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## **Emerging Academics *Thoughts on Becoming (and Not Becoming) Mothers***

On August 6, 2001, the American Society for Reproductive Medicine (ASRM) launched a controversial series of Public Service Announcements (PSAs) titled the Protect Your Fertility (PYF) campaign. ASRM believed they had the public's best interest at heart. A group of obstetricians and gynecologists, alarmed by the increasing number of women and men who were unaware of factors affecting their fertility, supported the campaign. Additionally, the growing number of women over 35 who were surprised to find out it would be difficult to have children in their 40s especially concerned these doctors. To this end, ASRM set out to warn the public that aging, smoking, excessive weight gain or loss, and sexually transmitted infections (STIs) could cause infertility. The mascot of the campaign became a baby bottle filled with milk. In each PSA, the bottle is manipulated to signify how these lifestyle activities could affect one's future ability to reproduce. However, while ASRM proclaimed they had the public's best intentions at heart, many felt differently.

The campaign sparked a number of mainstream media stories describing an epidemic of childlessness among professional women in the United States. *Newsweek* ran a cover story entitled, "Should You Have Your Baby Now?," which highlighted the campaign and chronicled personal stories of women who struggled with managing their professional and personal lives (Kalb et al., 2001). National Public Radio spotlighted the campaign on its popular show *Talk of the Nation* (Williams, 2001). NBC's *The Today Show* ran a series about infertility. Infertility organizations, including RESOLVE and the American Infertility Association praised ASRM for bringing attention to a taboo and personal subject.<sup>1</sup>

Yet not everyone appreciated this focus on fertility. The National Organization for Women (NOW) publicly denounced the campaign, claim-

ing it blamed women for their choices and used tactics designed to scare women into having children. Amy Allina, Director of the National Women's Health Network, stated the campaign made women feel anxious about their bodies (Poster, 2001). Editorials appeared in newspapers including the *New York Times*, *Los Angeles Times*, and the *Boston Globe*. These editorials inspired women across the U.S. to share their personal, and sometimes painful, stories about their reproductive choices. Many women wrote that they already felt so much pressure to "have it all" and they did not need to be reminded that their biological clock was ticking every time they got on a bus or drove past a billboard.

This paper examines the reception of the PYF campaign by eight female graduate students between the ages of 25 and 35, a target audience of the campaign. The data presented here is part of a larger study that explores discourses of fertility and infertility throughout the twentieth century. Using my participants' reactions to the campaign as a starting point, I argue that female graduate students who are pursuing academic careers have a complex notion of their gender identities and the social construction of motherhood.

While some research on women in academia focuses on the disparaging rate of tenure among women in academia, the need for women to adapt to male workplace standards, and lack of professional support for women, this study shows a different perspective on women and teaching in academia. My participants' understandings about the social construction of motherhood reflect some of the current challenges facing the next generation of women preparing for careers in academia.

In this paper, I first provide a theoretical framework for studying the construction and reception of the PYF campaign. Next, I offer background on ASRM and a textual analysis of the "age" ad, the most controversial ad in the PYF campaign. Finally, I analyze findings from a focus group conducted with female graduate students who viewed the campaign.

### **Social construction of motherhood**

A social constructionist approach defines motherhood as historically situated and negotiated within cultural, political, and economic relations (Firestone, 1970; Glen, Chang and Forcey, 1994; Rich, 1986). This account separates motherhood from biological reproduction to examine how institutions define mothers. This framework includes a structural analysis of how institutions reinforce notions of motherhood, especially looking at the intersections of race, class, and gender. In this context, the essential role of women is not to reproduce. Instead researchers examine how women's reproduction serves patriarchal means. For example, nationalist discourse in the early 1900s promoted "true womanhood" as the process through which women became valuable citizens (Berg, 2002). Political leaders believed that women's central roles as mothers would propel the nation into the Industrial Revolution. This discourse promoted both Anglo and African American identity. For white

culture, encouraging women to become mothers was a way to displace fears of miscegenation and racial mixing, especially as the influx of immigration led to an apprehension about shifting power relations. For African Americans, racial uplift discourse positioned women as possessing the ability to propagate a race that was still recovering from the disastrous effects of slavery (Roberts, 1997). In both of these instances, motherhood became a vehicle for achieving a particular political and economic position.

