the most important common – that is, non-idiosyncratic – factor at work. The ‘law of large numbers’ will then ensure that it is the rational tendency that dominates.

Goldthorpe’s approach, in effect, eliminated the rational actor, and ‘safely ignore[d] the messiness of subjectivity in social life’ (Friedman, Hechter & Kanazawa 1994, p. 378).

Simon’s (1993, p. 396) view of rational behaviour within an economics paradigm aligned: ‘[m]aximizing utility bears no resemblance to what we human beings actually do. The idea that we even have a conception of optimal behavior in the complex situations of life is

⁹² Chesnais 1996; Demeny 1986; Gauthier 1996; Hecht & Leridon 1993; McNicoll 2001; Sleenbos 2003. See also section 3.4.

unbelievable'. Simon suggested that people satisfice more than optimise. Satisficing, a term coined by Simon and a portmanteau of 'satisfy' and 'suffice', is a decision-making strategy 'between choosing what is satisfactory and choosing what is best' (Byron 2004, p. 1). Too many uncertainties and conflicts in values handicap true optimisation. Byron (2004, pp. 4-5) asked,

Does anyone actually rate all the possible outcomes along a single scale of utility?
 Don't many of us think, upon reaching a particular outcome, 'Well, that'll do'? . . .
 Given our limited resources, we sometimes settle for what's good enough in order to devote resources elsewhere.

Such satisficing is rational, but sits at odds with RCT because, within the guidelines of satisficing, 'it can be rational to choose an option that one judges to be *inferior*' (Byron 2004, p. 5, *itals.* in original). This is not the view of economists. The 'messiness of subjectivity' problematises the paradigmatic privilege of RCT, and places emphasis on the ability of values to interfere with RCT's singular assumption of wealth, power or prestige optimisation.

RCT is not one single theory, however, but a family of theories that can be divided into two groupings: 'thin' and 'thick' (Hechter & Kanazawa 1997). 'Thin' models of RCT 'resemble theories in physics and biology concerning the optimal behavior of atoms and organisms' (Hechter & Kanazawa 1997, p. 194). Economists and social choice theorists disinterested in personal values and goals dominantly use 'thin' RCT with the limited assumption of universal, maximum optimisation. 'Thick' models of RCT, on the other hand, incorporate individual action, intentionality and motivation, sourcing from a core principle: 'a subjective element consisting of the actor's utilities and an objective element consisting of the external constraints to which the actor is subject' (Hechter 1994, p. 318). Fields of application tend to emphasise one element or the other. For example, econometrics favours a 'thin' objective, instrumental value orientation, and sociology tends toward a 'thick', subjective, immanent value orientation, although Cleland and Wilson (1987, p. 29) warned against 'drawing too deep and dogmatic a distinction' between the two orientations, a point elaborated by Parent and Wang (2007, p. 397):

Demographer-sociologists and economists tend to have a fairly different point of view regarding 'choice dimensions' involved in family formation. Economists by and large regard family size as resulting from the choice made by parents subject to the usual price/income constraints. While demographers do not deny that economic factors play a role, they tend to place emphasis on biological constraints which are themselves in part constrained/shaped by cultural factors.

The dichotomy persists, however, because the influences of non-economic, socio-psychological elements in the decision to have a child or more children are invariably overlooked within the economic rationalist paradigm embedded in ‘thin’ use of RCT. This is too severe a limitation for social scientists interested in ‘thick’ explications of fertility change. As Friedman, Hechter and Kanazawa (1994, p. 375, *itals. in original*) determined, ‘standard rational choice explanations built on shifts in opportunity costs are theoretically more elegant, but they do not help to explain why people continue to have children in developed societies, where children’s net *instrumental* value is negative’.

This observation re-invokes the five embedded assumptions Gauthier (2007) identified when RCT is applied to fertility theorising that ‘thick’ sociological approaches seek to overcome:

almost all sociological theories assume, either implicitly or explicitly, that individual behavior is simultaneously a function of both internal states (values and preferences) and external constraints (social structure and institutions). Thus, all sociological theories, not just rational choice theory, need to have a theory of values and preferences in order to explain individual behavior and social outcomes. (Kanazawa 2001, p. 1133)

A point that can be drawn from Kanazawa’s recommendation is that RCT with its instrumentality orientation should not stand alone, but be complemented by at least one theory concerning values, akin to appreciating both sides of the same coin.

The next set of theories explored – post-materialist, gender equity, preference, and the value of children – embraces values and preferences to explain fertility decision-making processes, the other side of the RCT ‘coin’. The enquiry then turns to risk aversion theory (an extension of the ‘risk society’ theoretical paradigm overviewed earlier) in the quest to locate a suitable combination of theories to support the conceptual proposition of the thesis.

6.4.2 Post-materialist values theory

Inglehart first proposed a theory of post-materialist values in 1971 that he elaborated in 1981, using World War II as a watershed between two groups he named as the ‘materialists’ and the ‘post-materialists’. From extant reports of interviews in Germany and available data from Japan, Inglehart (1981, p. 885) differentiated between those Germans and Japanese who experienced World War II in relative deprivation (the materialists) and those born after it into relative prosperity (the post-materialists):

The Materialists and Post-Materialist types have strikingly different opinions on a wide variety of issues, ranging from women’s rights, to attitudes towards poverty, ideas of

what is important in a job, and positions on foreign policy . . . play[ing] an important part in the evolution and propagation of a given set of values.

Inglehart (1981, p. 885) showed that these country-specific observations of ‘intergenerational change based on cohort effects’ held for the broader view of western democracies in the 1970s-1980s, withstanding the economic crises of the 1970s, the notable exception Italy. Post-war recovery followed by affluence that led to ‘emancipation from material concerns in modern prosperous societies’ (McDonald 2000a, p. 8) were reflected in legislation advancing human equality, raising social welfare standards, and protecting consumers and the environment (Inglehart 1981). In the process, traditional values especially of the family were eroded in favour of individual autonomy. Giddens (1991) referred to this as the modern reflexive project of the self, leading to cohabitation, lower likelihood of marriage, greater likelihood of divorce with lower fertility the inevitable result (van de Kaa 1987)⁹³. Increasing acceptance of ex-nuptial births in de-traditionalised, liberal societies, however, has meant higher, unmarried birth rates, while in societies that have clung to traditional family values – Southern Europe, Germanic countries and Asian developed countries – fertility rates have plummeted (McDonald 2000a).

McDonald (2000a, p. 9) found post-materialist values theory guilty of containing an ‘ecological fallacy’ in its explanation of lowered fertility:

Within any one society, on average, individual women who are more highly educated, less religious, more urban and more liberal in their attitudes and values have lower fertility than the less educated, the more religious, the more rural and the more conservative. This finding is then used to draw the fallacious conclusion across societies that more liberal societies will have lower fertility than more conservative societies.

McDonald did acknowledge that this was pertinent in the 1970s-1980s (at the time of Inglehart’s formulation), and found it ‘quite remarkable in the last 30 years this has exactly reversed’ (in Phillips 2002, p. 52). This critique formed the basis of McDonald’s gender equity theory, which can be viewed as pivoting on the modern reflexive project of the *female* self. Fertility rates are higher when women share parenting equitably with men, and when patriarchal institutions are remodelled to accommodate working mothers (and fathers).

⁹³ Lesthaeghe and van de Kaa (in English, van de Kaa 1987) developed the notion of the second demographic transition, its value change orientation resonant with Inglehart’s post-materialist values theory (Bongaarts 2002).

6.4.3 Gender equity theory

McDonald has been recognized as a major contributor in bringing attention to the ageing population phenomenon that was beginning to cause concern across the developed world in the late 1980s⁹⁴. His formulation of gender equity theory is in accord with the feminist movement, with specific acknowledgements to the demographers Folbre (1983, 1997) and Esping-Andersen (1996). This institutional, macro theory's premise aligned with Inglehart's post-materialist values theory in the differentiation between social conservatism (traditional, materialist societies) and social liberalism (liberal, post-materialist societies), but differed in its interpretation of fertility change. In the 30-year gap between Inglehart and McDonald's formulations, however, women's participation in the labour force increased markedly, a social change that gender equity theory addresses.

McDonald drew the distinction between those societies that uphold traditional family values and the liberal societies that endorse self-actualisation for women in education and career-building to develop his theory. Northern European countries, France and the Netherlands have had social policies for some time that have enabled families to combine childcare and work (paid maternity/parental leave, inexpensive, quality child care, flexible working hours, part-time work), providing more incentive and reducing constraints for women to bear children, hence higher fertility rates. Countries such as Spain, Italy and Japan, on the other hand, with more traditional models of the family and less child-friendly infrastructure, in effect discourage women from family formation which registers in those societies as low fertility rates:

[I]f women are provided with opportunities near to equivalent to those of men in education and market employment, but these opportunities are severely curtailed by having children, then, on average, women will restrict the number of children that they have to an extent which leaves fertility at a very low, long-term level. (McDonald 2000a, p. 10)

A specific example comes from Australia. Italian-Australians and Greek-Australians have sizeable representation in the population, and have tended to maintain their country-of-origin, patriarchal family values. Group-specific fertility rates for these two sub-samples of the population exhibited a TFR of below 1.5 even in second generation families, much lower than the national TFR at that time (McDonald 2000b). For McDonald (2000b, p. 6), this 'social

⁹⁴ Professor Peter McDonald was appointed a Member of the Order of Australia in 2008 for 'service to the field of demography and social science, particularly relating to population dynamics and future studies through the exploration of policy options and through education' (Australian Government, viewed 1 November 2009, <http://www.itsanhonour.gov.au>).

experiment' in which all else is controlled other than the nature of family organisation confirms that 'fertility rates are very low for groups whose family organization remains closer to the male breadwinner model'. However, when women share the commitment of having children equally with men, they are more likely to embrace motherhood.

Folbre (1983, p. 267) had warned demographers over 20 years ago that a 'fatal error of omission' in fertility theorising was to ignore the gendered power relations in the household. Hochschild (1989, p. 3) named this as the 'second shift': women performing both paid work and the 'lion's share' of household work (Cassells et al. 2009, p. 2)⁹⁵. Since that time, the gendered division of household labour, the crux of the fertility-decision matter according to Mills et al. (2008), has improved, at least in households where couples both have higher education. Mills et al. (2008, p. 18) examined the relationship between the division of household labour and fertility intentions. They compared household and fertility behaviour in Italy, a country with purportedly low gender equity, low female labour market participation and lowest-low fertility, with the Netherlands, Italy's inverse in these three domains, to determine gender equity principles relating to fertility. Two findings were of interest. The first was that 'participation of fathers in household duties appears to increase both the intentions and likelihood for the couple to have more children' (Mills et al. 2008, p. 5). The second finding was that those 'with higher education . . . showed higher fertility *intentions*, which we relate to a stronger bargaining power of women and the tendency of higher educated couples to equally divide housework or possibly to outsource it' (Mills et al. 2008, p. 18, emphasis added). This resonates with recent findings in fertility decision making surveys (Weston et al. 2004).

McDonald (2000b) reached his verdict that two policy choices exist to increase fertility: return to the breadwinner model or advance gender equity. McDonald (2000b, p. 12) deemed the former as unrealistic – 'the waves of feminism have already broken upon the shores' – and the latter as the 'only feasible option'. The genre of fertility theorising based on the level of gender equity of institutions, most importantly the institution of the family, has been well received by the academic community, and is mostly uncontested (Morgan & Taylor 2006). However, Hakim's (2003) preference theory next explored challenged the conceptualisation of mothers wanting to work (as opposed to needing to work).

⁹⁵ NATSEM (Cassells et al. 2009) measured the gendered work/life balance in Australia, finding that women with children working full-time spend an average of 15 hours a week cooking and cleaning, whereas full-time working men with children spend 6 hours a week on those household tasks. Women working part-time with children spend 23 hours a week caring for children and 20 hours a week on housework, whereas men working part-time with children spend 14 hours with their children and 9 hours doing household chores.

6.4.4 Preference theory

Hakim's (2003, p. 350) micro-level preference theory belongs to the tradition of the value change theorists, is based on person-centred analysis, and moves away from those researchers who 'treat entire nations as a meaningful unit of analysis instead of adopting a micro-level focus on individual actors and their goals'. Hakim (2003, p. 349) offered preference theory as a 'qualitative break from economic theories of fertility change', and as a means to address 'the absence of any central guiding theory on the relative importance of childbearing in women's lives'. Friedman, Hechter and Kanazawa (1994), drawing on the earlier work of Hoffman and Hoffman (1973) and Hoffman and Manis (1979), had established a 'qualitative break' and a theory in this area some time before (see next section 6.4.5), although Hakim's approach was different.

In the schema of preference theory, women were divided into three sociological ideal types: adaptive (40-80 per cent), home-centred (10-30 per cent), and work-centred (10-30 per cent). Hakim (2003, p. 369) believed that the majority of women are adaptive and 'highly responsive to social pressures and policy signals'. Home-centred or family-centred women have become almost invisible in the western world, because the focus has dominantly been on working women, a condition preference theory sought to redress. Hence, Hakim's (2003, p. 369) recommendation was that if governments are committed to raising fertility rates they should focus on policies that support home-centred women (and adaptive women who may prefer to become home-centred given the right conditions) who have 'the highest fertility rates and can most easily be persuaded to increase their family size'. The core concept, that many women 'would actually be very much happier to stay at home with their children' (Hakim in Phillips 2002, p. 52), does not resonate with the modern reflexive project of the female self mentioned earlier, and seems to resurrect the breadwinner family model. Her views have attracted both support at a government level, and controversy with demographers and sociologists (see section 4.5).

Evidence from cross-national experiences found the opposite to Hakim: 'policies that permit and, indeed, encourage women to stay in the labour force when they have children are the policies most conducive to maintaining levels of fertility at or near replacement level' (Castles 2002, p. 27). This is the principle around which gender equity theory orients, explored above. Castles' (2002) critique of Hakim was that placing policy emphasis on home-centred women and adaptive women would not increase but decrease overall fertility. McRae (2003, p. 587) charged Hakim's views on a number of counts as 'sociologically naïve, if not wholly empty'. She believed that preference theory failed in its task to explain

women's choices about employment, the extent of which are determined in large part by economic, structural or institutional factors.

Preference theory is important to this thesis, because it has helped to underwrite the ideology of family policy in Australia created by the Howard Government from 2004 onward (see section 4.5). Hakim's strong support for a home care allowance (in Phillips 2002) and the influence of her views (Arndt 2003) were instrumental in the creation of the Baby Bonus that, in turn, had a significant bearing on the introduction of a universal paid parental leave scheme (see section 4.7). Encouragement for mothers (and some fathers) to be at home with their young children is embedded in a universal paid parental leave scheme, that is, the emphasis of such a scheme overtly values (a mother's) time at home with newborns. The rollover effect is that the status of motherhood – and to some extent fatherhood – is raised, complementing McDonald's recommendation for broad social change to enhance the value of children and parenting.

In an ABC radio interview (in Phillips 2002), McDonald and Hakim faced each other with seemingly opposing theories. However, the two theories do have some common ground. In an equitable society, women would not be penalised financially for staying at home in the nurturing role if they so choose but, unlike McDonald's approach, Hakim's does not take into account the importance of gendered power relations in the family, or limitations imposed by economic or institutional factors.

6.4.5 Theory of the value of children

The instrumental value of children espoused by economists is countered with the immanent, value-of-children approach privileged by some sociologists and demographers. In 1979, Hoffman and Manis, continuing work that had begun earlier in the decade (Hoffman & Hoffman 1973), considered theirs a new approach of linking demographic variables with attitudes toward having children which included social pressure. Psychological satisfactions for being or becoming parents were measured in intensity and range, for both one child and more children, for both men and women, and for different ethnic groups⁹⁶. The affiliative value of having children to avert loneliness and provide love and companionship was the most commonly mentioned, followed by children as a source of stimulation, fun and joy. The value of expansion of self was also highly rated:

Children are a tie to the past because they carry on the genes of one's ancestors, the family name, and the traditions that the parent received from his or her parents. They

⁹⁶ Hoffman and Manis (1979) conducted 2,025 interviews in 1975 (n=1,569 married women with 456 of their husbands, a national probability sample of the US population).

are a tie to the future, for all these will be passed to future generations. They provide the present life with meaning and purpose and they enlarge the parent's existence by evoking new and previously untapped dimensions of personality. (Hoffman & Manis 1979, p. 587)

Other values expressed were that children provide adult status and social identity, satisfaction and a sense of achievement, security in old age, help with household chores, fulfilment of familial expectations in providing grandchildren, and a sense of becoming a better person. Hoffman and Manis (1979, p. 595) ultimately found that 'if the needs that children satisfy are important enough and, if there are no acceptable alternative ways of satisfying these needs, considerable costs will be endured in order to achieve the benefits'. Such findings based on immanent values of children challenge significantly the idea behind much of rational choice theorising.

From Blake (1968) onward, value theorists have contested the reduction of children to economic utilities (Astone et al. 1999; Coleman 1988; Schoen et al. 1999). Friedman, Hechter and Kanazawa (1994, p. 378) criticised those rational choice theorists who 'can safely ignore the messiness of subjectivity in social life', and offered a theory of their own for hypothesis testing based on what they nominated as a universal immanent value: uncertainty reduction. They proposed an alternative explanation for the variation of fertility (but not fertility decline) other than the singular or twinned approaches favoured by demographers: normative or cultural motivation that creates parents, and rational choice based on economic reasoning that underwrites both limitations of family size and reservations to parent at all. The theory of the value of children positioned rational choice theory in a different dialogue with the decision to have children. Standard rational choice explanations are based on the universal instrumental value of profit maximisation (or cost minimisation). Friedman, Hechter and Kanazawa (1994, p. 379) argued that, if this was the only consideration, 'under modern conditions, wealth maximizers would have no children'. Their argument proceeded: 'those who choose to have children must be operating on the basis of some other value(s)' (Friedman, Hechter & Kanazawa 1994, p. 379). Uncertainty reduction, they contended, is that other universal, non-instrumental value. Differentiation is made between decision making under risk, and decision making under uncertainty reduction, the former when the odds of failure are known (or thought to be known), and the latter when the odds are unknowable. According to these view, having a child decreases the (unknowable) uncertainty of partnering and strengthens unions (a child is a reason to stay together), especially those that are exogamous and heterogamous, those with less access to other (financial) means to reduce uncertainty, and unions in which one partner, usually the woman, has less power.

Predictably, economists Lehrer, Grossbard-Shechtman and Leasure (1996, p. 133) had ‘serious reservations’ about Friedman, Hechter and Kanazawa’s (1994) new theory, because of its limited potential, internal inconsistency and empirical failure in alignment with the literature. Objections included the counter-intuitiveness of uncertainty reduction, that is, children do not decrease but *increase* uncertainty, and that ‘couples who perceive that their marriages are at risk of dissolution respond by restricting their fertility’ (Lehrer, Grossbard-Shechtman & Leasure 1996, p. 134). Nevertheless, a similar trio of authors, Friedman, Hechter and Kraeger (2008), was not deterred by such lambasting, and has since produced a theory of the value of grandchildren.

6.4.6 Risk aversion theory (applied to fertility)

The brief review of risk concepts has been a prelude to exploring risk aversion, a concept originally conceived in the field of economics (Arrow 1965; Menezes & Hanson 1970; Pratt 1964). Risk aversion has a ‘simple and elegant explanation’ deriving from ‘expected utility maximization of a concave utility-of-wealth function’ (Rabin & Thaler 2001, p. 219). Like economic utility theory, risk aversion has been adapted to other fields in theoretical rather than mathematical form, and is highly compatible with RCT. The costs and benefits of any rational choice are of a futuristic nature, are therefore largely unknowable, and hence a risk (McDonald 2000a). The rational choice becomes to avert risk and reduce the potential of uncertainty in desired outcomes. For the risk-averse in the domain of fertility decision-making, the normative view has been that children are a considerable risk. Multiple insecurities associated with having children give rise to risk aversion: children will change the relationship of the parents, not necessarily for the better; children will cause anxiety over their wellbeing and safety; and children will drain the family finances.

Risk aversion theory gathers a different force when complemented by RCT, however, in the area of (female) fertility ebbing with age. ‘If there is a perception that economic, social, intimate or personal futures are uncertain, decision-makers may err on the side of safety in order to avert risk’ (McDonald 2002, p. 425). The ‘side of safety’ in this case slips from caution over choosing to have children across to ‘not waiting too long’ in case the option is removed, a message perpetuated by the media (see section 5.5). As McDonald (2006b, p. 231) observed for Australia,

there has been a great deal of public discussion in newspapers and women’s magazines in relation to the risks of ‘waiting too long’. This discussion seems to have served as a public education program and may possibly have had a cross-sectional impact on fertility.

The expressions ‘waiting too long’, ‘delayed childbearing’ and ‘early childbearing’ infer deviance from a particular norm and infer risk, at least to some degree. In a pronatalist era when fecundity is heightened as an area of risk, with an assisted reproduction industry rising up to meet that need to ameliorate risk, the perception becomes not to wait too long to try to conceive. The rational choice may be, then, to attempt to conceive at an earlier age than has been the norm for the past 40 years to avert the risk of natural conception ebbing with age.

The dominant assumptions in the demography literature are perfect fertility control and risk neutrality with nearly exclusive focus on completed family size and the costs of children, both financial and emotional (Schmidt 2008). Demography literature has also been criticised for ‘neglecting the role of partners in determining reproductive choices, focusing only on women’ (Mencarini & Tanturri 2006, p. 393). The effect of partnering on realising fertility intentions cannot be overstated (Mitchell & Gray 2007), and yet this factor has received little attention (see Birrell 2000; Birrell, Rapson & Hourigan 2004; Heard 2007a, 2007b). Schmidt’s (2008) review of the literature on fertility decision-making also found that risk preferences and uncertainty have not been considered as factors in the timing of partnering and childbearing for women. These are serious absences into which void Schmidt (2008) contributes a consideration of risk tolerance and the effect on women’s fertility decisions.

Schmidt’s examination of risk tolerance – ‘the reciprocal of risk aversion’ – found that ‘women who have a high tolerance for risk are likely to delay childbearing relative to their more risk-averse counterparts, and are therefore less likely to become mothers’ (Schmidt 2008, pp. 443, 440; see also Hewlett 2002)⁹⁷. Her position was that general risk-taking propensity can apply to the stochastic process of conception:

Uncertainty exists regarding the ability to prevent unwanted pregnancies as well as the ability to conceive when desired. The relevant decision is not really ‘when to bear a child’, but instead ‘when to stop trying to prevent pregnancy and begin trying to conceive’. (Schmidt 2008, p. 441)

In other words, the more risk-tolerant the woman, the more likely she will be to delay the attempt to conceive until after the age of 30 and, *ipso facto*, the more difficult that attempt may prove to be, according to some of the medical literature. Conversely, the more risk-averse the woman, the less likely she will be to postpone her conception debut until after the

⁹⁷ Data are taken from the Panel Study of Income Dynamics (PSID), a longitudinal study that began with 5,000 US households in 1968. Questions about hypothetical gambles over lifetime income were added in 1996 to measure risk preferences that were merged with individual and family data from 1968 to 2003 (n=4,373 women). Schmidt (2008) referred readers to ‘Estimating risk tolerance from the 1996 PSID’ for a more detailed appreciation of the research undertaking, accessible at <http://psidonline.isr.umich.edu/Data/Documentation/Cbks/Supp/rt.html>, viewed 1 November 2009.

age of 30⁹⁸. Schmidt incorporated a risk-tolerant model for women under the age of 20 who become mothers based on their lack of effective contraception, a less convincing rationale.

Some other problems abound in this study. The quantifiability of risk tolerance is imperfect, especially when risk based on economic principles bespeaks risk based on the non-economic utility of fertility as this study attempted to do. Schmidt (2008, p. 458) acknowledged skepticism about the existence of a general risk-taking propensity, and questioned the stability of any such propensity in individuals over a lifetime. Anderson and Stafford (2009), for example, found inconsistency in the presence of risk: some people appear risk averse some of the time, yet risk preferring at other times. Neither are responses to risk evenly distributed, and will be shaped by an individual's social and cultural resources, values and beliefs, opportunities and decisions. As Robinson (1997, p. 71 n39) rightly noted, 'different socio-economic groups have different perceptions of costs and benefits' – and risks. Whatever the misgivings over some of Schmidt's (2008) assumptions, however, the discussion is enriched by consideration of the roles that women's risk-taking propensity and aversion to risk may play in fertility timing. Lay literature is replete, after all, with the concept of women gambling with their fertility by delaying the attempt to conceive, especially until after the age of 35, either naturally or with the assistance of medical technology.

The rise of assisted reproduction technology (ART) and services over the last 20 years has contributed to a decrease in the prevalence of infertility although, at the same time, the existence of ART has placed greater emphasis on the prospect of infertility than ever before. Menken (1985) linked the availability of oral contraceptives since the 1960s with the rise in demand for ARTs and services. A subtle consequence of the success in preventing unwanted births using oral contraception was the perspective of individual control over fertility: if fertility could be 'turned off' so easily, it would be just as easy to 'turn it back on', leading many couples to (mis)believe that natural conception would take mere months instead of at least between one and two years (Menken 1985, p. 473). Such faulty logic created greater demand for reproductive services to hasten the process which, in turn, increased dramatically the number of physicians interested in (the lucrative field of) infertility. The potentially litigious environment in which medical practitioners work has exponentially exaggerated a 'myth of infecundity' of 'epidemic proportion' as more and more obstetricians routinely issue warnings about fertility problems (Menken 1985, p. 474). However, the fertility/infertility discourse pivots on an incapacity for medical science and diagnostics to determine definitively a woman's ability to have a child. The only true test of a woman's fertility is a live birth:

⁹⁸ Schmidt (2008) used the age brackets of under 20, 20-30, over 30 in her data analysis of women's fertility histories and their risk-taking propensities.

Hormonal and biophysical tests of ovarian reserve have been developed to estimate the total number of oocytes left and predict the length of reproductive life . . . The problem is that no test has accounted for the quality of the oocyte whose genetic makeup is paramount to reproductive outcome. (Nwandison & Bewley 2006, p. 189)

Medical and technological sophistication cannot totally dispel what some would name as the mystery of conception and the miracle of birth. In this unknown or even spiritual area, the assisted reproduction industry thrives by heightening risk awareness *and*, as a consequence, risk aversion.

6.5 Application to the theoretical proposition

The task has been to interrogate theories from within the large body of fertility theory to support the conceptual proposition that pronatalist social policy may affect primiparous median age. Gender equity theory could be co-opted. The less fragile a woman's career-building potential is to childbearing interruptions within a gender-equitable labour market, and the more equitable the share of household work, the more inclined she may be to maximise her most fertile years. She may not feel compelled to delay family formation to prioritise career, finances and home purchasing, even if she is not heterosexually partnered⁹⁹. This area of theory is exogenous, however. By the time the research group (aged 13-16 in 2007-2008) reaches the family formation years in approximately ten years' time, gender values both inside and outside the family are too difficult to project. Therefore, gender equity theory applied to the findings of the research project of the thesis, while food for thought, is too much of a futuristic nature to be considered.

Preference theory, through its role in family policy formulation, in particular the lump-sum Baby Bonus, has had the consequence of raising the status of the stay-at-home mother as an occupation, at least for the first years of a child's life (see section 5.8). The theory's contribution to the socio-cultural influences surrounding motherhood in pronatalist Australia has been strong, yet its application to the research endeavour, while worthy of consideration, is tentative.

⁹⁹ The fertility theory literature does focus on heterosexual, partnered women, married or cohabitating, although a small but growing trend is for women to activate a fertility plan in the absence of a male partner, such as egg freezing or assisted reproduction, possibly with a same-sex partner. The World Collaborative Report on Assisted Reproductive Technology 2002 (de Mouzon et al. 2009) noted the increase in intracytoplasmic sperm injection (ICSI known in lay terms as artificial insemination), which accounted for 47.6 per cent of all fertilisation procedures in 2000, increasing to 56.6 per cent in 2002, with no corresponding increase in male infertility. The investigators surmised that the reasons for this trend are difficult to assess, especially because this method is not recognised as improving conception. Speculation is that more women proceeding with ICSI are doing so in the absence of a male partner.

The theory of the value of children cannot be seconded to the research task *per se*. What it does offer, however, is a disturbance of standard rational choice theoretical applications to fertility decision-making, a differentiation between uncertainty reduction and risk aversion, and an insistence that ‘all behavior is circumscribed by values’ (Friedman, Hechter & Kanazawa 1994, p. 393). Non-standard use of rational choice theory coupled with a theory of values may be important to support the conceptual propositions, and an interpretation of research outcomes.

Risk aversion theory is a better candidate to support the proposal that pronatalist policies may affect the age of motherhood debut. While many other risks abound, the (supposed) greater risk of delaying family formation and possibly jeopardising natural conception may seem too great. This, then, would be a rational choice: to begin planning a family sooner rather than later. Within the rational choice theoretical paradigm, fertility would need to be viewed as a non-economic utility; within a theory of values, the value of maximising the younger (female) fertile years for initiating family formation could transcend economic rationalisation. If the personal resource of fertility is viewed as being at risk, the rational choice could be to satisfice against the costing sensibilities by having – or trying to have – a child before the sand trickles too far down the fertility hourglass.

Rational choice theory, newly applied in a non-economic ‘thick’ sense, and risk aversion theory may offer a new synergism to support the theoretical proposition: the rational choice for women whose life script includes having children may be to avert risk by attempting to conceive sooner in the life course than has been the 40-year norm. The two theories of rational choice and risk aversion in combination converge in the design of the research instruments of the Amber Light Project (see Tables 7a and 7b, sections 7.2.2 and 7.2.3), asking (among other interests) at what age young women idealise first-time motherhood, and whether they have fears that they may not be able to become pregnant.

7.0 Amber Light Project: methodology and method

7.1 Introduction

In recognition of the separate entity of the research project to the thesis, the research endeavour was named the Amber Light Project. Materials developed to circulate information to prospective participants and their parents or guardians explained the symbol of the amber traffic light as a cautionary place between the stop and go messages that young women (and young men) receive about sexuality (Figure 7a)¹⁰⁰.

Figure 7a: Flyer for the Amber Light Project

Amber Light Project

We are calling this work the Amber Light Project because, like traffic lights, there are three messages: stop, caution and go. While this is straight forward if you are driving a car, it's not so straight forward if you are 'driving' a fertile womb and society is saying, "Have babies!" So, on the one hand, there are plenty of messages out there that say stop: stop having sex too soon, stop having sex altogether, stop unless you have contraception, stop because to get pregnant and have a baby, your schooling will be affected, maybe even your career. Then there's the go messages: be feminine and sexy, wear sexy clothes, go to parties, have fun and really enjoy your youth, why should there be two sex standards, one for boys and one for girls, and at a bigger level, have babies for your country. That's where the amber light of caution comes in. We want to know how young women balance the two other messages. Is the baby bonus a good enough incentive to have a baby? Is the government protecting our young women or encouraging them to become young mothers? This is where your daughter's views come in because we can only guess. The answers have to come from the girls.

When the consent form comes home to sign, we hope you will agree to allow your daughter/female charge to participate. Her involvement will raise her own awareness about this social issue, and her input may go on to inform other young women about some pretty powerful messages from society, not necessarily in their best interests.

Mothers of the future: assessing the effects of national messages about having children on young women in Far North Queensland

What does your daughter think about motherhood? A questionnaire to find out her views

JCU
JAMES COOK UNIVERSITY

This survey is being conducted by Marilyn Anderson, postgraduate doctoral research candidate with the Faculty of Arts, Education and Social Sciences, James Cook University, Cairns Campus, during 2007-8. Participation by a minor is preceded by providing information about the project to a parent/guardian to establish informed consent. No participant under 18 years of age will be able to complete the questionnaire without a signed consent form from a parent or guardian. JCU Human Ethics Approval No. H2598. Blue Card No. 511072/1

7.1.1 Conceptual orientation

In the pronatalist state, awareness of the risk that (female) fertility ebbs with age is emphasised in an already risk-laden society. Women may be more inclined to make a socially-constructed (and, to a degree, biologically-based) choice to begin childbearing at a

¹⁰⁰ The wording of the promotion material was required in the interests of transparency and ethical considerations (see Limitations of the study, section 8.10)

younger age than has been the recent norm, thus reducing uncertainty about fecundity. Young women, 13-16 years old, newly formulating their ideas on motherhood and fertility, was a suitable population to provide indications that messages of fears about fertility ebbing with age may have reached them. The conceptual orientation became more concrete: young women may project themselves as first-time mothers at a younger age than has been the norm; may express anxiety about their ability to conceive; may support adoption; may be averse to abortion; and may be informed about the Baby Bonus. These conceptual orientations were the basis for research question formulation.

7.1.2 Research questions

The formulation of the research questions was established in section 2.4, and the questions are reiterated:

1. At what age do participants idealise age for first-time motherhood?
2. What views do young women hold about the lump-sum Baby Bonus?
3. How do participants comprehend fertility, their own and others?
4. How do participants view abortion and adoption?

7.1.3 Research timeline

In September 2007, initial approaches mooted the potential of conducting the Amber Light Project were made to secondary high school Principals and Heads of Department (HODs) of Health and Physical Education (HPE) at four state high schools in the Education Queensland (EQ) Cairns Coastal Regional District of Far North Queensland. Three HODs and their principals indicated interest, although a fourth school principal declined to be involved based on a disruption to classes factor. The administration of the questionnaire followed by focus group discussions began in October 2007, and was completed in June 2008.

7.2 Methodology

7.2.1 Mixed methods design

The research was a mixed methods design, with quantitative and qualitative components¹⁰¹. Denscombe (1998, p. 176) differentiated the two: the qualitative approach follows the deductive method with a precision required in the development of the instrument, whereas the qualitative approach is ‘frequently premised on the idea that the theory and methods will emerge during the course of the research’. The Amber Light Project was different again in that the qualitative design (semi-structured focus group questions, see section 7.2.3) followed the structure of the quantitative data-gathering instrument (the questionnaire).

¹⁰¹ ‘Strictly speaking, the distinction between “qualitative” and “quantitative” *relates to the treatment of data*, rather than the research methods as such’ (Denscombe 1998, p. 173, *itals. in original*).

The deductive method begins with theory to build the conceptual propositions before instrument design and data collection. Analysis of data confirms or adjusts the original theory or theories. The inductive method, on the other hand, begins with data collection using cycles of revision to arrive at theory (also known as the grounded theory method). Both processes are iterative, that is, there is a dynamic interchange between the components of the research process. In any social science research, practice is a 'circular and iterative process, involving a mixture of the idealized logic of formal research design . . . and the many incremental and opportunistic decisions we make on the way' (Green & Thorogood 2004, p. 43). Two approaches were chosen, a questionnaire for quantitative data collection, followed soon after by focus group discussions for qualitative data collection using a semi-structured question format. The questionnaire needed to be completed first to capture candid responses before the selected group respondents were informed by the discussions.

The main benefit of including focus group discussions in the research methodology is to enable group interaction to generate data (Dentith, Measor & O'Malley 2009; Pope & Mays 1995). While this may be equally important for the conduct of focus groups with participants of any age, for young participants the shifting of power from the researcher to the participants is more relevant, especially in a school setting where adults hold the power to contain free speech. In this regard, 'qualitative approaches are ideal for questions that require an answer about understanding participants' views, or for questions that address the meaning given to phenomena' (Green & Thorogood 2004, p. 30). The group members' interactivity diffuses and de-emphasises the authority of the researcher, especially important for those with limited social voice such as adolescents (Liamputtong 2007). Another consideration for choosing the focus group forum rather than interviews was peer support in the discussion of sensitive issues. A disadvantage of focus groups is that the views of quieter, more introverted members may be usurped by the views of the more outspoken members. Consideration must also be given by the facilitator to build an environment of trust without which participants may be reluctant to share valuable ideas. There is a risk in small group discussions of participants merely confirming what others have said, and this requires vigilance by the facilitator.

7.2.2 Instrument design: quantitative

Questions are supported by the literature review (Chapters 2, 3, 4 and 5). The theoretical lens of rational choice and risk aversion theories (Chapter 6) helped develop the key concepts informing instrument design (see Tables 7a, 7b). While the theoretical construct of the questionnaire instrument was created deductively, the emerging findings of the qualitative component of the study offered an inductive reflexivity as a check on the *a priori* theory development. In this iterative way, the theoretical underpinning of the research was refined

by focus group data. Consequently, a large portion of the original conceptualisation has been omitted in favour of that pertaining to the overarching direction of the thesis.


Because this was an exploratory study, a number of freer-ranging, experimental questions were included. Some questions were to engage participants in areas of topical interest to their age group. The questionnaire, 'Mothers of the future', was as short as feasible: 20 multiple-choice, exploratory questions, and 10 to gather socio-economic data. The major factor to consider was that the time to administer the questionnaire in a school setting would be limited. Some questions were worded cautiously in the third person to diminish controversy or amendment. Asking about the age at which a participant would like to become a mother could be interpreted as promoting motherhood, and was distanced using the third person. Instead of asking, 'At what age would you like to have your first baby?', the question became, 'What do you consider is the ideal age for a woman to have her first baby?' Instead of asking 'Do you think abortion is too expensive?', the question became, 'A young woman might not seek an abortion because (variety of reasons). How would you rate each reason?'. The questions about attitudes toward abortion were coined in the negative, because of the anticipation of richer data. If questions had been phrased, 'A young woman might seek an abortion because . . . ', the scope of possible responses would have been limiting.

