



The Social History of the American Family: An Encyclopedia

Fertility

Contributors: Mari Plikuhn & Sarah E. Malik

Edited by: Marilyn J. Coleman & Lawrence H. Ganong

Book Title: The Social History of the American Family: An Encyclopedia

Chapter Title: "Fertility"

Pub. Date: 2014

Access Date: December 11, 2015

Publishing Company: SAGE Publications, Inc.

City: Thousand Oaks

Print ISBN: 9781452286167

Online ISBN: 9781452286143

DOI: <http://dx.doi.org/10.4135/9781452286143.n228>

Print pages: 538-540

©2014 SAGE Publications, Inc.. All Rights Reserved.

This PDF has been generated from SAGE Knowledge. Please note that the pagination of the online version will vary from the pagination of the print book.

Fertility, or the ability to reproduce, serves the critical function of replacing a society's members lost through death, allowing it to endure rather than become extinct. In order for a society to have a stable population size, it must maintain a total fertility rate (TFR) high enough to replace members; this is often called *replacement level fertility*. TFR is defined as the average number of children that each woman in a society is projected to produce across her lifetime, given current trends. Though in most cases a high TFR leads to increased population, and a low TFR leads to decreased population, replacement level fertility differs for each country and depends on mortality rates.

In the United States, a low rate of infant mortality and increased overall life expectancy equate to a replacement level TFR for the United States (and most developed Western countries) of 2.1, meaning that the average woman needs to have 2.1 children to maintain a steady population. The additional 0.1 above true replacement (i.e., two people make two people) accounts for those who die before having children and are unable or choose not to reproduce.

The United States and much of Europe has seen their total fertility rates rise and fall across the 20th century, corresponding with times of economic boom and bust. While the early 1900s saw the U.S. TFR near 3.5, World War I and the Great Depression forced many couples to limit family size due to financial concerns, reflected in the lower TFR of 2.2 during these years. However, the thriving economy that followed World War II brought the TFR to a peak of 3.7 during a period of increased fertility in the United States that became known as the baby boom. The baby boom generation, as these children came to be called, consisted of those born between 1946 and 1964; they are the largest cohort in U.S. history. By the late 1960s, the TFR slowly began to decline to the near-replacement levels that the United States has in the early 21st century. Though subreplacement level fertility rates are a growing concern for the overall population stability of many countries in Europe, near-replacement level fertility, coupled with the strong immigration pattern into the United States, provide consistent population growth that is not anticipated to slow or decline in the near future.

In general, fertility is contingent on several key factors. The most important component is the availability of a mating partner. Though males and females are typically born in roughly equal numbers, some social dynamics determine whether one obtains a mating partner, such as desirability by potential mates, perceived health for mating, or ability to provide resources for offspring. Timing of mating is also important in fertility, because women can only become pregnant while they are ovulating, which is a limited window in their monthly cycle. Finally, levels of fertility are dependent on both biological and social influences.

Influences on High Fertility Levels

Many factors can lead to increased fertility. Throughout history, the best predictors of high fertility have been related to biological factors. For example, better access to health care and birth specialists, such as doctors or midwives, has provided safer opportunities for women to bear children, resulting in a decrease in both infant and maternal mortality rates. In addition, a focus on preventative and overall health care, as well as increased nutrition, has increased the number of women who bear healthy children, while limiting the number who suffer from infertility, miscarriage, or stillbirths. Beyond biological resources, social influences can encourage increased fertility.

Religious institutions and leaders may place a value on large families as a reflection of divine bounty, while discouraging contraception as circumventing divine will. Agriculturally based societies may require large families for subsistence-based living. For these families, having many children increases the chance that the family will have a sufficient labor supply to perform the tasks necessary for survival. It also ensures that someone will be able to take care of them in their old age.

Women who are highly religious tend to have more children than their nonreligious counterparts. Strongly religious women are also more likely to adhere to traditional gender roles that prioritize motherhood and stress the importance of family. Immigrant women are more likely to have higher fertility than nonimmigrant women.

Influences on Low Fertility Levels

Just as there are biological and social influences that can increase fertility, there are factors that can decrease fertility. When a group or a society experiences reduced access to nutrition or medical resources, such as with famine or for those in extreme poverty, they may experience reduced fertility. This may be because they are physically unable to sustain a pregnancy, or because they choose not to have children. In fact, even the improved biological resources that increase fertility do so only to a point. When life expectancy in a society increases and becomes stable, infant and maternal mortality rates are low, and overall health is high, fertility rates begin to level out. Women no longer need to produce a large number of children in order to ensure that some make it to adulthood; therefore, the number of births needed for replacement drops, and fertility levels experience a corresponding decline.

Yet across history, when fertility rates have decreased through individual choice, as opposed to environmental factors, the main causes have been changing culture definitions of ideal fertility. Ideal fertility can be thought of as the culturally prescribed expectations of having children, and it can be influenced by gender roles, changing norms in social institutions, and the opportunities that exist before, or instead of, children. Several opportunities in modern American culture have led to delayed parenthood for both men and women. As college and graduate school have become more common, individuals are waiting until they complete their education and become financially stable to marry or start families. Furthermore, higher educational attainment often leads to careers that are time consuming and demand commitment, further postponing family formation.