When women adopt identities that do not include children or reproduction, the very institution of womanhood is threatened. The negotiation over this shifting definition can produce what Susan Faludi (1991) terms backlash (46). Media representations reflect these struggles. For example, the current focus of news stories about professional women's declining fertility rates reflects an ideology that values women based on their ability to reproduce, rather than their contributions to the workplace. These stories become a tool that masks the unequal sexual division of labor in the workplace. By blaming women for their lack of reproduction, instead of creating policies to accommodate mothering, the patriarchal structure of the workplace remains intact.

Since the 1990s, advanced reproductive technologies (ARTs) also threaten an essentialist definition of motherhood. Social debates about ARTs fall into two camps. On the one hand is the argument that reproductive technologies will be liberating for women (Farquahar, 1996; Haraway, 1998; Rothman, 2000). In this framework, reproductive technologies have the potential to produce alternative parenting structures, such as the option to delay childbirth or separating reproduction from the process of intercourse. On the other hand is the argument that reproductive technologies will be oppressive to women (Corea, 1995; Raymond, 1993). In this camp, theorists argue that reproductive technologies reduce women to their biological functions and further patriarchal goals.

In the current moment, the emergence of new familial patterns, such as single parenting, non-married cohabitation, blended families, and gay and lesbian parenting challenge the notion of motherhood. The nuclear family is no longer the norm, yet many ideological forces struggle to maintain it. This power struggle can be seen in the "blaming" of African-American women for social problems (Roberts, 1997). In her book *Killing the Black Body*, Dorothy Roberts (1997) chronicles how media representations in the 1980s often portrayed African American women as welfare-dependent and drug-addicted. This strategy worked to demonize female-headed households and focus on African American women as causing social problems, rather than structural problems such as racism and poverty.

In addition to new familial patterns, a growing number of women choose to remain childless, challenging women's essential role as mothers. Childless women are often the subject of political criticism and are blamed for lifestyle choices that have left them barren and miserable. Whether through contracting a sexually transmitted disease or pursuing a career, these women emerge as a

cautionary tale for the evils of feminism and sexual liberation. This discourse was especially apparent in the 1980s when media representations often depicted childless women as destitute and forever lonely (Faludi, 1991).

Myra Hird and Kimberly Abshoff (2000) challenge the notion that childlessness is a negative experience for women. Women who do not view parenthood as a central life goal are often assumed to be suffering from a psychological disturbance, childhood trauma, or having poor parental models. In their research, Hird and Abshoff found a number of reasons why women did not want children. While freedom was the number one reason given for remaining childless, personal independence, time, flexibility, educational and career goals, belief that children detract from marital relationship, and ideological convictions, such as overpopulation, were all common reasons why women did not want children (Hird and Abshoff, 2000). In fact, they found that intentional childlessness was not an immature choice, but instead one arrived at over time.

Of course, not all women who are childless have a choice. Many have gone through years of surgery and hormone treatments only to find that having a biological child was not possible. Others who may not have access to these resources face a different set of problems. Whatever choices and situations women face in their lives, the ideology of motherhood seems to be correlated with the definition of “woman.”

### **The PYF campaign: Social construction of infertility**

The theoretical framework underlying social constructionist research can be applied to discourses of infertility that arise in the 1990s and beyond. The contested definition of infertility leads the way for deconstructing the PYF campaign and understanding its implication for emerging women academics.

ASRM was founded in 1944 by a small group of fertility experts working in Chicago. These doctors were among the first to use procedures such as donor insemination and in vitro fertilization (IVF). ASRM has members from all 50 states and 100 countries. Administrative offices are housed in Birmingham, Alabama and there is a public affairs office in Washington, D.C.

According to its website, the ASRM (2001) is a “multidisciplinary organization for the advancement of the art, science, and practice of reproductive medicine.” ASRM accomplishes this mission through education, research, and advocacy for patients, physicians, and affiliated health care providers. ASRM offers continuing education opportunities, such as postgraduate courses, and holds an Annual Meeting with scientific presentations, seminars, and workshops. ASRM also publishes a monthly journal titled *Fertility and Sterility*. On the political level, ASRM has an ethics committee that works with state and federal policy issues. In addition, this organization prides itself on establishing a contraceptive and infertility research center at the National Institute of Women’s Health.