Two versions of the questionnaire were designed, one paper, the other electronic, identical apart from some minor adjustments to suit the requirements of the different media¹⁰².


Although the electronic version reached piloting stage following work that spanned a year, it was abandoned in favour of the more useful – and more reliable – pen and paper version (Figure 7b). Table 7a that follows links the questions with theoretical or conceptual origins.

¹⁰² Through an interdisciplinary partnership with a JCU 3rd year undergraduate information technology student, Claudia Wuestefeld, an electronic version of the questionnaire was created and approved by the JCU Human Ethics Sub-committee. The project supervisor was Marion Hooper, JCU School of IT.

Figure 7b: Front cover of the questionnaire



Thanks for agreeing to participate in this survey about young women's attitudes towards family issues. Your views in response to the following questions are extremely valuable to this project, informing part of a research degree with James Cook University. You may also like to take part in one of a number of discussion groups being held in conjunction with this project, in which case, kindly add your contact details in the allocated space. However, if you wish to remain anonymous, no identifiable details are required. If you are under 18 years old, permission from a parent/guardian is required on a separate authority, to be attached/handed to the researcher before starting.

 This survey is being conducted by Marilyn Anderson, postgraduate doctoral research candidate with the School of Arts and Social Sciences, James Cook University, Cairns Campus, during 2007-8. Participation is preceded by providing information about the project to establish informed consent.

Mothers of the future: assessing the effects of national messages promoting having children on young women in Far North Queensland

For the purpose of consent, are you under 18 years of age or aged 18 or over?

under 18 years of age. Please make sure your parent or guardian's informed consent form is handed in.

18 years of age or over. Please make sure your own informed consent form is attached.

Please remember,

- you can decide not to proceed at any time
- you can skip any questions you wish, by choosing the 'not sure' or 'prefer not to say' option
- you can remain anonymous
- your responses will be kept confidential
- you can continue into a discussion group if you wish, by arrangement
- you can talk to someone about how this survey may have affected you.

Can you please acknowledge that you are female, an Australian citizen and living in Far North Queensland?

Yes, I am a female, Australian citizen, living in Far North Queensland

Date administered / / by
at date received / / by

Mothers of the future: assessing the effects of national messages promoting having children on young women in Far North Queensland

See Appendix A for complete questionnaire.

Table 7a: Compilation of questions with theoretical or conceptual origins

No.	Question	Theoretical or conceptual origins
1, 2	Do you believe that the world/Australia needs more people, should stay the way it is, needs less people, not sure?	Reach of pronatalist messages
3	How many children do you think is or are ideal for a typical family?	Comparison with Fertility Decision Making Project
4	How many children would you like to have yourself?	Comparison with Fertility Decision Making Project and Amber Light Project focus group discussions
5	Do you have any fears that you may not be able to become pregnant?	Risk aversion theory; rational choice theory
6k	Global warming is an issue which affects me not at all, a little bit, a fair bit, a lot, not sure (7 other global issues were included in this segment)	Participants as rational actors
6m	I think about whether or not to go on a diet not at all, a little, a fair bit, a lot, unsure.	Personal well-being
6n	When I compare myself to the models in magazines and on television, I am affected not at all, a little, a fair bit, a lot, unsure.	Personal well-being
6o	I think about my weight and body shape not at all, a little, a fair bit, a lot, unsure.	Personal well-being
6p	I think about the possibility of becoming a mother not at all, a little, a fair bit, a lot, unsure.	Reach of pronatalist messages
7abc	Overall, when I think of my safety in the world/Australia/Far North Queensland, I mostly feel not at all safe, not really safe, safe, very safe, not sure	Personal well-being
8	What do you consider is the ideal age for a woman to have her first baby?	Reach of pronatalist messages, comparison with ABS, AIHW birth data, the Fertility Decision Making Project and the Australian Temperament Project
9	Concerning the cost of raising children today, which of the following statements best fit your ideas when it comes to planning for a family of your own? (9 multiple choices)	Rational choice theory; participants as rational actors
10	What do you think it currently costs to raise a child (not including a private education)?	Rational choice theory; participants as rational actors
11	What do you think about a mother placing her baby up for adoption?	Reach of pronatalist messages
12	Do any of your friends receive the sole supporting parenting allowance?	Screening for role modelling
13	Do you know what the government payment called the Baby Bonus is?	Reach of pronatalist messages
14	Do you know how much the Baby Bonus is ?	Reach of pronatalist messages
15	Do you believe people would have a baby to get the Baby Bonus'?	Reach of pronatalist messages
16, 17	Did you participate in the baby simulation education program or Early Childhood Certificate III at school?	Reach of pronatalist messages
18, 19, 20	Regardless of how she became pregnant, from a list of reasons why it might be difficult for a young woman to get any type of abortion if she was considering such a decision, how would you rate each reason?	Reach of pronatalist messages

Five young women (1st year students from JCU aged over 18) undertook piloting of the questionnaire in January 2007. Only one adjustment was made before the instrument was submitted to the JCU Human Ethics Sub-committee. One pilot participant thought that ‘a minor reason’ as a second choice after ‘a major reason’ in the range of responses to questions about abortion was less than sensitive, and this was changed to read ‘one of a number of reasons’. Otherwise, the instrument was not altered.

7.2.3 Instrument design: qualitative

The major consideration for the conduct of the focus group discussions was gaining contextual richness in a limited time. In a school setting, time available was anticipated as no longer than 40 minutes in either lunch breaks or HPE class time. Consequently, to maximise this research component, group members could move quickly over questions of less interest and, time permitting, go more deeply into those areas that held their attention. The content of the questions ran parallel to the key issues of the questionnaire in a semi-structured format, covering the (minimum of the) following questions and invitations (Table 7b).

Table 7b: Semi-structured focus group questions and invitations for discussion linked with theoretical or topic orientation

No	Questions and invitations	Theoretical or conceptual origins
1	The average age for a married Australian woman to have her first baby is about 31 years old. What do you think about that?	Comparison with ABS/AIHW/OECD birth data; reach of pronatalist messages; check with responses to the Amber Light Project questionnaire
2	Why do you think teenagers would have fears that they may NOT be able to become pregnant?	Risk aversion and rational choice theories
3	How many children would you like to have yourself?	Comparison with Fertility Decision Making Project, Amber Light Project questionnaire
4	The Australian Federal Treasurer, Peter Costello, has said many times, “Have one for mum, one for dad, and one for the country”. What does this mean to you?	Reach of pronatalist messages
5a	Do you believe people would have a baby to get the Baby Bonus?	Reach of pronatalist messages
5b	What part do you think the Baby Bonus, soon to be \$5,000 for each baby born, plays in the decision to have a baby?	Reach of pronatalist messages, rational choice theory, participants as rational actors
6	What are your views about abortion and adoption?	Reach of pronatalist messages

7.3 Ethics procedures

Gaining the views of under 18-year-olds can be problematic with oftentimes arduous parental/guardian consent-gaining procedures as well as access difficulties or restrictions. As a result, there is ‘a comparative shortage of research that includes young people’s own views

and experiences [because] . . . the ethics requirements create too much work' (Bessant 2006, p. 53). Especially if the research is framed as risky, researchers are discouraged before they begin. Bessant (2006, p. 56) identified the predicament: 'requirements for parental permission mean entire areas of research are seriously constrained or not researched at all', with the potential of severely inhibiting whole methodologies. Her recommendations included maximising the 'current official interest in "giving young people a voice" ' (Bessant 2006, p. 56). Green and Thorogood (2004, p. 64) argued similarly that, depending on the nature of the study, 'researchers have a duty to reflect the voices of those who are least likely to have other access to the public arena'. Gaining access to research those relatively marginalised such as young people is crucial for their representation (Liamputtong 2007). The advice of these writers was heeded in formulating the components of the methodology to approach ethics bodies.

7.3.1 Ethics proposals

The project proposal was submitted to the JCU Human Ethics Sub-committee in March 2007, and approved in April 2007, approval number H2598, pending two minor amendments¹⁰³. A pre-requisite of the human ethics application process was the procurement of a 'Blue Card' from the Commission for Children and Young People and Child Guardian, number 511072/1, valid until June 2008 and renewable. A post-research completion requisite is to retain data for at least five years at a secure location.

To circumvent repeat adjustments, the original human ethics application was necessarily broad to enable a high level of flexibility once gatekeepers, access pathways and authorities could be established. What was pursuable within time and funding constraints became pragmatic choices, and the mixed methodological approach was then narrowed. As Green and Thorogood (2004, p. 28) relayed, in qualitative work

research design has traditionally been very 'loose', in that the precise aims of the study may not be known at the outset, and decisions about how to collect data or what the data will be 'about' may emerge as the research progresses.

With one eye on the potential number of participants able to be recruited, and the other on feasibility factors under a broad human ethics approval umbrella, the study took shape: 13-16 year-old females within one state education region and inside the high school setting became the participant field.

¹⁰³ The two amendments made were to clarify informed consent applicable to each item requiring consent/assent (participating in a questionnaire/audio-taped focus group discussion/audio-taped interview); and to clarify the recruitment process for focus group discussions.

The most efficient recruitment of a volume of participants for the completion of the questionnaire was through state high schools. While it would have been desirable to represent students at private, religious-based schools, including questions about abortion made this ideal unachievable. For example, Dentith, Measor and O'Malley (2009, p. 159) discussed the resistance surrounding 'forbidden topics' in school settings, and their anticipation of some difficulty in gaining access to students because research topics involved sexuality. They were nevertheless 'astonished by the forceful blocks erected to thwart participation' (Dentith, Measor & O'Malley 2009, p. 160). One of the research team investigating young women's attitudes to teen pregnancy described it as school personnel erecting a '*cordon sanitaire*' around their female pupils. The governing body to approach became Education Queensland (EQ), although other 'forceful blocks' existed there as well.

The aim of the *Guidelines for conducting research in Education Queensland school sites and other education-related units* (http://education.qld.gov.au/corporate/research/research_guidelines.pdf) is to assist researchers as they prepare to conduct research in Queensland state schools. The criteria is that any research conducted in more than one regional district must meet with EQ education objectives, that is, if research is planned to be conducted outside a single regional district, EQ state body must be involved. The Amber Light Project fell outside the parameters of EQ education objectives, and so the next best option was sought. Some latitude existed for an individual school principal and his or her Health and Physical Education Head of Department to approve the conduct of research without consultation with EQ or the relevant regional school district office. If more than one school is likely to be involved, however, the EQ Regional District Office must be approached. Thus, permission was sought from the Executive Director of the EQ Cairns Coastal Regional District to approach schools in that, and only that, district. Permission was granted in January 2008.

7.3.2 Consent procedures

An informed consent form for parents/guardians of under 18-year-old participants to sign (see Appendix B) had to be handed in before a participant could begin the questionnaire. Additionally, each participant signed and handed in an informed assent form before commencement (see Appendix C). A consent pack was distributed to all potential participants which contained an information page, informed consent form for parents/guardians of under 18-year-old participants, an information flyer (Figure 7a), and a colourful hair scrunchie, this last item to entice the students to engage with the packet.

7.3.3 Benefits to participants

The major benefit for the participants in this study was the empowerment of young voices, enabling young women to express their views about fertility and motherhood within an ethical research environment. As Ailsa, aged 15½, School 3, said, ‘I thought it was interesting, like, that people are taking an interest in what we have to say’. Two of the three Heads of Departments involved said that some of the research subjects matched Health and Physical Education lesson content, in which case involvement in the research project offered a learning continuum from the classroom.

7.3.4 Participant welfare

Participants could choose ‘not sure’ or ‘prefer not to say’ in every response set, a component of the questionnaire made known in the consent procedures to parents/guardians, and at the commencement of each questionnaire completion session. This is standard procedure to allow respondents to engage with, at times, unfamiliar areas, and provides a respectful ‘opt out’ ability without jeopardising completion of the questionnaire. It is also an internal ‘check and balance’ to identify which questions were the more difficult. All participants were reminded at the commencement of each session that they could withdraw at any time, although nobody did, and all participants who attended completed their questionnaires. If they felt it necessary, participants were encouraged seek counselling support by phoning Lifeline’s free telephone counselling service (131114) or Kids’ Help Line (1800 551800). This information was also included in the consent forms. Six participants responded to the invitation, ‘Were there any questions that you think should have been asked but weren’t?’¹⁰⁴. An attempt was made to include the young women who made suggestions in focus group bookings to provide an opportunity to explore concerns raised. Four of the six took part in discussion groups.

In the information pack taken home to parents, I supplied my contact telephone number for any questions about the project. One parent telephoned me to complain that he did not agree with the principle of the gift voucher (see section 7.5.2), that participation should be voluntary, and not rewarded. I explained that research can require some token acknowledgement to participants for the time taken and for their contribution, and that the age of the participant should not exclude them from receiving such a token. I also relayed that gaining consent is particularly onerous, and that an incentive might not be required in his

¹⁰⁴ The suggestions of additional questions were: ‘Are you pregnant? How old do you want to be when you get pregnant?’ ‘Whether we would get an abortion and our opinions on it.’ ‘Do you think it is acceptable for a 15 year old girl to raise a child?’ ‘Do you think you would consider becoming pregnant before the age of 18?’ ‘What age is it safe to have sex?’ ‘Do we feel teen pregnancy is okay. And if as time goes along, it's becoming more acceptable for young girls to have babies?’

daughter's case, but others were more likely to remember this crucial element of research conduct if a gift was involved. I noticed from the consent form scrutiny that this caller's daughter did participate in the questionnaire. A mother also phoned on behalf of her intellectually-challenged daughter, requesting that she be included as a way of relaying that her views were valid and accepted. I responded that parental consent was all that was required to enable her daughter's participation. These were the only calls generated by the invitation to telephone me with any concerns about consent or the research project.

7.3.5 Confidentiality

In the introduction to the questionnaire completion sessions, anonymity was affirmed. When participants chose to break anonymity (by including their contact details in their completed questionnaires for consideration to be included in a focus group discussion), their (potential) involvement remained confidential. Assurance that names would be changed in transcripts and written material was given at each session. The tenets of confidentiality were established routinely at the commencement of each research encounter. Members agreed that what was about to be shared during the focus group discussion was not to be shared outside the group.

7.4 Sampling

Convenience sampling was made from female students at three state high schools in one regional district, chosen as one to the north of the district (School 1, Years 8, 9 and 10), one central (School 2, Year 10 only), and one to the south (School 3, Year 10 only). The three schools are located within the Cairns Local Government Area (Cairns LGA), a zone which closely resembles the Education Queensland (EQ) Cairns Coastal Regional District (see section 7.4.2, figure 7d). The geographic spread of the three schools (out of a possible nine) sought to gain as representative sample as possible for the Cairns LGA given the severe restrictions imposed by EQ, and the lack of suitability for this questionnaire to be used in religious-based schools either inside or outside the Cairns LGA.

Participation rate was 11 per cent of the state high school junior school population in the EQ Cairns Coastal Regional District (Education Queensland Census 2007). An additional six participants who attended Catholic high schools in the region were given parental permission to take part outside of their school setting. The total number of participants (n=230) was 6.2 per cent of 13-16 year-old females in the Cairns LGA (ABS 2006b).

7.4.1 Demographic profile of participants

This group of participants (n=230) comprised 91 per cent who were Australia born. All participants were Australian residents of more than two years at the time of the study, and 95

per cent were non-Indigenous. The mean age of participants was 14 years and eight months. The group was not strongly religious: 59.6 per cent did not have a religion, 12.2 per cent described themselves as Christian, and 17 per cent identified as Catholic; 73 per cent never attended religious services, 15.2 per cent attended a church for religious holidays, and 4.8 per cent were weekly church goers.

Participants were more knowledgeable about their mothers' education attainment (82 per cent) than about their fathers' (71 per cent), although there seemed to be a level of guesswork in this category considering the number of corrections made on the questionnaire. A similar level of greater knowledge prevailed for the age of their mothers' age at first birth (5.6 per cent did not know) compared with knowledge of their fathers' age at first birth (15.6 per cent did not know). Of those who knew their mothers' educational attainment, 18.7 per cent of the participants' mothers had achieved or were in the process of achieving tertiary education. Of those who knew their fathers' education attainment, 13 per cent of the participants' fathers had achieved or were in the process of achieving tertiary qualifications. For comparison, 16.9 per cent of the adult population in the Cairns Region have a bachelor degree¹⁰⁵. National figures for at least one partnered parent of children under 15 years with a Bachelor degree or higher was 24.4 per cent; for lone parents, 11.7 per cent. Comparably, the mothers of participants with tertiary qualifications aligned well locally and, depending on their parental status, moderately well nationally, although the same cannot be said of the fathers. Bearing in mind the level of uncertainty participants had about their fathers' education, however, this is perhaps an inaccurate indicator for local or national comparison.

On the home front, 6.5 per cent of participants were unsure if the home they lived in was being purchased or rented; 27.8 per cent lived in rented accommodation; and 65.7 per cent were living in a home either owned or being purchased. This aligns closely to the Cairns Region divide in 2006, the time of the last Census (26.6 per cent rented, 70.3 per cent owned or being purchased) as well as to the national divide (26.1 per cent of homes rented; 70 per cent of homes owned, with or without a mortgage).

Single parent households comprise 18.1 per cent of Cairns Region families, and 11 per cent nationally. The questionnaire was not worded as well as it could have been for determining family style: do you live with one of your parents, both, or in some other arrangement? The result - 36 per cent of participants lived with one parent, 62 per cent lived with both, and 2 per cent or five participants were in foster care – is not a true indicator of how many participants

¹⁰⁵ Statistics for education, housing and family style are from ABS Census for Population and Housing 2006.

lived in sole parent households. It does indicate, however, how many participants do not live under the same roof with their birth father (or mother, as the case may be).

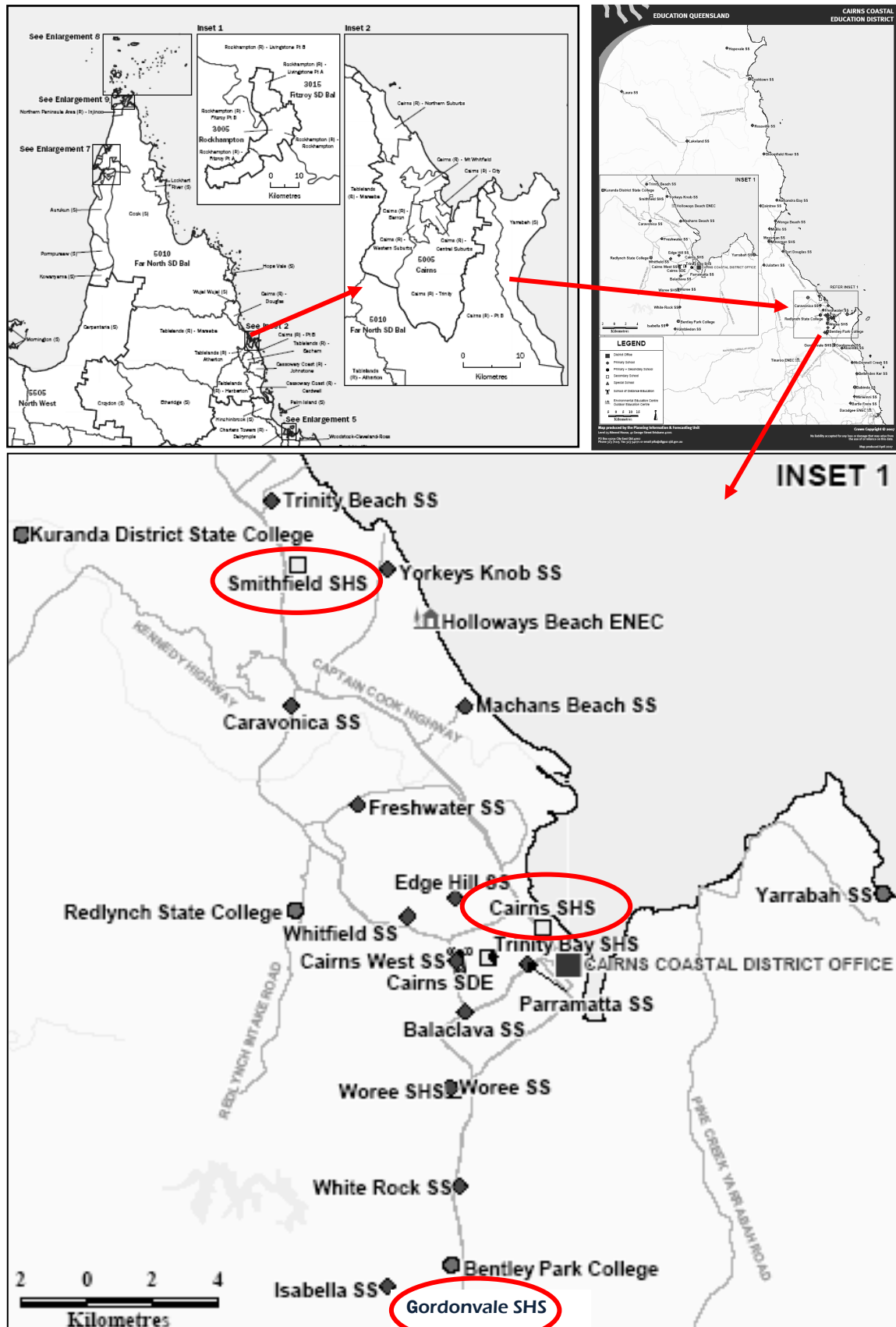
Many young people are unsure of their parents' finances. A question asked to compensate for (mostly) limited knowledge about typical economic indicators was: 'For something really important or in an emergency, how long would it take you to get hold of \$4,000? Think about all your possible resources – your own savings, income from work, getting help from a parent or relative, borrowing, pawning, but not stealing.' The amount of \$4,000 was chosen to align with the lump-sum Baby Bonus (July 2006 amount). This multiple choice question did not contain a choice of 'not sure'. Some participants scribbled calculations in the blank space next to this question, and some were observed using a calculator, an indication of the seriousness or diligence with which participants approached the task of completing the questionnaire. The modal response from a choice of 'minutes', 'days', 'weeks', 'months', or 'unachievable' was 'months' with 16.1 per cent able to access \$4,000 within minutes, and only 2.2 per cent of participants saying the task would be 'unachievable'. This indicates that, as a group, access to emergency funds, while not easy, was moderately achievable, a result that seems to fit with the ABS socio-economic indexes for areas (SEIFA) profile for the three schools' enrolment areas where the Amber Light Project was conducted.

SEIFA are summary decile measures from the ABS Census of Population and Housing (2006b) data of socio-economic advantage for all areas of Australia. The measure of SEIFA is a relative ordering of all post office areas (POA) on a one-to-ten scale of socio-economic advantage, one the lowest, ten the highest. ABS advises that Australia Post postcodes and ABS POAs, while close, are inexactly reconcilable, and to be used as a guide only. The POAs from which the three schools draw their enrolments are: School 1 (POA 4878) is decile 8 (124 participants), school 2 (POA 4870) is decile 7 (71 participants), and school 3 (POA 4865) is decile 6 (35 participants), averaging decile 7, or in the fourth quintile.

7.4.2 Geographic location of research

Research was conducted in Cairns, Far North Queensland, within the boundaries of the Education Queensland (EQ) Cairns Coastal Region. This district closely coincides with the ABS local government area (LGA) for Cairns, which comprises the seven statistical local areas (SLAs) of Barron, Central Suburbs, City, Mt Whitfield, Northern Suburbs, Trinity and Western Suburbs. Figure 7c shows a Queensland state map and the location of the ABS LGA for Cairns, and the EQ Cairns Coastal Region as an enlarged inset.

Figure 7c: Top left: Queensland map with Cairns LGA and SLAs (inset 2); top right: Cairns Coastal Region, Education Queensland, district map with enlarged inset below showing schools involved (ringed)



Source: ABS 2008c; Education Queensland (<http://education.qld.gov.au/schools/maps>)

Cairns is not a typical outer regional city. The Cairns Region is the fourth most popular destination in Australia for overseas visitors (www.cairns.com.au). It is also an attractive destination for Australians moving inter- and intra-state: nearly 20 per cent new residential arrivals between 2001 and 2006 were from other regions of Australia (ABS 2006b). Such movement is atypical for other outer regional cities in Australia, and indicates the attractions of the sub-tropical climate and high level of growth, the highest in Australia (Figure 7d).

Figure 7d: Selected districts/capital city average annual growth

	June 2004	June 2009	Average annual growth
	'000	'000	%
Melbourne	3 626.0	3 995.5	2.0
Sydney	4 214.2	4 504.5	1.3
Brisbane	1 784.9	2 004.3	2.3
Perth	1 460.3	1 659.0	2.6
Gold Coast-Tweed	491.7	578.0	3.3
Adelaide	1 127.2	1 187.5	1.0
Sunshine Coast	210.7	245.3	3.1
Newcastle	507.4	540.8	1.3
Canberra-Queanbeyan	372.3	403.1	1.6
Cairns	121.9	147.1	3.8
Total Australia	20 127.4	21 955.3	1.8

Source: ABS 2009f

The high influx of new residents, many of whom relocate from capital cities, lends the region a more cosmopolitan flavour than most other regional cities in Queensland which may help to explain the region's comparatively high index value.

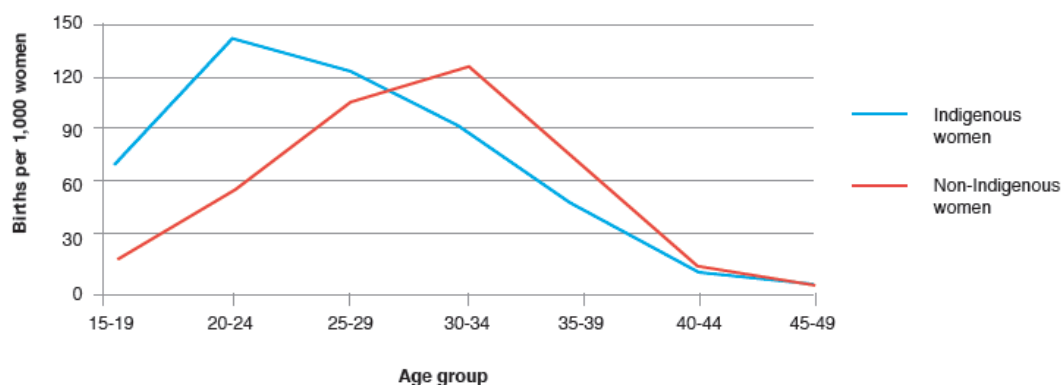
On the ABS Index of Relative Socio-economic Disadvantage derived from Census variables related to disadvantage (such as low income, low educational attainment, unemployment, and dwellings without motor vehicles), the Cairns LGA has a value of 1000.5 (range 200-1400), a high index value for an outer regional city in Queensland. These determinants enable a description of the young women from this study as coming from higher socio-economic advantage in an atypical outer regional city. Socio-economic profiles also have a bearing on age-specific fertility patterns which is of interest to research findings (see section 8.2.5).

7.4.3 Population considerations

Birthing patterns for female Indigenous Australians differ markedly to the non-Indigenous female population (ABS 2008a) and, *ipso facto*, attitudes to motherhood. The teenage fertility rate of Indigenous women in 2007 was 70 babies per 1,000 women, over four times the

teenage fertility rate of all women (16 babies per 1,000 women). The fertility rate for Indigenous women aged 20-24 years was 143 babies per 1,000, nearly three times the fertility rate of all women in this age group (56 babies per 1,000). Fertility of Indigenous women aged 30 years and over, however, was lower than the fertility rate for all women. The average age of Indigenous mothers in 2007 was 25 years; for non-indigenous mothers, 30 years (ABS 2008a). Figure 7e provides a visual representation of the difference in birthing patterns between Indigenous women and non-Indigenous women in Australia.

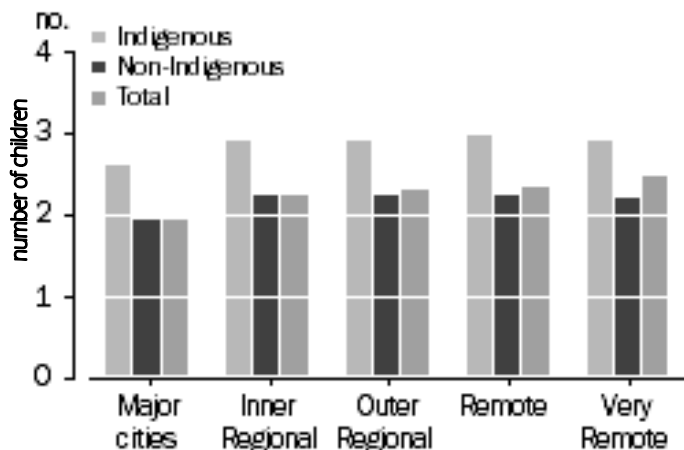
Figure 7e: Age-specific fertility rates per 1,000 women 2007, Indigenous and non-Indigenous women compared



Source: ABS 2008a

The level of remoteness also affects childbearing, ‘partly due to intrinsically higher fertility in rural areas and partly due to higher representations of [I]ndigenous populations in remote areas’ (Hugo 2001, p. 10). From the ABS 2006 Census of Population and Housing, non-Indigenous women aged 40-44 years living in major cities had an average number of 1.9 babies compared with 2.3 babies for non-indigenous 40-44 year-old women living in remote and outer regional areas (Figure 7f).

Figure 7f: Average number of children ever born by remoteness and Indigenous status: women aged 40-44 years, 2006



Source: ABS 2008b

In 2006, the Indigenous population in Australia was 2.5 per cent of the total population, and for Queensland, 3.5 per cent (ABS 2006b). In the inner regional LGA where the Amber Light Project was conducted, the percentage of Indigenous citizens was 6.1 in 2006, just under double that of the whole of Queensland, and two and a half times the percentage of the national population of Indigenous Australians.

Thus, given that research participant screening for indigeneity was inappropriate, two options prevailed: if the number of participants who identified as Indigenous was great enough, a comparison between Indigenous and non-Indigenous attitudes to motherhood, fertility and the Baby Bonus could be made endogenously. Alternatively, if the number was not significant enough, the study could be classified as non-Indigenous. The ultimate determining factor, then, would be in the number of Indigenous young women coming forward to participate in research. In a region with an above-average population of Indigenous people, it was possible that an adequate representation of the two groups would participate for comparative analysis. It transpired, however, that only ten young women who participated in the questionnaire identified as Indigenous, a percentage too small (<5 per cent) to consider separately, and not significant enough to exclude from the total results. No Indigenous young women participated in focus group discussions. The study is classified, therefore, as non-Indigenous, conducted in an inner regional city.

7.5 Method

7.5.1 Fieldwork preparation

A presentation of the project's aims was made to the HPE teaching staff of Schools 1 and 2, following meetings with the HPE HODs. At School 3, the HOD arranged for a whole of teaching staff attendance as a way of informing all school personnel about the conduct of the project. Written teacher feedback was received from School 1. The teachers involved expressed a high level of satisfaction with all aspects: the overall concept of the research project and its relevance; its conduct by the researcher; the quality of the presentation to teachers and handouts to students; and the use of gift vouchers as incentive to promote consent gathering (see below). In total, 58 teachers were included in the project's conduct.

7.5.2 Recruiting the participants: questionnaire

The group for this research project, females aged 13-16 years, is one that can present resistance factors – access, lack of self-efficacy in obtaining parental consent, and commitment to the research activity – so much so that many researchers shy from the task, thus leaving the views from this demographic under- or often unrepresented (Bessant 2006). Bruce and Chong (2005, p. 13) cautioned that ‘gathering data on very young adolescents is a

significant challenge' with the attendant consent procedures, gatekeeper access, ethical considerations, and the crafting of instruments that are understandable to very young people. In the Brotherhood of St Laurence's second annual report, *The Brotherhood's social barometer: challenges facing Australian youth* (Boese & Scutella 2006, p. 2), the researchers acknowledged that practice fell short of the goal to reach the participant age span of 12 to 24, and the group was curtailed to the age bracket of 15 to 24 'due to difficulties in obtaining the relevant data'. Preliminary discussions with HODs confirmed the quandary of gaining students' commitment to consent procedures. Their experiences of having to cancel school excursions on occasions because many students forgot to gain parental consent was disappointing evidence of this barrier to planned school activities. Such forewarning from the literature and school personnel led to incentive-linked recruitment in the form of thank you gift vouchers, decided upon in consultation with school personnel.

A shopping voucher to motivate the gaining of consent as prerequisite to undertaking the questionnaire generated optimism among HODs. School personnel deemed gift vouchers from Supré, the fashionista store for the age group, as the most attractive incentive: \$10 for questionnaire participation, and \$30 for those who continued into focus group involvement¹⁰⁶. An appealing incentive for participation and for the time taken is a standard practice in more and more research endeavours. Indeed, it is becoming unethical *not* to offer some form of compensation, although Green and Thorogood (2004, p. 124) cautioned that 'the use of incentives is often contentious, with suggestions that we may be "biasing" response'. Additionally, choosing Supré vouchers and using their availability in the promotion material may have further biased response by excluding potential participants disinterested in that choice of gift voucher. At the third and last school, I did not have enough Supré vouchers to complete the focus group gifting task, and so I used the opportunity to test my suspicions about this type of voucher. First, I deleted mention of Supré vouchers in the promotion material, and then I offered a mix of three types of \$30 vouchers: movie passes, Target shopping vouchers, and the last of the Supré gift vouchers, distributing them evenly between the four discussion groups. The Supré vouchers were chosen first in each group. This not only indicated the desirability of a spending opportunity at this age-targeted store, but also assuaged my earlier concern about the exclusive use of the Supré vouchers at Schools 1 and 2.

¹⁰⁶ A \$10 gift voucher to motivate the gaining of consent as prerequisite to undertaking the questionnaire, and a \$30 voucher for focus group participation were late additions to the methodology, requiring a Human Ethics Sub-committee amendment. Permission to use gift vouchers was granted in September 2008.

7.5.3 Administration of the questionnaire

Surveys were administered in a classroom setting in HPE class time after receipt of consent forms, and an aura of a test seemed to prevail, at least initially until such a misconception could be allayed. However, the school testing environment of hushed, unshared responses did seem to provoke a sense of ‘getting it right’, and many changes to choices were observed in data entry. Most young women completed the task within 25 minutes, and then returned to their HPE classes. No participants became evidently distressed during questionnaire completion. I encouraged participants to ask about anything that was unclear or unfamiliar, although there were no significant enquiries.

7.5.4 Recruiting the participants: focus groups

Of the 224 participants who completed a questionnaire in the school setting, 188 indicated their interest in continuing into a focus group, a process briefly explained at commencement of questionnaire completion sessions. At Schools 1 and 2, potential focus group participants were selected firstly on email contactability. Each successful booking for a focus group participant involved up to four separate contacts, and so email was the preferred, less costly, administrative choice for selection, followed by either email or SMS text reminders the day before the appointment. Even so, 21 students did not attend after arrangements had been made for indeterminable reasons. To bring the number of participants to the maximum that finances and time allowed, when some email addresses bounced back, some addressees failed to respond, or some failed to attend following a booked arrangement, age representation was a secondary consideration. Additional participants were invited by telephone. In this manner, 40 young women joined discussion groups arranged at Schools 1 and 2.

The selection process differed at School 3. At the completion of the questionnaire session, students competed to be chosen by staying back to participate in a self-selection process. I was unprepared for this, and hastened to accommodate the evident desire of the young women to select their own groupings which may have been for a number of reasons. School 3 is a smaller, fringe-of-country school where school conduct seemed less regimented, allowing a proactive process to emerge. The appointment scheduling was transparent, and it was clear that students did or did not want to be in particular groups from their deliberations and changes. In this way, 16 participants attended discussion groups at School 3.

In summary, 4 participants were recruited from direct contact with parents, all of whom attended Catholic high schools; 16 students at School 3 self-selected by coming forward to make their appointments immediately after questionnaire completion; 4 were included within a duty-of-care consideration from Schools 1 and 2, in that some element of their questionnaire response alerted me to a degree of vulnerability; and the remaining participants were emailed,

at least initially before some were followed up with telephone calls. No discussion group participants identified as Indigenous.

When planning the mix of participants for each group, I wondered which mix would be best: participants who knew each other or, conversely, who did not know each other. The selection process at Schools 1 and 2 based on email contactability and age matching made it more likely that participants would not know each other, and this was mostly the case. By far the most successful and energised groups were those who self-selected at School 3. Secondly, the groups at School 3 were conducted inside HPE class time, unlike Schools 1 and 2 which were held in lunch breaks, and a focus group participation opportunity may have been received as a more desirable option than the set curriculum. Thirdly, the \$30 gift voucher was a major motivator, judging by their reception at the end of each session.

7.5.5 Administration of focus group discussions

Seventeen group discussions based on semi-structured questions were conducted between October 2007 and June 2008 with a total of 54 participants. Focus groups were between two and four participants, kept small because I was working alone without a scribing assistant. The participants' voices were often similar in cadence, pitch and delivery which would have made the transcription task of identifying each participant difficult with more than four group members. Three participants per group produced the best results, at least for transcription purposes, but also for allowing each young women time to explore her views, and for interaction.

I prefaced each group encounter with the question, 'Have any of you been in a focus group before?' No-one had, and the aura seemed to be of being treated specially, heightened perhaps with the \$30 gift voucher acknowledgement of their status as the ones chosen. I detected from most groups an eagerness to 'give her some research to look up on' as one participant mentioned in feedback.

