

Maybe, Maybe ... PhD Baby?

Although academic publications over the past several decades have steadily reported the perspectives of female academics related to the topic of motherhood, less attention has been paid to the specific factors that influence when and why PhD students have children. With greater numbers of doctoral graduates entering postdoctoral studies (many at an age when the average Canadian is contemplating having their first child), it seems necessary that student voices be added to discussions concerning family in the academy. This personal narrative essay intends to explore some of the factors that might impact family planning for doctoral students. Utilizing journal entries written by the author during her undergraduate and graduate training, issues such as the timing of pregnancy in the life course, pronatalism, the presumed existence of a woman's biological clock, and unintended pregnancy will be critically examined.

Introduction

To some graduate students, the decision to combine a doctoral degree with the time and energy consuming role of parent might seem like a complete impossibility. Those of us who choose to pursue this type of educational commitment often restructure our entire lives around our studies and very quickly learn that sleep, leisure time, relationships, and, even, family planning may need to take a backseat to a hectic academic schedule. These realities have never been lost on me. Over the past eight years of my graduate school training, it has been my ambitions and my desire to support my partner Dave's future academic career that has kept even the mere discussion of pregnancy at bay. Yet in recent years, I have found myself wondering when might be the right time to have children in the academy (i.e., during graduate school, during a postdoctoral fellowship,

during the first years of a tenure-track position, after achieving tenure) and how Dave and I might go about making decisions that pit our future family against our future careers.

It has been my hope for a family that has driven me, over time, to informally seek advice from every academic parent I could find, whether they be a professor, a postdoctoral fellow, or a graduate student. Some have reflected back thirty years to when they had their children, often during graduate school, while others have confided their experiences in me with a very large pregnant belly visible. The reasons not to have children in the academy have always seemed numerous and, in my experience, are oftentimes reiterated by sources who are not parents themselves. One tenured male professor—with children of his own, in addition to a partner at home—offered the following advice: “a baby might impede productivity and delay your ability to graduate.” A female postdoctoral trainee who wanted to someday become a parent but, at the time of our conversation, was in the throes of looking for a tenure-track position suggested that “a baby might decrease the career possibilities available to you ... you’d be way less portable to just pick up and go to whatever institution wants you.” Several established male and female academics (some without children, some who had chosen not to be the primary caregivers in their families) have also articulated that a baby could be looked on as a hindrance in competitive academic circles. Despite this presumably well-meaning advice, I have persisted in my search for someone who has cracked the formula to balance both academic life and parenthood.

Where Babies Come From...

Before a discussion of pregnancy can begin, I feel obligated to explain the circumstances that have led to my even contemplating such a possibility. Dave and I met as undergraduate students and had been great friends for years before we began dating in 2007 in our mid-twenties, just as I was just starting my Master’s of Public Health (MPH) in Thunder Bay and he was beginning his PhD in Toronto. We had both recently ended long-term relationships and were not looking to become seriously involved with anyone. Rather than pursuing the quickest path to secure careers, marriage, and children, we instead chose the winding road of postgraduate education and all the sacrifices that it entails (e.g., small stipends, grubby apartments, and projects that you can never mentally shut off from). We spent the early years of our relationship throwing ourselves into our work, although we made time to speak nightly on the phone and flew back and forth to see each other when we could. The almost fourteen hundred kilometre distance between us allowed me to achieve a great deal academically and enabled my self-esteem to grow through the knowledge that I could indeed

“hack it” in graduate school. Over time, however, this distance left me feeling increasingly isolated and lonely. Although our relationship arrangement may have been ideal from a productivity perspective, my one-track career mind created an emotional void and emptiness that only grew with each passing month. Good grades and academic advancement could not laugh with me over a home-cooked meal or spoon with me in bed at night, while I complained that my feet were always cold. The academy did not tell me that it loved me every day, and it was not the only thing I wanted to build my life around. I began to consider whether Dave was the person that I could consider having a family with someday. After two years in Thunder Bay, I had had enough. In the summer of 2009, I packed up my stuff and moved back to Southern Ontario and in with Dave to finish my degree.