The PYF campaign is an extension of ASRM’s public activities and is

framed as a series of Public Service Announcements (PSAs). ASRM members supported this campaign as a vehicle for educating the general public about an important health problem. However, it is clear that the ideology of the PYF campaign relies on narrow definitions of fertility and infertility. Fertility measures a woman's (and man's) ability to bear children.<sup>2</sup> Infertility describes a condition in which individuals are not biologically capable of reproducing. In 1993, the ASRM officially defined infertility as a disease. A disease is defined as:

any deviation from or interruption of the normal structure or function of any part, organ, or system, or combination thereof, of the body that is manifested by a characteristic set of symptoms or signs, and whose etiology, pathology, and prognosis may be known or unknown. (Dorland, 1974: 481)

In this definition, a disease is characterized as any deviation from a biological norm. This definition is broad in scope and assumes that biology can be normalized. The danger in constructing infertility as a disease is that it marks individuals as "abnormal" and does not allow for variations that occur within biology. Some very normal conditions, such as aging, can affect both men's and women's fertility. By this definition, aging becomes a symptom of a disease.

The ASRM notes that "infertility" is defined as failing to conceive for twelve months without the use of contraception (ASRM, 2002). There is no mention of frequency of intercourse or timing of intercourse. A woman's fertility fluctuates throughout her monthly cycle and there are times throughout this cycle when a woman is not at all likely to be fertile, such as when she is menstruating. Limiting fertility to one year without using contraception, masks some biologically "normal" functions of women. This definition is dangerous because doctors will often recommend the use of medical interventions, such as hormone therapy, based on these standards. The increase in fertility treatments in the last decade reflects the implications of defining infertility as a disease. In turn, this framework can cause anxiety to women. One of my participants, responding to the construction of infertility as a disease, stated,

Disease suggests something scary and something that you want to get medicated for. It is something that is going to cause you more panic. I guess I am thinking of the definition of twelve months. It seems like that is part of the issue of trying to have kids. It doesn't happen immediately on schedule when you planned it. Whereas if it is a disease, it is something serious. And you can catch it. You have done something wrong and got it. There is more policing. Your body is doing something wrong, which is a weird relationship with your body.

Barbara Katz Rothman (2000) argues that infertility should be considered a disability, not a disease because of its usefulness for social policy (95). Taking infertility out of the realm of a medical concept and placing it within a social category, such as a handicap, allows for a wider definition of infertility. Interestingly, pregnancy is currently defined as a disability for most insurance companies. Some argue that this framework protects pregnant women from discrimination in the workplace when they are unable to work.

I disagree with Rothman's argument. Defining infertility as a disability assumes that there is something wrong that needs to be fixed. This framework still relies on the notion that women should become mothers and that reproduction is a natural goal, rather than a choice. This disability framework focuses on women's deviation from a supposed norm, rather than allowing alternative definitions of both "motherhood" and "woman". As I will show in the results from my study, female graduate students were frustrated by such limiting definitions of motherhood, especially because their mothering choices were so varied.


### **Methodology**

The PYF campaign contained four ads, including smoking, sexually transmitted infections (STIs), weight, and age. In each ad, the baby bottle is manipulated to suggest a correlation between the behavior and fertility. In the smoking ad, there is a cigarette dropping ashes into the baby bottle. The STIs ad has a condom leaning next to the baby bottle. In the weight ad, a measuring tape encircles the baby bottle, pulling the middle tight to display an hourglass, Barbie-like figure. However, the age ad was by far the most controversial in mainstream media coverage and definitely evoked the most emotional response from my participants. In this ad, the baby bottle is upside-down, and placed within a wooden hourglass. The milk in the bottle is slowly dripping out. The text reads:

ADVANCING AGE DECREASES YOUR ABILITY TO HAVE CHILDREN. While women and their partners must be the ones to decide the best time when (and if) to have children, women in their twenties and early thirties are most likely to conceive. Infertility is a disease affecting 6.1 million people in the United States.

Research suggests that men's fertility decreases with age. However, the age ad clearly targets women as the ones to bear the brunt of reproduction.