I had prepared some preliminary data sets as bar charts to develop discussion ice-breakers as a component of the semi-structured format. Feeding back the quantitative data from the first school's results used an element of action research when participants share in the research, and findings inform the discussion (Green & Thorogood 2004). This approach involved the participants in a way that data external to the study probably would not have done. I introduced the bar charts with, 'This is where the [School 1] girls are coming from. I'm not sure if their ideas match yours though. What do you think?' This feedback loop introduction to the questions enabled maximum time use, because the relevancy factor focussed the group immediately with a specific and (my impression) delectable task: to compare their views with

those of their age group at another school, or in the case of the first school from where the data were extracted, others from their own school. This approach was maintained throughout for consistency as a way to introduce each topic. On reflection, my perceived success with this method was that the comparison factor legitimated different views, although this approach could be criticised as biasing responses. However, the strong dynamic was an appreciation of others' views, and not one of consensus, often with comments such as, 'I wouldn't say that'. A number of the shyer members, once prompted for their reaction and ideas, were inclined to say, 'Me too. I think that.' When this did eventuate, I acknowledged their hesitancy and validated their views, asking what else they might like to add, which was usually successful in gaining their involvement and contribution.

Focus group discussions were audio taped using electronic recording equipment and a backup, standard, hand-held tape recorder. Sound quality varied, because conduct of the groups at each school necessitated opportunistic location choices. At School 1, I was provided with a classroom adjacent to the indoor basketball court. Sessions were conducted in lunch hours, and this location was too noisy. Recording was compromised, to the extent that the first session under these conditions was unable to be transcribed. For subsequent sessions, I met with the participants at the appointed room, and we moved to the grass under a shady tree, although this location was open to interruption. At School 2, I was provided a room also in lunch breaks, but without the noise of the sports area or distractions. At the third school, I was provided a meeting room during HPE class time. This last was by far the best set of circumstances, not so much from a sound recording requirement and minimum distraction factors as important as these considerations were, but more from the participants' perception of a school-endorsed activity in a special room as part of the HPE curriculum.

7.5.6 Overview of data collection results

Almost half those who received consent packs completed a questionnaire and, of those students, 82 per cent indicated by including contact details that they wished to continue into a focus group discussion. One third of interested respondents, which equalled 10 per cent of the original distribution of consent packs, took part in discussion groups, limited only by funding of the gift vouchers. The high response rate was likely to have been due to the offer of the gift vouchers.

The mean age for those completing questionnaires was 14 years and 8 months. For focus group participants, the mean age was 14 years and 4 months. Age was calculated on date of birth at the time of questionnaire completion, in 6 month intervals. An overview (Figure 7g) plots the timing and activity of the Amber Light Project. Table 7c provides an overview of numerical results.

Figure 7g: Amber Light Project development November 2006 – May 2008

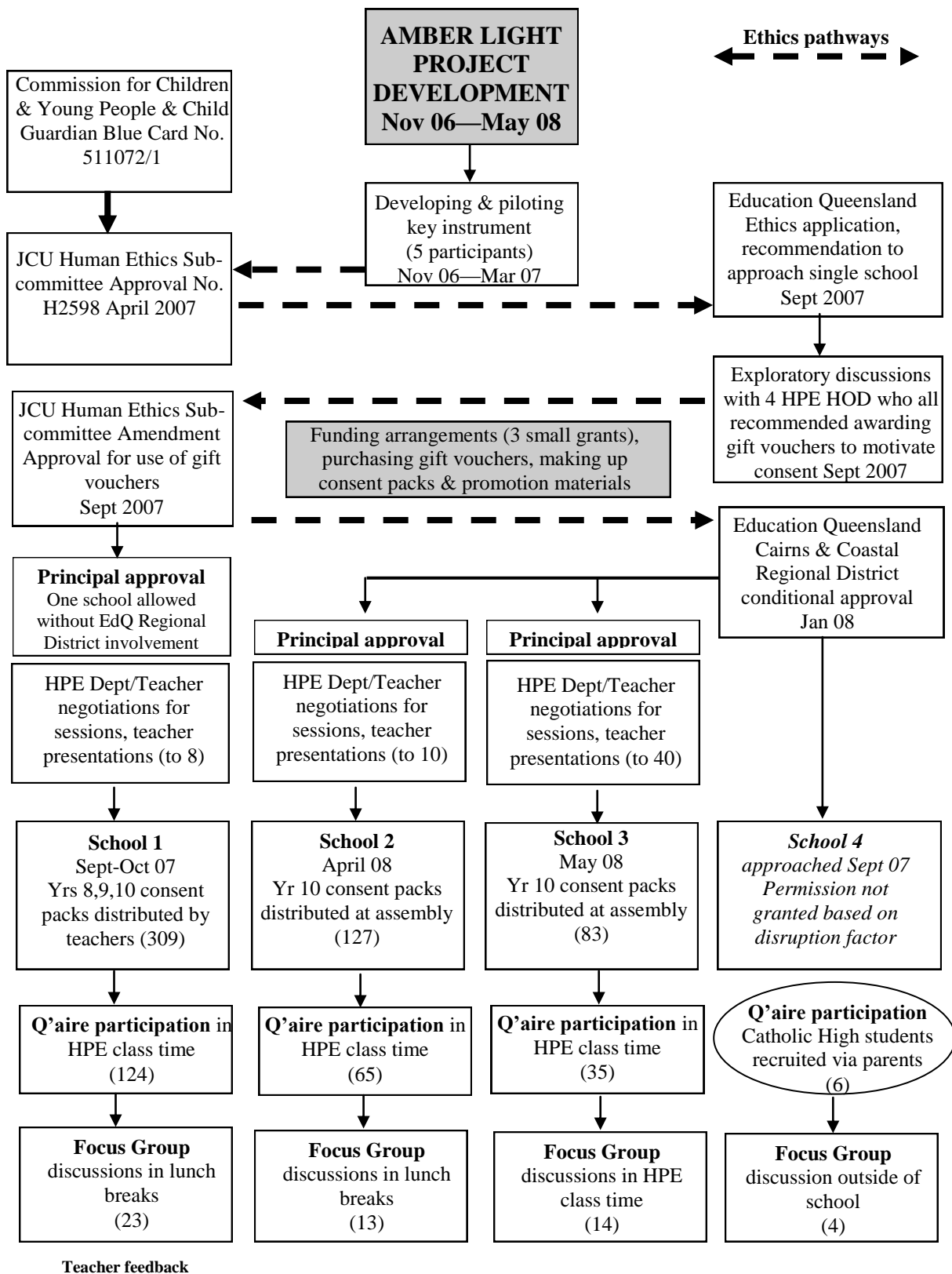


Table 7c: Overview of numerical results for the Amber Light Project

School	Years	Packs circulated n=	Method of consent pack distribution	Q'naires completed n=	No. requesting focus group involvement n=	No. email addresses supplied n=	Took part in focus group n=
1	8, 9, 10	309	Teaching staff	124	102	33	23
2	10	127	School assembly	65	53	13	13
3	10	83	School assembly	35	28	15	14
Independent	10	6	Parent referral	6	5	n/a	4
Total		525		230	188	61	54

7.6 Analytic strategy

In mixed methods research, quantitative and qualitative instruments have the same points of reference for the same sample of a single study, and become mutually illuminating when the data collected are analysed (Woolley 2009). The Amber Light Project was exploratory research designed in this integrated manner. As mentioned in Chapter 1, the original direction of the research endeavour was to explore the possible effect of the lump-sum Baby Bonus on teen motherhood, but this orientation changed as research progressed. The exploratory instrument's purposefully broad design meant that not all data were useful to the conceptual orientations, and were set aside in favour of those that were. This was an iterative process, bearing in mind that, in the 'real' world, the lump-sum Baby Bonus was a political 'hot potato', not a static object of study but a controversial and changeable social policy. This volatility found its way into data analysis, in particular the ultimate choice of topics.

7.6.1 Quantitative analysis

Data from the completed questionnaires were entered into the analytic program Statistical Package for the Social Sciences (SPSS) version 14, with the aim of producing descriptive statistics complementing topic groupings that emerged from framework analysis (below). Variables considered important to compare were correlated using G-tests, likelihood-ratio or maximum likelihood statistical significance tests that are increasingly used in situations where chi-square tests were previously recommended. It must also be said at this point that the responses from the ten questionnaire participants who identified as Indigenous were examined, but no significant or reportable differences could be identified.

7.6.2 Qualitative analysis

Transcripts of the 17 focus group discussions, the raw data of the qualitative research, were first prepared. Pseudonyms were allocated to participants. Some transcribers choose to edit participants' discourse in the attempt to lend their discussions greater coherence (Pocock 2006). I retained '14-year-old speak' (peppered with the word 'like') to capture flow,

hesitations and emphases. In excerpts of raw data used in findings, the stylistic devices are brackets to indicate paralinguistics, for example (laughter), dashes to indicate pauses, and ellipses to indicate omissions. The use of raw data excerpts gives voice to participants which is the essence of youth research, especially in areas not usually canvassed (Bessant 2006). Additionally,

If the aims of the study are to give voice to participants, and represent their individual subjective experiences, then talking of ‘analysis’ is perhaps inappropriate, and the task of representing the raw data to a wider audience may be more akin to editing than analysis. (Green & Thorogood 2004, p. 175)

Consequently, generous space has been awarded to raw data excerpts and their analyses.

Transcripts were then subjected to framework analysis which involves five stages: immersion in the data by listening to tapes, reading and checking transcripts; identifying themes and labelling the data into manageable chunks for subsequent retrieval and exploration; indexing by annotating transcripts with codes (in this case, colour coding was used); charting by rearranging the data within the thematic framework; mapping and interpretation in line with the original research objectives (Pope, Ziebland & Mays 2000). A manual (as opposed to software¹⁰⁷) version of framework analysis was chosen.

The semi-structured questions presented to members of the focus group discussions followed the format of key areas from the questionnaire, the essence of a mixed methods strategy. The two different data collection methods provided internal triangulation capacity to improve interpretation (Mays & Pope 2000). This was accomplished using an additional tool, spreadsheet analysis, to check congruence between individual responses to the questionnaire alongside those generated from each participant in discussions, in particular aspirations for family size and age of first birth. External sources for triangulation included birth data from ABS and AIHW collections, and results from both the FDMP (Weston et al. 2004) and the Australian Temperament Project (Smart 2002).

7.7 Discussion

Elements from the literature review on pronatalism, the Baby Bonus and socio-cultural influences were embedded in the questionnaire design, some overtly and some by inference, that extended to the semi-structured questions asked during focus group discussions. The instruments covered a broad range of topics in consideration of the changing social landscape

¹⁰⁷ Framework analysis is a method developed to work with qualitative data by the National Centre for Social Research (<http://www.natcen.ac.uk>). The software version, *FrameWork*, was available from March 2009 in the UK, too late unfortunately for this project.

surrounding this exploratory study that were narrowed to four topics of most interest to the thesis. The mixed methods approach enabled internal triangulation using spreadsheet analysis, an analytic tool that bridged the gap between descriptive statistics produced in SPSS and framework analysis.

Considering the importance of maternal age at first birth to the thesis, an improvement would have been to ask participants in the questionnaire an open response of an exact ideal age for becoming a mother or a visual analogue scale rather than the multiple choices of age brackets provided. In hindsight, the tentativeness that excluded asking the question, ‘At what age do you want to become a mother?’ in the questionnaire was probably unnecessary, and would have improved results. The choice of the title for research materials, ‘Mothers of the future’, seemed unavoidable in making the study transparent. However, a self-selection process was evident, and may have influenced results (see section 8.10). Another influence was the choice of, first, using gift vouchers as a recruitment tool and, second, the choice of the type of gift vouchers. Gift voucher availability streamlined the consent-gathering process – a 44 per cent response rate was extremely gratifying – but the type of gift voucher remains questionable. Promotion of Supré vouchers was included in the information pack distributed to potential participants from Schools 1 and 2, a choice that may have excluded young women disinterested in such a token. Alert to this influence, mention of Supré vouchers was removed from the information pack distributed at School 3 although, interestingly, the few remaining Supré vouchers were the first of the three choices taken by participants following discussion groups at this third school.

Another influence on the study was financial. The number of discussion group participants able to be funded through internal grant-raising (54) fell a long way short of the number of questionnaire participants indicating their interest in focus group involvement (188). Had additional funding been available, more focus groups could have been conducted. This may or may not have improved results. What the conduct of more groups would have accomplished, however, was the educative process involved in being a group member (see feedback excerpts in section 8.6). Thus, the benefit to participants unable to be included in focus groups fell short of best practice due to funding constraints.

Other constraints on the conduct of the Amber Light Project – approvals, access, information pack distribution, class interruptions and school personnel support - had the potential of overwhelming its ultimate success, and for this I thank the Health and Physical Education Heads of Department at the three schools involved for their enthusiastic support of my research endeavours, the results of which now unfold.

Chapter 8 Amber Light Project: findings and analysis

8.1 Introduction

This study intended to fill a gap in the motherhood literature – 13-16 year old young women’s concerns about fertility - and the demography literature – the conceptual proposition that Australian pronatalist policy may affect mean maternal age at first birth (mean primiparous age). The theoretical lens of an idiosyncratic combination of rational choice and risk aversion theories is intended to support the conceptual proposition. Limited precedent for some of this research exists, particularly the garnering of views about the lump-sum Baby Bonus. The young women involved responded to some questions that have not previously been asked of this age cohort under academic research conditions. Thus, the generous space awarded to raw data excerpts was a deliberate decision to hear what young women were saying about the families of their future. I have added a ‘speaker snapshot’ to the first time the view of a participant is used. When possible, I locate the speaker in her family’s demographic, using the ability rating of raising \$4,000 as a socio-economic indicator (see section 7.4.1)¹⁰⁸.

While causal links between participants’ ideas and the influences of pronatalism cannot be made, links that would require more ‘complex modeling’ (Gauthier 2007, p. 342), findings and analysis set out in this chapter provide room for drawing out possibilities that pronatalist messages circulating in the public arena may have reached members of this cohort. Results are set out as four topics for analysis:

- Topic 1 Ideation and aspirations for first-time motherhood
- Topic 2 Reflections about the Baby Bonus
- Topic 3 Fears about fertility
- Topic 4 Values about abortion and adoption

8.2 Topic 1: Ideation and aspirations for first-time motherhood

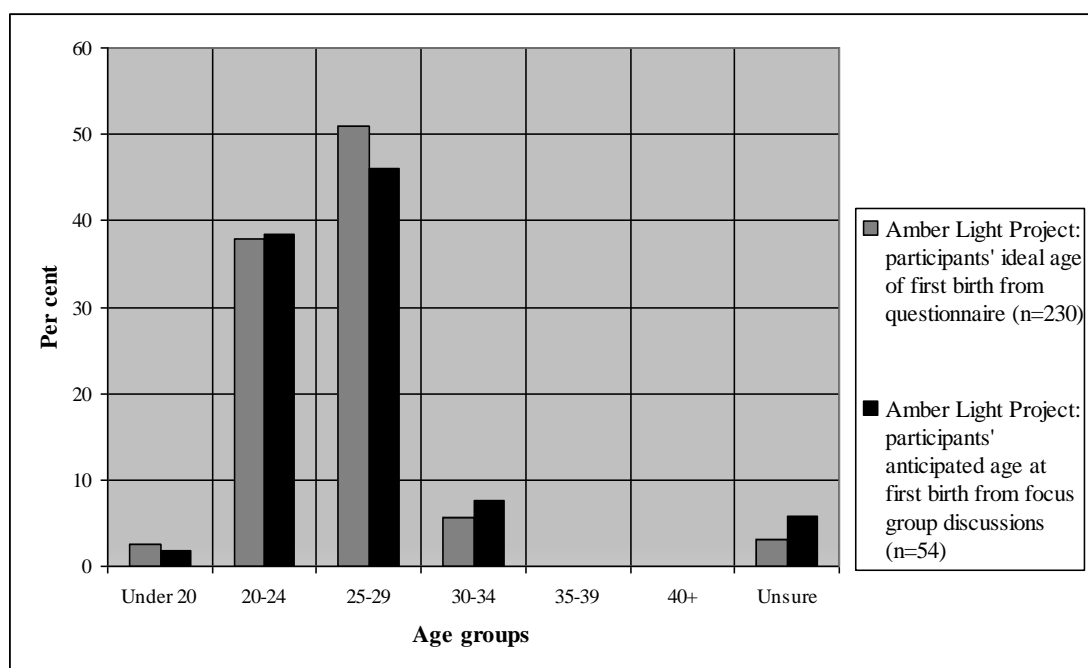
8.2.1 Ideal and aspirational age for a woman to have her first baby

Amber Light Project questionnaire participants were asked what they believed was the *ideal* age group (under 20, 20-24, 25-29, 30-34, 35-39, 40+) for a woman to have her first child. Ethical considerations prevented asking in the questionnaire, ‘At what age do you want to become a mother for the first time?’, because this could have been perceived as promoting motherhood. Arguably, ideals are ‘further removed from, and thus less predictive of,

¹⁰⁸ The question was: ‘For something really important or in an emergency, how long would it take you to get hold of \$4,000? Think about all your possible resources – your own savings, income from work, getting help from a parent or relative, borrowing, pawning, but not stealing.’ The amount of \$4,000 was chosen to align with the lump-sum Baby Bonus (July 2006 amount).

behaviour compared with intentions or expectations' (Weston et al. 2004, p. 17). Thus, it was important that the focus group discussions should offer more latitude than the questionnaire to explore participants' own expected or aspirational age at first birth. The two sets of data are compared (Figure 8a).

Figure 8a: Ideal age for a woman to have her first baby (questionnaire response n=230) compared with aspirational age of first birth from focus group participants (n=54) (%)



Source: Amber Light Project 2008

Responses from the questionnaire about the ideal age of first-time motherhood revealed a close fit with data from participants' discussions about anticipated age for their own first births. In this and other regards, spreadsheet analysis was a useful tool to check congruence between discussion group members' responses, and their responses to the questionnaire. Extrapolation capacity from the sub-sample of focus group participants to the full sample of questionnaire respondents becomes important when gaps exist in either of the two data collections, or when focus group data is more determinable. For example, because the anticipated ages nominated in focus group discussions were more finite (often a single year or a range of two or three years), the mean age of aspirational first birth from the sub-sample is a stronger indicator in this important area than the 5-year age brackets for a woman's ideal age at first birth used in the questionnaire. It could be argued that results from the questionnaire were more reliable because of the larger sample, and a privacy factor lacking in the focus group discussions. However, if aspirational age for first birth is more predictive of future behaviour than ideal age (Weston et al. 2004), results from the discussions are more important in this area.

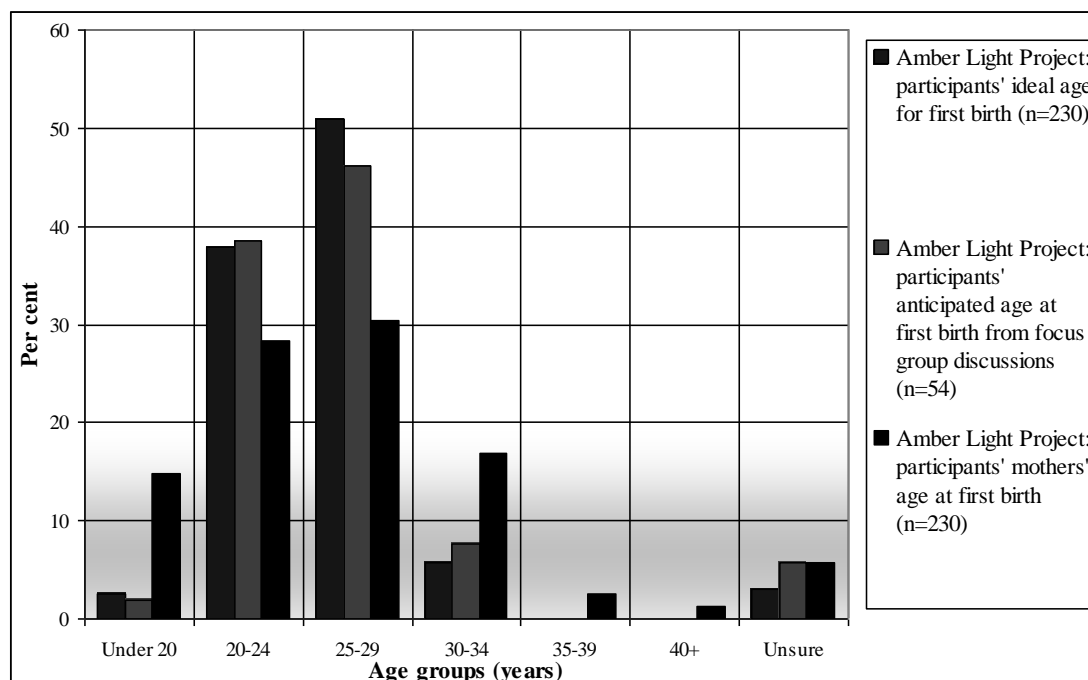
Not one participant chose the ideal age for first-time motherhood as 35-39 or 40+ from the questionnaire or the aspirational age in discussion. Thirteen questionnaire respondents (5.7 per cent) chose the age bracket 30-34 as the ideal age for first-time motherhood; four focus group participants (7.7 per cent) chose 30-31 (but no older) as the aspirational age to begin their families. Using both data collection methods, approximately half the respondents nominated 25-29 as the age span for having a first child, and over a third chose 20-24.

The mean, aspirational age at first birth (primiparous age) for focus group participants was 25.5 years. The mean national primiparous age in 2006 was 28.0 years (Laws & Hilder 2008). An initial comparison is that this group of young women were anticipating their first births at about two and a half years younger than the national average. Further probing from this superficial finding is necessary to 'get inside' the data.

8.2.2 Comparison between participants' ideal and aspirational age for first-time motherhood and their own mothers' age at first birth

Another way to analyse these data is to compare each participant's ideal and aspirational age of entry into motherhood with her own mother's primiparous age (Figure 8b).

Figure 8b: Comparison between participants' ideal and aspirational age for first-time motherhood, and the age at which their own mothers first gave birth (%)



Source: Amber Light Project 2008

A first appreciation of these data is a comparison between what the literature describes as the 'delayed fertility' (D'addio & d'Ercole 2005; McDonald 2006a; Morgan & Taylor 2006) of

participants' mothers' primiparous age, and both the ideal and aspirational ages of motherhood debut for participants. The percentage of participants' mothers who entered motherhood between the ages of 30 and 43 years was 20.8 per cent, almost four times higher than the 5.7 per cent of questionnaire respondents whose ideal age was 30-34 (but no older), and 5.8 per cent of focus group participants whose aspirational age of first-time motherhood was between 30 and 31. A marked difference is also observable in the age group of the under-20s: 14.8 per cent of the participants' mothers birthed their first child in their teens. Just 2.6 per cent of participants expressed a teen first birth as ideal, and 1.9 per cent as aspirational. The results for these two outlier groups are particularly interesting, and are investigated further in section 8.2.3.

The two age brackets of 20-24 and 25-29 years combined, that is 20-29 years old, revealed the largest difference of all between the mothers' actual age at first birth and their daughters' idealised and aspirational age to enter motherhood: 88.7 per cent of participants from the quantitative data (84.6 per cent from focus group discussions) chose 20-29 years of age as their family formation years, whereas 58.7 per cent of participants' mothers' actual age at first-birth was in this age range. Participants' ideal age of first birth was 30 per cent (aspirational age 25.9 per cent) higher in this 10-year age bracket than the birthing performance of their mothers'. This significant result suggests a compression: movements away from the two extremes of teen and delayed motherhood toward the middling age range of 20-29 years for the ideal and aspirational age at the birth of a first child for this group of young women. However, when the mean age of mothers' actual and daughters' anticipated age of first birth are compared, the difference overall disappears (Table 8a).

Table 8a: Comparison between participants' aspirational age group for first-time motherhood and the age group of their own mothers' first birth (%)

Age group (years)	Amber Light Project: participants' mothers' age at first birth (n=230)	Amber Light Project: participants' aspirational age at first birth from focus group discussions (n=54)
Under 20	14.8	1.9
20-24	28.3	38.5
25-29	30.4	46.1
30-34	16.9	7.7
35-39	2.6	
40+	1.3	
Unsure	5.7	5.8
Mean age	25.3	25.5

Source: Amber Light Project 2008

The average age of the actual first birth of the mothers, 25.3 years of age, and the average aspirational age of first birth of the daughters, 25.5 years of age, is almost identical. These results require further analysis from within research findings, because subgroup analysis better reflects the data than these similar mean ages indicate.

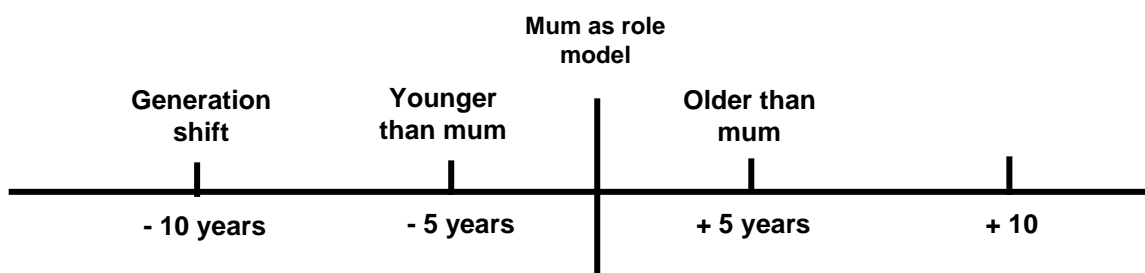
8.2.3 Relationships between participants' ideal and aspirational age for first-time motherhood and their own mother's age at first birth

This segment calls on the literature review of intergenerational patterns of childbearing (see section 2.5.1), or the potential influence of the age at which a woman enters motherhood on the age her daughter does so (Barber 2001; Campa & Eckenrode 2006; Furstenburg, Levine & Brooks-Gunn 1990; Hardy et al 1998; Jaffee et al 2001; Kahn & Anderson 1992; Manlove 1997; Meade, Kershaw & Ickovics 2008). The emulation of age is considerable for daughters of mothers who entered motherhood in their teen years, but the intergenerational transmission of the maternal *values* of care, concern and connection (Ex & Janssens 2000; Starrels & Holm 2000) offers more overall explanatory power. If all daughters emulated all mothers' age at first birth, birthing would be predictable and static, clearly not so from the shifts in mean age at first maternal birth over the last century, and the gradual shifting toward delayed fertility over the past decades (see sections 2.1 and 3.5.2). Potential maternal age transmission from mothers to the daughters who participated in the Amber Light Project is now examined, comparing participants' ideal age for first-time motherhood and their mothers' age at first birth using the age brackets of 15-19, 20-24, 25-29, 30-34, 35-39 and 40+ (n=217 who knew their mothers' age at first birth). Five categories are used to encapsulate major groupings (Figure 8c):

- *mum as role model*, when the age at which the participant idealised her own motherhood debut was within a five-year age bracket of her mother's first birth
- *older than mum*, when the participant chose an age about five years older than her mother
- *younger than mum*, when the participant chose an age about five years younger than mum
- *daughter of teen mum*, when the participant's mother had her first birth in her teen years¹⁰⁹
- *generation shift*, when the participant chose the ideal age for first-time motherhood ten years or more younger than her mother's age at first birth

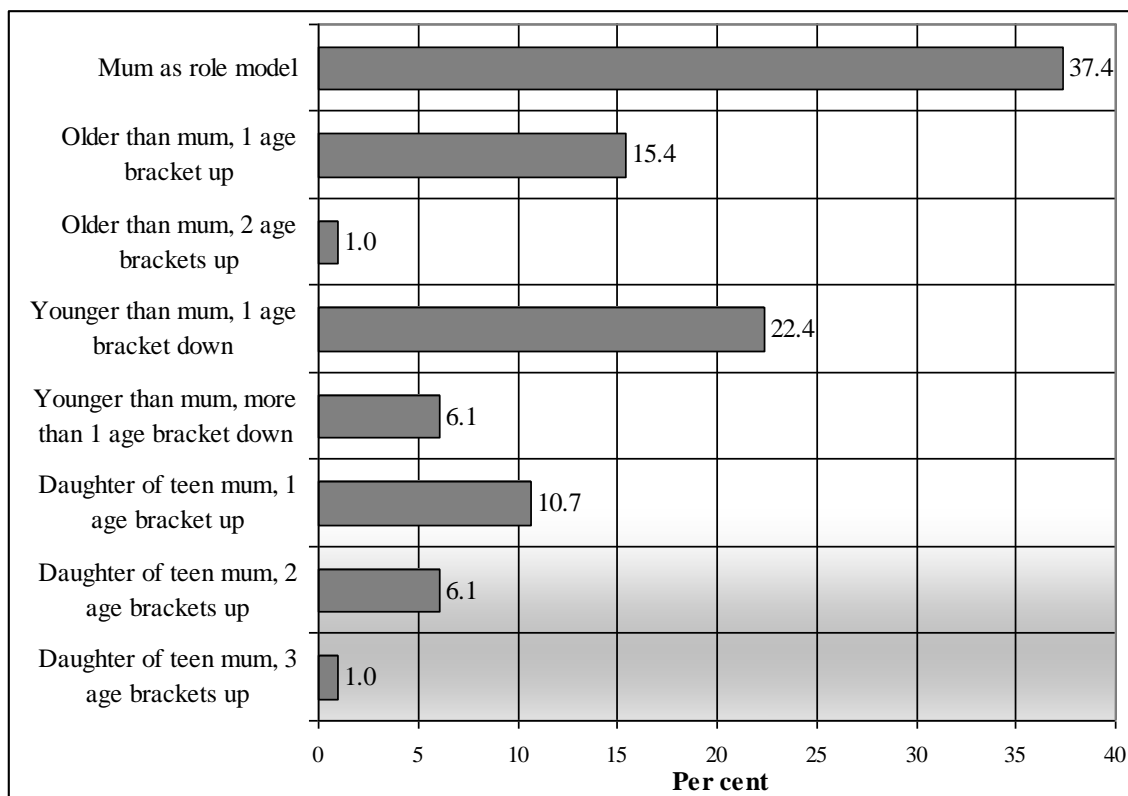
¹⁰⁹ The category *Daughter of teen mum* is not a unique category as are the others. Analysis includes further explanation.

Figure 8c: Mother/daughter age-at-first-birth schema



These labels are an ordering device to analyse responses from questionnaire participants who knew their mothers’ age at first birth (n=217), using spreadsheet analysis. Ideal age is used because of the greater number of responses, and it should be noted that this is an area where the similarity between ideal and aspirational age is relevant.

Figure 8d: Ideal age of first-time motherhood, Amber Light Project participants, compared with participants’ own mothers’ age at first birth, major categories (n=217) (%)



Source: Amber Light Project 2008. An ‘age bracket’ is five years.

These eight-category results are discussed in terms of the five major groupings.

8.2.3a Mum as role model

The majority, 80 participants or 37.4 per cent, selected an ideal age for first-time motherhood similar to their mothers' entry age into motherhood. Eight respondents whose mothers in this group of 80 birthed their first child in their teen years at an average age of 18.6 years agreed that the ideal age for first-time motherhood would be under-20 years old. The mean age for giving birth to a first child for the remaining 72 mothers of participants in this group was 25.9 years. Only three of the 80 participants indicated that they would emulate their mother's entrée into motherhood at an age older than 30 years.

A number of participants in the discussion groups referred to their mothers' age at first birth as a model to guide them toward their own anticipated age for first-time motherhood:

I selected 25 to 29, because I know that that's the age my mum had me, she had me at 26, and I think it's just an appropriate age, because she's not too young and she's not too old.

Karen, 13, School 1

Speaker snapshot: Karen is an only child, and was not averse to becoming a single mum like her own mother should circumstances dictate. Her preference, though, was becoming financially secure with a partner before embarking on family formation. She lives in rented accommodation with her mother. Neither of her parents completed Year 12. Karen was the youngest participant, yet believed she could raise \$4,000 for something important within days. She knew that the Baby Bonus was about to become \$5,000, suggesting a certain savvy about finances.

Like Karen, the young women in this grouping seemed poised to follow their mothers' example of age at first birth. The following groupings are of those participants who envisaged a different age entry into motherhood than that of their own mothers.

8.2.3b Older than mum

In the next group, 33 participants (15.4 per cent) have mothers who birthed their first child at an average age of 23 years. This group of participants indicated that they would ideally choose first-time motherhood at an age of up to five years older than had their mothers. Rose was representative of this grouping. She aspired to have her first child at the age of 31, four years older than her mother's first birth:

That's, like, the perfect age [31]. I mean, there's so many options for women today. They shouldn't be held down by a baby.

Rose, 14, School 1

Speaker snapshot: Rose had been thinking about becoming a mother ‘a lot’. She made a comment on her questionnaire, “When a family can't support itself it shouldn't always rely on the government's money like tax”, a comment suggestive of neo-liberalist values. Rose is the daughter of a Filipino Catholic woman, and both her mother and Australian father are tertiary educated. She lives with both of her parents in their own home, and could raise \$4,000 within days. Rose knew what the Baby Bonus was, but not how much. She was one of 13 (5.7 per cent) participants who aspired to motherhood between the ages of 30 and 34.

Rose’s view reflects both the feminist ideal and the modern reflexive project of the self, whereby self-development through education, career and travel opportunities is prioritised over family formation. Her family circumstances and values have undoubtedly contributed to Rose’s vision of herself as a mother at an older age, older than most of her Amber Light Project contemporaries. Indeed, from focus group discussions, Rose chose the oldest age of any other participant for entry into motherhood.

Two more participants (1 per cent) chose up to ten years older to have a first child than their mothers’ average age of 22.5 years. Nell’s mother was 20 years old when she first gave birth, but Nell’s vision for her motherhood debut factored in a lengthy education before having a child around the age of 30:

[I would like my first child] probably more in my late 20s, but before 30, because I wanna be a lawyer, so I've got a lot of schooling and stuff, and then I want to be financially secure so if something does happen to my partner. But I think that after 30 it's alright but I'd rather have my children younger so that when they're old enough to go out and move out, I'm still really young so that I can grow up with them.

Nell, 15½, School 1

Speaker snapshot: Nell thinks ‘a lot’ about becoming a mother, and has fears that she might not be able to become pregnant, even though ‘all the females in my family are very fertile. They just spit them out’. She has an expectation that her partner would be in a position to support her and their children. Nell lives with her mum in rental accommodation and could raise \$4,000 instantly. Both her parents were 20-24 when they had a first child, but she did not know about their level of education attainment.

Nell’s view reflects the importance women place on financial security. In the Fertility Decision Making Project ([FDMP] Weston et al. 2004, p. 204), for instance, of the 28 items rating the important aspects of parenting, financial security was the uppermost consideration for both childless men (71 per cent) and childless women (73 per cent) in family formation. Nell’s view about a lengthy education to achieve her goal of attaining a profession and how

that may affect her age entry into motherhood is consistent with the literature: women extending their education also extend their entry into motherhood, a major contributor to elevating mean maternal age at first birth.

8.2.3c Younger than mum

In this grouping, 48 participants (22.4 per cent) indicated that they would choose an age of up to five years younger than their mothers' age at first birth. The average age of the participants' mothers of this grouping was 30 years old when they first gave birth. One of a number of participants in the discussion groups who expressed a younger-than-mum desire, Julia, referred to an age-related aspect of her relationship with her mother based on her mother's choice of delayed entry into motherhood. Julia's mum was aged 31 when she first gave birth, and 37 years old when she had Julia. Julia envisaged becoming a first-time mother at the age of 27:

I think it's better for people to have children younger than at least 35, younger. My mum had me at 37 and when she was going through menopause, I was going through puberty. Didn't work! We were both just like biting each other's head off. **Julia, 15½, School 1**

Speaker snapshot: Julia has fears about her fertility, and thinks 'a fair bit' about becoming a mother. She lives in a practising Buddhist family in their own home. Both parents have university degrees, but are not together. Julia could raise \$4,000 within days.

Julia's perspective was picked up in a slightly different way by Jo who considered what it might be like to have a mother who birthed a child after the age of 30:

By the time your kid's, like, ten, you'd be, like, 40 or 41 something, and your kids be shame, they'd be, like, 'Yeah, my mum's old!' (shared laughter). And it's shame for them, it'd shame them out to the max. **Jo, 16, School 3**

Speaker snapshot: Jo chose 20-24 as the age she anticipates becoming a mother for the first time. Her own mother was 21 when she first gave birth and, even though her views do not belong in this category 'younger than mum', her sentiment nevertheless contributes to the idea of an age-related ceiling for motherhood. Jo does have fears for her fertility, and she hopes for two children, but only thinks about that 'a little bit'. Jo was one of the few participants who believed that accumulating \$4,000 in a matter of months would be unachievable. She lives with her mother in a home being purchased.

'Old' mothers are apparently less desirable than 'younger' ones, an ageist prejudice observable not only in Jo's comment but also in the employment market where younger job applicants are preferred over older ones (Braithwaite, Lynd-stevenson & Pigram 1993).