In 2013, at the age of thirty-one, we took the plunge, so to speak, and decided to get married. This decision was at least in part motivated by our knowledge that officially being husband and wife would make it easier for us to obtain working visas should we decide to pursue postdoctoral training in the United States or further abroad. In many ways, this formalization of our relationship immediately exposed us to a social pressure to start a family in ways we had never encountered before. I don't think our reception was even over before I was asked “so when can we expect to see you pregnant?” While both Dave and I are fortunate enough to have doctoral supervisors who would not discourage a decision to have a child, we remain rather dumbfounded as to when might be the right time in an academic career to start a family. Indeed, decisions about when to become a parent are often shaped by an individual's position in life, and this process is likely no different for those entering postgraduate education.

Given that the number of Canadian female graduate students has been shown to be roughly equal to that of men—i.e., women make up approximately 47 percent of all doctoral enrolments in Canada (Statistics Canada 5)—the issue of exactly when, or even if, to have a child in an academic career can be a tricky one. Individuals beginning a PhD degree in their early to mid-twenties can often afford to put off the decision to have children until after they have completed their graduate training. Such a strategy can help to relieve some of the stress and stigma associated with being both a student and a new parent and avoid the potential losses in productivity that could result from the physical demands of pregnancy and childbirth (Drago and Williams 48; Lynch, “An immodest proposal”). Waiting until one or both partners have found secure postgraduation employment can also help to alleviate some of the financial stress that a maternity or parental leave might create. Often, couples are left to decide whether it makes more sense to wait until after they have graduated to have children and risk issues with infertility or have children and risk negatively

impacting their research and writing productivity. Despite all the complexities involved, I still cannot shake the urge to find room in my life, somewhere, for a child. Chronicling an important period in the lives of many young academics, this personal narrative, based largely on my journals and best recollections, explores the multitude of factors that have influenced my decision making surrounding motherhood while in graduate studies.

Dodging the Baby Bullet

Spring 2005, end of fourth year of my undergraduate degree, age twenty-two

“Congratulations to the graduating class of 2005!” This phrase, uttered by my undergraduate university’s commencement speaker, signifies that I have achieved a goal I have been working towards since childhood. The all night study sessions, the jam-packed exam schedules, hundreds of pages of essay writings, my hilariously entertaining extracurricular life—I have survived it all. I have also managed to complete the entire journey without being side tracked by an unexpected pregnancy. As peculiar as it sounds, this particular achievement is my private cause for a second celebration on this joyous day.

Being the incessant worrier that I am, I have spent my entire university career terrified that I would unexpectedly become pregnant. During my undergraduate degree, it was the fear that I was too young, too immature, and too financially unstable to have a baby that kept me faithfully taking my birth control pills each day. As an unmarried and unemployed student, I feared that an unplanned pregnancy might jeopardize my ability to graduate and potentially impact my future career goals. Each month when my period arrived I said a little thank you to the higher reproductive powers that be that I had, once again, dodged a baby bullet.

Although both males and females possess the ability to create a child as soon as each has fully entered puberty, a well promoted North American societal notion says that adolescence is not an appropriate time in life to become a parent. This may be due, in part, to a belief that most young adults lack sufficient understanding of the responsibilities associated with parenthood (e.g., understanding the financial realities, sacrifices necessary to one’s social life, conflicts with childcare and education) to make fully informed family planning decisions (Aggleton and Campbell 285-286). In Canada, we have reinforced these societal beliefs through various avenues, including drafting laws that limit the sexual activity of children under the age of sixteen (e.g., age of consent for sexual activity with an older partner, requiring parental consent for minors to marry) and encouraging social stigmas attached to teenage pregnancy (Wiemann et al. e4; Luker 17, 99). Particularly for teenage women, there can be a social expectation that “good girls” should be smart enough to either abstain from

sex, terminate an unwanted pregnancy or, at the very least, take the necessary contraceptive precautions to avoid having an unplanned child.