In order to explore the range of reactions from the PYF campaign, I conducted a series of focus groups with female graduate students from the University of Texas at Austin.<sup>3</sup> Female graduate students are a targeted demographic of the PYF campaign because of their age group. Graduate students are a group in transition who are seeking education to advance their professional careers. All of the women in my sample anticipated pursuing a




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**AN UNHEALTHY BODY WEIGHT MAY PREVENT YOU FROM HAVING CHILDREN.**

Twelve percent of all infertility cases are a result of either weighing too little or too much. Infertility is a disease affecting 6.1 million people in the United States. Behaviors you engage in before you are ready to have children can impact your future ability to conceive. Low body weight and obesity can cause infertility.

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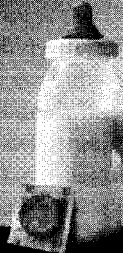


**IF YOU SMOKE THIS MIGHT BE YOUR ONLY USE FOR A BABY'S BOTTLE.**

If you smoke, you are most likely aware of the health risks involved. But you probably don't know that smoking can affect your ability to have children. Infertility is a disease affecting 6.1 million people in the United States. Behaviors you engage in before you are ready to have children can impact your future ability to conceive. Smoking can cause infertility in men and women.

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**PRACTICING SAFE SEX NOW, PROTECTS YOUR ABILITY TO HAVE CHILDREN LATER.**

Sexually transmitted infections (STIs) are a leading cause of infertility and often have no symptoms. Behaviors you engage in before you are ready to have children can impact your future ability to conceive. STIs can cause infertility in men and women.

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teaching job in academia.

Participants were asked to fill out an intake survey that measured their desire to or to not have children, their knowledge about reproductive health, and demographic information. Next, I showed participants each of the four PYF campaign ads. Participants had five minutes to write down their responses to the ads. The writing portion was intended to capture their initial reactions to the ads and to gather information that they might not want to share in a group setting. Next, I led a discussion with the group about each of the ads. These questions asked participants to evaluate the effectiveness of the ads. Participants were asked if they understood the messages conveyed by the ads and how they felt about these messages.

### **Findings**

Of the eight women who participated in the focus group, seven were Anglo-American, and one woman was Hispanic.<sup>4</sup> The majority of the sample was in the age group 26-30. Two women were in the age group 31-35, and one woman was in the age group 20-25. None of the participants currently had children. Only one respondent reported that she definitely wanted to have children in the future. Half of the sample reported that they definitely did not plan on having children. Three participants reported feeling ambivalent about children. Of the ambivalent group, one respondent reported, "it depends on the situation." Two respondents, who were "not sure" about having children reported that they were not sure when to fit having children into their career plans. One participant elaborated further by writing that if she did choose to have children, this path would have to accommodate her career. The ambivalent mothering group seemed to place their careers as a primary goal in their mothering choices.

Participants who did not want children listed a number of reasons for this choice, including too much responsibility, aversion to pain, lack of desire/maternal instinct, no patience, overpopulation, and an inhospitable world. These reasons follow the Hird and Abshoff (2000) study of voluntary childless women. Participants who did want children listed having a good childhood, liking friends' kids, and "it seems fun," as reasons contributing to this choice. One of the participants, who was ambivalent about having children, did not respond to this question.

Most of the sample described themselves as either somewhat knowledgeable or very knowledgeable about reproductive health issues. Only one woman responded that she was not very knowledgeable about reproductive health issues. Three reported that they knew enough about their reproductive health to understand the basics and they knew where to find answers if they had concerns. When asked where they find information about their reproductive health, "doctors" and "friends" received the highest response rate. Family, magazines, and the Internet were the second most reported sources of information. I was surprised at the number of women in the sample who definitely did



not want children. This composition of the sample could reflect both the structure of academia that does not often allow for children and for a growing acceptance of reproductive choices, including remaining without children. The other interesting characteristic of this sample is the number of women who were ambivalent about having children. These responses challenged the idea of “maternal instinct,” suggesting that choice seems to be more important than instinct.

Responses to the question “Do you have concerns about your reproductive health?” were also surprising. Cervical cancer, breast cancer, and menopause were all listed as health concerns. All of the women who responded that they wanted children, also reported that they were concerned about their fertility and the ability to have children. It is interesting to note the range of reproductive health concerns, suggesting that women have a more holistic view of their reproductive health beyond procreation.