8.2.3d Daughter of teen mum

The next comparison is between the 46 participants whose mothers birthed a first child in their teen years, and their own expression of ideal age at first birth. Mentioned above, eight of these 46 participants indicated that they would prefer to emulate their mothers' teenage birthing debut. However, 38 said otherwise: 23 said up to five years older than their mothers' average age of 18.6 years; 13 said up to ten years older than their mothers' average age of 18 years; and two participants said up to 15 years older than their mothers' average age at first birth also of 18 years in this grouping. This result is somewhat at odds with the literature that suggests the majority of daughters of teen mothers will mirror their mothers' choices (Barber 2001; Meade, Kershaw & Ickovics 2008). Kandy and Shapelle, both daughters of mothers who birthed a first child in their late teens, reflected on their own age preferences to have their first child:

Oh no, I think, I think around 20s . . . but I think it's just because my mum had me when she was at a young age that I think [over 30] is a little bit old for me.

Kandy, 16, School 1

Speaker snapshot: Both of Kandy's parents were teens when they had her, and she is the oldest of three children. Her mother and father are now separated, and she lives with her mother in a rented home. Kandy could raise \$4,000 within a few weeks.

I think it's [over 30] a bit too old to have your first baby, if you want more. . . . Should be more like in your early twenties.

Shapelle, 15, School 3

Speaker snapshot: Shapelle thinks about becoming a mother 'a lot', and is not concerned about her fertility. She believes it important to be financially secure to begin a family. She knew how much the Baby Bonus was, and could access \$4,000 instantly. Her mum was 19 when she had her first child; her dad was in his early twenties. Already she has attained more formal education than either of her parents. Shapelle lives with her mum in a rented home.

Kandy and Shapelle's views were representative of this grouping: both chose the age bracket of 20-24 years to have a first child, around five years older than their mothers' age at first birth. Overall, participants rejected teen mothering, but it is especially interesting that those

participants whose mothers birthed a first child in their teen years also rejected teen mothering (apart from eight).

8.2.3e Generation shift

Thirteen participants (6.1 per cent) selected an ideal age for motherhood debut in the questionnaire of two or more age brackets younger than their mothers' own age at first birth. Ten participants from this grouping indicated their ideal age for first-time motherhood as up to ten years younger than the age that their own mothers had begun their families (average age of those ten mothers was 34.6 years); two nominated up to 15 years younger than their mothers' birthing debut (average age of those two mums was 40.5 years old); and one participant chose 20 years younger than her own mother (that mother was 43 years old when she first gave birth).

In focus group discussion, one of the participants from this grouping, Ella, the daughter of a woman who was aged 37 when she first gave birth and 41 when she birthed Ella, envisaged that she would not model her mother's delayed childbearing choice. Ella anticipated her own first birth occurring at 29 years of age:

My mum was 41 when she had me . . . I mean, I think mum's done a really good – well, both my parents have done a good job of, you know, raising me and stuff, but . . . it feels like they just don't have enough energy for me anymore. I mean, she is getting older, she's not an old woman but, you know, she's not young anymore. So it feels like, she still runs me to everything that I want to go to and all that, but sometimes she just doesn't have enough patience for me anymore, it's kind of like, 'We've had the child, we just want you to go away now'.

Ella, 15, School 1

Speaker snapshot: Ella's mum and dad were both in their late 30s when they had their first child. Ella thinks two children make an ideal family, but she aspires to having three of her own. She thinks a 'fair bit' about becoming a mother, and hopes to be financially secure with a partner when she begins her family. Ella can access \$4,000 immediately. She lives with her parents, neither of whom have post-secondary school qualifications, in their own home.

Fallon's mum was aged 32 when she had her first child, but Fallon believed that entry into first-time motherhood over the age of 30 was a family model of a previous generation. She chose the age of 25 as more appropriate for her first baby:

Thirty was when our parents were having children, thirty-ish, but things have changed since then.

Fallon, 15, Catholic School student

Speaker snapshot: Fallon thinks about becoming a mother ‘a lot’, has concerns about her fertility, and wants three children, two girls and a boy. Her mother has a university degree, and her father is certificate-qualified for his trade. It would take Fallon several weeks to raise \$4,000. She lives with both parents and an older brother in their own home.

Fallon’s reference to ‘things’ changing since ‘then’ was expressed in the segment of the discussion about fertility issues, and referred to age affecting conception as well as the greater likelihood of a Down’s Syndrome baby for older women. The ‘change’ may have therefore alluded to more prevalent knowledge about how a woman’s age affects her fertility and healthy birth viability.

Mena also referred to the delayed motherhood of her mother’s generation. Mena’s mum had her first child at the age of 40, and Mena does not intend to model her mother’s choice. She anticipated her entry into motherhood between 25 and 29 years of age:

But when my mum and all of them were having kids, like, they all had them when they were older. Mum was, like, 40 when she had me . . . not that it’s too old, but I don’t feel as if I can talk with her about stuff, like, on the same level. **Mena, 15, School 2**

Speaker snapshot: Mena does not have any anxiety about her ability to have children, although she is mindful of her mother’s experience of several miscarriages. She would like two children and thinks ‘a fair bit’ about becoming a mum, expecting that she and the father of her children would both be working to secure the family’s finances. It would take her several days to access \$4,000. She lives with her mother and older brother in their own home.

Mena’s reference to her mother’s generation of delayed childbearing summons forth in a few words the 40-year history of advancing mean maternal age at first birth. Since 1971, the mean age for all Australia’s women giving birth has risen ‘almost monotonically’ (Jackson 2006, p. 6) to 30.8 years in 2006, the oldest on record (ABS 2007a). According to McCrindle’s speculation (in Pilcher 2009, p. 29), the daughters of this oldest generation of mothers in Australia’s birthing history, the GenZers (born 1995-2009), may well start their families in their early 20s, having witnessed many of their parents’ generation leave parenthood too late, and miss out on children, a view resonant with Hewlett’s (2002) finding that motherhood postponed is often motherhood jeopardised or foregone. Holly’s view echoed McCrindle’s opinion that the age of first-time motherhood is in the process of an age re-orientation:

Soon 30 is gonna be like how everyone thinks of 40, and then it's just gonna get lower and lower.

Holly, 14, School 1

Speaker snapshot: Holly's mother was aged 28 at the time of her first birth, but Holly envisaged becoming a mother at a younger age than her mother, between the ages of 20 and 24. Holly had concerns about her fertility, and thinks 'a lot' about the potential of becoming a mother to two children. It would take Holly at least a month to raise \$4,000. She lives with both her parents and her two brothers in a home of their own.

Ella, Fallon, Mena and Holly's views about not delaying motherhood are suggestive of Inglehart's (1981, p. 882) idea: 'fundamental value change takes place gradually . . . as a younger generation replaces an older one in the adult population of a society'. A moderation of intergenerational transmission processes caused by broad historical changes - in this case, the introduction of pronatalist ideology and the historical 'event' of the lump-sum Baby Bonus - between the childbearing ages of one generation and the next may be visible in these young women's testimonies.

8.2.4 Participants' concerns about the timing of first birth

The age gap created by their mothers' delayed entry into motherhood was a recurrent theme. Participants used the national, mean, primiparous, marital age of 31 (ABS 2008a) to reflect on their relationships with their children of the future. Some of these reactions may simply be ageist. As 15-year-old Hedda of School 2 said of first-time motherhood at the age of 31, 'Seems ancient to me. I do know one person who had a child when she was 39, but that was my mum's mum's friend'. Even so, participants like Sophie sought to contextualise age through the filter of a family member:

I think the 20 to 24 year old because – do you want to know why? Well, you're still young but any higher, and your baby's, like, when it's 20 you're, like, 50. Like, you do get to watch it grow up but, like, I dunno, you're just younger, so you can relate more . . . Maybe 25 to 29 is your second or your third baby . . . My cousin's 30, and she hasn't got children, and she's got no partner . . . I reckon if she had a baby now, ooh, when the kid's 30, and she'd be 60. I dunno, I reckon that's it's [31] too old [for a first child].

Sophie, 15, School 2

Speaker snapshot: Sophie's mother was aged 31 at the time of her first birth, and her step-sister had recently had a baby at the age of 18 ('she's real mature now, since she had a baby'). Sophie's mother is undertaking a university degree, although her father did not complete secondary school. She is a practising Catholic and lives with her mum in their own home. It would take her several months to accumulate \$4,000. Sophie would like two children, and thinks about becoming a mother 'a fair bit'.

Others, like Anna and Jo, also performed quick calculations based on a first birth at the age of 30 to 31, and were aghast at the prospect of future age disparity:

It's still young [30 to 31]. It's not too old but what if the baby turns 21 and you'd be 52!

Anna, 15, School 3

Speaker snapshot: Anna does not think about becoming a mother at all, and neither is she concerned about her fertility. Her mother's first birth was at the age of 27, but Anna contemplates that her first child would be born in her early 20s after marrying first. Her mum is currently studying at university, and is a single parent of three children. They live in a rented home. It would take Anna several months to raise \$4,000, but she believes it would be achievable for something important.

Nola's consideration seemed to take in the horizon of fast-paced societal change, and how that might affect a parent-child relationship:

Yeah, like if you had a baby when you're older, they might come to you with a problem or something and you wouldn't really know what to say because you're past that age, or those problems weren't really around when you were a kid.

Nola, 15, Catholic School student

Speaker snapshot: Nola is not concerned about her fertility, and only thinks 'a little bit' about becoming a mother. Her mother is studying for a diploma; her dad completed high school. She lives with both parents in a home of their own. Her mother was in her late 20s, and dad in his late 30s when they had their first child of two, an ideal Nola would like to emulate.

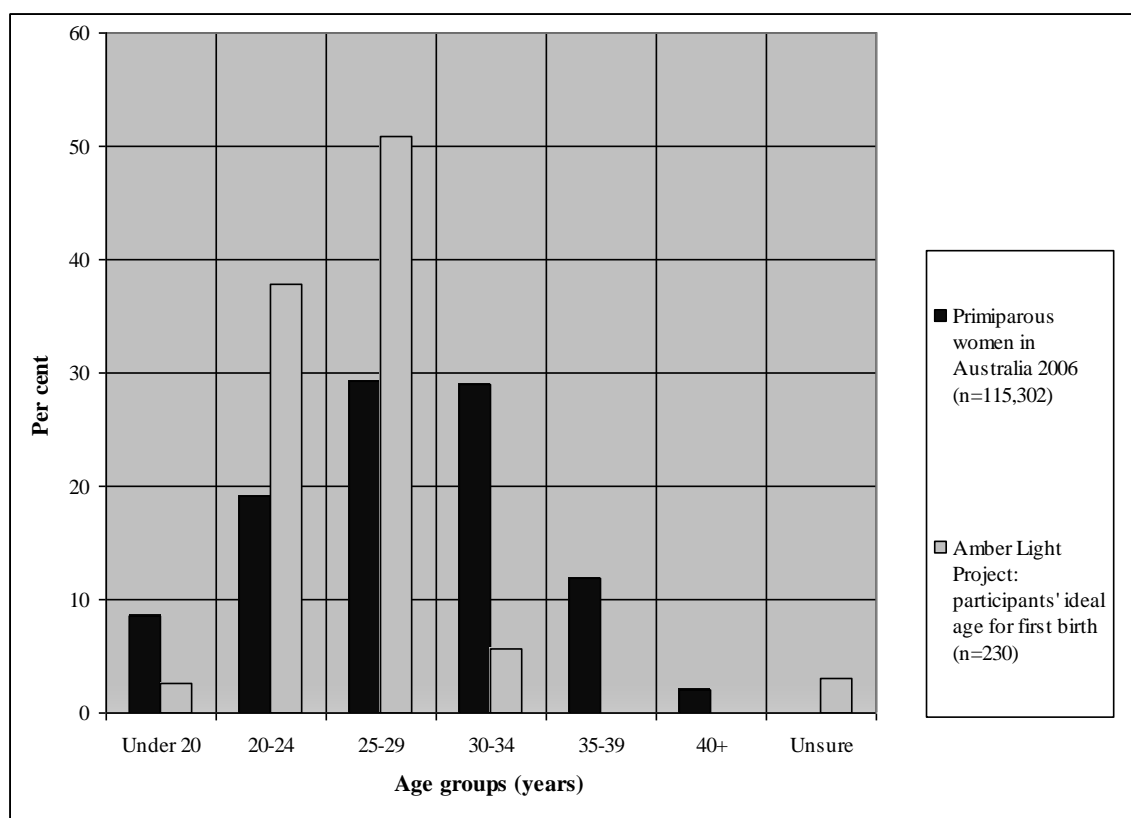
A number of participants believed that the age gap between themselves and their mothers interfered with intimate sharing about important issues, captured in Mena's earlier comment. These young women relayed a sense that an age gap of 30 years or more between mother and child was ideally to be avoided. The analysis now turns to national and regional birth data for comparison.

8.2.5 Comparison with national and regional birth data

The aim of this next section is not to prepare for generalisation, which is inappropriate for such a small study in a regional area, but to offset the possible charge that results are biased by regionalism. Researchers for the Australian Temperament Project, for example, found that ‘slightly more teenagers from rural and regional areas anticipated earlier parenthood than teenagers from metropolitan areas’ (Smart 2002, p. 35). Two triangulations can be made to check whether results from the Amber Light Project are similarly influenced, one between participants’ ideal age at first birth and national first-birth data, and another between Cairns Region age-specific, all-birth data and those of the nation.

The concentration of results for participants’ ideal age of maternal first birth in the two age brackets 20-24 and 25-29 with very small representation in the age brackets on either side is different to the national picture (Figure 8e).

Figure 8e: Amber Light Project participants’ ideal age group to start a family compared with national maternal age at first birth data, 2006 (%)



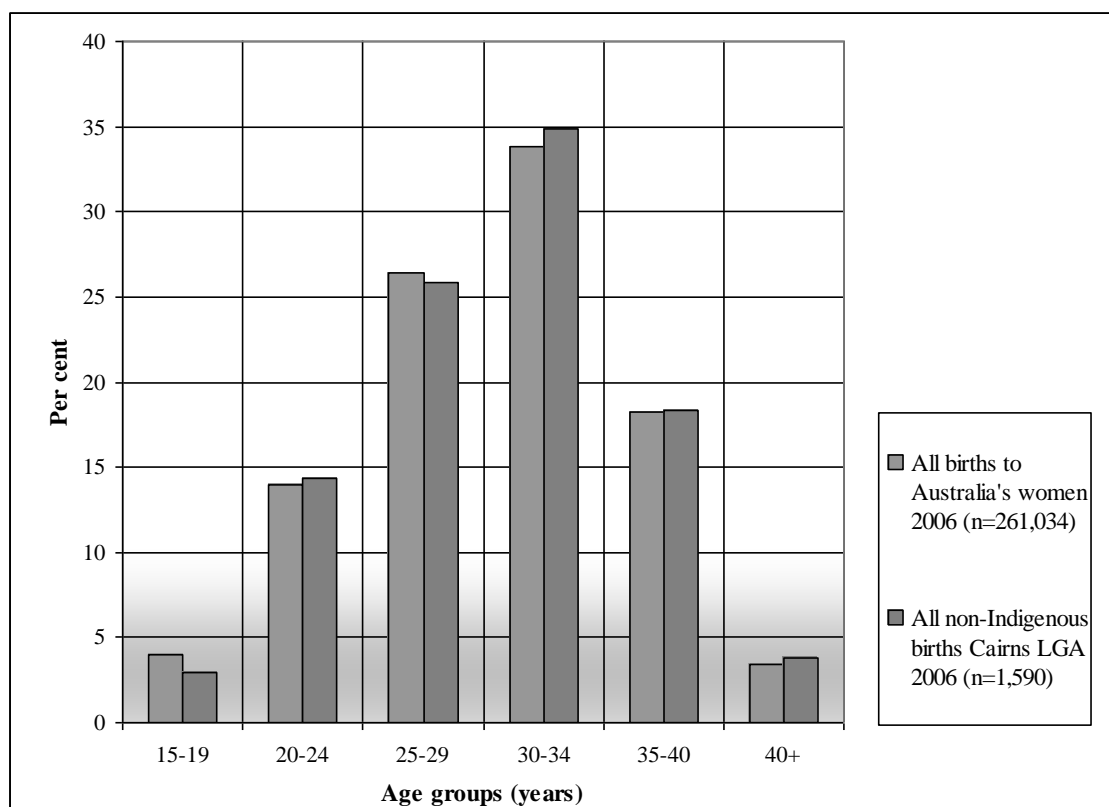
Source: Amber Light Project 2007; Laws & Hilder 2008.

Participants’ ideal first-birth age of under-20 years (2.6 per cent) is much lower than the national average (8.5 per cent), but in keeping with the downward movement over the past 15 years for women under 20 giving birth. In 1992, first births to mothers under 20 were 11.4

per cent of all first births (Lancaster, Huang & Pedisich 1995). By 2006, first births to teen mothers had fallen to 8.5 per cent of all first births (Laws & Hilder 2008). In that same time frame, first births to mothers over 30 years have increased from 24.8 per cent of all first births in 1992 to 43 per cent in 2006. The low presence of participants' ideal first-birth age of over 30 years (5.7 per cent) does not align with the national trend toward delayed fertility.

Could this large difference in the under-20 and over-30 age groups between the study's participants' idealised first-birth age and national first-birth data be attributed to regionalism? When all births in Australia in 2006 are compared with all (non-Indigenous¹¹⁰) births in the Cairns LGA in the same year, the age-specific distribution was almost identical apart from births to teen mothers, a result that offsets the charge of regionalism (Figure 8f).

Figure 8f: All births, Australia 2006; all non-Indigenous births, Cairns Local Government Area 2006 (%)



Source: ABS 2007a. ABS data exclude births to women who did not specify their age at the time of the birth. Primipara data for the Cairns LGA was not available through ABS or AIHW.

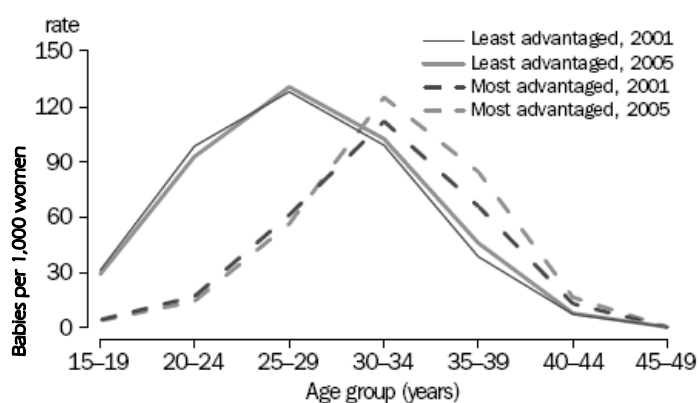
Nationally, all births to women under 20 were 4 per cent of all births to women of all ages. In the Cairns Region, however, all births to non-Indigenous women under 20 were 2.9 per cent of all births. The Cairns Region does not produce more but less (non-Indigenous) births to

¹¹⁰ Births to those mothers who identified as Indigenous and those births to non-Indigenous mothers with identified Indigenous fathers are excluded because of the different birthing patterns of the Indigenous community, and the higher than national representation of Indigenous peoples in the Cairns LGA (ABS 2006b).

teen mothers, but the local birthing picture is otherwise almost identical to that of the nation. The similarity of this comparison may reflect the demography of the Cairns Region, an atypical outer regional city of Queensland. The high influx of residents who have relocated from capital cities, the high annual growth rate, and the comparatively high index value (see section 7.4.2) may help to explain the similarity between the Cairns Region birthing picture and that of the nation. Again, this is not an attempt to generalise from this small study, but more to situate the participants in the national birthing context, and to ameliorate the inference of regional bias.

Another perspective is to compare socio-economic influences. Nationally, mothers in the least advantaged socio-economic areas of Australia have a younger age profile than those in the most advantaged socio-economic areas (Figure 8g).

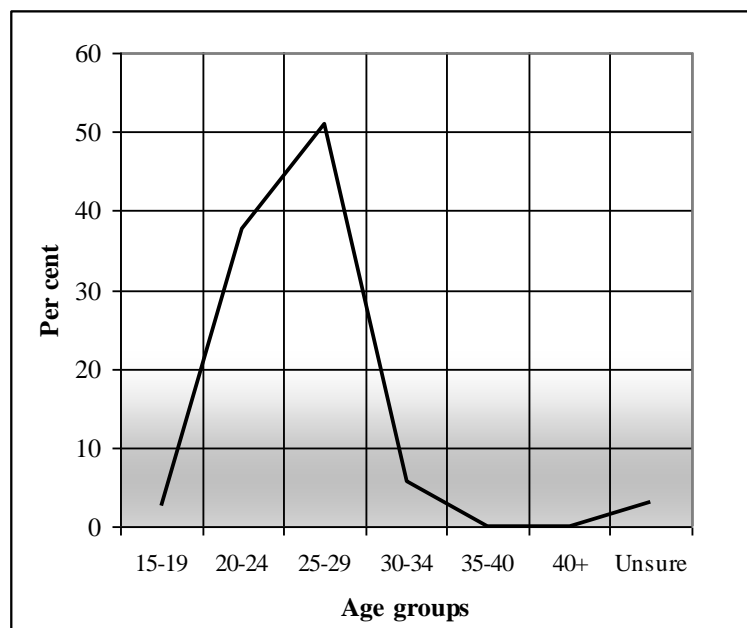
Figure 8g: Age-specific fertility rates for the least and most advantaged, 2001 and 2005



Source: ABS 2007b

School enrolment areas from where Amber Light Project participants were sampled are from higher socio-economic advantage (averaging SEIFA decile 7, or in the fourth quintile, see section 7.4.1). Although this diagram represents all births, not just first births, the trend of older motherhood for those women of most socio-economic advantage appears contraindicative when compared with age-related results from the participants in the Amber Light Project (Figure 8h).

Figure 8h: Ideal age for first-time motherhood, Amber Light Project participants, 2008
(%)



Source: Amber Light Project 2008

This vastly imperfect comparison nevertheless hints at a downward ideational age shifting of motherhood that requires further investigation, and better means to do so.

Other means of comparison are with data from studies also investigating young women's ideal or aspirational age of first birth. Although age groups and research time frames differ, such comparisons are the closest available. Fieldwork for the FDMP (Weston et al. 2004) was conducted between 2003 and 2004 with a nationally representative primary sample ($n=3,201$, 1,250 men and 1,951 women) aged 20-39 years. The mean ideal age of first birth for the FDMP sub-sample of 20-24 year-old childless women ($n=262$) was 26.8 years, 1.3 years older than that of Amber Light Project participants. The Australian Temperament Project (ATP) was a 13-wave longitudinal study in Victoria conducted between 1983 and 2000. In the last wave, 1,250 male and female participants aged 17-18 years contributed their views on aspirational age for their first birth (Smart 2002). Fourteen per cent of the young women in the ATP anticipated a first birth before the age of 25 years whereas Amber Light Project (ALP) participants anticipating themselves as mothers before the age of 25 was nearly three times higher at 40.4 per cent. In the ATP, 68 per cent of young women anticipated a first birth between 25 and 29 which is considerably higher than the 46.1 percent of the ALP response in this age bracket. For the age bracket 30 to 34 years, 14 per cent of ATP respondents selected this time of their lives to begin a family, whereas ALP response in this bracket was half that at 7.7 per cent. Less than one per cent of ATP participants chose over the age of 35 as the time to have a first baby, but no ALP participants chose this time for

themselves. Three per cent of ATP respondents had not formed an opinion compared with 5.8 per cent of ALP respondents.

A third study (Pitts & Hanley 2004) primarily interested in 14-18 year-olds' understanding about infertility included a question about the ideal age to begin a family. The results are not reported in detail, just that 88.6 per cent of male and female respondents (n=280) selected the age bracket of 20-29 years as the best time for women to start having children. The influence of male views not differentiated from those of females, however, makes comparison unviable. Amber Light Project results show a consistent leaning toward younger idealised age for first-time motherhood compared with the views of respondents in the two other studies, and with national primiparous and regional all-birth data that is difficult to diminish by charges of regionalism.

8.2.6 Participants' ideas about education, employment, financial security, partnering and first-time motherhood

The discussion groups enabled the expression of ideas about completing secondary and tertiary schooling, developing a career, travelling, gaining financial security and finding a suitable partner. These areas were not included in the semi-structured questions, but emerged nevertheless. Julia's pathway into motherhood took career development and housing into account, and Tamara thought about financial stability:

Well, I think people should start having, like, children, once they've got their career started and, like, they're on track with a house and stuff then they can start which is usually around 25 and up to 30. And I'd probably do that once I had my career, which is hopefully gonna be when I'm at least, like, 27 and then I'll start settling down.

Julia, 15½, School 1

I think it's a good age [31] . . . Because then you could, like, get the money to have kids. You'd have enough to support them, like, have a nice lifestyle. If you're too young you don't have enough money, it'd be harder.

Tamara, 15, School 2

Speaker snapshot: Tamara has in mind to have three children, but does not think about it much, if at all. Tamara wrote on her questionnaire that 'I would do everything to ensure my kids have a good upbringing', which is reflected in the above comment made in her focus group. Tamara lives in a rented home with both parents who are non-practising Catholics. Her mum was in her late 20s when she had her first child, and her dad was in his early 30s. Her father has a diploma, and her mother completed secondary school.

Other participants were less focussed on education and career development. Holly and Catie shared similar sentiments about prioritising having a family. Holly's mum was 28 at her first

birth, but Holly envisioned herself as beginning her family at an earlier age. Catie's mum was 24, an age that Catie selected as close to her goal age for first birth:

I just wanna have kids around, like, early 20s. Like, I wanna do nursing and stuff. . . I think my kids will come first before my career.

Holly, 14, School 1

I think it, um, it depends on what your plans for your life, like, if you wanted to start your work early and get all your university and that over and done with, but if you want to have your kids first, get it out of the way, depends on you personally. . . I dunno, it depends if I have kids young and get it out of the way, I think that's what I'll do. Twenty, twenty-ish.

Catie, 15, School 2

Speaker snapshot: Catie wants three children and has concerns about her fertility. She thinks about becoming a mum 'a lot', and would like to have her first child around the age of 23, the same age as her mother did. She lives with both of her parents in a home of their own. Mum did but dad did not finish secondary school. Catie would find it difficult to raise \$4,000, but believed she could manage it in several months.

Fallon and Alisa talked about travel coming first before motherhood. Even taking into account time spent exploring the world, they both envisaged the age of 25 for commencement of childbearing, at least five years younger than both of their mothers:

Depends on what your goals are. If you're going to go overseas for a few years, you don't want to have kids when you're overseas. So if you're going to go there when you're twenty-ish, you'd wanna wait until you're 25, when you get back.

Fallon, 15, Catholic School student

Yeah, I would say 25 and up, because, um, you still could be in uni, like, if any younger, you've also had, like, time to explore the world and meet different people and everything.

Alisa, 15½, School 3

Speaker snapshot: Alisa lives with her mum, dad and three siblings, could raise \$4,000 within days, and knew exactly how much the Baby Bonus was. Her mum was in her 30s when she had her first born. Neither her mum nor her dad received post-secondary education. Alisa would like two children, and has concerns about her fertility.

The semi-structured question format of the focus group discussions did not include a component on partnership or marriage, leaving room for participants to volunteer their desires about a father for their first child. Discussions were surprisingly devoid of romance, but some participants did include marriage in their future plans, like Katrina, Shona and Susie:

I don't know when I want to get married but, like, I'd like to get married after 20 something, about 25, maybe 26, somewhere around there, because I don't want to be too young, because couples break up when they're really young. **Katrina, 15½, School 1**

Speaker snapshot: Katrina has no anxieties about her fertility, is aiming to have four children, and thinks about that 'a lot'. Her mum and dad both have tertiary qualifications, and had their first child when they were both in their late 20s. Katrina's family is Catholic, and they live in their own home. It would take her several weeks to raise \$4,000.

I reckon I'd want to get married I think at about 20 or something and then by about 20 to 25 before I had kids, otherwise you'd be too old. **Shona, 16, School 1**

Speaker snapshot: Shona likes large families. She thinks the ideal number of children is five, and she hopes for four. She is anxious about her fertility, and thinks 'a lot' about becoming a mum. Her family attends the Uniting Church regularly, and they live in their own home. Neither her mum nor her dad completed high school, and they had their first child when they were both in their early 20s. Shona could raise \$4,000 in a matter of minutes.

Some participants talked in terms of the modern reflexive project of the self (Giddens 1991, see section 6.4.2). Clare and Kodie expressed self-development ideals before the advent of a child:

I think 25's a good age, just do stuff that you wanna do first, then you can enjoy your life with your family. . . Plus you've gotta have enough money to able to support your baby. Like, if you have it too young, you might not be able to give them a good life, sort of thing. **Clare, 15, School 2**

Speaker snapshot: Clare did not want children at all on her questionnaire, but in her focus group discussion spoke avidly about having two children. She also seemed to have a good idea of how much it would cost a year to raise a child (\$20,000). She would have no trouble raising \$4,000 immediately. Both of her parents had their first child in their mid 30s, and they rent their home.

Twenty-two when I have my first kid. . . I would have done all my certificates, I would have been qualified for at least four or five things I want to do, then I can settle and have a kid but still be working. **Kodie, 15, School 1**

Speaker snapshot: Kodie plans to have three children, and has been concerned about fertility issues. She thinks 'a lot' about becoming a mother. She lives with her mum in rental accommodation, and it would take her some weeks to raise \$4,000.

I'd wanna have, like, kids in between, like, 20 to, like, 26 or something, like, I'd like my first one, like, at 23 or something like, be in a, like – not married, just like engaged so you know he'll be there and stuff, and, like, yeah, like, after having, like, two kids or something, I can get married, on a beach.

Susie, 14½, School 2

Speaker snapshot: Susie chose one child for her family of the future on her questionnaire but, talking about her plans in the focus group, she seemed interested in more than one. She does have fears about her fertility, and thinks about motherhood 'a lot'. She did not know what the Baby Bonus was, and it would take her months to raise \$4,000. She lives with her parents who are not married, and in a home of their own.

Susie's vision of having children in a defacto relationship would have been influenced by her parents' choice not to marry, and also aligns with a growing trend for partners to have exnuptial children. If the young women canvassed in the Amber Light Project do indeed plan to birth a first child by, on average, the age of 25, whether or not they decide to marry first, finding a suitable partner becomes of primary importance. The data on partnering for women in their 20s are not promising for members of this study to realise their age-related aspirations for first-time motherhood. In 2006, 27 per cent of Australia's women aged 20-24 were partnered; 57 per cent aged 25-29 lived in either a defacto or married partnership; and for women aged 30-34, 71 per cent lived with a partner. Apart from a small percentage of women who become sole parents, partnering is a substantial influence on the likelihood and timing of having children. Not only does a woman need to find a partner, she and her partner (male or female) may have varying desires about family. Deciding on children, when to have them and how many, is a 'complex function of both members of the couple' (Miller, Severy & Pasta 2004, p. 204). It is likely that participants had minimum perception of the forcefield of partnering on their youthful visions of motherhood. Susie, however, was alert to the difficulties of partner selection.

It might be, like, people can't find people. Like, you might meet someone when you're 28 or something, you have to, like, grow a bond to have a kid.

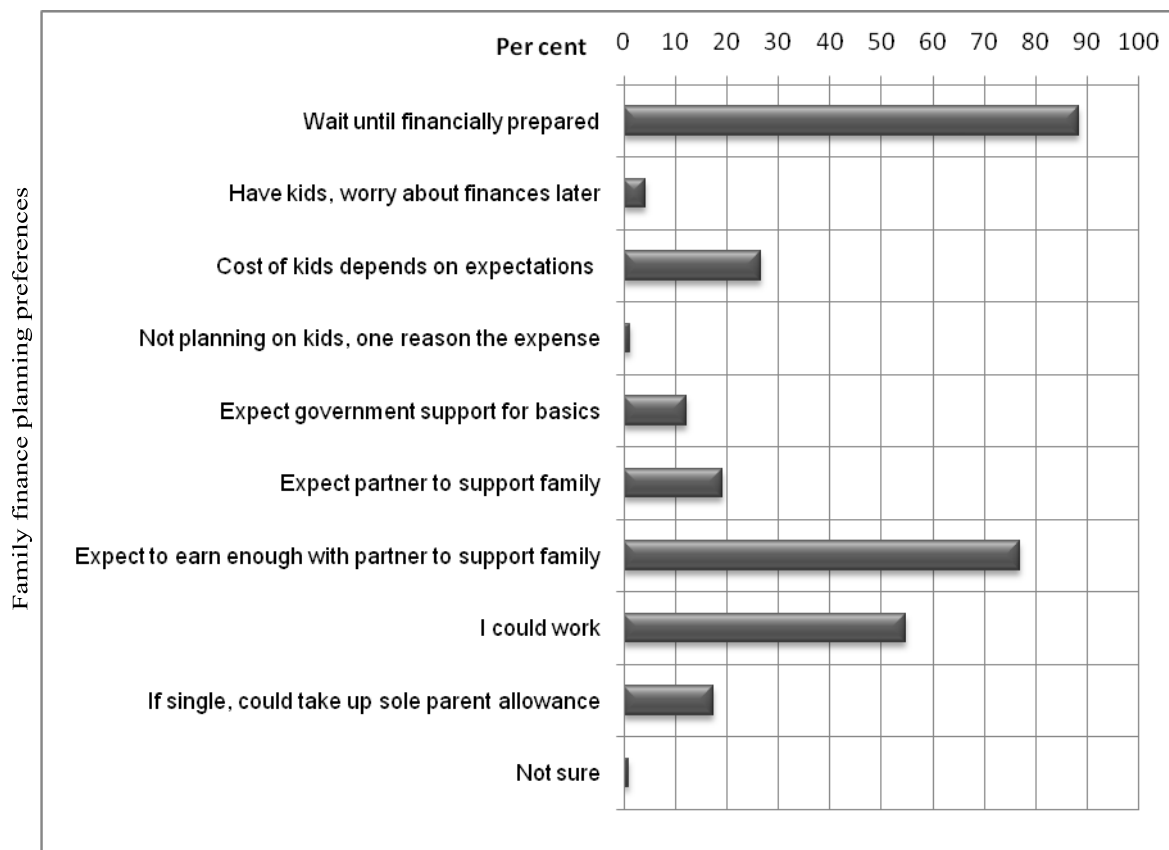
Susie, 14½, School 2

While the scope of the Amber Light Project did not include partnering issues *per se*, one question set sought to determine if participants had formed ideas on how family finances entered the equation of parenthood. A multiple choice question asked participants to select statements that best reflected their ideas about circumstances in the financial planning for a family of their own (Figure 8i): The fully-worded choices were:

I would try to make sure that I and/or my partner were financially prepared to start a family

1. I would have kids and worry about the finances later
2. Kids cost as much or as little as you let them. It's up to you, what your expectations are
3. I'm not planning on having kids for a number of reasons, but one of the reasons is expense
4. You can always get government support if you need it to afford the basics for a family
5. I would expect my partner to be earning enough to support a family
6. I would expect that between my partner and myself, we would be able to earn enough to support our family
7. I could work to make sure my/our child(ren) didn't go without
8. If I didn't have a partner, I could get the sole parenting allowance
9. Not sure

Figure 8i: Financial ideas for planning a family (%)



Source: Amber Light Project 2008

It can be easily argued that members of this age group, 13-16 year olds, have limited abilities to intuit the myriad influences that may come to bear on their youthful aspirations, although ‘no one can accurately anticipate and fully appreciate the consequences of [the choice of becoming a mother] . . . [T]he lifelong ramifications of the decision seem to be beyond

individual powers of comprehension' (Meyers 2001, pp. 752-3). However, the story that this data set is telling indicates that these young women have reasonably mature perceptions about financial options for family formation. The overwhelming, majority choice was to wait until financially prepared (88.3 per cent) which aligns with the importance female, childless respondents in the FDMP allotted to this consideration (73 per cent). Only a small percentage (4.3) thought having children and worrying about finance later would be appropriate. The breadwinner model made an appearance: 19.1 per cent or 44 participants anticipated being fully supported by the father of her child or children. The 26.5 per cent who had among their choices that the cost of children depends on expectations shows an unwitting perspicacity. The Australian Child Support Agency, the government body that manages cash transfers to support children of separated parents (www.csa.gov.au), has a sliding scale of how much children cost depending on parents' income. For example, for parents' whose combined annual income is \$58,855, two children are calculated as costing \$13,830; for those whose combined annual income is \$88,282, two children cost \$19,715 and so on. Simply put, the more the parents earn, the more children are deemed to cost.

Over half the respondents (54.8 per cent) anticipated working to make sure children are adequately supported financially, a response that tied in well with the choice of a similar question that could be described as the dual working model (77 per cent). Bearing in mind that 36 per cent of participants live in families whose birth parents have separated, that 40 respondents (17.4 per cent) added to their choices that they could rely on a sole parenting allowance if need be indicates, perhaps, the number of daughters living in a household with mothers receiving that allowance. This group of young women mostly anticipate working to augment family finances, an overall response that resonates with what happens in the 'real' world: women mostly combine motherhood and work.

Another question about family finances was included: What do you think it currently costs to raise a child (not including a private education)? The response choices were: less than \$5,000 a year; around \$10,000 a year; about \$15,000 a year, about \$20,000 a year; or not sure. The modal response was that it costs around \$10,000 a year to raise a child; 28.3 per cent thought about \$15,000; and 13 per cent considered \$20,000 nearer to the annual cost of child-raising. This was one question that had a high 'not sure' register of 23.5 per cent, unusual considering the extremely low presence of 'not sure' responses overall. Only 10 or 4.3 per cent of respondents thought that the costs involved in child-raising would be less than \$5,000 per year. The average full-time, ordinary-time annual earnings for a man in Queensland was in the vicinity of \$64,000 in 2006 (ABS 2007c) which equates to approximately \$10,000 per year to raise one child on the sliding Child Support Agency scale. As a group, a fair appreciation of the cost of children was expressed which, again, relays reasonably mature

perceptions about the financial commitments of having a family. The high level of ‘not sure’ responses, however, indicates some hesitancy in this area.