Although less stigmatized, individuals choosing to take on a parental role in early adulthood (i.e., between the ages of eighteen and twenty-two) also appear to face challenges. Historically, youth have tackled many of the life events associated with adulthood (e.g., finishing their education, securing a career, getting married, buying a home, having children) in their late teenage years or early twenties; however, millennial youth have increasingly decided to delay their pursuit of these responsible adult benchmarks to complete undergraduate and/or postgraduate education (a mandatory requirement for many careers in a competitive workforce) (Jayson). This focus on education, in addition to the time and financial constraints that can be involved with a student lifestyle, could all be viewed as possible barriers to so-called responsibly providing for a child (Shaienks, Gluszynski, and Bayard). As a consequence, some youth may choose to delay parenthood until after they have completed their academic training and have secured gainful employment.

Reproductive choices may also be influenced by the well-promoted notion that women's reproductive years are finite. Although most women understand that as they approach their midthirties, their chances of encountering infertility and pregnancy complications increase (Mayo Foundation), this knowledge has not stopped many women from waiting until this age to start trying to conceive. Statistics show that the average age of first pregnancy for women in Canada is 29.6 years, with mothers over the age of thirty accounting for approximately 51.2 percent of births (Employment and Social Development Canada). Such statistics likely reflect the idea that women (myself included) are waiting for their lives and careers to become more stable before having children.

Child's Play

Winter 2009, second year of MPH, age twenty-five

I seem to dream of nothing but babies; vivid, emotional dreams about being pregnant, about labouring, about falling asleep with a newborn in my arms; the delicate smell of Johnson's baby shampoo filling my nostrils. I have never had thoughts like this in my life; in fact, I've never really thought all that seriously about having kids at all. It's always been "maybe...someday" for me. Now, it's as if the alarm on my biological clock were blaring, and I can't shut it off. I find myself waking up in the morning with my goose-down pillow curled up to my stomach. Sometimes I find myself reaching down and clutching it as if it were real. It takes me back to my childhood, much of which was spent playing in my family's basement rec room. Probably bored one day and looking for something silly to do, one of my friends had devised a game where we would stuff my mother's embroidered throw pillows up our shirts

and pretend we were pregnant mothers. We would waddle around the room in the same uncomfortable way we had witnessed real pregnant women waddle around the neighbourhood, their swollen feet shuffling across the asphalt. The real fun seemed to involve seeing just how many pillows our cotton t-shirts could hold... just how big of a pregnant belly our tiny eight-year-old frames could handle. Inevitably, we would fall to the floor laughing at the hilarity of such a state in our lives and thankful that we could just take the pillows out and move on to another game. A pregnant belly at this stage of life would mean changes for me that are far more permanent (and I'm not just talking about the stretch marks). Still, I find myself standing naked in front of my bedroom mirror, puffing out my stomach. Would I carry the way my mother did with me, barely a bump at all on her slender, six-foot frame?

Women have strong emotions and many influences regarding the decision making surrounding motherhood. Some have described a physical yearning or an urge to bring life into the world that can start as an “itch” and evolve into a full-blown obsession (Orenstein 169; Ulrich and Weatherall 328). Prominent feminist leisure scholar Betsy Wearing (37) has even stated that a woman’s mere potential to give birth and nurse a child has made the role of mother appear to be a “natural” responsibility for women. To me, these sentiments encapsulate the strong pronatalist messaging that women receive in our society related to motherhood (Ayers 5; Morell 315), messaging that I am not immune to, even in the academy.

Indeed, for many women in North American society, a belief persists that they cannot be normal, complete, or psychologically well without occupying the role of biological mother (Ayers 13; Rich et al. 235). For some women, the desire to become a mother was socially encouraged through how they played as children. North American girls, long before they are reproductively mature, have traditionally been encouraged to hone their nurturing skills in play centered around caretaking and social proximity (i.e., pretending to be a mother to dolls or pets) (Ulrich and Weatherall 328; Formanek-Brunell 127). From the perspective of some members of society, children who express nurturance, domestic competence, and empathy for others and who take care of their dolls as children (i.e. carefully feeding, changing, dressing, and loving these pretend children) are likely to develop into responsible parents, capable of showering the same sort of care and affection on their future families (Francis 329; Kane 158).