As American society shifts to a more egalitarian balance in gender roles, opportunities for achievement and fulfillment outside of the home have empowered more women to significantly delay childbearing, or even forego motherhood altogether. In addition, as a woman's age at first marriage increases, there is a corresponding increase in a woman's age when she gives birth to her first child. Greater access to contraception and family planning options have allowed couples to choose when they will have children. Waiting to have children until a couple is older and more established allows them to have the resources necessary to provide a fulfilling life of opportunities for their child. However, by beginning motherhood at a later age, women shorten the window of potential fertility (fecundity), raising their chances of experiencing primary infertility (difficulties with conceiving or carrying a first pregnancy to term) and secondary infertility (difficulties with conceiving or carrying a subsequent pregnancy to term).

In societies like the United States that are dominated by a service-based economy that defines post-industrialization, families have shifted from a source of production to a mechanism of consumption, and therefore, having several children may be seen as a burden. Pregnancy and parenthood represent a large financial, emotional, and physiological commitment, particularly for women who often must forego educational or occupational opportunities to have and raise children. American parents today often feel that they must devote a great deal of time, attention, and resources to the development of each child in order to ensure their eventual success. Though the rewards of having children are innumerable, many parents believe that the level of dedication needed to ensure a child's success cannot be sustained for a large number of children.

There are several advantages to lower fertility levels for the individual and society. When parents have fewer children, they are able provide greater interpersonal and financial resources for each child. In addition, because the risk for complications or death from pregnancy or childbirth increases with every conception, lower fertility levels decrease maternal mortality rates. At the societal level, excessive population growth can lead to challenges in resource allocation, scarcity, and political and economic instability. Furthermore, high fertility expectations within a society often produce gender inequality because women are encouraged to focus all their energy on reproduction and child rearing. Not only are they limited in the opportunities available to them outside of the home, but when their value is exclusively tied to their ability to reproduce, they can be socially vulnerable if they have difficulties with fertility.

Difficulties with Fertility

For most women in the United States, fertility is taken for granted. It is only when a woman faces challenges in conceiving or carrying a child to term that she and her loved ones give it thought. Infertility occurs when a woman is unable to become pregnant after trying to conceive for a period of at least a year. Depending on its causes or outcomes, infertility can also be called sterility, being barren, subfecundity, impotence (for men), or involuntary childlessness. Because fertility is a symbol of health, wellness, and adult status, women who wish to have children and are unable to may feel less than whole. Infertility can lead to depression, marital or relational stressors, sexual dysfunction, feelings of rejection, shame, loss of friendships, and financial strain. Though advancements in medicine and technology have allowed many women who would have once been considered barren to have children, many couples who turn to Assisted Reproductive Technology (ART) never conceive. Gender roles for women in the United States have expanded to include much more than motherhood, yet society still places significant status on the label of *mother* for women, leaving those who are infertile to feel incomplete. Furthermore, in cultures where a woman's value is tied to her ability to provide children to her husband, infertility can leave her vulnerable to abandonment, divorce, or in extreme cases, death.

Voluntary Childlessness

Though most American women have children at some point in their lives, a growing number of women are electing to remain childless. Voluntary childlessness, also known as being childfree, differs from infertility in that women (or couples) make the choice not to have children, as opposed to being biologically unable to conceive or carry a pregnancy to term. Individuals who make the choice to be childfree are not distressed

by forgoing the parenting role in their lives. Childfree women and men feel a sense of freedom in their lives, and often report stronger, more egalitarian relationships with their partners because they have more time, energy, and resources to devote to one another and the relationship. However, there are often social implications to the decision to be childfree. Parenthood is seen as an important adult transition that is highly desirable; choosing to skip this transition is seen as a failure to fully become an adult. While infertile women are often pitied for their inability to have children, childfree women are usually seen as selfish, cold, and less feminine, regardless of their reasons for choosing to not have children. Though voluntary childlessness currently has a small impact on the greater fertility levels of society, the increasing percentage of the population who makes the choice to be childfree will play a larger role in long-term population growth or decline across the coming decades.

- fertility
- infertility
- fertility rate
- childlessness
- children
- motherhood
- maternal mortality

Mari Plikuhn

Sarah E. Malik, *University of Evansville*

<http://dx.doi.org/10.4135/9781452286143.n228>

See Also:

- [Adolescent Pregnancy](#)
- [Assisted Reproduction Technology](#)
- [Birth Control Pills](#)
- [Childless Couples](#)
- [Contraception and the Sexual Revolution](#)
- [Demographic Changes: Zero Population Growth/Birthrates](#)
- [Family Planning](#)
- [Infertility](#)
- [Multiple Partner Fertility](#)
- [Prenatal Care and Pregnancy](#)
- Primary Documents 1986
- [Surrogacy](#)

Further Readings

Aarssen, Lonnie W. "Why Is Fertility Lower in Wealthier Countries? The Role of Relaxed Fertility-Selection". *Population and Development Review*, v.31/1 (2005).

<http://dx.doi.org/10.1111/j.1728-4457.2005.00054.x>

Davis, Kingsley, Mikhail S. Bernshtam, and Rita Ricardo-Campbell, eds. *Below-Replacement Fertility in Industrial Societies: Causes, Consequences, Policies*. New York: Cambridge University Press, 1987.

Easterlin, Richard A. "Twentieth-Century American Population Growth". *The Cambridge Economic History of the United States*. Vol. 3. New York: Cambridge University Press, 2000.

McQuillan, Julia, Arthur L. Greil, Lynn White, and Mary Casey Jacob. "Frustrated Fertility: Infertility and Psychological Distress Among Women." *Journal of Marriage and*

Family, v.65/4 (2003). <http://dx.doi.org/10.1111/j.1741-3737.2003.01007.x>
Morgan, S. Philip. "Is Low Fertility a Twenty-First-Century Demographic Crisis?"
Demography, v.40/4 (2003). <http://dx.doi.org/10.1353/dem.2003.0037>