8.2.7 Thinking about becoming a mother

Only three questionnaire participants chose ‘no children’ as an ideal family, and all the young women involved in discussion groups considered themselves as mothers-to-be. The promotion material was perhaps responsible for this accidental sampling result, one of the limitations of the study (see section 8.10). It would therefore be more appropriate to name the sampling that eventuated due to this possible self-screening effect as judgemental or purposive. However, when questionnaire participants were asked how much they thought about the possibility of becoming a mother, with response choices of ‘not at all’, ‘a little bit’, ‘a fair bit’, ‘a lot’, and ‘not sure’, 13.5 per cent of questionnaire respondents chose ‘not at all’, and 3.9 per cent were ‘not sure’ which goes some way to mitigate that possible criticism. The dominant response was from the 97 participants who chose ‘a little bit’ (42.2 per cent), followed by 52 (22.6 per cent) who selected ‘a fair bit’, with 41 (17.8 per cent) choosing ‘a lot’. This spread also relaxes a possible assumption that only those strongly attached to the idea of becoming a mother participated.

Zionne and Vicki were two discussion group participants who chose ‘a little bit’ in response to the thinking about becoming a mother question, but it was evident from their comments that they had projected a possible future self as a mother. Once Zionne had begun to expand her horizons, she had changed her views from not wanting children at all to wanting a family of her own:

For a long time I always thought, I don't want children, I really don't want children, but then when I, like, got out more into society and I started working and that, and, like, kids would come round, and you just saw, like, just how cute they are and everything, and you're, like, you come and think, 'Aw, I just, I just want to hold it'. You just, you just like kids, really . . . Yeah, maybe I've spent more time thinking about that kinda stuff.

Zionne, 15, School 3

Speaker snapshot: Zionne is not concerned about her fertility, and hopes for four children but she has only just begun to think about it. Her mum was 32 when she birthed her first child, and her dad was in his mid 30s. She aspires to have her first child around the age of 25. Zionne lives with her parents in a home of their own. She would be able to raise \$4,000 in a matter of days, having saved from working at Eagle Boys Pizza for nearly a year. On her questionnaire, Zionne wrote, ‘These are good questions. At present, I cannot think of anything to add. Except if we would have a baby just to get the baby bonus?’

Vicki's thoughtful view about herself as a mother was representative of many of the participants' ideas about forming their families of the future:

I love children. I spent so much time with my little cousins when they were born . . . I can look after babies, I love them so much, and then, but then I think about if they were mine, would I want to have them? Like, would I want children, would I want to put myself into this – or if I did, what age would I want to? Yeah, so it all has crossed my mind a lot.

Vicki, aged 15, School 2

Speaker snapshot: Vicki lives with both parents in their own home, and plans to have up to four children. She does not plan to begin her family until 31. Her mum and dad, neither of whom went beyond secondary schooling, were both in their mid 20s when they had their first child. Vicki would not find it difficult to raise \$4,000 in a matter of days.

Zionne and Vicki's responses are redolent of Meyers' (2001, p. 748) suggestion that 'desires about motherhood are generally formed well before women are equipped to make autonomous decisions'. The Amber Light Project tapped into a rich vein of young women's views about their future as mothers, and they valued the opportunity to envisage their future mother-selves (see feedback in section 8.6). Theirs were not trivial conversations about anticipations of first-time motherhood which recalls the notion that young people are competent, especially if adults treat them as such (Bruine de Bruin, Parker & Fischhoff 2007; Fischhoff 2008; Graham 2004; Stevens et al. 2007; Wyn & Woodman 2006), and that they do 'have important things to say' (Eckersley et al. 2007, p. 54).

The subject turned on occasion in the discussion groups to the potential of motherhood denied. Ella and Shona voiced poignant sentiments about the prospect of not having, or being able to have, children:

I'd have to say I'd be pretty crushed if I couldn't have children.

Ella, 15, School 1

I really want kids. I really don't see what's the point of, like, living, unless you can have kids.

Shona, 16, School 1

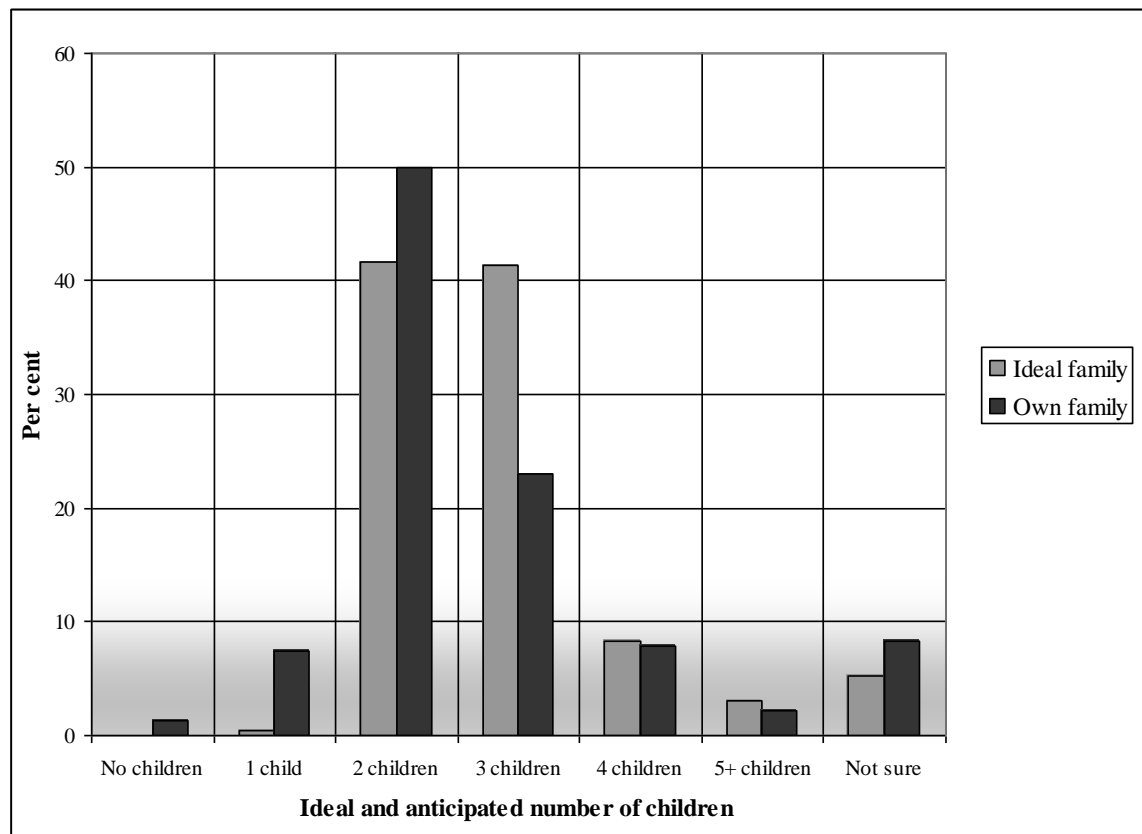
A degree of comparison is available from the Australian National University (ANU) survey conducted in 1971 (McDonald 1984), and the Family Formation Project conducted by the AIFS in 1982 and 1990 (Weston & Qu 2001). In 1971, 78 per cent of married women under the age of 35 thought that 'Whatever career a woman may have, her most important role in life is still that of becoming a mother' (Weston et al. 2004, p. 13). By 1982, 42 per cent of respondents in the same category agreed with this statement, and in 1991 just 26 per cent. The orientation of the ANU/AIFS question was different to that asked of Amber Light Project

respondents. However, the prevalence of thoughts about becoming a mother for the young women sampled in Cairns compared with the diminishing importance of motherhood from the national sample between 1971 and 1991 is noteworthy. In the discussion groups, almost all participants were eager to project their future mother-selves, perhaps because of the way the enquiry was framed as ‘mothers of the future’, or perhaps because members of this cohort are moving through their formative years under the influence of pronatalism.

8.2.8 Ideals and aspirations for number of children

This topic area provided an opportunity to investigate the difference between the number of children participants thought made an ideal family and the number of children they anticipated having themselves (Figure 8j).

Figure 8j: Number of children who make an ideal family and participants’ aspirations for number of children (%)



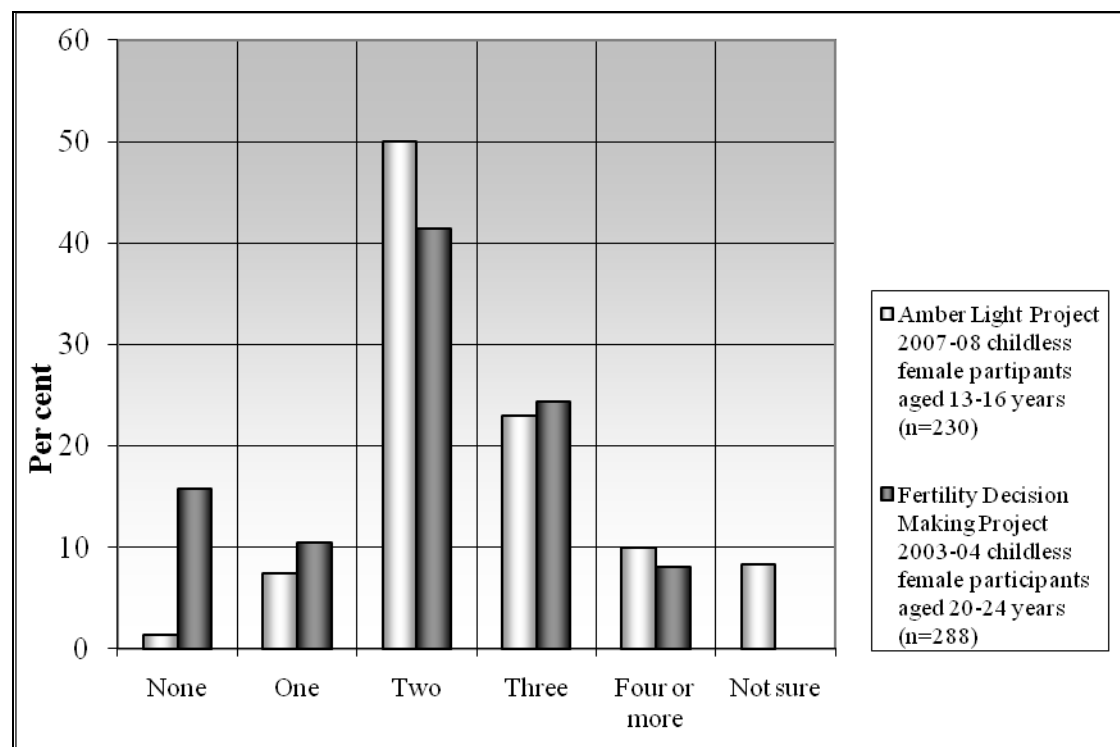
Source: Amber Light Project 2008

Only 0.4 per cent of respondents thought one child made an ideal family, and 7.4 per cent chose the prospect of having only one child. An ideal family with two (41.7 per cent) and three children (41.3 per cent) were equally popular choices, but when their own families were envisaged, a marked shift occurred: 50.0 per cent anticipated two children in their future families compared with 23.0 per cent who opted for three. Four or more children making an

ideal family was chosen by 11.3 per cent of participants, similar to their own family-size aspirations (10.0 per cent). Five per cent of questionnaire participants were unsure of how many children would make an ideal family, while 8.3 per cent reserved their opinion about their own families of the future. The biggest difference was between the ideal of three children (41.3 per cent) and participants' aspirations for three children (23.0 per cent). This offers a speculation that national messages about the three-child family ideal promoted by former Federal Treasurer Costello is being intuited by members of this cohort, although surveys have established that, overall, women do not have the number of children they ideally desire (Weston et al. 2004).

Amber Light Project participants' aspirations for the number of children they would like to have were comparable with the expectations of a national pool of childless, 20-24 year-old female participants (n=288) in the FDMP (Weston et al. 2004), except in the 'none' or childless category (Figure 8k).

Figure 8k: Participants' aspirations for number of children (n=230) compared with expected number of children of 20-24 year-old childless participants from the Fertility Decision Making Project (n=288) (%)



Source: Amber Light Project 2008; Weston et al. 2004.

Estimates for Australia are that one in four women will remain childless (ABS 2002b).

Amber Light Project participants did not exhibit this national tendency, although as mentioned previously, a self-selection bias may have been present in that only those intending

to become mothers came forward. One in six childless young women participating in the FDMP anticipated continuing to remain so. The prospect of having just one child was the preference of 10.5 per cent of FDMP respondents, and 7.4 per cent of Amber Light Project participants. This comparison suggests that Amber Light Project participants were rational actors who idealised the size of their future families in much the same way as did young women up to ten years older than themselves.

Karen was unsure of the number of children she wants for the family of her future. She is an only child of a single mum, but thought that married parents with two children make an ideal family. Hers was a pragmatic view, especially for a 13-year old:

It's more of, like, a stereotypical thing, like the ideal family being a mum and a dad and a girl and a boy, but it just really depends on how many you can really support and feed and things, more than how many you want.

Karen, 13, School 1

The choice of having a one-child family was very low from this group of young women forming their ideas about the number of children they might have. Sophie and Rose who both anticipated having two children, and Hedda who would like three children in the family of her future, commented on the prospect of a one-child family:

One's just lonely. One doesn't fulfil your life . . . 'cos if it's just three people in your family, I think it needs to be at least four. Like four is the standard family, isn't it, around 2.2 children?

Sophie, 15, School 2

I reckon, one [child] doesn't actually make a family. You need to have, I reckon you need to have, like, two so the kids can react to each other.

Rose, 14, School 1

Two or three for a family. One's not really [a family].

Hedda, 15 ½, School 2

Speaker snapshot: Hedda is not sure whether she has fears for her fertility, and thinks about having children 'a fair bit'. She could raise \$4,000 within days, and lives with both parents in a home being purchased. She would like to have two children, her first between the ages of 20 to 24. Her mum was 29 when she first gave birth.

How well youthful aspirations for children hold as women age was a component of enquiry in the FDMP. Wanting the same number of children that they did when they were aged 20 held reasonably well as women grew older, with 70 per cent wanting the same or more children on average by age 39 as they had at age 20 (Table 8b).

Table 8b: FDMP participants: change in number of children that women wanted to have when they were 20 by current age (%)

Women aged	23-24	25-29	30-34	35-39	All
Want fewer children than at 20	20.8	20.9	31.9	38.6	29.5
Want the same number of children as at 20	68.8	66.6	54.2	44.4	56.4
Want more children than at 20	10.4	12.5	13.9	17.0	14.1
Total	100.0	100.0	100.0	100.0	100.0
<i>No. of respondents</i>	96	320	345	306	1067

Source: Weston et al. 2004, p. 179. Data exclude those who had a child by age 20.

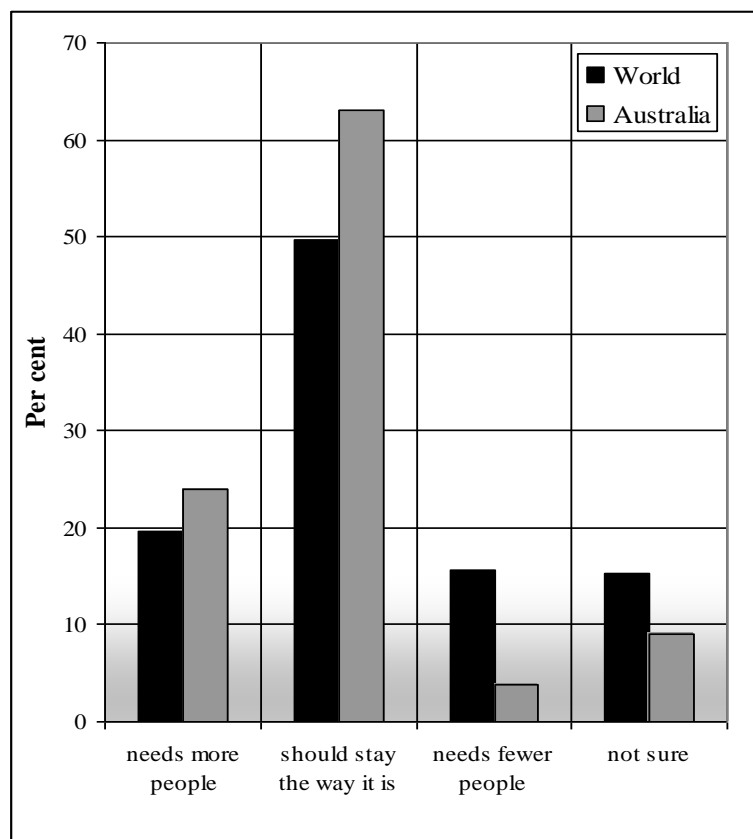
Reasons for changing family-size aspirations are mostly partnership issues, age, health and fecundity (Gray, Qu & Weston 2008). Other researchers have found fertility intentions ‘excessively optimistic, particularly among young adults, who tend to underestimate the effects of factors that will inhibit childbearing or overestimate their ability to control such factors’ (Philipov, Speder & Billari 2006, p. 291). However, Amber Light Project participants’ responses about the number of children they would like to have in their families of the future closely aligned with those responses from the FDMP national sub-sample of women approximately five to eight years older, apart from the childless category (Figure 8k). This comparison, at least in the area of desired family size, suggests that Amber Light Project participants’ responses should not be classed as ‘excessively optimistic’.

8.3 Topic 2 Views about the Australian lump-sum Baby Bonus

8.3.1 Response to national pronatalist messages

This topic for focus group discussion originated in the questionnaire as, ‘Do you believe that the world/Australia needs more people, should stay the way it is, needs less people, not sure?’ The additional question posed to focus group participants was, ‘The Australian Federal Treasurer, Peter Costello, has said many times, “Have one for mum, one for dad, and one for the country”. What does this mean to you?’ A basic indicator of how the participants perceive population levels was, first, whether the world and, then, Australia needed more or fewer people (Figure 8l):

Figure 8l: The world/Australia needs more or fewer people? Beliefs about the level of population (%)



Source: The Amber Light Project 2008

The first observation is that participants believed Australia needs more people (23.9 per cent) more so than the world (19.6 per cent). Those who believed that Australia needs fewer people (3.9 per cent) were considerably less than for the world (15.7 per cent). In response to population stability, 63.0 per cent believed Australia's population should remain at the current level, and 49.8 per cent for the world. This question elicited a higher 'not sure' response than most other questions (15.2 per cent for the world, 9.1 per cent for Australia). The older message 'populate or perish' that resonates in the contemporary message 'procreate and cherish' may have reached into this cohort to some degree, perhaps in the sense that participants were more in favour of population growth or stability for Australia than for the world.

Alisa had a range of opinions around this topic:

I don't really agree with population growth at all . . . I think, in general, the world has enough people, like the one child policy in China . . . If he [Costello] wants more for the country then, like, there's more space, you know, out west, in Western Australia and that, but there's already, like, crowded enough I think in the cities, so what's the point in

having another kid if they're not gonna, you know, make the population grow outside of the place that needs a bigger population, if you get my twisted kinda logic.

Alisa, 15½, School 3

Alisa's 'twisted kinda logic' is reminiscent of immigration programs of the past when population planners attempted 'to realise unexploited potential for development in particular regions' by enticing new arrivals to settle in underpopulated, rural areas (Cocks 1996, p. 239). Such a notion was even evident in Costello's (2006a) bid for more Australian babies:

In some countries where space is extremely limited there is a fear about increasing population. But Australia is not like that. We are a big country. We have lots of space. We are approximately the size of the USA without Alaska. But we have one fifteenth the population of the USA. We have room to grow. While a large part of Australia is desert there is still a large amount of habitable land capable of being populated and still further space for undisturbed natural environments and farmland.

Some participants, like June, were able to interpret the message succinctly:

Yeah, I have [heard that saying]. I understand where he's coming from, like, I dunno, so I find that a bit rude though, for him to say that . . . But I guess it is promoting, like, that we wanna increase population around Australia.

June, 16, School 1

The ethical concern over not so much what has been said but who said it was picked up by Vicki:

It could be a form of pressure . . . [The Treasurer's] actually looking at the economic side, not the family side and coping, he's kinda thinking about money not happiness and stuff . . . [It's] inappropriate, for a Treasurer's perspective. Maybe the Minister for Health, but not the Treasurer.

Vicki, 15, School 1

Costello spoke about population growth, the ageing demographic and the Baby Bonus in the same breath on many occasions, but it was Family and Community Services Minister, Mal Brough, who announced changes to the Baby Bonus payment conditions in 2006, not the Federal Treasurer. Vicki's differentiation between economic and humanistic issues surrounding the Baby Bonus was therefore astute. So, too, were Ella and Morgan's opinions.

I mean, everyone's entitled to their opinion but him being the Treasurer, saying something like that, it's a bit more influential.

Ella, 15, School 1

I reckon it's pushing people to have three. That wouldn't affect me, because I'd ignore it completely. I mean, if someone said that to me, it's like, and I'm listening to you why?

Morgan, 14 ½, School 3

Speaker snapshot: Morgan thinks that two children make an ideal family, and that is what she envisages for herself. She is concerned about her fertility, and thinks 'a lot' about becoming a mother. Neither of her parents completed high school, and her mother had her first child at the age of 18. Her dad was in his early 20s when she was born. She lives with both parents in a home of their own.

Not all focus group participants were able to contribute thoughts on this topic, but some did have direct knowledge of pronatalist messages. Receptivity of the less direct messages, however, is just as salient. The lump-sum Baby Bonus has been one such pronatalist message about which participants had much to say.

8.3.2 Reflections on the Baby Bonus

In response to the question asking questionnaire participants if they knew about the Baby Bonus, 80 per cent were reasonably certain what the Baby Bonus was (42 per cent knew, and 38 per cent thought they knew), leaving 20 per cent who indicated that they did not know about this government payment. Respondents were then asked if they knew the amount of the Baby Bonus, and were instructed to make a single selection from a choice of \$2,000; \$3,000; \$4,000; \$4,000 if you are 18 or over and in instalments if you are under 18; \$5,000; not sure; or some other amount. Collectively, the 50.9 per cent of participants who chose \$3,000, \$4,000, \$4,000 by instalments if you are under 18, or \$5,000 could all be considered to have answered 'correctly', given that the lump-sum Baby Bonus had been \$3,000, had increased to \$4,000 (payable by instalment for under 18-year old mothers) not long before the commencement of fieldwork, and had been publicised as increasing to \$5,000 during the fieldwork time frame. When asked, 'Do you believe people would have a baby to get the Baby Bonus?', 80 per cent responded to the choice, 'I don't know of any personally, but I believe there are people who would do that'. A further 10 per cent chose the response, 'Yes, I know a person who has done that'. A degree of fallibility exists here: 20 per cent said they did not know what the Baby Bonus was, yet only 5.2 per cent said they were either undecided or indifferent, or that they would prefer not to say in response to whether they believed that people would have a baby to get the Baby Bonus. Cumulatively then, 80 per cent of questionnaire participants knew of the Baby Bonus, 50.9 per cent knew how much it was, and 90 per cent had a sense of the possible allure of the lump-sum Baby Bonus.

There was no indecision, indifference or lack of knowledge about the Baby Bonus in the focus group discussions. Every one of the 54 participants contributed to the animated discussion surrounding this topic. Some, like Mardi, June and Shapelle, claimed first-hand knowledge of either a family member or friend who had received the Baby Bonus, some situations with devastating consequences:

My old mate, she's come from a real bad tough family, but, um, she actually spent the Baby Bonus on drugs and stuff, and she got caught for it and stuff, and she stopped getting the Baby Bonus, the baby got taken off her, her other kids got taken off her.

Mardi, 14½, School 2

Speaker snapshot: Mardi is not concerned about her fertility, because she has already been pregnant, although she did not disclose this in the discussion group. Mardi lives with her mother in rented accommodation, and would find raising \$4,000 fairly difficult, taking several months.

I know someone who is, like, living off the dole or whatever but I know she didn't do it on purpose, like, she didn't have her baby for the money, but she is, she got her Baby, Baby Bonus and she is, um, she hasn't got a job or anything, and I know she's pregnant – again . . . But that's, I, I'm, well, I'm pretty definite she didn't do it for the Bonus.

June, 16, School 1

My auntie's friend. She did it just for the Baby Bonus . . . for just, like, the money, and she ended up giving the baby up for adoption 'cos she couldn't handle it.

Shapelle, 15, School 3

Participants' comments and experiences have their match in the public arena. In June 2008, child neglect attracted national attention when two women's behaviour came to the attention of Australian child protection authorities: 'Concerns have quietly been raised that some women might be continuing to have children to reap financial rewards – including the \$5000 baby bonus and family tax benefits – leading to an increase in neglect cases when they fail to cope' (Edwards & Lunn 2008, p. 10). Lisha has been in foster care for most of her life, and reflected on her experience of the child protection system:

Half these teenage girls, even, um, like, even like 25 year-olds and under, they go out and spend it [the Baby Bonus] on alcohol. Like, 'cos you find a lot of, there's a lot of kids going into, into um, foster homes because of this sort of stuff. Like every day – like, I know this stuff because I'm in foster care – every day there's, like, babies in the – being brought into care, and they've got nowhere to put these kids, 'cos like, 'cos their mums

just go out and drink, and get drunk, full alcoholics and do drugs, and that sort of crap.

It's wrong but that's what happens.

Lisha, 15, School 3

Speaker snapshot: Lisha would like to have two children, has no concerns about her fertility, and does not think about becoming a mother a great deal. It would take her several months to raise \$4,000. She considers her present foster home a stable family environment, and spoke highly of her foster mother.

Lisha's comment resonates with a report emanating from New South Wales Independent Member of Parliament for Dubbo, Dawn Fardell: 'foster carers had told her they had taken in babies from addicted mothers who had abandoned them to the Department of Community Services' (Dixon 2006). A policy analyst from the Centre for Independent Studies told the *Weekend Australian* that she had heard 'a lot of anecdotal evidence of parents having babies for the baby bonus, via doctors and health professionals overhearing conversations' (Brown in Edwards & Lunn 2008, p. 10). Former Federal Treasurer Peter Costello (2006b) believed that 'nobody would get pregnant for a \$4000 payment', but commentary in the national press and from the focus group participants casts some doubt on Costello's assuredness. Recalling Plumpton High School principal Glenn Sergeant's reaction to the announcement of the lump-sum Baby Bonus in 2004, 'You put \$3000 in anybody's hands who's not used to having any money whatsoever, well it's a big risk' (in House of Representatives 2004). Birth data for the period 2005 to 2008, the period during which births could have been (partway) motivated by the existence of the lump-sum Baby Bonus, do not indicate a rise in births to teen mothers. Coughlan's (2008) analysis of Census data did locate, however, a shift in *where* those births are occurring. The TFR for females under-20 years of age is stable overall, but an increase in the TFR for 15-19 year-old mothers has emerged in young, low socio-economic, Caucasian, Christian populations, predominantly rural locations, rural towns and non-metropolitan cities. Cairns is a non-metropolitan city which possibly explains some of the participants' exposure to misuse of the lump-sum Baby Bonus.

Criticism that the lump sum Baby Bonus had also been misused in the purchase of large-ticket items such as plasma televisions gave rise to labelling the Baby Bonus the 'plasma bonus' (Haynes 2008, p. 9)¹¹¹. Fardell told the *Daily Telegraph* (16 September 2006, p. 2) that '[n]urses will say they see them with their RetraVision ads already in their hand, working out what plasma TV they're going to get as soon as they have their child'. Morgan knew of an acquaintance's plan to spend her potential lump-sum Baby Bonus in such a way, and Susie drew a stereotype of the person she imagined as a 'plasma bonus' recipient:

¹¹¹ *Choice Magazine's* recommended brands of 106cm plasma televisions ranged from \$1,999 to \$4,699 (prices at May 2008, accessible at <http://www.choice.com.au>).

There's this person, she's only two years older than us. She's already talking about having a baby next year so she can get a plasma TV. **Morgan, 15, School 3**

Like who I would imagine doing that is someone who was 18, really young, and by that age they've already got three kids, they've got, like, a plasma screen television, and they've got all this from the Baby Bonus. **Susie, 14½, School 2**

The lump-sum Baby Bonus as a means to purchase otherwise unaffordable items redefines children as a commodity or financial investment: 'We are facing the expansion of a way of thinking that treats people as objects, as commodities. It is a way of thinking that enables us to see not motherhood, not parenthood, but the creation of a commodity, a baby' (Rothman 2004, p. 26). Crawford, a journalist for the *Sunday Tasmanian* (29 June 2008, p. 18), perceived the combination of receiving the Baby Bonus, child support and social service payments as 'a tidy return on a baby investment . . . a means to a profitable end'. Participants were well attuned to this potential. Vicki and Clare, both 15 and in the same focus group at School 2, discussed the ethics of how the Baby Bonus should be spent, and as due recompense for birthing labour:

Vicki: *I think people would be, 'Ah wow, \$5,000, I could do a lot with that'. Then others would think that, 'That is good to get me started, you know, I can go and buy a pram, a cot', you know . . . Some would look on it as, aw, a head start, others would be –*

Clare: *– be naïve, I reckon. Some people don't use it for the baby, so –*

Vicki: *It's kinda a free cheque for being in labour for how many hours, so 'I'm gonna spend it on what I think'.*

Several discussion participants suspected that not so much a financial but a political agenda might surround the Baby Bonus. Janine and Chrissy introduced the topic in their respective groups:

It's sort of saying in your face, 'Have a baby. We'll give you this much money!' . . . It's kinda like a bit of a bribe if you think about it. **Janine, 15, School 3**

Speaker snapshot: Janine plans to have two children, does not have fears for her fertility, and thinks about becoming a mother 'a lot'. She has a firm idea that she will wait until she is financially stable with her partner before embarking on motherhood, but hopes that will be achievable before she turns 27. Her mother and father were both aged 20 at the time of their first birth, but they do not live together. Janine lives with her mum in a home being purchased. Raising \$4,000 would be achievable for Janine in a matter of weeks.

It could be like a government scam, to increase the population. **Chrissy, 15, School 2**

While Chrissy's language may be hyperbolic, her opinion does contain a ring of truth, even though Lattimore and Pobke (2008, p. 59, see section 4.10.2) positioned the Baby Bonus as playing only a 'minor role' in the decision to have children. If the intent of the Baby Bonus was to recognise 'the extra costs incurred at the time of a new birth or adoption of a baby' (FAO 2009), why was it delivered as a significant lump sum instead of incrementally (which has since transpired), if not to sway family-making decisions?

Karen and Janine dwelt on the power of, for them, a large lump sum:

It just seems like so much money, because you think, well I can get that much money, bam, I just have – it's \$5,000 isn't it? – I just have \$5,000. **Karen, 13, School 1**

A lot of people are less fortunate than others and they think probably the quickest way to get money and help them out is to have a baby, get the Baby Bonus. **Janine, 15, School 3**

Ideas like these were shared in all of the groups, and participants like Stella quickly distanced themselves from such values:

When it first came out I thought it was such a good idea to – personally I wouldn't do it – but it is an easy way to get more money. **Stella, 15½, School 1**

Speaker snapshot: Stella would like two children, and thinks about that 'a lot'. She could raise \$4,000 within days, and lives with her parents in their own home. Her mum was 24 at the time of her first birth, and Stella has a similar age for motherhood debut in mind for herself. Her mother did not complete high school, and she was unsure of her father's education achievement.

Others like Vicki and Ellen suggested that a better mode of delivery would circumvent potential misuse, and be more responsible governance of such a relatively large lump sum for some people:

They've actually had a few discussions on this – and yes, I do watch the news – and they're gonna try and get coupons and stuff, rather than actual cash, so then you have, it's good for the baby mainly. **Vicki, 15, School 2**

The government's put it into, like, payments now . . . So payments are, I think, better, will stop people, or so many people wanting babies just for the Bonus. **Ellen, 16½, School 1**

Speaker snapshot: Ellen was the oldest participant. She does have fears for her fertility, would like two children, and would be receptive to a third, depending on her partner. She thinks about becoming a mother ‘a little bit’, and aspires to beginning her family at the age of 27, three years younger than did her mother, by which age she believes she will ‘know how to look after a child’. She lives with her parents, both of whom have certificate-level education, in a home being purchased. Ellen could access \$4,000 within days.

Not all the commentary about the Baby Bonus was inflected negatively. Anna knew that the Baby Bonus was about to become \$5,000, and drew attention to the benefits of the Baby Bonus as a boon to expenses for families with newborns:

Most people would have a baby because they want to have a family, to love the baby, not just to get money. . . Some people might really need it. They want to start a family but they can't afford it, so it would be good because then they can start a family when they want it.

Anna, 15, School 3

Ellen was concerned about some young women’s susceptibility to the allure of the lump sum. Her comment relayed her own mature appreciation of the financial commitment of having a baby:

Some girls think, ‘Oh yeah, I’ll have a baby, and get the \$5,000, I could support my baby’. But they just don’t realise the intensity that it’s gonna take, and, like, they don’t realise the big financial issues, like the future and stuff.

Ellen, 16½, School 1

Commentator number 85’s opinion from the *National Nine News* on-line survey (section 4.9) corresponds: ‘I’m sure the majority of young people realise it cost[s] a lot more than \$5000 to raise a child’. As covered earlier (section 8.2.6), assessment of how much it costs to raise a child by the majority of members of this participant group was reasonably accurate.

Participants were mostly well-informed, and very interested in offering their views about the availability, the amount, the potential misuse and the benefits of the Baby Bonus. Age-typical discussions about financial matters might normally be about pocket money, or the income from a part-time Saturday job, but these young women knew about a government payment (mostly) beyond their years. The Baby Bonus appears to be a potent, pronatalist message carrier that may have reached this cohort of young women. The views of these research participants indicate the pervasiveness of the message conveyed by the lump-sum Baby Bonus.

8.4 Topic 3 Fears about fertility

In response to the question, ‘Do you have any fears that you may not be able to become pregnant?’, questionnaire participants could choose between ‘no’, ‘no, because I have already been pregnant’, ‘yes’ and ‘not sure’. Twenty per cent of questionnaire participants expressed fears that they may not be able to become pregnant. From the literature review, the Pitts and Hanley study (2004) is the closest available for a degree of comparison (Australian, n=280, 160 female, 120 male, mean age 15.1 years). Their research question, ‘Do young people recognise their vulnerability to infertility?’, is a substantively different question to ‘Do you have fears that you might not be able to become pregnant?’. However, even though the question orientation does not align exactly, and even though male and female participants’ responses were not differentiated, the result has some relevance: ‘87.9 per cent rated their perceived likelihood of developing a fertility problem as “unlikely”, “very unlikely” or “never” ’ (Pitts & Hanley 2004, p. 107). This leaves a possible 12.1 per cent who may have perceived a likelihood of developing a fertility problem or, to be true to the research question, 12.1 per cent who thought that young people did recognise their vulnerability to infertility. Thus, the Amber Light Project response of 20 per cent who are anxious about their ability to conceive a child does correlate to some degree.

When asked knowledge questions about infertility and its causes, the Pitts and Hanley (2004) respondents revealed superficial understanding, and a total lack of recognition of the role that age plays in fertility. Amber Light Project participants, on the other hand, were more authoritative and emotionally involved. Holly, Lee and Julia were just three participants who contributed to the discussion about their own fertility fears:

I’ve always had a fear that I might not be able to become, like, get pregnant, and that if, if I don’t, if I can’t, then it would just, like, set me back, and I’d get really, really upset.

Holly, 14, School 1

I just get scared, because I just, like, hear things that people have miscarriages and everything, and I don’t want that to happen, and I get scared that I can’t have kids.

Lee, 14½, School 1

Speaker snapshot: Lee anticipates having two or maybe three children, has fears about her fertility, and thinks about becoming a mother ‘a lot’. She would have difficulty raising \$4,000, and it would take her several months to accumulate that amount. She lives with both parents in a home of their own. Lee’s parents had their first child when they were both in the late 20s, an age which she agrees is ideal.

I think I would be worried that if I couldn't get pregnant. Like, it's what we're supposed to do (laugh). And if you couldn't do it, I'd just, I'd be so disappointed.

Julia, 15½, School 1

Kodie had already experienced problems with her fecundity, and was the most knowledgeable of all the discussion group participants about her limited chances of conceiving naturally. She shared the information that an assisted reproductive intervention had been planned for her:

At the beginning of this year, I was taken from school with major stomach cramps. They all thought it was my appendix but it was my ovaries – ovarian cysts and both of them were cancerous . . . If I don't at least fall pregnant before I'm 20, they'll take some of my eggs and freeze them.

Kodie, 15, School 1

Little is known about the prevalence of beliefs about the success of assisted reproduction technology (ART), or of how those beliefs may have altered with technological advances (Weston et al. 2004). The wide coverage of ART successes more so than failures has promoted the popular view that science and technology can compensate for the inability to conceive naturally (see section 5.6). As Hewlett (2002, p. 184) observed, 'Misled by the media, which loves to hype miracle babies, and lulled into a false sense of security by an infertility industry eager to profit from late-in-life babies, too many young women now believe that assisted reproduction technology has let them off the hook'. Zara and Zionne were two participants who held such views:

Like, 'cos you're always gonna have that sort of concern, you can't just say, 'Nah, I'm gonna be right', because a lot of people aren't right these days, but it's, it's easy to, um, like with the technology and crap, it's easy to get through that.