Other women have reported their desire for a child as something that slowly snuck up on them in their lives, hinting at possible ties to age and a woman’s so-called biological clock. This concept of women having a clock slowly ticking down to their eventual reproductive demise is generally thought to have emerged in the 1970s when the term was associated with white, middle-class women who intentionally chose to delay having children in order to pursue careers (Friese, Becker, and Nachtigall 1551). More recently, the biological clock

has been described as a women's sense of the interconnection or disconnection between the social and physiological domains of her body, and can be seen to underlie the question "how long can I reasonably wait to have a baby?" (Friese, Becker, and Nachtigall 1551).

My Perfect Breeding Ground

Winter 2010, third year of my MPH, age twenty-seven

Far too early on a dreary Saturday morning in December, I step off the subway and walk the block to the office tower that houses my gynecologist's office. I stand at the revolving doors of this imposing structure, look up, and sigh. I don't want to be here. I would much rather be at home, snuggled up next to Dave in the safety of our bed, but I slogged my way out here for a search-and-rescue mission of sorts. I have come to have the doctor locate a lost IUC (inter-uterine contraceptive) device that was inserted inside my body last year, at a time when I had become increasingly frustrated with the havoc the birth control pill was wreaking on my body. While the whole IUC installation experience had been a complete nightmare (and had essentially involved shoving a drinking straw through my cervix, causing a crushing pain that felt as though my uterus were being wrung out like a dish rag), the tiny device had been able to provide me with some peace from my monthly worry of becoming a student mommy. Unfortunately, the IUC had shifted at some point and now the contraption was missing, seemingly swallowed whole. I picture it jangling around inside my uterus like the bell inside a cat's toy. "Stupid thing" I mumble to myself as I shove my way through the revolving doors.

This gynecologist is young (maybe forty) and boyishly handsome, with just a hint of a European accent that I can't seem to pinpoint exactly. Though he is not stern per se, his bedside manner is not what I would call warm. I shift nervously in the scratchy gown and feel the crinkle of the sterile table paper beneath me. After taking my medical history, and ascertaining exactly what my visit is for, we get down to business. "So, you planning on trying to start a family?" he asks as he rolls his squeaky stool up to the examination table. "Oh goodness no," I reply, slightly shocked by the question, "I've just been accepted into a PhD program." Judging by the confused look on his face, I assume that that he does not see pregnancy and postgraduate education as mutually exclusive concepts. "It's just that normally women your age coming in to have these devices removed are looking to have children" he replies, flatly. I can feel paranoia setting in as the wheels in my head start turning. The doctor knows my age from my medical chart. Is his question merely a subtle way of pointing out that I've got a finite amount of time left to have children? That I might want to think about using my eggs while they are still viable? I am suddenly self-conscious and worry that maybe my reaction to his question was a bit antibaby. After all, I do want to have children... eventually; they just don't fit into the overall plan for my life right

now. Desperate to do a bit of damage control, I utter, in my most convincing baby positive voice, “well, maybe in a few years” as he pulls up the ultrasound equipment to begin his search.

Women have cited strong cultural expectations related to motherhood as one of the most influential factors in their decision to conceive a child (Bergum). From the perspective of many societies, a woman’s social status is primarily defined by her role as a mother and her value as a person associated with her ability to conceive and bear biological children (Ulrich and Weatherall 335; Parry 337-338). While the widespread use of contraception and access to legal abortions in Canada now provides some (but not all) women with greater control over their reproductive capabilities, those who are either unwilling or unable to become pregnant may find their choices judged by a pronatalist society (Ulrich and Weatherall 324). Women who choose not to have a child, perhaps because they are devoted to their careers or value and enjoy their life without children, may have their choices deemed selfish, abnormal, or unnatural by those around them (Ireland 123). In this regard, we can observe societal insinuations that a mother role should be a woman’s top priority in life and that women should be willing to sacrifice, whether it be their careers, their bodies, or their leisure time, for children.