### **Age**

The issue of age and the biological clock was a sensitive topic for this group of women. All of the participants believed that they already experienced pressure from a variety of sources to have children. The women who did not want to have children seemed to resent that they were constantly targeted to have children. The women who did want to have children felt enough pressure with trying to find a partner and balance their studies. Both groups, those who wanted children and those who did not, were offended by the age ad. The following are excerpts from their written reactions,

*P1:* My first reaction to this ad—“F-off!” I again resent this promotion of reproduction and the implication that we’d better hurry up and get pregnant! It’s obvious they’re really concerned with the perfect female breeder: white and middle-class.

*P2:* This ad is entirely aimed at telling women when and how to be mothers, ignoring other options for parenthood. What about men?

*P3:* Interesting—this one isn’t about behavior. “Women: forget about a career, have a kid before it’s too late!”

When I led the discussion about the age ad, I found that there were some similarities among the women who did want children and the women who did not. Both groups felt targeted by media texts to become mothers and both groups were frustrated with the construction of age-related infertility as only a female problem. However, as the discussion progressed, some norms were established within the group. Women who did want children tended to disclose this information only at key moments rather than constantly bring it up. The women who did not want children were quite outspoken about the

societal pressure to become mothers. P7 was the most outspoken about not wanting to have children. She felt that these ads were a direct attack on her choices not to want to become a mother. In seeing the first STI ad, P7 commented, "I am just generally offended by it [the ad]. [www.protectyourfertility.org](http://www.protectyourfertility.org) makes me want to set up a counter website that says [www.banishyourfertility.org](http://www.banishyourfertility.org)." This sentiment and humor existed throughout the session. P1 was also quite vocal in expressing her view that she did not want to have children and felt there was a push in media texts to construct her as a mother. She was outspoken about this and mentioned that she did not want to be defined as a "breeder." The dynamic of women wanting to become mothers but not feeling comfortable expressing their views suggests that there may be some barriers in trying to create a sense of community among graduate students about these issues.

All of the participants were frustrated that the age ad blamed women for infertility:

*P4:* First of all, "advanced age" sounds like folks in their 70s or 80s. Second, the initial sentence seems to be saying "sure you have a choice when to have kids, but you'd better do it soon!" This is very insincere and annoying. It also gives me the creeps that procreation is partially the choice of the woman's partner, but the woman getting pregnant is bound by her age. So if her partner wants kids, he has a right to make her hurry up and conceive? The image is predictable but also over the top.

*P5:* This is good to know. Can't wait to get old. A shame the bottle has to be upside down.

*P7:* Maybe we need one of a flaccid bottle for men.

Participants also felt that they were targeted in media texts because of their abnormal status of being of childbearing age and not having children:

*P3:* This is so annoying. This hits my biggest pet peeve of the issue and leaves me amazed. Here, there is no question that the focus is all on women-as if we didn't get this "info" anywhere else in the media. Again, I feel like this is targeted for a very specialized segment of society. The image is also very annoying to me. I do realize I may be too acutely sensitive to this issue at the moment.

*P1:* This [the age ad] is annoying. I am really tired of hearing about this one: "Women better hurry up and get on with it and have babies before god forbid they get too old."

*P6:* We have ad nauseum heard about this. We see this everywhere. I am not sure I need to see it again. We know. Are there people out there that don't know this? Well, the smoking one was the only one that I thought, maybe people don't know that connection. I don't think this information [about aging] is valuable. With the other ones, maybe if it was in an impoverished part of the city and maybe they don't have enough money to go to a fertility clinic, then maybe they can benefit from this.

In contrast, only one participant felt the ad attempted to send a positive message:

*P4:* This one seems the most respectful and straightforward of the bunch. The major exception to that that I see is that they don't begin the most likely to conceive age group until the 20s. The "women and their partners" is a bit weird too. I think it would be better if they left off the "Infertility is a disease..." sentence.

The age ad by far evoked the most emotional reaction from my participants. They were frustrated with the text, which they interpreted as putting the burden of reproduction on women, instead of indicating that men's fertility also declines with age. They also reported that the imagery in the campaign was gender-biased. They commented that men could not relate to a baby bottle and would not pay attention to any of the ads in the PYF campaign. When I asked them how this campaign might address the issue of age more effectively, no one in the group had any ideas. Instead, they for the most part insisted that women were smart enough to know that they are not as likely to have children when they get older. They felt they did not need a public service campaign to tell them so. To them, the campaign was a dumbing-down process.