Zara, 14½, School 3

Speaker snapshot: Zara does not have fears about fertility because she has been pregnant before, although she did not disclose that in her focus group discussion. She would need several months to raise \$4,000. Zara is in foster care.

I think with all the technology available to you nowadays, I don't think you really have to worry about not being able to, to become pregnant. I mean, all the options that are out there to help you become pregnant . . . Yeah, I have faith in technology.

Zionne, 15, School 3

The effects on fertility of chemicals, contaminants in food, oral contraception, illicit drugs and sexually transmitted infections concerned many participants:

I'm kinda a bit concerned. Chemicals we breathe these days.

Stella, 15½, School 1

If you went on the pill and stuff, then once you got off, there may be fears there, the chemicals and stuff in your body for so long.

Clare, 15, School 2

I have thought about it – I don't know, like, maybe if you get into the wrong sort of group of people, like you start taking, you know, like how often teenagers take drugs and drink alcohol, if you do, like, the hard drugs too much it might stuff up your system. . . . I've had, like, an auntie and stuff that got into drugs and stuff, and she couldn't have babies because what she did in her teenage years.

Ellen, 16½, School 1

It's so easy to lose a child. Like, you can get pregnant quite easily but, like, it's so easy to lose it in any situation because, like, the way you've been brought up is different compared with – your system could be weaker than what it used to be in the olden days, so it's easier to, like, harm the child and have regrets . . . I'm talking about, just like, the food we eat, the food they ate.

Jo, 16, School 3

There's all these new, like, diseases coming out and that which could affect, like, your fertility rate. So, yeah, that's why I think, like, I do have a fear of not, um, being able to become pregnant.

Alisa, 15½, School 3

The effects of ageing on female fertility mattered to some participants, in keeping with the medical scientific message that the 'probabilities of pregnancy [are] twice as high for women aged 15-26 years compared with women aged 35-39 years' (Dunson, Colombo & Baird 2002, p. 1399):

I think another reason people have kids at not an older age is because they find it hard to conceive when they're older, and it's, like, easier when you're younger.

Katrina, 13, School 1

My aunty, she didn't think she'd be able to have a child and she's had a child two years ago she had, when she was 35, and she had to have a caesarean, but everything ended up working out. But it can just, the chances [to conceive], they just reduce as you get older.

Karen, 13, School 1

Like the diseases you can give your kids when you're a lot older. You know how as you get older you get more, um, prone to – I don't know what it's called, but some sort of disease.

Jezz, 15, Catholic school student

Speaker snapshot: Jazz would like two children, has fears about her fertility, and thinks ‘a lot’ about becoming a mum. She is not sure how much it costs to raise a child, but would expect her partner to be able to support her and her children. She comes from a Lutheran family, and lives with her parents in a home of their own. Her dad has certificate level qualifications. It would take her several weeks to raise \$4,000.

Susie, 14½, Ricki, 14½ and Sophie, 15 in one group at School 1 allowed their imaginations free rein as they discussed a fertility scenario:

Susie: *Imagine if you couldn't have a baby.*

Ricki: *If you'd got all your hopes up.*

Sophie: *If you'd been in an accident or something.*

Ricki: *It might be something wrong with the guy as well, it might not just be you.*

Sophie: *And you might be really in love with them.*

Ricki: *He might not be fertile or something.*

Both Ricki and Mena reflected on the contribution of maternal heredity on fertility:

It might depend on your family background or something. My mum, like, when she had me, she, like, died, lost lots of blood but she came back to life, like, I felt really bad when she told me, but like, and she thinks, like, it will happen to me. **Ricki, 14½, School 2**

Speaker snapshot: Ricki aspires to having two children, and does have some anxiety about her fertility. She does not think a great deal about becoming a mother, but she does envisage marrying before beginning a family. She lives with her parents in a home of their own, and could raise \$4,000 in a number of days. Her mum completed secondary school and her dad has a diploma.

Mena's mum was aged 41 when she had her first child, and Mena marked on her questionnaire that she thought about becoming a mother ‘a fair bit’:

Well my mum had, like, miscarriages before she had me and my brother, so that could be, like, one thing. What if I have that? **Mena, 15, School 2**

A number of participants took their fecundity for granted based on their maternal heritage of easy conception and uncomplicated delivery, or simply that such a thought had not occurred to them. Overall, members of this cohort of 13-16 year-olds expressed considerable concern about fertility, their own and others, more so than the quantitative results revealed.

Nola alluded to the unknown aspect of fertility:

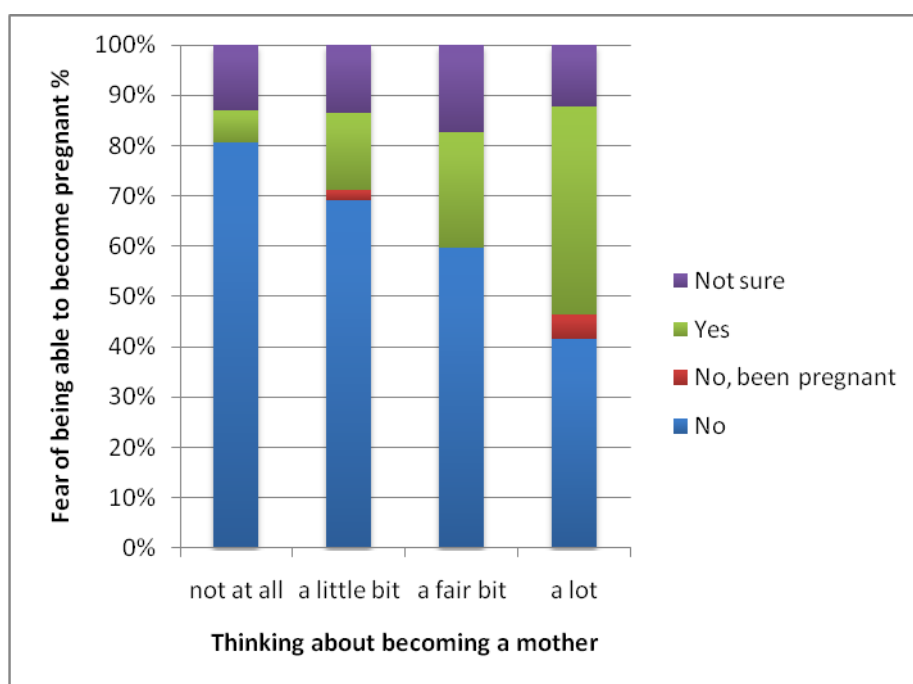
Because a lot of people can't, so you think maybe it's you, you can't tell.

Nola, 15 ½, Catholic school student

While Nola was not concerned about her own ability to become pregnant, this core unknown did occur to her. There is no absolutely reliable test for a woman's potential to bear a child, and the ultimate test of her fecundity is a live birth (Nwandison & Bewley 2006; Rindfuss, Morgan & Swicegood 1984). This is the zone wherein latitude exists to exaggerate the risk of infertility. Explored in section 5.5, concerns about the ageing population that translate into pronatalist social policy have fused with the medical discourse of risk of delaying conception in the media, dominantly emanating from the assisted reproduction industry. Whether the young women who participated in the Amber Light Project have received some of these messages cannot be determined, but a correlation between how much they thought about becoming a mother and their fears about fertility yielded a significant relationship.

A degree of co-relatedness between participants' ideal age for first birth, and their own mothers' primiparous age (G-test, $G = 38.8647$, X-squared $df = 30$, $p\text{-value} = 0.1288$) has been fully explored using spreadsheet analysis (see section 8.2.3). No other significant data relationships were revealed in cross tabulations of selected variables except in one area: thinking about becoming a mother correlated with concerns about fertility (G-test, $G=28.6435$, $df=12$, $p=0.004$, Figure 8m).

Figure 8m: Fears about being able to become pregnant correlated with thinking about becoming a mother (%)



Source: Amber Light Project 2008. The percentage of respondents choosing 'not sure' in response to thinking about becoming a mother (3.9) was deleted for this G-test.

Although actual numbers are small¹¹², there is an interpretative opportunity here, especially when other relationships between variables lack support. The other variables submitted to a G- test to locate co-relatedness were:

- Question 29 with Questions 5, 6p and 8
Question 29 asked how long it would take to raise \$4,000 (choice of minutes, days, weeks, months, or would be unachievable), and was used as a socio-economic indicator for cross tabulations with question 5 about fear for fertility (G-test, $G = 15.6566$, X-squared $df = 12$, $p = 0.2075$); with question 6p, thoughts about becoming a mother (G-test, $G = 9.4754$, X-squared $df = 16$, $p = 0.8926$); and with question 8, ideal age for first-time motherhood (G-test, $G = 5.6577$, X-squared $df = 12$, $p = 0.9323$). Different socioeconomic groups did not reveal any significant relationships across these cross tabulated variables.
- Question 6p and Question 8
Neither was there a significant relationship between responses to question 6p, thoughts about becoming a mother, correlated with responses to question 8, ideal age for first time motherhood (G-test, $G = 15.3472$, X squared $df = 12$, p-value = 0.223).
- Question 5 and Question 8
There was no significant relationship either between question 5, fear of being able to become pregnant, with question 8, ideal age for first time motherhood (G-test, $G = 17.9906$, X-squared $df = 9$, $p = 0.03528$).
- Question 8 and Question 14
Yet another correlation found no relationship: question 8, ideal age for first time motherhood, compared with responses to question 14, knowledge of the amount of the Baby Bonus (yes/no converted, G-test, $G = 2.7932$, X-squared $df = 3$, p-value = 0.4246).

These unrewarding correlative findings place more emphasis on the one that did provide a relationship. Of the 41 participants who thought ‘a lot’ about becoming a mother, 17 or 41.5 per cent of this group had fears about their fertility. In other words, those participants who think ‘a lot’ about becoming a mother are those most concerned about their fertility.

¹¹² Hence the choice of the G-test for its superior capacity with small numbers over chi-square.

8.5 Topic 4 Attitudes toward abortion and adoption

Prominent exposure of magazines at most supermarket checkouts in Australia has relayed a unified message: pregnancy is popular, or even that ‘We’re all pregnant’ (*Woman’s Day*, 22 March 2010). As Julia said,

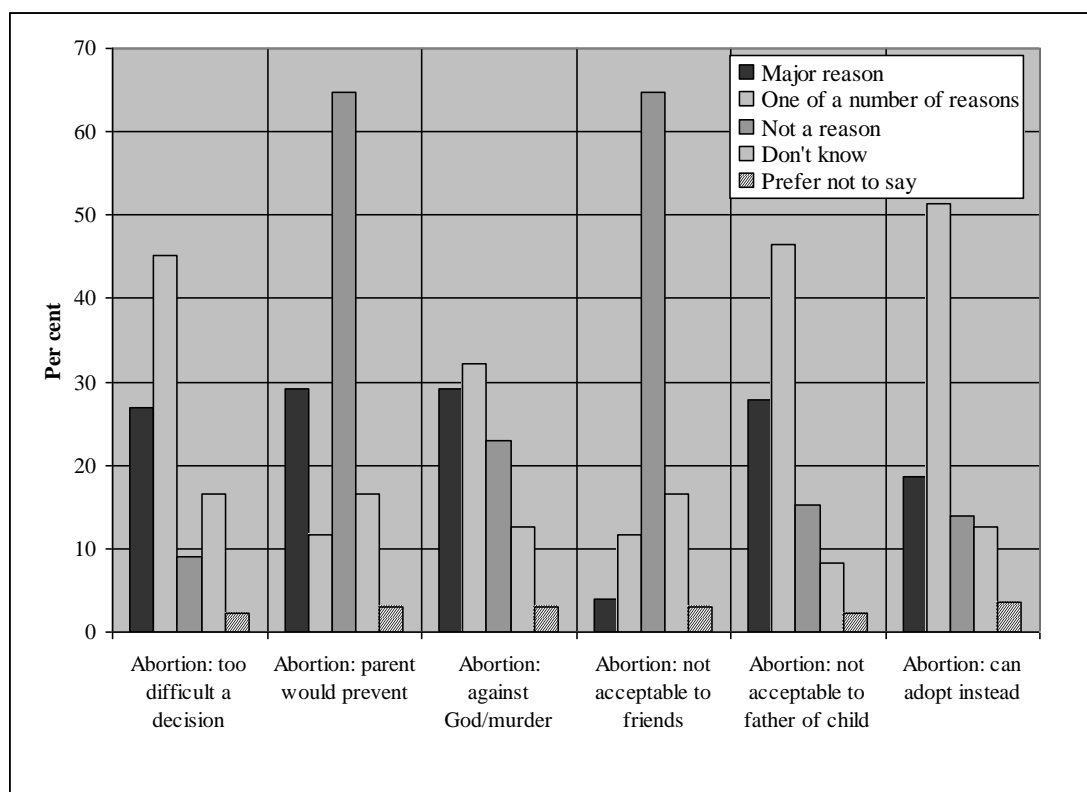
When you see a pregnant person, like, it’s beauty. Like, there’s a pregnant lady where I live and she just looks, like, perfect being pregnant. It just looks so nice on her. I was just like, ‘Well, pregnant’s pretty’.

Julia, 15 ½, School 1

Looking ‘so nice on her’ gives the impression that pregnancy is a suitable fashion choice, recalling the cosmetic surgical treatment of plumping the cheeks with gel implants to imitate the ‘wondrous glow of a mother-to-be’ (*The Daily Telegraph*, 8 May 2009, p. 3). If pregnancy or the appearance of pregnancy in glowing cheeks is so attractive, abortion becomes decidedly unattractive in response to an unplanned pregnancy and, *ipso facto*, choosing to adopt the moral alternative. How the young participants viewed a range of possible responses to abortion and adoption is the next, and last, component of this section.

8.5.1 Abortion

Three sets of questions sought to determine this group of young women’s attitudes to abortion by itself (Figure 8n), medical abortion (Figure 8o), and surgical abortion (Figure 8p). The difference between a medical and surgical abortion was explained in the lead in to this section of the questionnaire (Figure 8n). The low presence of ‘don’t know’ and ‘prefer not to say’ responses is notable in all response sets.

Figure 8n: Reasons why someone might not seek an abortion of any kind (%)

Source: Amber Light Project 2008

The most prominent reasons for having an abortion in response to an unplanned pregnancy were that it would be a very difficult decision, possibly prevented by a parent or the father of the child with adoption as a suitable alternative. Another strong response was that abortion is against God's wishes or akin to murder, a view which Shona, Sophie and Chrissy shared:

Yeah, but if you're 30 or whatever and you can afford a baby but you just don't want to give up everything, and you get an abortion – it's kind of like murder.

Shona, 15, School 1

Like, when my step-sister, she didn't plan her baby and when she found out, she wasn't, like, over the moon, but she didn't want to kill it, and she wasn't gonna give it up for adoption, because it was her child, and so she kept it.

Sophie, 15, School 2

Well, I'm a Christian, so I think it's murder, even though a lot of people do it and everything, but it's just not right, I don't think. And if you're willing to do, like, aw, have sex underage or something, you have to deal with the consequences, even if it's having a baby, like, you started it.

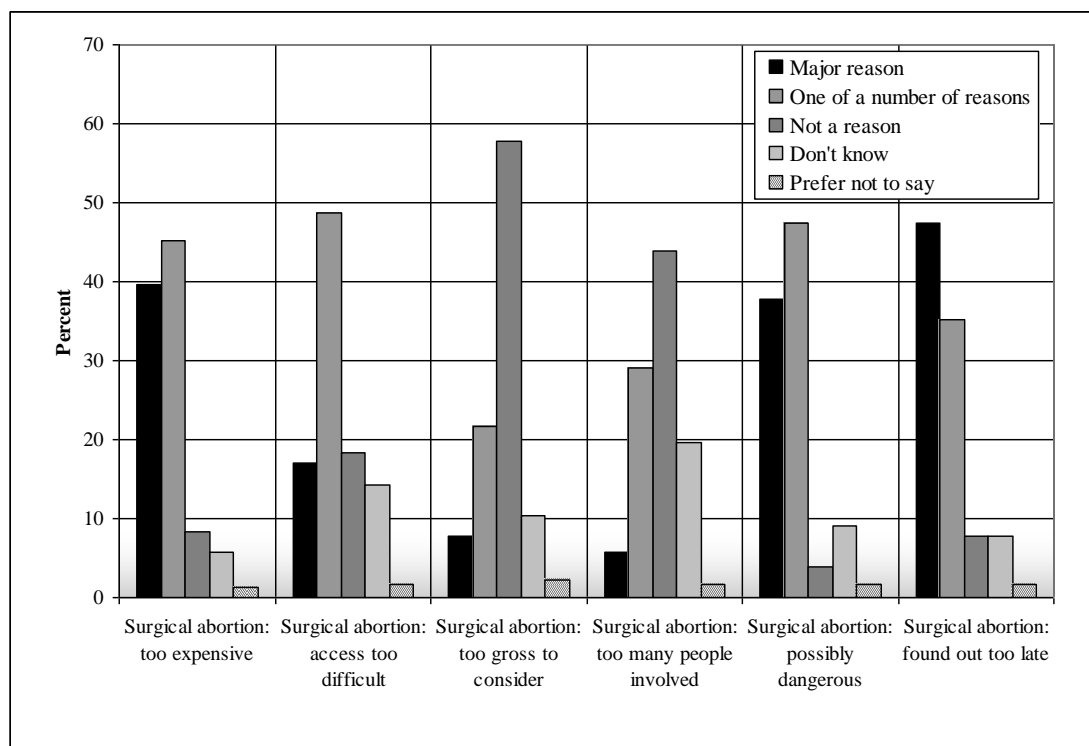
Chrissy, 15, School 2

Speaker snapshot: Chrissy likes the idea of three children for family of the future, and thinks about that ‘a fair bit’. She has no concerns over her fertility, and envisages having her first child between 25 and 29. Her Filipino mother is married to her Australian father who is tertiary educated. Her mum was 30 at the time of her first birth, and her dad was over 40. Chrissy asked in the space provided in the questionnaire, ‘Do you think it is acceptable for a 15 year old girl to raise a child?’ She lives with her parents in a home of their own, and could access \$4,000 within days.

One reason was also strongly resisted: abortion would *not* be prevented by a parent. This response area divided the participant group almost in two: those whose parents might actively intervene, and those whose parents might either encourage an abortion in response to an unplanned pregnancy, or would not be told. A second area of group resistance was the acceptability of abortion to friends: friends would either encourage an abortion, or (interpretively) would not be told.

The next area of measurement concerned surgical abortion (Figure 8o).

Figure 8o: Reasons why someone would not seek a surgical abortion (%)



Source: Amber Light Project 2008

The dominant reasons why someone would not seek a surgical abortion were that it would be too expensive, that the procedure would possibly be dangerous to the woman’s health and wellbeing, and too difficult to access, especially if a woman discovered her pregnancy too late

for the procedure. Mena commented on a woman's psychological response to an abortion as being a deterrent, especially for her:

With the abortion, although I can – the rational, emotional, physical things that come with it – I wouldn't have an abortion. **Mena, 15, School 2**

Timing of a pregnancy termination was mentioned by Vicki and Susie. Vicki alluded to the ultrasound process of 'looking proper inside the tummy' as the determinant of abortion timing (see section 5.10):

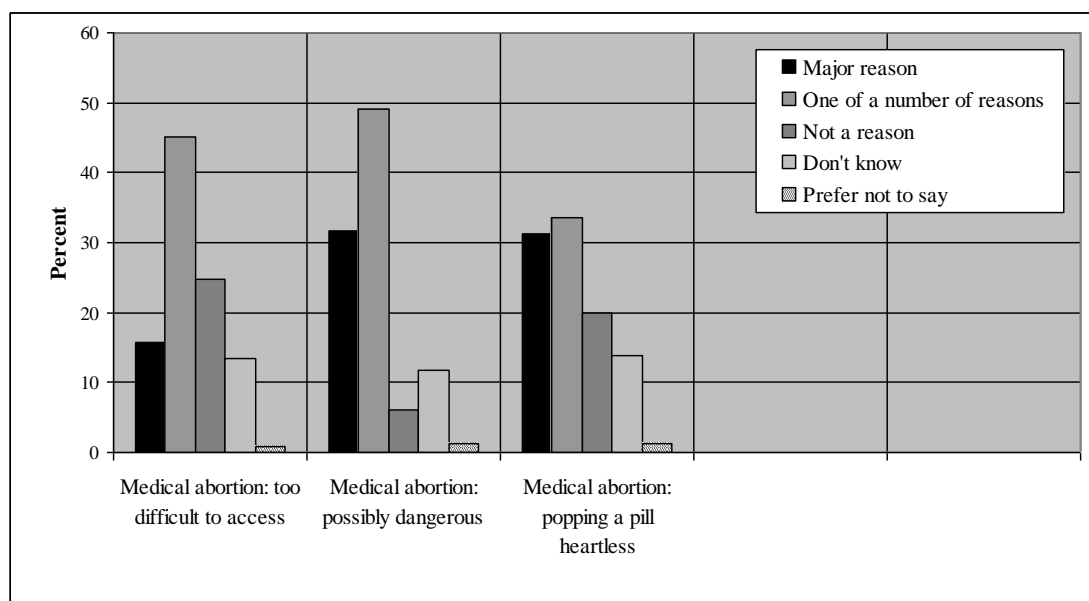
I don't know how fast the baby grows but I think that once they start developing, you know, they start looking proper inside the tummy, I think that that's not right, to kill the baby like that. **Vicki, 15, School 2**

If it just, like, randomly happened and you never knew it was there until you started getting the symptoms, I'd get an abortion. **Susie, 14½, School 2**

There were mixed feelings about the number of people who may have to be involved with a surgical termination of a pregnancy, but the unpleasantness of such a procedure was not a strong reason to deter this choice in response to an unplanned pregnancy.

The next inquiry was about attitudes to medical abortion. In the Cairns Region, medical abortion has received a high level of publicity. Doctors Caroline de Costa and Michael Carette of the Cairns Base Hospital spearheaded the political campaign to transfer the importation of the abortifacient RU486 from the jurisdiction of the Federal Minister for Health to the Therapeutic Goods Administration (see section 5.11). A consequence of these two doctors' high national profile between 2005 and 2006 was disproportionately high media coverage in the region's prominent newspaper, *The Cairns Post* (*NewsBank* database). Medical abortion has been a free procedure procurable at the Dolls House, the sexual health clinic attached to the Cairns Base Hospital.

It is unclear if young women are *au fait* with medical abortion, notwithstanding in this case the local exposure. The 'do not know' responses asking about medical abortion, however, were no more or less than the previous question sets (Figure 8p).

Figure 8p: Reasons why someone would not seek a medical abortion (%)

Source: Amber Light Project 2008

The major reasons of danger and heartlessness were almost identical (31.7 and 31.3 per cent respectively), with access as a major reason why someone would not seek a medical abortion (15.7 per cent), less than for surgical abortion (17.0 per cent). ‘One of a number of reasons’ why a medical abortion might not be sought yielded 45.2 per cent, less than for surgical abortion (48.7 per cent). The slightly lower indication of difficulty in obtaining a medical abortion may point to some knowledge of the availability of medical abortion within this group. Finding out too late was the dominant reason given by this group why someone might not seek a (surgical) abortion (47.4 per cent), followed by the belief that a surgical abortion would be too expensive (39.6 per cent), and possibly dangerous (37.8 per cent).

This is a vulnerable age group to unplanned pregnancy. According to AIHW research (2007), among Year 10 female students, of the 24 per cent practising sexual intercourse, 20.2 per cent are either not using contraception (11.6 per cent), or practising withdrawal (8.6 per cent). By Year 12, 46 per cent of female students are practising sexual intercourse, 26.1 per cent either not using contraception (8.6 per cent), or practising withdrawal (17.5 per cent). Data do not record the frequency of intercourse, but estimates are that 85 per cent of women (of unspecified age) practising regular, unprotected intercourse are likely to experience conception (Guttmacher Institute 2009, see Table 5e). The birth rate of women aged under-20 decreased by 44 per cent between 1980 and 2006, from 27.6 babies per 1,000 women with a steady, downward trend to 15.3 babies per 1,000 women in 2006, the lowest rate ever recorded in Australia. In 2007, the teen birth rate increased slightly to 16.0 per 1,000 women, and then again in 2008 to 17.3 (ABS 2009a). This is a 13 per cent increase for this age group

in two years. In light of the increased birth rate for all age groups in this same period, this need not be viewed as remarkable. However, some early abortion data released ahead of the next AIHW report indicated that fewer teenagers are seeking abortions (Switzer 2007). To recall Professor Wallace's suggestion (in Switzer 2007), new financial incentives may be influencing some women to proceed with their pregnancies who may have otherwise chosen to abort. The low level of 'not sure' responses from all three question sets about abortion, then, may indicate a higher-than-expected level of interest in matters concerning pregnancy termination.

Participants recorded a low level of religiosity: 59.6 per cent did not have a religion, 12.2 per cent described themselves as Christian, 17 per cent identified as Catholic, and 73 per cent never attend church. Therefore, that 29.1 per cent considered that someone would not seek an abortion because it is against God's wishes or like murder as a major reason, and 32.2 per cent as 'one of a number of reasons' – a total of 61.3 per cent – is surprising. Regrettably, 'against God' wishes' and 'like murder' were included in the same choice category. Had they been separate choices, analysis would have been more definitive.

Jezz had two friends who had experienced an unplanned pregnancy, one who chose to proceed to term, and the other to abort. She challenged the other participants in her group about the pragmatic choices that sometimes need to be made, a view which seemed to support abortion:

It would depend on your circumstances. I had a friend who had an abortion and one who had the kid. She was 16 when she had the kid and she's done really well for herself, like, she's got this guy who's really good and they all live together with her mum. The mum helps the daughter out with the kid and stuff. The one who had the abortion, she doesn't really regret it because she was only young and she couldn't really deal with it, which is fair enough, in my opinion. Like putting yourself in her shoes, I don't think you could – like, could any of you really support a kid?

Jezz, 15, Catholic school student

In this group, more so than in other groups, adoption was explored more fully as an alternative to abortion after Jess had expressed her view.

While views about abortion were mixed, the finding of most interest to research outcomes is the reaction that abortion would be against God's wishes or like murder, especially from a group declaring a low level of religiosity.

8.5.2 Adoption

Only 10 per cent of questionnaire respondents said that a mother placing her child for adoption was not a good idea, whereas 50 per cent of respondents agreed that adoption would be ‘OK if it’s best for baby’. Adopting out a baby would be acceptable under extreme circumstances to 31 per cent of participants and, to a further 5 per cent, placing her child for adoption would be right if it was what the mother decided to do. Overall, adopting out a baby was acceptable to this group of young women, at least in theory and on paper, or for someone else:

But think of the kid. We just said before that we think it should have a dad to bring it up, it needs a father or something, but if they didn’t have a stable job or something, it’s not fair on the kid – but they could always put it up for adoption. **Katrina, 15½, School 1**

When participants explored the possibility of adopting out a child of their own unplanned pregnancy, views from the discussion groups changed direction:

I wouldn’t put my kids up for adoption. If I was still in a struggle, I’d just try my hardest, ‘cos I believe they should grow up with their parents. **Chrissy, 15, School 2**

I guess if I was ever in a situation where I couldn’t, I just wouldn’t be able to take care of a baby, then I probably would put it up for adoption or, like, if it was too late in the pregnancy, like, when I realised, aw, I won’t be able to do this, I would probably put it up for adoption, but, um, but I’d, like, exhaust all my options first. **Morgan, 15, School 3**

The influence of the popular films *Knocked Up* and *Juno* that feature unplanned pregnancy entered several exchanges (see section 5.10). Astra reflected on the narrative of *Knocked Up*, and Tamara on the story line of *Juno*:

*Or if it’s like, you’re over 20, and it was, like, an accident, like in *Knocked Up*, it was a one-night-stand and then she got pregnant and you could adopt it out then.*

Astra, 15, School 2

Speaker snapshot: Astra has in mind the possibility of having two children, has no fears about her fertility and does not think about becoming a mother at all. Mum and Dad are both tertiary educated, and she lives with her mother in a home being purchased. She has immediate access to \$4,000.

*I could change my opinion [about adoption after watching *Juno*]. Like, I always thought, like, young teenage mothers, it’s fully bad, but what the hell, but ever since I’ve seen that [film *Juno*], it’s shown that, like, it’s not the worst thing.* **Tamara, 15, School 2**

The unplanned pregnancy theme of the movies *Knocked Up* and *Juno* had helped some of the participants formulate their opinions about the potential of adoption. As Ricki, 14 ½, at School 2 said, ‘You give your child away, like in *Juno*’.

Alisa, 15½, and Morgan, 14½, in the same discussion group at School 3 had seen *Juno*, and exchanged their views with Zionne, 15, who had not:

- Alisa:** *It was funny in parts but it was also a difficult thing for her to go through.*
- Morgan:** *Like getting pregnant while she was still at school, and she didn't quit school.*
- Interviewer:** *What did you think about her adopting the baby?*
- Morgan:** *I reckon it was pretty good, instead of, like, that way she wasn't getting rid of another life, at least giving people something.*
- Zionne:** *I don't know what happened so I can't say anything.*
- Morgan:** *It's only wasting nine months of your life.*
- Alisa:** *Well, that can be argued.*
- Morgan:** *I think it was good, I think it was good that she realised that she, that she wouldn't be able to, um, look after it, look after the baby and take care of it, so it's good that she found a family for it.*
- Ailsa:** *It's good for the family too. I mean if they are adopting, that means that they would really love and cherish this child, and everything.*

The concept of adoption was acceptable for others facing the dilemma of an unplanned pregnancy, but not necessarily for themselves.

8.6 Feedback from participants

When time permitted, focus group participants were invited to provide feedback about how they had experienced the Amber Light Project. Ellen, Vicki and Clare contributed thoughtful responses. Ellen was in favour of a wider dissemination of the Project's content to increase awareness of reproductive choices and their repercussions:

I just thought it was interesting, like, having a survey just made me realise about the whole situation with babies and stuff, made me more aware of what would happen and stuff. . . I think this survey is good. If this was given out, if this was promoted in a classroom of underage girls, some girls might sit there and they – before they have seen this – they might have views saying, ‘Oh, I can't be bothered to do anything, like, I'll just get a Baby Bonus, work out, and then, oh, I'll just do this.’ But then they don't realise, like as I said before, the financial thing, but this actually shows, and then they might think, they don't know, they might think that it's bad to have a kid over 30, like, ‘Ah nah,

that's too old, I'll feel like a granny!' But they don't realise, like, they might think, ah, it's cool, it'd be better to have a kid when you're between 18 and stuff because you'd look hotter, the kids might think you're cooler and stuff. But they might just be unaware.

Ellen, 16½, School 1

Vicki had used the material in the consent pack to generate a discussion with her mother in advance of completing the questionnaire. As a consequence, she found it easy to respond to the questions:

Well, a couple of days before I did the survey, me, my mum and I . . . had a big discussion over it, and I was saying how, if I wanted an abortion, it would be three weeks, something like that, and we just, yeah, so I guess, after talking about that, I was very opinionated about everything and it made doing that survey a lot easier, and it was like 'Yep', 'No', 'Yep', 'No'.

Vicki, 15, School 2

Clare's discussion with her mother was less of her own making than Vicki's, but Clare was surprised at her mother's receptivity. She was appreciative of the opportunity to formulate a degree of preparedness if she ever experienced an unplanned pregnancy:

The day of it? My mum pulled me out of bed at six in the morning to ask me the questions that were on the little thing. I wasn't very impressed, but anyway (shared laughter) . . . it was easier to talk to mum [than I thought it would be] . . . It made me stop and think maybe I should start to plan, maybe, just in case, get a few ideas just in case it [an unplanned pregnancy] happens.

Clare, 15, School 2

One benefit to participants of the discussion groups was to provide an avenue for such realisations about becoming a mother to emerge. A number of participants said that they appreciated the opportunity to explore their ideas with others in their groups. Kandy provided thoughtful feedback about the educative value of being able to discuss issues such as the Baby Bonus in a group environment:

I think it's opened up my view. The discussion worked a lot easier for me. Just like talking about it and getting a lot of things out. It makes younger girls realise how hard life can be, like, having a family, you have to raise it, you have to look after the kids and medical stuff that comes into it and it's not always just about the money.

Kandy, 16, School 1

Tamara also confirmed the worth to her of being involved in the Amber Light Project discussion group:

I've liked to learn about that whole baby thing, like, we're not very well educated, I've hardly had any sex ed . . . The teachers don't do much. I've been here three years and we've had it about once.

Tamara, 15, School 2

As questionnaire participant number 112 (who did not participate in a focus group discussion) wrote in the space for comments, 'I think it's a great idea to do this survey to learn what teenagers today know (or don't know) about what they could be getting themselves into – parenthood! Thank you!'. Participant number 102 commented similarly: 'Thank you for giving us the opportunity to take this survey. It shows people what could be taken into consideration, eg all the abortion operations. THANK YOU!'.

The gravity of some of the topic areas arrived almost unbidden occasionally for some participants, relaying a sense of seriousness beneath oftentimes light-hearted banter. Ellen provided such an insight. She shared her flippancy at the outset of questionnaire completion, and then the process that unexpectedly overtook her:

Like, before I took the survey . . . I was like, 'Oh yeah! \$10 gift voucher! Whahoo, do it now!' I go into it, I was just like, oh yeah, just scribble a few answers down, you know, give her some research to look up on . . . Then after, after I went out the survey, I discussed it with [my friend]. We actually thought about stuff, and like we went on and talked about it to each other.

Ellen, 16½, School 1

The views expressed by Ellen resonate with Green and Thorogood's (2004, p. 117, italics in original) observation that 'for participants, the discussion itself is of course another source of both information and beliefs, in that it is one forum in which participants *come to know* particular things'. As Mena, 15, School 2, said of her involvement in her discussion group, 'It got me thinking about things I wouldn't think about, it forms views and things'.

When time permitted, my last request was for any feedback that the participants felt would be useful to me, such as how they had found the process of completing the questionnaire and their focus group participation. A number of comments confirmed my observation that the participants enjoyed having data from within the Project for their consideration:

And knowing about how other girls think, and how they can be completely different, that was weird, you know, in a good way.

Chrissy, 15, School 2

It's good to think about it. . . So I haven't talked about it with anyone else before. I think it's good to know where everyone is at.

Sophie, 15, School 1

Janine and Kaitlyn, both 15 at School 3, exchanged their views on having some results from School 1:

Janine: *And also, you know what other teenage girls are thinking, like from [School 1], what their views are.*

Kaitlyn: *It gives you a different idea about it.*

Janine: *Different perspective and, yeah, I guess it makes you think a lot harder, too.*

8.7 Self-reflexivity

I am mindful of Denscombe's (1998, p. 212) advocacy for self-reflexivity: 'analysis of qualitative data calls for a reflexive account by the researcher concerning the researcher's self and its impact on the research'. At all times during the focus group discussions, I was alert to any perceptions of my role (even the way I dressed: not too conservative, not too 'hip'). A number of participants made comments that indicated to me that it was safe or permissible for them to talk about this range of sometimes sensitive topics in my presence as Mena confided:

I don't feel as if I can talk with [my mum] about stuff, like, on the same level as if – like, one of my friend's mum's younger and they have a good relationship, she tells her pretty much everything.

Mena, 15, School 2

Considering that I was about the same age as her mother (55), Mena did not seem to make the connection that she had been talking freely to me 'about stuff' that she said she had difficulty discussing with her mother, reportedly because of the age difference. I also derived a sense of acceptance on a number of occasions when several participants seemed embarrassed about having used unguarded swear words, indicating to me that they were talking more freely than, say, to a teacher in a classroom, at least until they self-corrected their language.

Bassett et al. (2008, p. 120) relayed the methodological challenges of conducting their research with young people, especially the 'struggle to get teens to go beyond monosyllabic responses'. Interviewers used various means to engage participation, and move from a stilted exchange to a meaningful conversation: 'the researcher must take steps to relax that encounter, through appearance, body language, informal speech, self-disclosure' (Bassett et al. 2008, p. 129). Relevant self-disclosure is thought to be a key strategy, helping young people to participate in a conversation rather than finding the 'right' answers. My background in person-centred counselling, an approach that places great store on appropriate self-disclosure, paid dividends for the focus group encounters, and I had the opposite of stiltedness and monosyllabic responses. My experiences aligned with Green and Thorogood's (2004, p. 117) assessment that a 'well-facilitated group has the feel of an everyday discussion,

with participants interacting, joking and arguing with each other, rather than through the facilitator'. The level of animated discussion did add to the task of transcription, but that was a small inconvenience compared with the candour and volubility in most groups. The young women involved clearly enjoyed participating, and were often keen to continue talking after the class bell had rung, weighing up the possibility of missing a segment by staying on.