An Inconceivable Mistake

Winter 2012, second year of my PhD, age twenty-nine

I’m always so careful, but lately school, work, and life has kept me rather preoccupied. I’ve been having trouble remembering what day it is or what I ate yesterday for dinner, so forgetting to take my birth control pill seems pretty inevitable. Let’s face it: mistakes happen, women miss pills. But I happened to miss two pills ... the first two pills in my month pack (a particularly risky mistake, going by the medication’s information insert). “Don’t beat yourself up about it”, I tell myself soothingly, “you live in an age where fixing this issue can be as easy as a trip to the drug store.” This is also what the Plan B (or morning after pill) website tells me, as I scroll through the pages of “judgment-free” information. I use the website’s effectiveness calculator, which involves plugging in the exact number of hours that have elapsed since the fateful deed was committed without birth control. With the click of a button, I am provided with an estimate of the likelihood that two teeny white morning after pills will prevent my journey into parenthood. The website’s pages are filled with pictures of women, some looking worried, some smiling in a way that doesn’t make sense to me, given the circumstances. I don’t want to be in this situation; I don’t want to have to make these types of decisions, don’t want to be rolling the dice with regard to Plan B’s effectiveness. After consulting with a less than helpful pharmacy technician over the phone, I grab my purse and with my keys in my hand I say to Dave:

Me: "Okay, so I'm not going to take any chances. I'm going to walk down to the pharmacy and get the morning after pill."

Dave doesn't say anything, presumably processing the information.

Dave: "Do you think that is really necessary?"

Me (rather emphatically): "YES, yes it's necessary."

I know better than to get upset at his question. I know that Dave is simply trying to establish whether I am being overly fearful about the whole situation, something that is not unheard of for me. Over the years, Dave has grown quite accustomed, I'm sure, to my monthly worries in the days leading up to my period; a time when my fears of accidentally becoming pregnant are at their height. Standing in front of him now, I feel a sense of shame. I feel like I have been reckless with my body. I worry that my preoccupation with the whirlwind of graduate school now has the ability to impact not only my life, my academic career, my future, but also his. He trusts me to take care of this aspect of our lives. Now, I feel like I have let him down. "Will you come with me?" I ask, knowing that I need him, in this moment, to acknowledge that I am scared, that I am sorry, and that I am doing something to try and fix this tiny, yet significant error. Without saying a word, he grabs his coat and we are out the door.

In a society where a woman's duty is to procreate, it seems reasonable to assume that the responsibility of timing a pregnancy appropriately will likely (and, I would argue, unfairly) also fall on the shoulders of women. Since 2008, Canadian women have been afforded greater agency in their decisions about when, whether, and with whom to have children through the legalization of over-the-counter sales of the morning after pill (Eggertson 1645). Unfortunately, such an emotionally taxing decision can prove particularly difficult for women as they are more likely to face ridicule and stigmatization about their choices (i.e., they should have been more careful with their birth control or have abstained from sex) or the events in their lives that would necessitate the use of emergency contraception in the first place (Free, Lee, and Ogden 2; Shoveler, Chabot, Soon, and Levine 15).

For many couples, decisions related to the possibility of becoming parents can be fraught with stress as it is not always assured that couples will agree on exactly when, or even if, they should have children (Rosina and Testa 496). The emotions that may impact these decisions can certainly intensify if one, or both, partners are students. For some student parents, entry into family life may be unplanned and will likely necessitate life changes that individuals may not find welcome (i.e., taking time off from school or work; taking on additional paid employment; changes to accommodations). In such circumstances, the adjustment to parenthood might be a rocky one or may not necessarily occur at all (i.e., individuals may choose to abort a fetus; put a child up for

adoption; abandon a child with the other parent) (Moltz; Ellis and Bochner 99; Zhou et al. 3).

Maybe Baby?