## **Conclusion**

Women pursuing careers in academia experience a range of reactions and feelings toward motherhood. This range can be seen in my study participants' reception to the age ad of the PYF Campaign. This group expressed feeling marginalized by media texts that warned them of the factors affecting their fertility, social pressures to "hurry up" and have children, and the struggle to balance their personal and professional lives. While this group differed in their mothering choices (only one woman expressed that she definitely wanted to have children), their strong reactions to the ads suggest that the ideological assumptions within the campaign, that all women should become mothers, was troubling to this group.

Most of the women in my sample either did not want children or were undecided about their mothering choices. However, while previous research assumes that women delay childbearing in order to pursue careers, my results

show that women's decisions are complicated and nuanced. For example, some women expressed that they did not have a maternal instinct or that they had ideological reasons, such as not wanting to contribute to overpopulation, which contributed to their choices to delay or forego childbearing. These findings should guide future research in understanding how social forces shape women's choices, especially of those women entering academia.

Previous research about women in academia suggests that women delay mothering because they often have to adopt a male approach to their professional careers, such as sacrificing their personal lives for their work, negotiating grueling tenure schedules, and taking on administrative duties in addition to their teaching loads (Cohen, 2002). The emerging academics in my study did not identify any of these reasons as contributing to their mothering choices. Instead, these female graduate students were committed to finding careers in academia and eager to face the demands of academia. In fact, the women who were ambivalent about their mothering choices privileged their professional careers over mothering, stating that they would only want children if it fit into their professional careers. Participants did not explicitly link these statements to a dichotomy of male versus female standards in the workplace. Instead, participants expressed frustration in broader terms, including the external social pressures around them to become mothers. These participants seemed to be more focused on challenging norms of both "woman" and "mother" on a broader level than just in their professional careers. Even though they did not specifically identify the structure of academia itself as a factor in their mothering choices, future research should examine how female academics negotiate both social and professional definitions of motherhood.

However, tension in the group arose when women discussed their reasons for their reproductive choices. The women who did not want children were so adamant in their choices that they sometimes silenced other participants who were ambivalent about motherhood. This dynamic suggests that it may be for women to form coalitions to help each other navigate these choices in their professional careers. This finding is unfortunate because while the participants may have differed in terms of their choices, there was some common grounds when they discussed their frustration with the social construction of motherhood. Future research should examine strategies that may make women academics more likely to recognize their similarities rather than focus on their differences as a way to work toward social change. We have much to gain from understanding the dynamic of "choice" rather than framing choice as an unrestricted terrain.

This study is certainly not intended to be representative of all female graduate students in size or scope. Instead, the goal of this study is to illuminate the social shift in mothering choices that female academics may experience. These findings challenge earlier research that assumes that female academics do not choose to become mothers because the structure of the workplace does not allow them the freedom to become mothers. The findings presented here

suggest that women's choices are more complicated and include a number of factors beyond their professional careers. However, the perceived differences among the women in my study in terms of these mothering choices suggest that there may be challenges to coalition-building to continue allowing women these choices.

<sup>1</sup>RESOLVE, established in 1974, is a national organization with local chapters. Their mission is to provide education, advocacy, and support for men and women facing infertility. More information about RESOLVE can be found at <http://www.resolve.org>. Established in 1999, the American Infertility Association (AIA) is a national nonprofit organization dedicated to helping men and women face decisions about reproductive health, including prevention and treatment of infertility, and providing information about the social and psychological impact of living with infertility. More information about AIA can be found at <http://www.americaninfertility.org>.

<sup>2</sup>Fertility rates are also used to measure the number of live births per 1,000 women of children of childbearing age (ages 15-44).

<sup>3</sup>The sample of graduate students is not random, since the purpose of this study is exploratory. These responses will be used as a way to develop a broader research study about women and mothering

<sup>4</sup>The lack of ethnic diversity is reflective of the make-up of the graduate school. I did not deliberately exclude women of other races. Future research should examine how race influences mothering choices.

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