The quantitative data of most interest to me was the idealised age of first-time motherhood. I knew in advance of the discussions that not one questionnaire participant had chosen the ideal age for first time motherhood as 35-39 or over 40, choices that were included, and that this differed from the actual maternal age at first birth distribution nationally. Indeed, the idealised age for first-time motherhood differed markedly in each age bracket, between the views of participants in the Amber Light Project and national statistics. Part of my quest was to tease out the difference between the question's term, 'ideal', and the aspirational age for participants' own entry into motherhood to check the quantitative results. I particularly wanted to verify the absence of the ideal age for first time motherhood as 35-39 or over 40. It became immediately clear in the discussions that the 'ideal' age of first-time motherhood in the questionnaire had been personalised, borne out in spreadsheet analysis comparing discussion participants' disclosures with their questionnaire responses. This differed from the two questions in the questionnaire about the ideal number of children for a family, and the number of children they might like for themselves, results of which exhibited a marked difference.

I was also aware from the data before commencing fieldwork that few participants had no aspirations for motherhood, unusual also when compared with the youngest participants in the Fertility Decision Making Project for instance. Reflexively, my task was to refrain from emphasising preliminary findings suggested by the quantitative data, and to allow the group members to determine any meanings that this data presentation might have for them.

8.8 Summary of research findings

The primary task of the Amber Light Project was to explore the age at which young women in the study aspired to first-time motherhood. They projected their first births occurring between 25 and 29 or, secondarily, between 20 and 24, but definitely, and certainly not deliberately, much later than the age of 30, or earlier than the age of 20. If a single year could be nominated for first-time motherhood aspiration for members of this group, it would be the year they turn 25, up to three years younger than the 2006 national mean primiparous age. The majority of participants whose own mothers birthed a first child either in their teens or

over age 35 indicated the greatest departure from modelling their own mothers' age-related fertility behaviour.

The participants envisaged themselves as mothers: almost none foresaw themselves without children, although this may have been a self-selection effect to do with the topic of the project, mentioned several times. Most had thoughts – 40.4 per cent strong thoughts – about becoming a mother. This group was not interested in having just one child. These young women have an ideal family in mind of two or three children although, realistically from discussion results, two would be more likely. Study achievement, career development and gaining financial security were perceived as mostly achievable during their 20s as prerequisites for family formation although, indubitably, such goals will be modified by many group members as choices, opportunities and disappointments arise in time.

Twenty per cent of questionnaire respondents expressed fears that they may not be able to become pregnant, and those who were concerned about their fertility were strongly represented in the sub-group of those who thought most about becoming a mother. Many focus group participants were aware of issues that may affect the ability to have a child, and there were mixed views about medical science being able to overcome any problems with fertility. Knowledge of the Baby Bonus was high (42 per cent knew, 38 per cent thought they knew), and over half knew exactly how much it was. All focus group participants held strong views about this payment. A number of respondents questioned the ethics of the encouragement to have a child 'for the country', and more particularly, who was voicing that encouragement. Participants' views about abortion, while also mixed, did yield one unusual finding considering the group's declared low level of religiosity: 61.3 per cent thought that someone would not seek an abortion because it would be against God's wishes or like murder. Adopting out a baby was acceptable to 90 per cent of this group of young women (from the questionnaire), at least for someone other than themselves (from the discussions).

This study from one regional area in a public school setting offers insights into some of the thinking of contemporary young women about motherhood in the pronatalist state. However, this group (n=230), all Australian residents, 95 per cent non-Indigenous with a mean age of 14 years and eight months, is unlikely to be a representative sample of all young women in Australia. The recommendation to test the validity of these findings is to expand this study to canvas the views of young women in metropolitan schools, and in the private school sector, in other regions. Only a longitudinal study would be able to verify how much the aspirations of the young women who participated in this study will be matched by actual behaviour. Any number of factors may intervene: their abilities to find a partner; opportunities that may delay

or prevent actualising childbearing intentions; changed values surrounding parenthood, or even reproductive capacity.

The overarching finding of this study from focus group discussions, however, was the depth of thought that these young women had about motherhood. The very low presence of ‘not sure’ or ‘prefer not to say’ responses across the entire data (except in the areas of population stability and the cost of childraising) was testimony to the level of participants’ engagement with the content of the Amber Light Project. For comparison, the Pitts and Hanley study about fertility (2004), using a written-response questionnaire with 280, 14-18 year-olds, yielded one-third ‘not sure’ responses to every question, although the substance of that research may have been more difficult than that of the Amber Light Project. While such a small study in one regional area of Australia is not generalisable, a *conceptual* generalisability may be drawn: members of this cohort have aspirations about their future families that are decidedly more than ‘fluid’ (Weston et al. 2004, p. 22).

8.9 Discussion of research findings

To my knowledge, no other research to date from either the demography or motherhood literature in Australia or elsewhere has examined the possible implications of pronatalism for young women. Amber Light Project participants responded to some topics that have not previously been asked of this age cohort, some not even of any age, under academic research conditions. Although a causal relationship between data findings and the effects of pronatalism cannot be established by this exploratory research, it can be reasonably assumed that the young women involved have not been immune to, or cocooned from, the strong, cultural messages of the ‘pronatalist juggernaut’. After all, the ‘pregancy’s pretty’ magazines targeted at young female readers are displayed at every supermarket checkout and newsagent, and every magazine purchased has a flow-on readership to at least four others. Motion pictures such as *Juno*, *Knocked Up*, *August Rush* and *Bella* are powerful message carriers that reach, and are intended to reach, young female audiences. How participants may have been exposed to or heard such messages can only remain speculative.

One proposition can be made about participants’ responses to questions concerning ideal and aspirational age for first-time motherhood, and fears about fertility. This cohort of females born 1992-1996 (aged 13-16 at the time of fieldwork, 2007-2008) may have heard the message of ‘not waiting too long’. The most fruitful discoveries of age-at-first-birth discussions reside in the outliers: the 38 participants whose mothers birthed a child in their teen years, and who nominated an older age for themselves, and the 13 participants whose mothers birthed a first child in their late 30s or early 40s. These 13 daughters all rejected the

idea of waiting beyond 30 for a first birth. These results suggest that this rising generation of mothers may not be as likely to delay first childbearing until their 30s and beyond, but look to their 20s as the decade of their lives to begin their families.

Of particular interest is the degree of relatedness ($p=0.004$, Figure 8m) between those participants who think ‘a lot’ about becoming a mother, and those most concerned about their fertility, especially in the absence of any other relationships in cross-tabulated data (except participants’ mothers’ age at first birth and participants’ own aspirations). This result may support the notion that the promotion of pronatalism enmeshed with messages about risks to fertility have reached into this cohort.

Pronatalist influences on attitudes toward adoption, abortion and the Baby Bonus may be discernible. In the pronatalist state, adoption is preferred to abortion in response to an unwanted ‘child’ of an unplanned pregnancy, as the furor over RU486 made clear (see section 5.11). As Ripper (2007) observed, the government may have lost the battle over the importation of RU486, but it won the war as the locus of the nation’s moral fibre, tainting aborting women as ‘murdering mothers’. Fifteen-year-old Shona’s view encapsulated this: ‘Yeah, but if you’re 30 or whatever and you can afford a baby but you just don’t want to give up everything, and you get an abortion – it’s kind of like murder’. Coupled with 61.3 per cent of participants agreeing that someone would not seek an abortion because it would be against God’s wishes or like murder, it is possible to suggest that such pro-life messages have reached into this group.

Every ‘child’ of every pregnancy, planned or not, is precious, a sentiment highly resonant with pronatalist ideology, and one expressed (albeit indirectly) by 90 per cent of questionnaire participants in response to the acceptability of adoption. The high level of acceptance of adoption, however, was more in principle than in (potential) fact. Discussions with those participants contributing their ideas fleshed out that adoption would not be a choice they would make in response to an unplanned pregnancy of their own. Morgan, 15, said she would exhaust all her options first before choosing adoption ‘if it was too late in the pregnancy, like, when I realised, aw, I won’t be able to do this’.

Resolution of the tension between pronatalist social policy flowing into the ‘pronatalist juggernaut’, and whether the young women participating in the Amber Light Project have internalised such messages is not required of this exploratory research. However, results offer the possibility of a new discussion about the aspirations of young women envisaging families of their future amid national, pronatalist influences.

8.10 Limitations of the study

An exploratory study with negligible precedent collecting data from one group at one point in time is, as de Vaus (2002) called it, research in a vacuum, or a work of the imagination rather than of systematic observation. Hence, limitations abound, the most obvious one the inability of exploratory research to demonstrate a causal relationship between data findings and, in this case, the effects of pronatalism.

Mode of sampling could have been improved, although sampling limitations are a major problem with many studies of young people, invariably opportunistic with small numbers, because access is so notoriously difficult (Breakwell 1993). This limitation, in turn, hampers generalisability, rendering such findings to be treated with great caution, a recommendation that applies to the Amber Light Project findings. Another obvious limitation is that self-reported aspirations may not translate into actual behaviour. A longitudinal study involving more participants using a wider geography would be better practice to track participants' realisation – or otherwise – of their youthful visions. Although this study does have the capacity to be developed longitudinally, it was not part of the original design.

A better approach again would be a large-scale, whole-of-state project such as the University of Queensland's longitudinal study with its 200 questions and 6,000 Year 8 (12-14 year-old) participants (2009¹¹³). The Amber Light Project suffers from lack of geographical scope although, given the sensitivity of some of the components, the difficulties of access imposed by education authorities would probably curtail a larger-scale study (in a school setting) just as it has affected this small one. Notably, three of the major research programs with young people undertaken annually by Mission Australia, the Dusseldorp Skills Forum and the Brotherhood of St Lawrence do not broach sexually-oriented issues. The AIHW annual report, *Young Australians*, and the bi-annual, national survey, *Secondary students and sexual health*, conducted by the Australian Research Centre in Sex, Health and Society at La Trobe University, do cover sexual behaviour, sexually transmissible infections and pregnancy risk issues, but not abortion, ideation of motherhood or fertility. Other potentially useful longitudinal studies, for example HILDA and the Australian Longitudinal Study on Women's Health (ALSH), have a fixed-age, lower limit of 18 (Johnstone & Lee 2009; Lee et al. 2005). Moreover, the ALSWH recruited participants in 1996 who were 18-23 years old which places this longitudinal study outside the year and age parameters required for comparison with Amber Light Project participants. The longitudinal study of Australian children, *Growing up*

¹¹³ Skrbis and Western (2009), *Social futures and life pathways of young people in Queensland: waves 2 and 3 of longitudinal study*, viewed 1 November 2009, <http://socialscience.uq.edu.au/socy-research-projects##skrbis>. Any results pertinent to the Amber Light Project have not yet been released.

in Australia (AIFS 2004), that commenced in 2004 with one- and four-year-olds has a long time to go to meet the age gap, even if the areas covered could be expanded as participants from Wave 1 enter puberty and beyond¹¹⁴. It is difficult to suggest how the results of this study could be extended using existing longitudinal studies, although possibly the University of Queensland's longitudinal study, *Social futures and life pathways of young people in Queensland*, is most suitably poised to accommodate inclusions of topics in future waves such as those in the Amber Light Project.

Another limitation of the study is the lack of archival comparability of motherhood aspirations, that is, the age 13-16 year-old young women in 1968, 1978, 1988 or 1998 envisaged becoming mothers, and if they thought of the possibility of not being able to have children for reasons of fertility difficulties. Mostly, if responses in these areas were garnered at all, they were the province of teen magazine surveys. Asking women aged 23-39 how many children they envisaged having at the age of 20 as the FDMP did (Weston et al. 2004, see Table 8b) captured the adjustments women make to their youthful visions of the number of children they desired, but not the age they envisaged entering motherhood, and not if they had fears about being able to become pregnant. These areas offer scope for historical sociological research development, especially with older women now grandmothers and great-grandmothers, and for inclusion in future studies similar to the FDMP.

Specific limitations apply to the formulation of some of the questions, and the design of the instrument. In hindsight, including a question about the \$7,000 First Home Owner Grant (Queensland Government 2009), the only other federally-available, large lump sum, would have been a useful comparison with participants' considerable knowledge about the lump-sum Baby Bonus. The choice that 'someone would not seek an abortion because it is against God's wishes or like murder' would have been more useful for data analysis had the two ideas been separate choices. In the title of the instrument, 'Mothers of the future', and design of promotion materials, a self-selection process may have been present. How this element affected results is difficult to determine, except in the number of children participants envisaged for themselves, that is, only three questionnaire participants did not envisage having a child which is not representative of the female population. Regardless of these limitations, participants' responses add substantial new information about fertility intentions and concerns of contemporary young women at one (important) time in one region of Australia.

In the next and last section, the investigation of the lump-sum Baby Bonus, its evolution, reception and reach as pronatalist message carrier, is drawn to a close with an ultimate

¹¹⁴ The K cohort, those children born in 1999-2000, will turn 10-11 in 2010 for Wave 4 (viewed 1 November 2009, <http://www.aifs.gov.au/growingup>).

appreciation of the potent roles the lump-sum Baby Bonus has performed. Public interest has waned now that the payment is means tested and incrementally paid. If the *Newsbank* archive can be used as an indicator of declining public attention, Australian newspapers made 1,654 references to the Baby Bonus in 2008 (search term “baby bonus” in all text), and 631 in 2009. However, academic interest is set to move in the opposite direction, an inclining interest as each year’s birth data are released, because this maternity payment’s work is likely to continue. Its many legacies, next explored, will reverberate for decades to come, through the introduction of a national paid parental scheme, and in the family-making culture of Australia.

9.0 Concluding discussion

9.1 Introduction

The global ageing phenomenon, attributable mainly to sub-replacement fertility and extended life expectancy, is the source issue behind the interests of this thesis. Perspectives from the international community of demographers and economists about the combined effects of population ageing and low fertility established parameters in Chapter 3 to explore the Australian context. Governments of both developed and some developing nations have been motivated to attend to the prospect of a shrinking labour force to support age-related spending, because a *laissez faire* approach to the age imbalance is deemed irresponsible to future generations. The perceived urgency of this goal has compelled governments to search for ‘magic bullet’ policy formulations to increase birth numbers that, in turn, will address concerns generated by the ageing skew, at least in part. Demographers do not view immigration as the answer for any country. Thus, most governments are raising net immigration, and introducing or boosting pro-family policies in the attempt to raise fertility toward replacement level. The formulation of those policies, however, is contentious, but counter arguments have not dissuaded the pronatalist direction under way in many nations, including Australia.

The future course of fertility in countries with below replacement TFRs is ‘one of the most hotly debated topics in contemporary demography’ (Bongaarts 2002, p. 439). A selection in Chapter 4 of both public and academic views supporting and contesting Australia’s pronatalist direction has encompassed the ‘hot debate’, particularly over the introduction of Australia’s version of a ‘magic bullet’ in 2004, the generous, unilateral lump-sum Baby Bonus. This maternity payment or perhaps, more correctly, controversy over it has done the most work in promoting birth increase and parenthood, especially as an alternative to the ‘bad word’ pronatalism with its tainted history. The need for alternative terms to make the ideology more publicly palatable explored in Chapter 5 positioned the lump-sum Baby Bonus as message carrier or metonym for pronatalism.

The Australian lump-sum Baby Bonus was the first payment exactly of its kind in OECD nations in 2004, and has been accorded unusual attention, especially as a substitute for a universal paid maternity leave scheme. Its transparency as a seeming, no-strings-attached measure to offset the costs of having a baby and, at the same time, as a potential way to enhance the TFR has been praiseworthy. The lineage of the Australian lump-sum Baby Bonus began not in 2004, however, but in 1904 when a Royal Commission decreed Australia’s

women lax in their duty to produce more babies for the new Federation. Population numbers were important to strengthen the Caucasian presence in an isolated, fledgling nation. One outcome from that august body of men was a world landmark: a Maternity Allowance introduced in 1912 to encourage and assist women and men to do their duty. Almost a century later, another august body (of mostly men), the Australian Federal Government, announced another world first: a generous, non-means-tested Baby Bonus that was not parity linked. Its debut as a lump sum of \$3,000 was nearly four times the amount of its 1996 predecessor, a maternity payment of \$840, and six times that amount by the completion of a two-stage, index-linked increase over four years (see section 4.3). While cash transfers on the birth of a child were not new, they have been parity-linked in other countries (including Australia between 1934 and 1977), mostly in favour of the third child, the child of population growth. They have not been so generous either, not until 2007 when Germany boosted and Spain (and almost Cyprus) launched their own bonus versions. Australia's large, unilateral payment was therefore bold, and attracted much interest, both nationally and internationally.

Nearly one hundred years on from its first appearance on the Australian social policy landscape, this maternity payment was also imbued with national duty, this time to address not strength in overall numbers, but strength in young numbers to offset an ageing population. Then Federal Treasurer, Peter Costello, responding to Questions Without Notice in the House of Representatives on 19 June 2006, thanked the honourable (Liberal Party) Member for Casey for asking, 'Is an increase in the birth rate positive for Australia's future?', and also for his 'own contribution to the birth rates next month – and we thank him for doing his duty' (Parliament of Australia 2006b). Press reportage also captured Costello's notion of duty: 'Go ahead, have a baby – it's all in the line of national service' (*The Sydney Morning Herald*, 13 May 2004, p. 5). At the turn of the 21st-century, the debates of the early 20th century of women's childbearing potential seem like 'new versions of the old arguments . . . women are again being reduced to their biological role' (White 2003, p. 161) as 'little Aussie breeders' (Summers 2003, p. 226).

9.2 Roles of the lump-sum Baby Bonus

There is no doubt that the message the lump-sum Baby Bonus conveyed to the Australian people contained 'the Government's symbolism and moral support' to have more children (Withers in Warne-Smith 2005, p. 3). However, the lump-sum Baby Bonus performed a number of other roles, not all foreseen or transparent: female vote winner for a federal election; *agent provocateur* in the introduction of a national paid parental scheme; unwitting partner with the assisted reproduction industry; 'pump primer' to address the ageing skew; and, speculatively, usher for lowering the mean primiparous age. Ultimately for this thesis,

the lump-sum Baby Bonus had another role to play in the Amber Light Project: a key topic area for discussion with 13-16 year-old young women to gain a phenomenological sense of whether the pronatalist messages carried by the lump-sum Baby Bonus had reached them.

9.2.1 Female vote winner for a federal election

Guest (2007a, p.11) asked similar questions to the one posed by the Member for Casey in Parliament, but with an opposing ideology: ‘Do we need a pronatalist policy in Australia? Will the Baby Bonus raise fertility? Is the Baby Bonus a good pronatalist policy?’. He lambasted the Baby Bonus as a misdirected ‘spaghetti bowl’ of a policy with so many better options (in Parnell 2008, p. 1). One option could have been to deliver the birth payment incrementally from inception rather than as a lump sum, a delivery mode that was adopted by the following government, effective January 2009. The payment had an exclusive history of a single cash transfer until the arrival of the First Child Tax Refund (FCTR) in 2002 which augmented the lump-sum Maternity Payment (then \$880), but was calculated as a component of annual tax returns. This disturbance to the way maternity payments were delivered based on a mother’s income prior to the birth could have paved the way for the revised payment to be delivered differently, not as a lump sum.

The abject policy failure of the FCTR (see section 4.4) necessitated its overhaul, and became a pressing consideration as a federal election loomed. To recall, the FCTR was a stop gap measure to stall HREOC’s (2002b) proposal for a universal paid maternity leave (UPML) scheme (Australian Council of Trade Unions 2008). Thus, the long-established antagonism of the Coalition Federal Government toward such a scheme was also inherent in its revision of the FCTR. The sensationalism that resulted from the announcement in the Federal Budget in May 2004 of a remodelled maternity payment achieved three things for the Coalition: a further distancing of the possibility of a UPML scheme; a distraction from the political damage over the FCTR; and, as it transpired, the female vote. Ultimately, the bidding war that preceded the 2004 federal election was responsible for not only the generosity of the revised version of the maternity payment, but also for its lump-sum delivery. The attractiveness of lump-sum deliverables is superior to the same amount delivered incrementally (see section 4.1), a factor that did not go unnoticed by elites jockeying for the political limelight. At the same time, the payment could be viewed as a pronatalist measure, important to a government ready to address the age imbalance, in some ways a ‘cover story’ to justify an electioneering tactic. The largesse of the lump sum of 2004 with its substantial increases in 2006 and 2008 was attributed by one commentator to the ‘peculiar genius of Howard and Costello’ (O’Donnell 2004, p. 10), and by another to the ‘Prime Minister’s clairvoyant-like ability to pick which button to press on the electorate’s cash register’

(Megalogenis 2007, p. 1). The ‘button’ in this case became perhaps the most hotly-debated social policy ever delivered to qualifying Australians during what was to become its four-and-a-half-years’ lump-sum existence. Whether the creation of the Australian lump-sum Baby Bonus was the result of the need to replace a failed policy, a means to stave off a UPML scheme, an election competition element, a genuine bid to address the ageing skew, or all four, one thing is certain: the lump-sum Baby Bonus was a deeply contradictory and controversial payment.

9.2.2 *Agent provocateur* in the introduction of a national paid parental leave scheme

One of the objections to the 2002 HREOC proposal for a UPML scheme was that it was unable to verify fertility-enhancing consequences (Heard 2007b). A national scheme was anathema to the conservative party in power that viewed it as an enemy of industry, and of the traditional family. Women were mothers first and workers second, but the proposal might have won some Coalition support had it been proven fertility-enhancing. Put together with Abbott’s infamous, over-this-government’s-dead-body objection to a national scheme (an objection he has had to retract as the latter-day Leader of the Opposition), a boosted maternity payment was perceived as more efficacious than a UPML scheme in delivering financial support to new mothers, at the same time blocking a national scheme, and potentially enhancing fertility. The tenets of Hakim’s preference theory, identifying ‘adaptive women’ and advocating an Australian version of Germany’s Home Care Allowance to underwrite Australia’s pronatalist direction, was a clear winner over McDonald’s gender equity theory which supported a UPML scheme (see section 4.5). These formulations that led to the launch of the lump-sum Baby Bonus sway the perception of it away from singularly an electioneering ploy toward that of a two-fold bid: improving Australia’s TFR, and thwarting a UPML scheme.

Every mention of the lump-sum Baby Bonus carries the pulse of pronatalism, contrary to Lattimore and Pobke’s (2008) dismissal of the maternity payment as pronatalist. Its introduction *as a large lump sum* was a political strategy that metamorphosed into a social issue led by demography rather than one based on equity. Equity consideration is a stronger element of a UPML scheme, although it, too, has the potential of a fertility-raising effect, not known when the HREOC report was issued in 2002. The first study of its kind for the Australian setting (so the author claimed) was not released until 2006. Using Wave 3 of the HILDA Survey collected in 2003 (17,091 observations), Risse (2006, p. 343) found that ‘the availability of maternity leave can significantly elevate pregnancy rates but this effect depends on a woman’s age and whether maternity leave is paid or unpaid’. For women aged

15-24 years, existing paid maternity leave has significance on pregnancy rates; for women 15-34, unpaid maternity leave significantly impacts pregnancy decisions; but neither paid nor unpaid maternity leave has impact on pregnancy decisions for women 35 and over (Risse 2006). Had the results of this study been timelier, they may have been influential in the ‘hot debate’ over which pronatalist measure would work to improve the TFR, and thus address the ageing skew.

Meanwhile, the largesse of the lump sum was causing problems, or so it was reported. To shore up the potential of misuse, an instalment delivery mode was deemed appropriate for under-18-year-old mothers in 2006, a mode that paved the way for its perception as a maternity leave payment. If young mothers could receive the payment incrementally, why not all mothers? If all mothers received the lump sum incrementally, why could not all working mothers receive an incrementally-paid maternity leave? The two styles of birth payments became perceptually intertwined. In 2008, incumbent Prime Minister Rudd passed the ‘hot debate’ of a national paid parental leave scheme to the Australian Productivity Commission, opening the door to a national discussion that had a referendum quality about it.

Paradoxically, the lump-sum Baby Bonus, with resistance to a UPML scheme sewn into its creation, provoked this discussion because of its largesse, tipping the pulse of the nation toward the scheme that the government in power at that time had so vehemently rejected.

9.2.3 Unwitting partner with the assisted reproduction industry

Nearly 20 years ago, Susan Faludi (1991) identified a pernicious, patriarchal backlash against the strides second-wave feminism had been making toward women’s equality. *Backlash* (Faludi 1991) exposed and punctured many myths, one of which was a media favourite, the ‘infertility epidemic’. In a 15th-anniversary reprint of *Backlash* (2006), Faludi informed her readers in the updated preface that she believed not much had changed in the interim. Indeed, the backlash had been responsible for some yet more manipulative tropes that seek to contain women as mothers: ‘opting out’, ‘the mommy wars’, ‘desperate housewives’, ‘the new baby fever’, ‘yummy mummies’ and ‘recovering Superwomen’. The ‘backlash’ is palpable in the (attempted) repositioning of Australia’s women as mothers first, workers second, along with the warning of ‘not leaving it too late’ *vis-à-vis* fertility ebbing with age.

Two perspectives, one the health of the mother, the other the health of the foetus, provide in combination a more complex narrative than the singular one of female fertility ebbing with age. From the Mirowsky study (2002), women who have a first birth between 21.8 to 39.2 years of age are healthier than non-mothers with similar background traits. The window of least risk to the foetus from the Anderson et al. study (2000) is when the mother is aged

between 20 and 30 years, with equal risk at ages 15 and 37. Findings from these two major studies do not match the risk narrative of delayed motherhood promulgated by the media and the assisted reproduction industry, the source of many such messages (see section 5.5). Neither do these messages incorporate Dunson, Colombo and Baird's (2002, p. 1403) finding of 'the enormous heterogeneity in fertility among healthy couples that is not accounted for by age'. This mismatch calls into question the impetus that sits behind this newly-emphasised risk narrative, as one journalist observed:

Experts commonly assert that one in six couples is infertile. This is up from one in 10 a generation ago, an increase that suggests an unexplained fertility crisis among increasingly healthy and long-lived populations . . . Although it is in the interests of the reproductive technology industry to play down the risks of its procedures, is it just coincidence that it operates at a time of heightened insecurities about fertility? (Neill 1999, p. 11)

The messages about the need for population growth, the (supposed) fragility of women's fertility, and the 'myth of infecundity' (Menken 1985, p. 474) in circulation at about the same time have not been coincidental, but strategically positioned side by side in the public arena.

Lacey and Longman (1997) found in their analysis of the press as public educator that issues are selected and sensationalised by powerful elites, the more risk laden the better to increase circulation in a market place competing for advertising revenue (and customers for fertility clinics). Giddens (1999, p. 4) labelled this a 'manufactured uncertainty [that] intrudes directly into personal and social life'. In this case, the 'manufactured uncertainty' of the effects of population ageing linked with female fertility transmogrified into an 'information cascade' (Bikhchandani, Hirshleifer & Welch 1992), a confluence of societal forces that has reinforced the desirability of pregnancy and parenthood, and of 'not waiting too long' (see section 6.2). This confluence was further strengthened by the lengthy *cause célèbre*, 2005 to 2006: the furor over the importation of the abortifacient, RU486, and the emphasis of abortion as a 'national tragedy' (see section 6.3) became serendipitous contributions to the 'information cascade' surrounding the pronatalist agenda.

Australia's abrupt adoption of explicit pronatalism (Jackson, Rottier & Casey 2005) to address the ageing phenomenon triggered a push/pull chain of events that positions the lump-sum Baby Bonus as an unwitting partner in the corporatisation of fertility. The first push by the Australian Government was to enhance family-oriented financial support, exhort Australians to bear more children, and thus seek to improve Australia's total fertility rate. In this pronatalist setting, the assisted reproduction industry made a concomitant push to

maximise its market share by stimulating infertility risk consciousness in the public arena. Clearly, this was effective: between 2003 and 2007, the number of assisted reproduction treatment (ART) cycles increased by 53.7 per cent (Wang et al. 2009), almost entirely funded under the Medicare Benefits Schedule. Unlike other countries, Australia (until recently) has provided public funding for an unlimited number of ART cycles for eligible women, a cost burden that has been predicted to escalate on two counts: the client group with the greatest rate of increase has been women aged over 42; the cost of a live birth from assisted reproduction increases with maternal age (Assisted Reproductive Technologies Review Committee 2006). Not mentioned in that report, but equally relevant as a third count, was an escalation of fertility consciousness raised by state-level pronatalist ideology that drove many women (and couples), especially older ones, to the doors of fertility clinics (Meyers 2001; Wang et al. 2009).

Next, the pull to improve the cost-effectiveness of ART-produced babies became a call for women to recognise *at a younger age* their potential fertility difficulties. The Assisted Reproductive Technologies Committee Report (2006) recommended that the Australian Government should fund a national educational campaign to increase public awareness of factors affecting both female and male infertility, with particular reference to maternal age. This agenda had less to do with older women's legitimate quest for technologically-enhanced capabilities of having children, but more to do with industry performance and attracting government funding. The public awareness and cost-effectiveness rationales translated into a discourse of younger ART clientele, because the younger the female client, the better the ART industry performance, and the higher its growth and profits. The legacy of this industry drive has been the risk-imbued message that women should not delay motherhood, whether or not they seek reproductive assistance (although the more who do, and the younger they are, the better the bottom line). Thus, one of the major beneficiaries of the pronatalist call for more children has been the assisted reproduction corporate sector, a serendipitous matching of a government agenda and shareholders' interests with an unwitting partner: the lump-sum Baby Bonus.

9.2.4 'Pump primer' to address the ageing skew

The interest in effective pronatalist policies has intensified and proliferated with calls for 'an increased knowledge base on effective policies' (Morgan & Taylor 2005, p. 395). Measuring the effectiveness of specific initiatives is confounded by the difficulty of isolating them amid a myriad of other factors, not least of all sound family policies that do not necessarily seek to raise fertility, but that could be viewed as pronatalist-inflected nevertheless. The burning question about specific pronatalist social policies has been (see section 3.3): do they work?

Two long-range studies claim that they do. For pronatalist France, Laroque and Salanié (2008) determined econometrically that fertility was sensitive to financial incentives for first and third births, but hardly at all for the second. For the province of Quebec, Milligan (2005, p. 540) found that the Allowance for Newborn Children (ANC), a parity-linked cash transfer scheme on the birth of a child, had ‘a strong, positive, and robust effect’ on fertility. Whether this was a quantum or tempo effect, however, cannot be established for decades until cohorts exposed to the ANC have completed their fertile years. A third study using a much shorter time frame than is the norm for econometric studies of this magnitude diminished the effectiveness of cash transfers as a means to increase the TFR in Australia based on two main assessments: parents motivated by a bonus to have a baby would exhibit ‘short-sightedness’ in view of the lifetime costs of children; the strength of the national economy is the ultimate determining factor in birth rate increase (Lattimore & Pobke 2008, p. 61).

Cash bonuses have been one of the more popular albeit contentious components of some pronatalist policy packages in the quest for ‘magic bullet’ solutions to the ageing phenomenon. Gauthier (2007, p. 329) reviewed the international pronatalist literature to assess the effectiveness of various measures, and concluded that ‘the popularity of baby bonus schemes among governments, as a way of encouraging fertility, is difficult to understand’. Her view echoed McNicoll’s (2001, p. 151, *itals. in original*) opinion: ‘Explicit government efforts to *raise* birth rates in low fertility situations have been conspicuously ineffective’. Another view was that ‘economic and social pressures shape people’s choices about reproduction, which are not easily influenced by political discourse or social policy’ (Baker 2008, p. 78), a view that aligns with those of Lattimore and Pobke (2008). Withstanding considerable skepticism about baby bonus schemes, the Australian Federal Government created an international precedent when it introduced a generous, unilateral, lump-sum maternity payment three years before Spain followed suit.

Back to the burning question: is it working? According to one commentator as early as 2006, the lump-sum Baby Bonus had been ‘wildly successful in turning around the decline in Australia’s fertility rate’ (former Finance Minister, Nick Minchin, in Hawthorne 2006, p. 4). To recall (see section 4.10.8), in 2008, four years after the introduction of the lump-sum Baby Bonus, Australia’s women aged 30-34 years birthed 127.8 babies per 1,000 women, the highest rate recorded for this age bracket since 1961; women aged 35-39 years gave birth at the rate of 70.9 babies per 1,000 women, the highest since 1948; the previously falling teen birth rate rose between 2006 and 2008 by 13 per cent; the mean age of maternal birth that had held steadily at 30.8 for six years from 2000 to 2006 fell in 2007, albeit by just one point (where it remained in 2008), the first time this register had fallen in 30 years; in a mere four years, live birth numbers increased by 14.4 per cent; and the TFR rose from 1.77 in 2004 to

1.97 in 2008, the highest rate recorded since 1977 (2.01) (ABS 2009a; Laws & Sullivan 2009). Jackson's (2006, p. 5) calculations must be incorporated into this birthing picture: 'the movement through the age structure of the very large cohort born 1968 to 1974, at its peak childbearing ages (31-37 years) in 2006, continues to be the driving force behind total birth numbers'. Yet these are more than 'moderate' increases (Lattimore & Pobke 2008, p. 14), and cannot be swept up in Jackson's rationale entirely. A TFR movement of 0.2 in less than five years is rarely this rapid or spectacular, and is conspicuous evidence of a policy impact:

When fertility is below replacement level, a *difference* of 0.2 births does not have a negligible impact on population dynamics . . . The importance of small differences in total fertility when fertility is below replacement level has been underestimated and will have to be reconsidered in future research. (Billari et al. 2004, p. 84, italics in original)

As Milligan (2002, pp. 8-9) proposed, 'government policies are rarely neutral: all tax and transfer policy choices have some effect on the decisions citizens make . . . People clearly do respond to financial incentives even in matters as deeply personal as fertility', although this view is also subject to 'hot debate' (see section 3.5).

A uniquely Australian response to pronatalist ideology may be at work. Heard (2007b, p. 6) viewed the 'evolution and emphases of the Australian fertility debate as the product of a unique social, political and economic climate'. Baker (2008) noted the greater level of angst in Australia than in Canada (except the province of Quebec) over population ageing and a low TFR, even though Canada's TFR is lower than Australia's. The 'pioneer' mentality that Sardon (2006, p. 289) identified as a contributor to concerns over birthing performance and immigration practises in a country such as Australia may be a legacy of a nation with a distinctive history of peopling a vast continent. The heritage of the 'populate or perish' imperative overlain with the more recent recommendation to 'procreate and cherish', accompanied by a generous cash endorsement and high-office antipathy toward abortion, may have tapped into the national psyche. The recent birthing performance of Australia's women indicates that it has, and in no small way.

Given the attraction of a cash lump sum – for superannuation recipients, as a tax rebate, or as a government grant to augment a first home purchase (see section 4.11) – the message conveyed by the lump-sum Baby Bonus was strong: a government endorsement for people who may have already been contemplating a child to cross over the threshold into the long-term commitment of (further) parenting, or not to abort an unplanned pregnancy. After all, putative drug users, the very young, and some Indigenous people have been castigated in the media as being motivated by the lump-sum Baby Bonus to service needs other than those of

having a baby (see sections 4.8 and 4.10.4). The large lump sum was altered to incremental delivery for under-18-year-old mothers on this basis (see section 4.8). It is not unreasonable to suggest, then, that the lump-sum Baby Bonus has contributed to family-making decisions in the broader population.

Only a longer-ranging view through data accumulation will be able to determine definitively if the Australian lump-sum Baby Bonus was a ‘pump primer’ to the economy (Wilson & Turnbull 2000, p. 1), producing more ‘warriors, workers, and consumers’ to offset fertility decline and an ageing population (Morgan 2003, p. 600). Besides, whether the lump-sum Baby Bonus has worked in raising Australia’s TFR in some ways is not as relevant to the conceptual propositions of this thesis as the *age* at which Australia’s women first birth. Raw birth numbers tell a different story to difference in age at first birth (see section 4.12).

9.2.5 Usher for lowering the mean primiparous age?

A conceptual proposition of this thesis is that one of the less-than-intended consequences of pronatalist social policy in Australia could be the lowering of the mean entry age into first-time motherhood. Demographers have been increasingly interested in the link between primiparous age and TFRs, because ‘the trend in the mean age at first births . . . is the key factor determining trends in higher birth orders’ (Bongaarts 2002, p. 425). Most findings have been consistent: women extending their education also extend their entry into motherhood, thus elevating mean maternal age at first birth. One set of writers (Goldstein, Lutz & Scherbov 2003; Lutz & Skirbekk 2005; Skirbekk 2007; Skirbekk, Kohler & Prskawetz 2004) identified delayed maternal age at first birth as the major contributor to population ageing. They demonstrated that an end to postponement of childbearing has significant positive effects on population size, and on reducing the burden of population ageing.

The social and cultural influences of pronatalism have embedded enduring messages in the national psyche, both in 1937 when Billy Hughes addressed the nation about the gravity of Australia’s low birth rate, and then in 2006 when Peter Costello followed suit. Arguably, the strongest message of all that has emerged from the heightened media activity surrounding the lump-sum Baby Bonus (see Table 5a, section 5.4) is that female fertility (and, to some extent, male fertility) ebbs with age. This risk narrative is accentuated in the pronatalist state, and exaggerated by the assisted reproduction industry opportunistically grabbing market share. As one social commentator said in response to the ABS release of 2008 birth data, ‘women have heard the message about not waiting to have children’ (Peatling 2009). An eminent spokesperson responded similarly: ‘Improved economic conditions have a lot to do with [the rise in fertility], and I include the baby bonus in that . . . But there’s something else, an

increased public discussion of the importance of not waiting too long' (McDonald in Martin 2009, p. 3). If these opinions prove true, the re-emergence of the younger mother would be a pendulum swing away from the trend of delayed motherhood.