Spring, 2012, second year of my PhD, age twenty-nine

It's been over a month since I took Plan B and there is still no sign of my period. The package insert had said that I could expect my menstrual cycle to be a disrupted, but that I might want to take a home pregnancy test if it doesn't come at all. I can't wait any longer. The walk to the pharmacy is a frigid one, as Dave grumbles about a project at work and I chug a bottle of water, hoping that it will allow me to pee on command. In the dimly lit aisle of the store, we both stare, puzzled, at the selection of pregnancy tests, our heads cocked slightly sideways. Do I need a digital stick... why on earth would the thing need to be digitized? A family pack of six tests? Nope, one should do it. We decide on the store brand test that is on sale... heck, they sell these things at the dollar store now, so how complicated can they really be? When we arrive home, Dave starts dinner while I dart into the washroom. I rip apart the box and diligently follow the test instructions, holding the stick in my stream of urine for the required five seconds. As I count ... one one thousand ... two one thousand ... three one thousand, a peculiar calm washes over me. Suddenly, I find myself feeling okay with whatever the test might say. I set the timer on the stove and Dave and I engage in some distracting chit-chat while the pasta boils and wait for the results to appear. I glance around the apartment, wondering if it could accommodate a baby. There would be room for a crib in our bedroom if we got rid of a bookcase, but then again, we could always move to a slightly larger place. I also start to think about whether I would have time for a baby at this point in my life. My classes will be over in a few months, and the flexibility in my academic schedule over the coming years might allow me to be at home more frequently with a child. Suddenly, the concept of a baby is not unnerving me in the way it always has. Though unplanned, a baby might not be the end of the world right now. It could, in fact, be the beginning of a whole new one. As the timer on the stove beeps, I sense that my biological clock may be letting me know that it's time as well. I cautiously head back to the bathroom and swear that I can smell a hint of baby shampoo in the air. I peer down at the test. Negative. Part of me is relieved by this knowledge, and it is this part that I share with Dave. Secretly, however, I am disappointed.

Given that the average age of doctoral graduates in Canada has been estimated to be between thirty-three and thirty-six years of age (Maldonado, Wiggers, and Arnold 14), the fact remains that graduate school may be the time, or perhaps even the *right* time, for many individuals to start or grow their families. From the perspective of some women, notably Kathryn Lynch, a professor of English at Wellesley College (Massachusetts) who chose to become a mother during

graduate school, “graduate studies can spin for years in a hazy orbit of delayed gratification and responsibility. But the fantasy that real life waits just around the next bend is especially dangerous for young women. Reproductively, the future is here now” (3). Unfortunately, some student couples may be discouraged from pursuing this area of their lives by a lack of support, either on the part of supervisors, departments, or university administrations. I have often wondered if the reason I have even contemplated becoming a parent during my studies has had anything to do with the fact that I am enrolled at a university with policies in place to assist its graduate student parents. Specifically, my institution offers a parental leave bursary that entitles graduate students up to eight months of paid parental leave that can equal as much as 95 percent of a student’s regular funding. Additionally, my university also offers bursaries to financially support on-site daycare for graduate student families when they return to their studies. Although these resources can offer tremendous support to students, they unfortunately do not appear to be common within universities across the country (Allen).

Finally, I feel it important to acknowledge the evidence that suggests that babies and graduate studies are concepts that can successfully coexist in women’s lives. Several published studies have found that female academic mothers report increased time management skills and an improved level of focus with regard to their work following the birth of their children (Lynch; Ward and Wolf-Wendel 249). Many of these women attribute their need to schedule their work around the sleeping and care schedules of their children as being the primary motivator for such changes. In this case, the flexible work schedules afforded to many in the academy (particularly during graduate training) may also serve as a support for academic parents and their families.

Conclusion

Since I began writing this narrative three years ago, I have stopped taking my birth control pills. This decision has not been motivated by a desire on my part to become pregnant immediately, but was instead intended to provide my body with a break from the decade of various forms of chemical birth control. In some peculiar way, this decision has helped to ease much of the paranoia that I have always attached to the possibility of becoming pregnant. Dave and I remain happily committed to each other and satisfied with our current statuses academically; however, we have actively decided to delay starting a family. Despite us very much wanting to become parents someday, our graduate training remains an exceptionally demanding component of our lives that we would like to complete before taking on the duty of parenthood. Occasionally, we find ourselves engaged in the baby conversation—which typically consists

of me asking, “Do you think we should have a baby,” to which Dave usually responds, “I don’t know, do YOU think we should have a baby?”—however, neither one of us has come up with a definitive answer to the question of when. Perhaps postdoctoral training may prove to be a more conceivable time for us to consider having children.

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