Social pendulums do swing, exemplified in attitudes to teen childbearing (Furstenberg Jr 1991; Luker 1996), homosexual relationships (Yang 1997), the 'new momism' (Douglas & Michaels 2005)¹¹⁵, one parent families as a deliberate choice (Ambert 2006), cohabitation of unmarried couples (Bikhchandani, Hirshleifer & Welch 1992), and delayed motherhood (Bongaarts 2002), to name a few. Fukuyama (1999) predicted a pendulum swing back to conservative norms in the new century as society corrects for the political extremes of the 1960s and 1970s. Social commentator Kate Legge (2005, p.21) collated ideas about 'Australian twenty-somethings' experiencing a 'pendulum swing' to more conservative values such as settling down with long-term partners. From her involvement in the last wave of the Australian Temperament Project, a 20-year longitudinal study of 2,500 children since 1983, Smart's impression of participants now in their early 20s was one of 'quite strong traditionalism' (in Legge 2005, p. 21). McCrindle (in Pilcher 2009, p. 29) speculated on a 'resurgence of the stay-at-home mum and the traditional roles [of] mum, dad and three kids'. In his view, the GenZers (born 1995-2009) 'will be starting families in their early 20s', having witnessed many of their parents' generation leave parenthood too late, and miss out on children (McCrindle in Pilcher 2009, p. 29). One of Hewlett's (2002, p. 231) research participants, GenXer Rachel (born 1965-1979), expressed a similar sentiment:

I used to be so critical of women who got married and had their children young. It seemed so wrongheaded – raising kids on very little money before they've seen the world or worked out your own identity. But now I think they may have been onto something. At least they have their children.

Lattimore and Pobke (2008, p. xvi) suggested in like manner: conditions 'conducive to increased fertility are also likely to prompt earlier childbearing or slow the trend toward postponing childbirth'. ABS birth data for 2007 motivated the social affairs writer for *The Australian* to claim that a 'new generation of Australian women is refusing to follow the career-first, babies-later philosophy of their older sisters or friends, and choosing to start families earlier' (Lunn 2008, p. 3). In 2009, the same journalist offered another interpretation: 'What we're seeing is very similar to the post-war baby boom, where from the mid-1940s through to the 1970s women had their babies at increasingly younger ages' (Lunn 2009, p. 6).

¹¹⁵ 'New momism' is 'the insistence that no woman is truly complete or fulfilled unless she has kids, that women remain the best primary caretakers of children, and that to be a remotely decent mother, a woman has to devote her entire physical, psychological, emotional, and intellectual being 24/7, to her children' (Douglas & Michaels 2005, p. 4),

McDonald and Kippen (in Lane 2008, p. 19) ‘suspect they have discerned the end of three decades of rising age for mothers at first birth . . . and a fall in the age of first birth’. The *Sydney Morning Herald* used ABS birth data for 2008 to proclaim in the headline, ‘Pendulum swings back to younger motherhood’ (Horin 2010, p. 3).

Speculations about an age-at-first-birth pendulum swing are probably premature, but are attempts to bridge the time lag of data accumulation, often in the realm of decades once female cohorts complete their fertile years (Milligan 2005). If the commentary collected from this host of writers does have some foundation, however, the next step is to locate social theory to support the conceptual proposition: pronatalism with its message carrier, the lump-sum Baby Bonus, may usher in the lowering of the mean primiparous age in Australia.

9.3 The theoretical proposition

Another ‘hot debate’ was over the theory that was to underpin Australia’s movement into pronatalism (Phillips 2002). Many theories have added to the explanations of why age entry into motherhood has gradually increased over the last 40 years, among them rational choice theory (applied to fertility), post-materialist values theory, and risk aversion theory (applied to fertility). However, theories that seek to support fertility increase and the pronatalist agenda, such as gender equity theory, preference theory, and the theory of the value of children, have gained currency. Hakim’s preference theory was chosen, in some ways the ‘quick fix’ theory compared with the major alternative, McDonald’s gender equity theory with its long-ranging vision for an equitable society¹¹⁶. Hakim’s theory matched the conservative ideology of the party in power. Adaptive women comprised up to 80 per cent of the female, childbearing population in Hakim’s schema, women who, it was thought, could be persuaded to have more children. Demeny’s (1986, p. 341) observation was that ‘without an adequate theory of fertility change population policymaking, whether it aims at reducing or increasing fertility, is navigating without a compass’. Hakim’s was deemed the wrong ‘compass’ (Castles 2002; McDonald 2000a; McRae 2003), and her influence at a government level has well passed¹¹⁷. Although coming from different theoretical perspectives, both Hakim and McDonald did foster a cash transfer payment on the birth of a child based on economic rationalist principles, recommendations that contributed to the genesis of the lump-sum Baby Bonus.

¹¹⁶The Negotiating the Life Course Project is a longitudinal study being conducted by the Australian National University under the directorship of Professor Peter McDonald to monitor, among other things, ‘movement from male breadwinner orientation in the direction of higher levels of gender equity’ (viewed 1 November 2009, <http://lifecourse.anu.edu.au>).

¹¹⁷*NewsBank* recorded the mention of Catherine Hakim 36 times in 2002, 29 times in 2003, 17 in 2004; waning to 8 times in 2005. By 2009, the Australian press did not mention her name at all.

However, reservations and criticisms about economic rationalist approaches to increasing fertility that pass through the theoretical prism of rational choice have been expressed by a host of commentators (Blake 1968; Byron 2004; Dockery 2009; Friedman, Hechter & Kanazawa 1994; Gauthier 2007, Hoffman & Manis 1979; Robinson 1997; Simon 1993; Turchi 1975). The standard use of rational choice theory (RCT) applied to fertility has serious flaws when economic conditions are buoyant, although not so much when they are under great strain:

As they had done in the depressions of 1840 and 1890, during the Great Depression [of the 1930s] people delayed marriage and husbands were sent to the back bedroom or went on the road in search of work. Abortions were frequent during this time, when ‘every child was a mistake’; the birthrate fell to its historically lowest point in 1934. (Siedlecky & Wyndham 1990, p. 25)

It was shortly after this lowest point in the birth rate that the former Prime Minister and then Minister for Health, Billy Hughes, made his famous speech: ‘Australia must advance and populate, or perish . . . A great number of problems confront the Commonwealth, but the declining birth-rate overshadows them all. It is impossible to exaggerate its gravity. Australia is bleeding to death’ (in Siedlecky & Wyndham 1990, p. 24). The declining birth rate was also considered grave nearly 70 years later, but the economic climate was very different when former Federal Treasurer, Peter Costello (2006a), made another famous speech: ‘In the past there was a saying in Australia that we should “populate or perish”; perhaps our future attitude should be “procreate and cherish”’.

Economic prosperity in Australia during the period under examination, that is, before the emergence of the global financial crisis in late 2008, was such that Lattimore and Pobke (2008) rested their economic rationalist argument for the recent increase in fertility on it. As has been argued, Lattimore and Pobke’s rationale contained serious misgivings, the most serious being their assumption that children are planned, and their unquestioned employment of standard RCT in emphasising lifetime costs of children. Dockery (2009, p. 15), for instance, questioned the cost-of-children rationale, calculating that, ‘under Australia’s existing social security arrangements, couples who have children will find themselves no worse off financially than those who do not, although they may allocate their expenditure very differently’. One person’s rational choice may be very different to another’s. Even with immense data and sophisticated methods of interpretation, ‘it is still possible to debate whether couples do or do not plan their family size precisely and, if they do, what costs and benefits enter into the equation’ (Robinson 1997, p. 63).

Economists and social choice theorists disinterested in personal values and goals dominantly use the standard or ‘thin’ model of RCT with its limited assumption of wealth, power or prestige optimisation (Hechter & Kanazawa 1997). The ‘thin’ RCT model cannot singularly explain population increase or decline, because the important influences of non-economic, socio-psychological elements in the decision to have a child or more children are invariably overlooked (Kanazawa 2001). ‘Thick’ models of RCT, on the other hand, incorporate individual action, intentionality and motivation (Hechter 1994). Kanazawa’s (2001) recommendation was that ‘thin’ RCT with its instrumentality orientation should be complemented by at least one theory concerning values, which can include a ‘thick’ application of RCT and a theoretical perspective from the risk society paradigm.

In the attempt to tame uncertainty, risk meanings and strategies ‘often have the paradoxical effect of increasing anxiety about risk through the intensity of their focus and concern’ (Lupton 1999, p. 13). Female fertility has been one such paradox. The risk to a woman’s fertility as she ages is unquestionably real and objectively exists, but the situated context of such risk in the pronatalist state has led to risk intensification (see section 5.6). Concerns about the ageing population that translated into pronatalist social policy have fused with the medical discourse of the risk of delaying conception. The sector that most stands to profit from heightened interest in fertility is the assisted reproduction industry, poised to cater to a growing (manufactured) market¹¹⁸. The fertility/infertility discourse pivots on an incapacity for medical science and diagnostics to determine definitively a woman’s ability to have a child. The only true test of a woman’s fertility is a live birth. In this unknown or even spiritual area, the assisted reproduction industry thrives by heightening risk awareness and, as a consequence, risk aversion about not waiting too long to try to conceive.

Risk aversion theory applied to fertility and rational choice theory combined have had a ‘thin’ application until now: children are a risk to be averted if they are deemed to cost too much. However, risk aversion theory can offer support in a different way when applied to (female) fertility ebbing with age. Using a ‘thick’ RCT application, fertility becomes a non-economic utility; within a theory of values, maximising the younger (female) fertile years for initiating family formation could transcend economic rationalisation. If satisficing is brought back into the frame (see section 6.4.1), ‘it can be rational to choose an option that one judges to be *inferior*’ (Byron 2004, p. 5, *itals.* in original). If the perceived ‘inferior’ option is to have a child, regardless of the financial cost, the rational choice when the personal resource of fertility might be at risk could be to satisfice against the costing sensibilities by having – or trying to have – a child before the sand trickles too far down the fertility hourglass. While

¹¹⁸ *The Cairns Sun*, 2 September 2009, p. 5 told its readers about a multi-million dollar fertility clinic opening in Cairns that is set to ‘usher the Far North into the lucrative market of medical tourism’.

many other risks abound, the (supposed) risk of delaying family formation and possibly jeopardising natural conception may seem too great, and hence one to avert. If a woman idealises herself as a mother, the rational choice (in the sense of a ‘thick’ application) may become to avert the risks of, first, failing to conceive naturally and, second, needing to access assisted reproduction services with their limited record of live births. Rational choice theory and risk aversion theory applied in a non-economic sense find a new synergism: the rational choice for women whose life script includes having children may be to avert risk by attempting to conceive sooner in the life course than has been the 40-year norm.

9.4 Amber Light Project findings

Measuring outcomes of specific policy measures to enhance fertility is only fully achievable once the fertility cycle of those exposed to policy change is completed. However, gathering the views of a young, female cohort exposed to the significant, Australian historical ‘event’ of the pronatalist, lump-sum Baby Bonus, 2004-2008, is a salient enterprise to begin to detect any shift in age for first maternal birth, albeit ideational or aspirational. The Amber Light Project provided data about fertility aspirations of young women in Far North Queensland in advance of the large-scale data sets favoured by demographers and economists, and complements Szreter’s (1993, p. 692) vision for an ‘accumulation of patient, carefully contextualized, investigative projects’ about aspects of fertility.

The Amber Light Project was a mixed methods, exploratory study addressing four topics that best fit the interests of the thesis: first-time motherhood, the lump-sum Baby Bonus, fertility, and adoption/abortion. The study asked how members of a cohort of 13-16 year-old young women are constructing their hopes and aspirations for motherhood in Far North Queensland amid circulation of national pronatalist messages. Specifically, the study explored how these young women reacted to issues surrounding the lump-sum Baby Bonus, and the age at which they were contemplating becoming mothers. While the influences of pronatalism may affect many Australians in some way, the study focussed on the views of this young cohort to gain a phenomenological sense of whether messages imbued with pronatalist rhetoric and promulgated by the media had reached into this group.

This exploratory research cannot establish a causal relationship between data findings and the effects of pronatalism, nor are results generalisable, although some results offer support to the conceptual proposition: (some of) the young women involved may have heard the message (or versions of it) of ‘not waiting too long’ to commence motherhood. The 13 participants from the questionnaire whose mothers birthed a first child in their late 30s or early 40s all rejected the idea of waiting beyond 30 for a first birth (see section 8.2.3e). In discussion groups, Fallon, aged 15, a Catholic school student and daughter of a mother who commenced

parenting in her 30s, was representative of this group. She chose the age of 25 as more appropriate for her first baby, because she believed that entry into first-time motherhood over the age of 30 was a family model of a previous generation: ‘Thirty was when our parents were having children, thirty-ish, but things have changed since then.’ Such results suggest that this rising generation of mothers may not be as likely to delay first childbearing until their 30s and beyond, but look to their 20s, at least aspirationally, as the decade of their lives to begin their families. Fourteen-year-old Holly encapsulated the idea of an age re-orientation for first-time motherhood: ‘Soon 30 is gonna be like how everyone thinks of 40, and then it’s just gonna get lower and lower’.

The high degree of relatedness between those participants who think ‘a lot’ about becoming a mother, and those most concerned about their fertility, especially in the absence of many other relationships in cross-tabulated data, was another signal that messages about risks to fertility may have reached into this cohort. It is unlikely, however, that the young women who took part in the research have specific knowledge of a woman’s fertility window which was the case for similar-aged participants in the 2004 Pitts and Hanley study (see section 2.5.3).

Pronatalist influences on attitudes toward adoption, abortion and the Baby Bonus may also be discernible. In the pronatalist state, adoption is preferred to abortion in response to an unwelcome pregnancy: 90 per cent of questionnaire participants found adoption acceptable, if not for themselves, then for someone else. Fifteen-year-old Morgan’s comment captured a sense of this: ‘If it was too late in the pregnancy, like, when I realised, aw, I won’t be able to do this, I would probably put it up for adoption, but, um, but I’d, like, exhaust all my options first.’ From the attitudes to abortion data, 61.3 per cent of participants agreed that someone would not seek an abortion because it would be against God’s wishes, or like murder. Said fifteen-year-old Shona, ‘Yeah, but if you’re 30 or whatever and you can afford a baby but you just don’t want to give up everything, and you get an abortion – it’s kind of like murder’. Considering the group’s declared low level of religiosity, it is possible to consider that pronatalist messages have reached into this group, although this is not a strong interpretation.

Positioning the lump-sum Baby Bonus as metonym for pronatalism, the strongest indicator from the study about the reach of pronatalist messages into members of this group was their knowledge about the lump-sum Baby Bonus. From the questionnaire, 42 per cent knew, and a further 38 per cent thought they knew, what this birth payment was, and over half knew exactly how much it was. All focus group participants held strong views about this payment, discussions about it were lively, and some fathomed the payment’s intent. ‘It could be like a government scam, to increase the population,’ said 15-year-old Chrissy. Janine, also 15 but in a different discussion group to Chrissy, was similarly suspicious: ‘It’s sort of saying in your

face, “Have a baby. We’ll give you this much money!” . . . It’s kinda like a bit of a bribe if you think about it.’

Extreme caution is rightly exercised in interpreting these findings, because results of the Amber Light Project lack comparative research in the demography and motherhood literature. Nevertheless, capturing the aspirations of members of a cohort ‘exposed to significant historical events at the formative stage of their socialization’ (Hirschman 1994, p. 205) is important, because ‘fundamental value change takes place gradually, almost invisibly; in large part, it occurs as a younger generation replaces an older one in the adult population of a society’ (Inglehart 1981, p. 882). A female cohort on the cusp of (potential) social change in the pronatalist state, moving into their reproductive years and expressing the anticipation of younger entry into motherhood than has been the norm, fears about their fertility, acceptance of adoption, antipathy toward abortion, and avid interest in the lump-sum Baby Bonus offers the possibility of a new discussion, because implications are likely to be profound.

Another intention of the research was to give voice to a group of young women exploring their values about first-time motherhood. Quite separately to other findings and interpretations that contribute substantially to the demography and motherhood literature, the overarching discovery of this study from focus group discussions (a *conceptual* generalisation) was that the young women who participated had strong views about motherhood. Despite the critique that their views might be too ‘fluid to yield reliable information about likely future fertility patterns’ (Weston et al. 2004, p. 22), participants in the Amber Light Project clearly demonstrated that young people have important things to say.

9.5 Conclusion

The two components of the title and of the thesis – evolution and reach – have been brought together in the concluding discussion of the suggested roles the lump-sum Baby Bonus has performed in pronatalist Australia, 2004 to 2008. The maternity payment evolved from a century-long lineage, emerging as a large lump sum, the largest ever of such payments as a ratio to the average weekly wage, to tip the female vote for a federal election. Its role also evolved as *agent provocateur* in the introduction of a long-awaited, national paid parental leave scheme. Paradoxically, the federal government that created the lump-sum Baby Bonus as a means to suppress a national scheme instead aided in its achievement, effective January 2011. The lump-sum Baby Bonus was received controversially by the lay public as well as academics. Its presence in the public arena triggered an intense national discussion about female fertility and its counterpart, infertility, positioning the lump-sum Baby Bonus, metonym for pronatalism, as an unwitting partner with the assisted reproduction industry.

Then, too, it can be viewed as a 'pump primer' to address the ageing skew and, as this thesis suggests, as an usher for lowering the mean primiparous age.

Therein lays the 'reach' of the thesis title. The Amber Light Project sought to locate messages that may have reached a cohort of young women forming their ideas about motherhood. The average anticipated age for motherhood debut for this group of participants in Far North Queensland was 25, three years younger than the average national primiparous age, not readily attributable to regionalism (see sections 7.4.1, 7.4.2 and 8.2.5). Twenty per cent of questionnaire respondents expressed fears that they may not be able to become pregnant, half of whom thought 'a lot' about becoming a mother. Two-thirds of participants believed that abortion was against God's wishes or akin to murder, and 90 per cent endorsed adoption as an alternative to pregnancy termination. The lump-sum Baby Bonus was well-known to the majority of questionnaire respondents, and all discussion participants provided animated responses about this birth payment. On these five counts, all aligned with the pronatalist agenda, it is possible to speculate that pronatalist messages have reached into this cohort. Only a longitudinal study, however, would be able to determine if the effects of pronatalist social policy may bear on their youthful visions; only an adequate period of birth data collection will reveal if the lump-sum Baby Bonus (amid other pronatalist incentives) has affected the way Australia's young women (and men) respond to messages about the dangers and disappointments associated with delaying (the attempt of) conception.

Many questions are raised over the possibility of an earlier norm of age at first-time motherhood. What are the implications for women's hard-won hold on equality, albeit under the mantra of 'having it all'? How will they find a suitable partner, establish financial stability, develop a career, and have one or more children, not in their 30s but in their 20s? What sacrifices will women (and many men) need to make toward such goals? Will a national paid parental leave scheme make a difference? Such questions will be the province of further studies, and of interest to scholars for some time to come. However, of imminent interest to demographers, social planners, members of government and social commentators may be the proposition of this thesis: the prospect of a downward shift in mean age at first birth. Complex social and economic impacts on fertility are condensed to a deceptively simple register, the keenly-watched total fertility rate, which is 'very sensitive to changes of age at childbirth' (Therborn 2004, p. 287). Movements of age-specific fertility rates are therefore watched just as keenly, because maternal-birth-age shifting, especially a downward movement of mean primiparous age, has implications for projections of a population's age structure, and the future economic prospects of a nation.

To my knowledge, no other research from either the demography or motherhood literature in Australia or elsewhere has examined the possible implication of pronatalism on the age of first-time motherhood. Additionally, no fertility change theories have been directed toward, or sought to explain, lowering of mean primiparous age. Merton (1968) recommended a consolidation of groups of special theories that can be empirically investigated to evolve and advance sociological theory. The idiosyncratic combination of two sociological theories applied demographically offers such advancement. In the search for a 'magic bullet' solution to offset the projected effects of ageing populations, the theoretical 'compass' of the combined theories of rational choice and risk aversion applied in a non-economic sense suggests why (and even how) mean entry age into motherhood could be lowered in the pronatalist state. Undoubtedly, such a theoretical proposition will also be subject to 'hot debate' in the demography community, because it is unlikely to be transferable to national settings outside of Australia.

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Appendix A

Amber Light Project Questionnaire

Appendix B

Amber Light Project Parent of Guardian Informed Consent Form

Appendix C

Amber Light Project Participant Informed Assent Form

Appendix D

Publications and presentations

Six conference presentations were made over the course of the candidature: Youth Australia Melbourne, May 2007; Association for Research on Motherhood – Australia (ARMA), Brisbane, July 2007; Australian Reproductive Health Alliance (ARHA), Sydney, July 2007; International Women’s Conference (IWC), University of Southern Queensland, Toowoomba, September 2007, The Australian Sociological Association (TASA), Melbourne, December 2008 and TASA, Canberra, December 2009. Additionally, presentations were made to 58 teachers in total at the three high schools participating in the research project.

Three refereed conference papers were accepted without amendment, one by IWC and two by TASA, published on CD-ROM and the Internet. The first paper submitted to the referee process with TASA received postgraduate scholarship recognition. As an outcome of the ARMA Conference 2007, a chapter in the book, *Mother-texts: narratives and counter narratives*, edited by Drs Julie Kelso and Marie Porter of the University of Queensland, was accepted by Cambridge Scholars Publishing in 2009. The publications were:

- 2007, ‘Fertility futures: effects of national, pronatalist policies on adolescent women in Australia’, published in conference papers, International Women’s Conference, 26-29 September, University of Southern Queensland, Toowoomba (ISBN 9781921410009).
- 2008, ‘Cutting the cord: universal paid maternity leave and the Baby Bonus in Australia’, published in conference papers, The Australian Sociology Association Conference, 2-5 December, University of Melbourne (ISBN 9780734039842).
- 2009, ‘Fertility futures: 13-16 year-old young women’s anticipations of age for first-time motherhood and concerns about fertility in pronatalist Australia’, published in conference papers, The Australian Sociology Association Conference, 1-4 December, Australian National University, Canberra (ISBN 9780646525013).
- 2010, ‘“The only really worthwhile role for women”?: monitoring media representations of fertility and motherhood in pronatalist Australia’, in J Kelso & M Porter (eds), *Mother-texts: narratives and counter-narratives*, Cambridge Scholars Publishing, Cambridge, pp. 191-212 (ISBN 9781443823326).



Thanks for agreeing to participate in this survey about young women's attitudes towards family issues. Your views in response to the following questions are extremely valuable to this project, informing part of a research degree with James Cook University. You may also like to take part in one of a number of discussion groups being held in conjunction with this project, in which case, kindly add your contact details in the allocated space. However, if you wish to remain anonymous, no identifiable details are required. If you are under 18 years old, permission from a parent/guardian is required on a separate authority, to be attached/handed to the researcher before starting.



This survey is being conducted by Marilyn Anderson, postgraduate doctoral research candidate with the School of Arts and Social Sciences, James Cook University, Cairns Campus, during 2007-8. Participation is preceded by providing information about the project to establish informed consent. This survey can be completed electronically or on paper.

Mothers of the future: assessing the effects of national messages promoting having children on young women in Far North Queensland

For the purpose of consent, are you under 18 years of age or aged 18 or over?

- under 18 years of age. Please make sure your parent or guardian's informed consent form is handed in.
 18 years of age or over Please make sure your own informed consent form is attached.

Please remember,

- ➔ you can decide not to proceed at any time
- ➔ you can skip any questions you wish, by choosing the 'not sure' or 'prefer not to say' option
- ➔ you can remain anonymous
- ➔ your responses will be kept confidential
- ➔ you can continue into a discussion group if you wish, by arrangement
- ➔ you can talk to someone about how this survey may have affected you.

Date administered	/	/	
by	at		
data entered	/	/	by

Can you please acknowledge that you are female, an Australian citizen and living in Far North Queensland?

- Yes, I am a female, Australian citizen, living in Far North Queensland

Mothers of the future: assessing the effects of national messages promoting having children on young women in Far North Queensland

Question 1 Please tick one box only. As far as population numbers go, do you believe that the world

- Needs more people
- Should stay the way it is
- Needs less people
- Not sure

Question 2 Please tick one box only. As far as population numbers go, do you believe that Australia

- Needs more people
- Should stay the way it is
- Needs less people
- Not sure

Question 3 Please tick one box only. How many children do you think is or are ideal for a typical family?

- none
- 1
- 2
- 3
- 4
- 5 or more
- not sure

Question 4 Please tick one box only. How many children would like to have yourself?

- none
- 1
- 2
- 3
- 4
- 5 or more
- not sure

Question 5 Please tick one box only. Do you have any fears that you may not be able to become pregnant?

- No
- No, because I have already been pregnant
- Yes
- Not sure

The following questions seek to find out how the media may have affected you, and how secure you feel in the world, that link in certain theories of interest to this research project.

Question 6 Please tick one box in each line.

Recalling the following events that have been in the news over the past few years, do you remember how, at the time of the event, you were emotionally affected and how affected you may be today?

		not at all	a little bit	a fair bit	a lot	not sure
a	When I first learned of the planes crashing into the Twin Towers in the USA, I remember being affected . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Recalling the events of what has come to be known as 9/11, I am currently affected . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	At the time of the Bali bombings in October 2002 and again in October 2005, I remember being affected . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	Recalling the Bali bombings, I am currently affected . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	During 2005 when the spread of the Bird Flu virus was first known, I remember being affected . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f	Now, thinking about the possible spread of the Bird Flu virus, I am affected . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g	When I first heard about the tsunami on Boxing Day 2004 in Indonesia, I remember being affected . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h	Later, when more was known about the effects of the tsunami, I was affected . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 6 cont'd Please tick one box in each line.

		not at all	a little bit	a fair bit	a lot	not sure
i	The water shortage issues in Australia affect me . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j	Terrorism or, as it is reported in the media, the war on terrorism, affects me . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k	Global warming is an issue which affects me . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l	The issue of genetically-modified foods affects me . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m	I think about whether or not to go on a diet . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n	When I compare myself to the models in magazines and on television, I am affected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o	I think about my weight and body shape . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p	I think about the possibility of becoming a mother . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 7 Please tick one box in each line.

These next questions ask how safe you feel as a member of society

		not at all safe	not really safe	safe	very safe	not sure
a	Overall, when I think of my safety in the world, I mostly feel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Overall, when I think of my safety in Australia, I mostly feel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	Overall, when I think of my safety in Far North Queensland, I mostly feel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 8 Please tick one box only. What do you consider is the ideal age for a woman to have her first baby?

- under 20 years old
 20-24 years old
 25-29 years old
 30-34 years old
 35-40 years old
 over 40 years old
 not sure depends

Question 9 You may choose more than one response. Concerning the cost of raising children today, which of the following statements best fit your ideas when it comes to planning for a family of your own?

- I would try to make sure that I and/or my partner were financially prepared to start a family
- I would have kids and worry about the finances later
- Kids cost as much or as little as you let them - it's up to you and what your expectations are
- I'm not planning on having kids for a number of reasons, but one of the reasons is the expense
- You can always get government support if you need it to afford the basics for a family
- I would expect my partner to be earning enough to support a family
- I would expect that between my partner and myself, we would be able to earn enough to support our family
- I could work to make sure my/our child(ren) didn't go without
- If I didn't have a partner, I could get the sole parenting allowance
- Not sure
- Other?

Question 10 Please tick one box only. What do you think it currently costs to raise a child (not including a private education)?

- less than \$5,000 a year
 around \$10,000 a year
 about \$15,000 a year
 about \$20,000 a year
 not sure
- Some other amount?

Question 11 Please tick one box only. What do you think about a mother placing her baby up for adoption?

- | | | | | | |
|--------------------------|-------------------------------------|------------------------------|-------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| not a good
idea | under extreme
circumstances only | OK, if it's
best for baby | OK, if it's
what she wants | OK | not sure |

Question 12 Please tick one box only. Do any of your friends receive the sole supporting parenting allowance?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| no | one friend | several friends | I know of one or more
but they're not friends | not sure |

Question 13 Please tick one box only. Do you know what the government payment called the Baby Bonus is?

- | | | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| yes | I think so | no |

Question 14 Please tick one box only. Do you know how much the Baby Bonus is ?

- paid in instalments, I think
- \$2,000
- \$3,000
- \$4,000
- \$4000 if you are 18 or over, instalments if you are under 18
- \$5,000
- not sure
- some other amount? \$

Question 15 Please tick one box only. Do you believe people would have a baby to get the Baby Bonus'?

- Yes, I know a person who has done that
- No, I don't believe there are people who do this
- I don't know of any personally, but I believe there are people who would do that
- Undecided/indifferent
- Rather not say

Question 16 Did you participate in the baby simulation education program at school?

- yes
 no
 I didn't but someone I know did
 never heard of it
 prefer not to say

Question 17 Did you participate in the early childhood Certificate III program at school?

- yes
 no
 I didn't but someone I know did
 never heard of it
 prefer not to say

In the next three questions, rather than about you personally, we are interested in your views on ***abortion*** (also described as termination of pregnancy), ***surgical*** abortion (which involves an operation under anaesthetic) and ***medical*** abortion (which involves taking medication, known as the Abortion Pill or RU486, under medical supervision).

Please tick one box in each line.

Question 18 Regardless of how she became pregnant, from a list of reasons why it might be difficult for a young woman to get any type of abortion if she was considering such a decision, how would you rate each reason? A young woman might not seek an abortion . . .

		major reason	one of a number of reasons	not a reason	do not know	prefer not to say
a	because it would be too difficult a decision to make	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	because one or both of her parents would stop her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	because having an abortion is against God's wishes or like murdering an unborn child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	because it's more acceptable to her friends to have the baby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	because the father of the baby might not want her to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f	because she could place the baby up for adoption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 19 Next comes a list of reasons why it might be difficult for a young woman to get a ***surgical*** abortion if she wanted to. (A surgical abortion involves an operation under anaesthetic.) How would rate each reason? A young woman might not seek a surgical abortion. . .

		major reason	one of a number of reasons	not a reason	do not know	prefer not to say
a	because it is too expensive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	because access to one is too difficult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	because it is too gross to consider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	because too many people would be involved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	because it is possibly dangerous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f	because she found out about her pregnancy too late	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 20 Next comes a list of reasons why it might be difficult for a young woman to get a medical abortion if she wanted to. (A medical abortion involves taking medication known as the abortion pill or RU486, under medical supervision.) How would rate each reason? A young woman might not seek a medical abortion . . .

		major reason	one of a number of reasons	not a reason	do not know	prefer not to say
a	because it is too difficult to access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	because it is possibly dangerous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	because popping a pill to end a pregnancy is heartless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thanks for your participation. One last section to go with some details about you, which do not identify you in any way

Question 21 What is the month and year of your birth?

Month: Year:

Question 22 In which country were you born?

And in which countries were your mother/female guardian and father/male guardian born?

you **your mother (or guardian)** **your father (or guardian)**

Question 23 Do you identify as Aboriginal or Torres Strait Islander?

- yes
- no

What was the highest level of education attempted or achieved by

Q24 you?

- did not complete Year 10
- completed Year 10 and left
- still at high school
- completed Year 12
- doing certificate/diploma
- did certificate/diploma
- doing university degree
- other _____

Q25 your mother (or guardian)?

- did not complete Year 10
- completed Year 10
- completed high school
- doing certificate/diploma
- completed certificate/diploma
- doing university degree
- completed university degree
- other _____
- don't know/unsure

Q26 your father (or guardian)?

- did not complete Year 10
- completed Year 10
- completed high school
- doing certificate/diploma
- completed certificate/diploma
- doing university degree
- completed university degree
- other _____
- don't know/unsure

Question 27 What is your religion? Write 'not applicable' if you don't follow a religion.

Question 28 How often do you attend religious services

- weekly fortnightly monthly religious holidays never

Question 29 For something really important or in an emergency, how long would it take you to get hold of \$4000? Think about all your possible resources - your own savings, income from work, getting help from a parent or relative, borrowing, pawning, but not stealing.

minutes days weeks months unachievable

Question 30 About how old was your mother when she had her first child?

Question 31 About how old was your father when he had his first child?

Question 32 Do you live

- with one of your parents/guardian?
- with both of your parents?
- in share accommodation, not with any family members?
- in a marriage or marriage-like arrangement?
- other?

Question 33 Do you live in rented accommodation? a home owned/mortgage being paid?

Question 34 Is there anything you would like to add, or think we should have asked but didn't?

We are looking for young women aged 12 to 19 to take part in interviews about their views on motherhood and families. The interviews will be informal, confidential, last roughly 30 minutes, and will be with a female interviewer. If you are interviewed, you will receive a gift voucher as a thank you. Please note, we may not be able to interview all those who volunteer but if you would like to be considered, please enter your contact details and a member of the research team will contact you.

email phone

Thanks for your time, honesty and engagement. Kindly hand this to your researcher or mail in the reply paid envelope provided (with your consent form).



JAMES COOK UNIVERSITY

TOWNSVILLE Queensland 4811 Australia Telephone: (07) 4781 4111

PARENT OR GUARDIAN'S INFORMED CONSENT FOR THE PARTICIPATION OF A PERSON UNDER THE AGE OF 18 YEARS OLD

PRINCIPAL INVESTIGATOR *Marilyn Anderson*
PROJECT TITLE: *Mothers of the future: assessing the effects of national messages that promote having children on young women in Far North Queensland*

SCHOOL *JCU School of Arts and Social Sciences*
CONTACT DETAILS *Marilyn Anderson 07 40390272 0408847687*

The Australian Federal Government is promoting having more children for Australia to address the country's below replacement fertility level. Former Treasurer Peter Costello's now famous words of encouragement - 'Have one for mum, one for dad and one for the country' - do filter through our culture and do reach young ears, vulnerable ears that are probably not yet ready for that sort of encouragement.

Shifts in society influenced by changes in social policy and financial incentives attract the attention of social scientists who research the impact of societal change on those for whom the policies have been intended and for those unintentionally affected. The ultimate aim of this particular research project is to develop an understanding of young women's responses to such messages emanating from Canberra, using a questionnaire and small group discussion in the presence of an experienced interviewer (Blue Card no. 511072/1).

To do this, I need your informed consent to allow me to discuss with your daughter or the young woman in your charge some of her ideas on what she thinks about the family she may make for herself sometime in the future, or, if she already has a child, how that decision is affecting her life and what helped her to make that decision. Other questions I will be asking in both the questionnaire and the groups are about girls' attitudes towards abortion, adoption and such incentives as the Baby Bonus and how these issues fit in with their moral universe.

These are sensitive subjects and I need your written approval to proceed to talk with your daughter - and many other daughters of many other parents - to help protect very young women from making a decision that may be premature. Participants in this study will be females aged between 12 and 19 years old, some of whom will have had a child. Any potential participant who is (knowingly) pregnant is excluded from this study under a duty of care consideration. As in all research of this nature, transcripts of discussions will be made although identities are removed and remain confidential to the interviewer alone.

The aims of this study have been clearly explained to me and I understand that my consent is required for my daughter or female charge under the age of 18 years old to participate. I know that taking part in this study is voluntary and I am aware that my daughter or female charge can stop taking part in it at any time and may refuse to answer any questions. I understand that any information she gives will be kept strictly confidential and that no names will be used to identify her with this study without your approval.

Kindly tick: I give permission for my daughter/female charge to participate in:

a questionnaire, an audio-taped focus group discussion an audio-taped interview

A \$10 gift voucher will be given to each questionnaire participant, and a \$30 gift voucher for each focus group participant, by the researcher as a thank you gesture for the time taken.

Name: <i>(printed)</i>	
Signature:	Date:



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INFORMED ASSENT FORM: PARTICIPANTS UNDER 18 YEARS OLD

PRINCIPAL INVESTIGATOR *Marilyn Anderson*
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Shifts in society influenced by changes in social policy and financial incentives attract the attention of social scientists who research the impact of societal change on those for whom the policies have been intended and for those unintentionally affected. The ultimate aim of this particular research project is to develop an understanding of young women's responses to such messages emanating from Canberra, using a questionnaire and small group discussion in the presence of an experienced interviewer.

If you are under the age of 18 years old, I need your informed assent along with your parent or guardian's informed consent before you participate in this research. You will be asked to discuss some of your ideas on what you think about the family you may make for yourself sometime in the future, or, if you already have a child, how that decision is affecting your life and what helped you to make that decision. Other questions I will be asking in both the questionnaire and the groups are about your attitudes towards abortion, adoption and such incentives as the Baby Bonus and how these issues fit in with your moral universe.

These are sensitive subjects and I need your written approval before we proceed. Participants in this study will be females aged between 12 and 19 years old, some of whom will have had a child. Any potential participant who is (knowingly) pregnant is excluded from this study under a duty of care consideration and I ask that if this is your situation, you exclude yourself from this study. As in all research of this nature, transcripts of discussions are made although identities are removed and remain confidential to the interviewer alone.

The aims of this study have been clearly explained to me and I understand that my assent is required for me to participate. I am not pregnant to the best of my knowledge. I know that taking part in this study is voluntary and I am aware that I can stop taking part in it at any time and may refuse to answer any questions. I understand that any information I give will be kept strictly confidential and that no names will be used to identify me with this study without my approval.

Kindly tick: I provide my assent to participate in:

a questionnaire, an audio-taped focus group discussion an audio-taped interview
A \$10 gift voucher will be given to each questionnaire participant, and a \$30 gift voucher for each focus group participant, by the researcher as a thank you gesture for the time taken.

Name: <i>(printed)</i>	
Signature:	Date: