FAMILY INTENTIONS OF
WOMEN WITH ONE CHILD:
AN ARMIDALE STUDY
This volume is a thesis submitted for the degree of Master of Arts of the Australian National University.

NAME OF THESIS: Family Intentions of Women with One Child: an Armidale Study

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DATE OF SUBMISSION: December, 1979
This thesis is my own original work and all sources used have been acknowledged.

Signed:  

[Signature]
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This thesis would not have been possible without the cooperation of the women in Armidale interviewed. I would like to thank them for their frank and open answers to my questions which led me to a greater appreciation and understanding of women.

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Helen Baxter
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INTRODUCTION

i. Introduction

This study is concerned with the family intentions of married women in Armidale, a medium sized country town in northern New South Wales. The surveyed women had their first baby in 1976, a year when the two child family was the preference of a majority of Australian women. Previously recorded differentials in family size such as religion, age at marriage and education had narrowed to the point where they were barely measurable. The study focuses on fertility in an extra metropolitan area, the timing of the first birth after marriage as a life cycle event, the spacing of further children and the ultimate family size anticipated.

An examination of marital fertility in an extra metropolitan area provides a valuable addition to the study of family size in Australia, particularly in relation to the social and environmental factors associated with childbearing. Ruzicka and Caldwell (1977) noted that, in Australia, the fertility gap between rural and metropolitan areas still existed. They considered that: "It seems more likely that the physical and social environment, as well as the lifestyle in the countryside, continues to be more favourable to the rearing of children than that of the capital cities." (Ruzicka and Caldwell, 1977:233). The physical and social environment of Armidale is a feature which permeates every aspect of family formation in Armidale.

1. In the Australian Bureau of Statistics Survey of Birth Expectations 50.7 percent of married women under 40 years with no children wanted two, 49.6 percent of those with one child anticipated one more child and 84.6 percent of those with two children expected no more.
The timing of the first birth after marriage has been the concern of a number of authors (Ruzicka, 1976, Young, 1977). This birth is the one most sensitive to economic events and represents what several authors (LeMasters, 1957, Dyer, 1963) have referred to as a crisis. Rossi (1968), however, wrote of the transition to parenthood, rather than the crisis of parenthood as most couples adapt to parenthood successfully. Motherhood, as distinct from parenthood is examined in the study since despite an increase in awareness the family roles can be shared along less traditional lines (A. Day, 1978), it is the woman whose life is changed most dramatically by the birth of the first child. Whether traditional ideas of motherhood persist or whether women are increasingly ambivalent about becoming mothers (Wearing, 1979) is another issue of interest.

The spacing of the births of the children of a family and the final family size to be achieved are also subjects of the present study. Despite what has been called: "the trend towards conformity and predictability." (Young, 1977:143), some significant differences have been found in the study and these have been analysed in terms of a number of social and demographic indicators.

Basically, the study asks married women in Armidale their expected family size, the reasons for the timing of the first birth after marriage and their reactions to the first experience of motherhood. The remainder of this chapter is devoted to an elaboration of the demographic and social background to this study together with details of the way in which the material in this thesis is organised.
ii. The Demographic Background

Put simply, the demographic changes over the past thirty years or so have resulted in almost all women marrying in their early twenties and having a completed family of two or three children usually before age thirty.

The Report of the National Population Inquiry (1975:70) stated that: "some transformation of family building patterns has been proceeding in our society which has no parallel in earlier demographic experience in Australia, but the changes in Australia since about 1945 have been similar to processes detected elsewhere in other industrialised societies". The demographic changes referred to are well documented in this report and also by Ruzicka and Caldwell (1977).

Essentially there were two main demographic revolutions which took place after World War II: (1) almost universal marriage and (2) changes in the patterns of fertility and family size.

In terms of marriage patterns, the proportions ever married rose in a spectacular fashion up to 1961 such that whereas in the mid 1940s, 15 percent of women passed through their childbearing years without ever marrying, in 1971 only 5 percent were in that position. Since 1971, a drop in marriage rates has occurred which Hall (1976) has referred to as a "marriage slump". However, both the Supplementary Report of the National Population Inquiry (1978:23) and Ruzicka and Caldwell (1977:272) consider that the downward movement does not represent any significant change in marriage behaviour. The Supplementary Report of the National Population Inquiry suggested that: "The decline in the proportions currently
married in recent years may also be associated with a probable increase in de facto unions and an increase in the number of marriage dissolutions." (1978:27). The median age at first marriage is still relatively low, being about 21 years for spinsters and 23 years for bachelors. ¹

_Fertility_ in Australia over the same period has been characterised by: "a dramatic rise in the 1950s to peak levels in 1961 for women under the age of 35 years." (Supplementary Report of the National Population Inquiry, 1978:35). Since 1961 there has been a fairly consistent decline, although the 1971 total fertility rate showed a slight increase over the corresponding 1966 figure. Since 1971 there has been a dramatic fall from a total fertility rate of about 3.0 in 1971 to 2.1 in 1976, and this fall was experienced by all age groups. The decline in age-specific fertility rates has been almost wholly due to the declining fertility of married women. This was also the case in 1961-1971 but an increase in the proportions of young women aged 15-19 who were married more than offset the decline in marital fertility (Supplementary Report of the National Population Inquiry, 1978:35). Ruzicka and Caldwell (1977:274-275) found that this decline was associated with two trends: "First, the introduction in 1961 and subsequent widespread usage of more effective and socially acceptable contraception followed later (since 1971-1972) by easier access to abortion... Second, the rapidly increasing number of wives staying in the workforce after marriage and mothers returning to work outside the home after their youngest child had reached school age".

One noticeable effect that the widespread usage of contraception had was on the timing of the first birth after marriage. Whereas before 1961 earlier marriage was associated with earlier child bearing, the pattern has now changed.

Ruzicka (1976) analysed the timing of first births from tabulations derived from registrations of marriages and births. He stated that:

"Among those marrying during the 1970-1 period between 40 and 70 percent of brides not pregnant at the time of marriage, postponed the first birth beyond the first two years of married life."

(1976:22). The postponement of the first birth is also indicated by the median duration of marriage before the first nuptial confinement. This increased from 1.22 years in the 1960s to 1.99 in 1974.¹ The present author's view is that this trend is likely to continue as women continue to stay longer in the workforce after marriage.

The patterns of childbearing and completed family size within marriage have also changed dramatically since World War II. Two features of family formation patterns have emerged during the last two decades - "a concentration of childbearing into a shorter period of the lifecycle; and a declining proportion of children of higher birth order. In other words, there seems to be a tendency to have all the children desired within a shorter period of time and for the desired number of children to be fewer than in the past." (Report of the National Population Inquiry, 1975:78). The Supplementary Report of this Inquiry (1978:44-46) found no significant recent change in this pattern and used data based on the Australian Bureau of Statistics Survey of Birth Expectations

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The 1976 Survey results were also consistent with evidence of past trends that the fertility decline since 1961 has been due primarily to the compression of family size around two and three children rather than to more childlessness... In the majority of cases where women expected another child the birth was anticipated to occur within two years...The Survey also confirms the trend, analysed in the First Report, towards completion of childbearing at young ages, with about four out of five women completing their families by the age of 30 years.

Exnuptial fertility increased considerably from the 1950s, remained stable between 1960 and 1966 and then rose to a peak in 1971. This was possibly due to the reduced pressure for single women to marry if they become pregnant as Ruzicka (1977:395) concluded. He stated that: "The increasing rates of exnuptial fertility in the 1960s and 1970s among younger women may be an indication that such pregnancies less often lead to marriage than they did two decades ago. Whether the most common pattern is for a couple to live together in informal consensual union or for the girl to remain alone and care for the child (or to give it away for adoption) cannot be deduced from the evidence so far". The Supplementary Report of the National Population Inquiry (1978:39) found that a decline had occurred since 1971 but that: "While the rates for young women below the age of 25 years are still above those for 1961 and 1966, at older ages they are now clearly below these levels". The Supplementary Report shares Ruzicka's view that there have been changes in social attitudes which have affected the rates for younger women since they do not feel under extreme pressure to marry. The introduction of Supporting Parents Benefit in 1974 by the Commonwealth Government has meant that it is now possible for single mothers to live semi-independently although the amount of the Benefit is fairly low.
Changes in the law regarding exnuptial children have also contributed to reduced pressure to marry. For example, in New South Wales the Children (Equality of Status) Act 1977 gave children born to single mothers the same legal rights as all other children. The main legal effect of this law was that exnuptial children had equal rights to inheritances from their mothers and fathers.

The decline in exnuptial rates at older ages may be due to the greater availability of abortions in the 1970s and the use of contraceptive measures by single women in older ages groups. It has been suggested that: "Three aspects of current expectations about male and female roles would seem to inhibit motivation for reproduction planning: (1) ambivalence about sex relations, (2) uncertainty about the male role in contraception and (3) the traditional beliefs about feminine attributes and appropriate goals for women." (A. Day in Women's Health in a Changing Society, 1978, Vol.4:104). In the author's view, the first two expectations would be likely to differentially affect younger women.

In summary, changes in patterns of family formation have led to a common pattern of a small family with two or three children. The Supplementary Report of the National Population Inquiry (1978:41) summarised the developments in family formation:

...there is no evidence to suggest that there is likely to be any break in the long term trend which had led by the 1940s to a small family system dominated by the family of two and three children. Since then the trend has been towards less childlessness, reduced proportions of one child families and smaller proportions of families with four and more children...The present generation of young Australians seem to want, like their parents, to marry young, to have children, but be rid of the business of childbearing by age 30.
The statistical background clearly shows that the common pattern of family life in Australia for women is to marry young (in their early twenties), to delay the birth of the first child after marriage for at least two years, to bear all children in a short space of time, to have only two or three children and for the children to be of school age by the time the mother is 35. Sheehy (1976:40) states that: "Doing what we 'should' is the most pervasive theme of the twenties. The 'shoulds' are largely defined by family models, the press of culture or the prejudices of our peers. If the prevailing cultural instructions are that one should get married and settle down behind one's door a nuclear family is born". Certainly normative behaviour is the nuclear family in Australia. "Much of the pressure to marry comes from the simple fact that being married and having a family are regarded as proper and normal conditions." (Busfield and Paddon, 1977:118). Altman (1974:45) also stressed the "normality" of getting married and having children:

Despite the very considerable exceptions in reality, the expectation that it is normal for men and women to marry and produce children is strongly inculcated by socialising agencies, sanctified by legal, religious and economic provisions and accepted by virtually all sectors of the political spectrum. From the stress on family life in the mass media to the provision of housing loans and tax exemptions to married couples, the concept of the family as 'the cornerstone of society' is reinforced.

The situation has altered slightly since 1974 - there has been a minor downturn in marriages which has been attributed to an increase in de facto unions. It is not known whether these unions will ever provide a viable alternative to marriage. While these de facto unions have become more acceptable in terms of the
mass media, housing loans, etc., they are still regarded as a somewhat temporary circumstance. An 'Age' Poll in 1976 which asked if Australians thought that unmarried couples living together was right or wrong found: "The young took a relaxed view of such arrangements, 69 percent of those aged 21-24 and 65 percent of those aged 18-20 saying they were right or harmless, compared with those aged 45-59 (26 percent) and those aged 60 and over (23 percent)." (The Age, December 4, 1976). An earlier Poll by The Age in 1973, however, found that 66 percent of Australians disapproved of "a couple with dependent children able to marry but preferring to live together with the children without marriage" whereas only 44 percent disapproved of "a childless couple able to marry but preferring to live together without marriage." (The Age, December 31, 1973). Ruzicka and Caldwell, in interviews with young couples also found more acceptance of childless couples living together than unmarried couples with children living together: "...many respondents stressed the fact that it is unfair to children to raise them in relationships which have not been legalized." (Ruzicka and Caldwell, 1977:358). Ruzicka and Caldwell also argue that de facto unions are unlikely to achieve the fertility levels of formal marriage. If most couples in de facto unions marry when children are expected (and few adults in Australia chose childlessness) then these couples have an equal chance of having two or three children in a short space of the life cycle. There is little evidence of couples remaining in de facto unions throughout the reproductive years, rather the de facto unions can be regarded as being almost equivalent to the old-fashioned formal engagement.

The first birth is a significant event in the life of a couple. For married couples: "Children were not only seen as a normal
consequence of marriage but as an integral part of it. To many..., especially women, children were seen as a physical demonstration of the marital relationship." (Payne 1978:371). The timing of the first birth after marriage has been the subject of debate in recent years. Young, using data from the Melbourne 1971 Survey, found that:"a relatively high proportion of the 1960-64 cohort delayed the start of childbearing" and the reasons given included too young, saving for a house, wanted a period of freedom without children, wife wanted to work and saving for other reasons (Young, 1977:152). Despite delays in having a first baby, the baby's arrival is seen by most as inevitable: "When asked about having children most people draw on a set of ideas that links getting married, having children and having a family to one another, making all seem mutually interdependent...Marriage by itself is apparently not enough to create a family: a couple must have children to make one." (Busfield and Paddon, 1977:135-136). The first baby then signifies to most that a family is born.

The so-called 'crisis' of parenthood has been explored by LeMasters (1958) who suggested that the addition of the first child constituted a crisis event forcing the married couple to move from an adult-centred pair type of organisation into a child-centred triad group system. Richards (1979:5) suggested a crisis when she stated that:"recent demographic trends ensure that for most women the status passage from wife to mother will be far more stressful than from spinster to wife...Motherhood like the prison, the asylum or the convent, leaves the entering inmate no time to reconsider". Rossi (1968:29) however, merely referred to the transition to parenthood but stated that:"many women, whose interests and values made a congenial combination of wifehood
and work role, may find the addition of maternal responsibilities
has the consequence of a fundamental and undesired change in both
their relationships to their husbands and their involvements outside
the family". She noted, with Richards, that because the timing
of the first birth after marriage has been delayed in recent years,
that the major transition for women is no longer marriage but the
first pregnancy. The first child is also irrevocable (Rossi,
1968:32) for a woman because it is a commitment which is more
binding than marriage. In the author's view, preparation for
parenthood is a neglected area of adult life and the preparation
for childbirth itself is much more thorough. For example,
Childbirth Education Classes stress the mother and father being
involved and active in the actual childbirth experience as an
end in itself but the preparation of the mother for the shock of:
"24 hour duty with responsibility for a fragile and mysterious
infant totally dependent on her care." (Rossi, 1968:35) is not as
thorough. However, the Women's Hospital (Crown Street) in Sydney
recently began classes in "Preparation for Parenthood" so perhaps
this area will receive more attention in future.

"Motherhood", as distinct from "parenthood", is important
because in Australian society, like other Western societies, this role
is considered to be crucial: "It is women in their roles as wives
and mothers who are most directly and obviously affected by changes
in the quantity and tempo of childbearing, since having children,
and what we regard as its inevitable concomitant, looking after
them, are defined as women's work." (Busfield and Paddon, 1977:14).
Busfield and Paddon (1977) and Summers (1975) recognise the
contradiction that lies in a society in which women are primarily
prepared for a full-time mother role and then are denied this role from the age of about thirty-five. Day (1978:101) also pointed out that even if women are given, by virtue of contraception, more discretion in the timing of births and numbers of children then they need opportunities to engage in outside-the-home activities, otherwise: "a shrinking family size could mean simply a further erosion of the importance attached to the mother role...with but greater tedium and more isolation for the under-occupied full-time housewife."

Certainly because women delay the first birth, perhaps primarily motivated by economic concerns (Young, 1977) they develop other adult roles besides mother. Thus giving up work roles, for example, to have children may cause problems. Richards (1979:7) stated that if a woman has a "stable and satisfying identity, based on roles incompatible with motherhood and supported by audiences she now loses", she will suffer stress at this point. There is social pressure in Australia which convinces most women that motherhood is the important role that they are preparing themselves for and the one which they need to be regarded as "good at", above all other roles. Sex roles within the family as they are now distributed see the husband-father as "the instrumental rational leader, a symbolic representative of the outside world" and the wife-mother as "the expressive nurturant affective center of the family." (Rossi,1968:36).

In terms of the life cycle, the demographic events have significant social impact. Glick (1977:5-6) summarised the changes:

The smaller family implies (that)...the period of family building tends to be shorter: the number and timing of the children's births are more likely to have been planned so as to minimise the negative effects
of childbirth on the mother's health; the degree of need for the mother to devote full time for many years to childbearing is lessened; and the ability of the couple to provide adequately for the needs of their growing and maturing children is enhanced.

The much longer empty nest period now than formerly is perhaps the most dramatic change...a longer period during which husbands and their wives associate without children.

iv. The present study

The demographic and social changes which have occurred over the past thirty years have resulted in small nuclear families of two or three children, closely spaced with increasing delay in the timing of the first birth after marriage. The present study focuses on women who have, up to a year earlier, experienced the transition to a full family with the first birth after marriage. It looks at the reasons for the decision to have a baby at that time, and preferred family size. It attempts to explore the expectations women have about motherhood and the way women are coping with this new role.

The study also examines the extent to which the husband's view on family size coincides with the view held by the woman. Also, the extent to which their views agree with those held by other Australian couples is of interest since the study was carried out in a country town. The country lifestyle may be expected to have some impact on women in their roles as mothers and this is explored in the present study.

v. The data

The data from this survey represents the result of intensive interviews with women in Armidale who had their first baby in 1976. The interview schedule (Appendix 1) draws on the schedules
of two surveys carried out by the Department of Demography of
the Australian National University in 1971 and 1977. However,
there are a number of original questions contained in the Armidale
schedule and, because the Armidale sample was small (84 women),
sociological aspects of fertility and family size are emphasised
to a greater extent than in the Melbourne studies. The interviews
were all carried out by the author, giving a valuable overview
of the sample.

The questions asked in the survey fall into four categories.
To begin with, personal data on the woman and her husband was
obtained, then data on the child and the relationship between the
mother and the child. Family intentions were asked of both women
and men and the family planning history of the woman was sought.
Finally, indepth questions were asked to provide additional
information on the areas covered by previous questions.

vi. Organisation of the material
This thesis consists of one section which deals with the background
and methodology of the study, another dealing with the analysis
of the data from the survey and the third section contains the
conclusions to both the survey and, more generally, to the areas
of family life examined.

Chapter 1 contains a literature review of demographic surveys
carried out to determine family intentions and also a review of
the material available concerning families and, more particularly,
women in Australia. The methodology of the survey is discussed in
Chapter 2 while the characteristics of the Armidale area of
study are examined in Chapter 3.
Chapters 4 to 8 relate most directly to the Armidale survey itself - Chapter 4 looks at motherhood and Chapters 5 and 6 concentrate on the timing of the first birth and future family intentions. Contraceptive usage is analysed in Chapter 7 of the thesis.

The thesis would not be complete without posing some more general questions about woman's role in Australian society and this is the subject of Chapter 8. Chapter 9 is the conclusion which specifically relates to the women surveyed and, more generally, to family life in Australia.
CHAPTER 1

Literature Background to the Armidale Study

1.1 Introduction

The introductory chapter reviewed the demographic and social background to the study of fertility and family size in Australia which led to the present situation of the small two or three child nuclear family being most common among Australian families. Within this framework it is felt that there are a number of demographic and social events which warrant further examination. These include the timing of the first birth after marriage, the transition to parenthood, the spacing from first to second child and expected completed family size. As the study was carried out in Armidale, a New South Wales country town, there was also the challenge of examining whether a country lifestyle had any effect on fertility or attitudes to motherhood and women's roles.

This chapter reviews the available literature on the above areas of interest. This provides the background to the framing of the questions of the Armidale study. It begins by looking at large scale demographic surveys and the historical approach used by some authors. Smaller in-depth studies are then examined and related literature such as that on the timing of the first birth, motherhood, and women's roles are also reviewed. One deficiency in the Australian literature is the lack of investigation of fertility in country towns as almost all of the studies in Australia have been carried out in the cities. As one author points out: "The restrictions or opportunity costs (of having children) were especially important to urban parents" (Fawcett, 1978:257) so the
Armidale study serves to examine whether the costs of children are perceived as being less than in the city.

1.2 Large Scale Demographic Surveys

A basic aim in most large scale demographic surveys is to ask family size intentions and use these predictions in population projections.

A major American study was carried out in 1957 at the Office of Population Research to study urban fertility in the United States. The results of this survey, published in "Family Growth in Metropolitan America" (Westoff, Potter Jr., Sagi and Mishler, 1961) referred to a sample of approximately one thousand women, all of whom had given birth to their second child about six months earlier. The book "emphasized fertility performance in the early phases of family formation, and attitudes towards further increases in family size at a stage that most recently married American couples reach." (Westoff, Potter and Sagi, 1963:(vii)). The follow-up study, reported in "The Third Child" (Westoff, Potter and Sagi, 1973) interviewed women from the previous study three and a half years after the last child was born. The primary objective of the second phase was "to explain why some couples stopped at two children while others went on to have a third and even a fourth child during this interval of time." (Westoff, Potter and Sagi, 1963:1). The authors noted that the study investigated "social and psychological factors affecting fertility" and this "represents a radical departure from the traditional concerns of demography where theory ordinarily rests at the macroscopic level of populations and societies and where research has ordinarily involved analysis of
data collected by government agencies." (Westoff, Sagi and Potter, 1963:237). This large survey was a model for other large surveys.

For example, this approach of conducting interviews to determine reproductive intentions was used in Great Britain in 1967 when over six thousand married women under 45 years of age were interviewed. The study, carried out by the Office of Population Censuses and Surveys (Woolf, 1971:121) concluded:

In brief, the survey data indicated that women marrying after 1959 expect to have slightly smaller families than those who married in the 1950's and this expectation is supported by both the more objective prediction of family size based on variables associated with family size and by the use or intended use of more effective methods of contraception by these couples. A part of the decline in the period fertility rate since 1964 may also be attributed to a reduction in the rate at which the length of the internatal intervals have been decreasing and particularly to the stabilising of the length of the interval between first and second births.

A follow-up study reported in "Five Years On" (Woolf and Pegden, 1976) re-interviewed in 1972 those women aged under 30 years at the time of the 1967 investigation and interviewed a further sample of those married between 1960 and the 1967 interview. The assumptions underlying the study were questioned by the researchers (Woolf and Pegden, 1976:7):

The first assumption is that information on fertility behaviour is more validly obtained from wives than from husbands. This is perhaps questionable. The second assumption is that marriage is the starting point for the processes involved in family building and that data prior to marriage which may affect the process can be obtained by retrospective questioning. The results of the present survey suggest that the strategy of family building, if it exists, is only loosely defined at marriage and it is possible that the assumption that the process starts here is too restrictive.
The assumptions questioned by Woolf are important ones. The wife's view of family size is, after all, only one side of the coin, and yet it is used as the true indicator of family intentions. One reason for this approach is obviously that the wife is more likely to be available during the day when the interviewers carry out their fieldwork but more basically it is assumed that the woman who bears the children and has the major responsibility for caring for them makes the decision about family size. In the Armidale study, husbands as well as wives were asked their expected and ideal family size. Comparison of the replies should give an important clue to the mechanics of family size decisions. Also in the Armidale study, women were asked: "Suppose you and your husband did not agree about the number of children you want. Who do you think should have the final say? Why?". This question should also give an insight to family fertility decisions.

The other assumption which the authors of the Great Britain survey question is whether there is a point which can be used as the starting point for the processes involved in family building. It appears that no such point exists and Ware (1976:427) stated that: "family size ultimately achieved is the product of a whole series of decisions". This raises the question of whether there is any value in asking family intentions. It does seem that there is one point at which family size intentions are more likely to be discussed by the couple, or thought about by the wife, and that is after the birth of the first child. For this reason, the Armidale study focuses on women who have recently had a first child.

The problem of projecting population on the basis of asking fertility intentions was also examined by Westoff and Ryder (1977:449): "In brief, we are skeptical of the usefulness of reproductive
intentions, at least for short-range population projection purposes. They seem little better than conventional period indices, although their validity as predictors of completed cohort fertility may be better. On the other hand, their validity at the level of individual prediction is considerable in comparison with most other demographic and social indicators".

The Australian large scale surveys were carried out in Melbourne in 1971 and 1977 and further details of the survey results which are relevant to the Armidale study are given in the next section, 1.3. The sample in 1971 consisted of 2,652 women once married, under sixty years of age and still living with their husbands. The findings of the survey in 1971 are not representative of Australian women outside the capital cities but the information gathered represented the first reliable information on desired and expected family size in Australia. Young (1974) subdivided the surveyed women into two groups: those whose first decision about family size was to have no more children ('planners after') and those whose first decision was to have at least one more child ('planners ahead') and her subsequent analysis indicated that: "The expressed opinion about the number of children wanted is not necessarily an ideal predictor of the future actual reproductive behaviour of the married couples." (Report of the National Population Inquiry, 1975:243).

Overall, the large scale surveys point up the difficulties of considering the choice of family size as a single process decision. The evidence rather suggests that it is a sequential process with a review of final family size being made by the couple after the
birth of each child. The sample criteria used in the Armidale study are intended to investigate only one stage of the decision-making process, that is, after the birth of the first child. This stage is of major significance because it represents the couple's first taste of parenthood and is therefore a time when they make informed judgements about the extent to which they enjoy children and family life.

1.3 The Melbourne Family Studies

The first major study of fertility and family intentions in Australia was undertaken in 1971 in Melbourne. The survey "covered all topics related to family formation, including the respondent's history of pregnancies and use of contraception, with special emphasis on the "pill"; the desire for additional children, the desire to balance the sexes; the woman's pattern of workforce participation and her attitudes to her current job; the sequence of events for each child in terms of completing education, starting work, marrying, and leaving home; attitudes to women's role, population issues, abortion and immigrants in Australia." (Young, 1977:72).

A follow-up survey of the younger women interviewed in the 1971 survey was carried out in 1977 as well as two new surveys of women married between 1968 and 1977, and never married men and women aged 18-25 years. As a precusor to the 1977 interviews, semi-structured interviews and group discussions were carried out in various capital cities in Australia. The results of these discussions are to be found in Caldwell et al (1976) and were also utilised by Ruzicka and Caldwell (1977) in "The End of Demographic Transition in Australia". Full details of papers from the Australian Family Formation Project as at 30 June 1977 are to be found in Young (1977:314-321).
A number of the Melbourne survey monographs and journal articles are relevant to the Armidale study. The Queanbeyan survey of family formation, which was primarily a pilot survey for the Melbourne survey of 1971 is relevant because of the town's size (about 15,000 in 1971). However, as Ware (1972: A1) states: "Although classified as a New South Wales country town, it is in fact a predominately working class dormitory area for Canberra. Its occupational, educational and national-origin patterns can only be understood in this light".

Ware's article on the limits of acceptable family size raised a number of issues. For example, she found that 79 percent of wives in the Melbourne sample "believed that whatever career a woman may have, her most important role is still that of becoming a mother" and 71 percent of the sample believed that childlessness was "a disaster" (Ware, 1973: 316-317). One-child families were similarly regarded, with four-fifths of the respondents considering that they were highly undesirable. Ware (1973: 318) stated that: "There is indeed a strong feeling that a family with only one child in it is not a real family and fails to provide the benefits to be anticipated from a real family". In terms of acceptable family size Ware (1973: 327) concluded that: "Too many see desired family size in terms of a range, say x-1 to x+1 and too many have only very weak feelings about moving from one parity to another...". Questions about the one-child family and ideal family size were asked in the Armidale study as well as the relationship between motherhood and career.

Planned, expected and preferred family sizes were investigated by Young (1974: 303) who found that: "In general, it would be unwise to attach too much reliance to a respondent's planned number
of children as an indication of her ultimate family size, particularly for plans made at or before marriage. Respondents in the Armidale survey were asked when they had first made plans about ultimate family size, if they had changed their minds since then, and the reasons for any change of intentions. These questions were expected to indicate the differences that exist between planned, ideal and expected family size.

Oral contraceptive use in the Melbourne 1971 Survey was analysed by Lavis (1975:161) who found that: "Almost seventy percent of recent cohorts have attempted to control their fertility by means of the most efficient method of contraception which is currently available", that is, the contraceptive pill. A month-by-month pill calendar, used in the Melbourne Survey 1971, was not considered necessary in the Armidale study because of the widespread usage of the contraceptive pill. Instead year-by-year contraceptive usage for five years was determined. Questions concerning the timing of the first birth in relation to contraceptive use were also posed.

One item of particular interest is Young's monograph (1977) which contains an article on the timing of the first birth after marriage. She found using the Melbourne 1971 data that: "a delay in having the first birth does, to some extent, seem to be associated with a smaller ultimate family size." (Young, 1977:154). As well as investigating the demographic impact of this delay, Young (1977:156-159) noted that there were a number of social, psychological and economic implications, particularly concerning the extent of women's work force participation and the effect of closer spacing of children on both the mother and the child. The
present Armidale study also investigated the reasons for delaying the first birth, when the next child was expected and whether and when the mother expected to return to work. Young's analysis is particularly significant for the Armidale study because the women surveyed in Armidale were all at the first birth stage of the life cycle. Young (1977:48) stated elsewhere that: "...it is undeniable that decision-making at the individual family level and the occurrence of demographic events within families are ultimately responsible for overall demographic trends in the population. There is also the increasing documentation of the explanatory value of the life cycle stage in relation to patterns of income, expenditure, housing needs, mobility, stress, women's workforce participation and interaction with kin". The life cycle approach presents both a new lead to the study of decision-making and fertility and a topic which is of interest in itself. Women who have just experienced their first birth are a little studied group who merit attention even though they have not been defined as a 'problem-group' in need of study.

The relationship between fertility and workforce participation that is, "whether wives have fewer children in order to work or whether wives who have fewer children for other reasons nevertheless find it easier to remain in the workforce" was investigated by Ware (1976:413). She found that: "family binding and workforce participation are both continuing dynamic processes." Once again the literature stresses the inappropriateness of using the assumption that fertility decisions are made once and once only in the couple's married life. The Armidale study investigated workforce participation of the surveyed women and, in particular, asked women
if they expected to work again if they were not presently working.

Other literature from the Australian Family Formation Project which is of interest includes Caldwell et al (1976) which reported on semi-structured interviews in various places such as Sydney, Melbourne and Canberra. The interviews were to be used to update the 1971 Melbourne Survey questionnaire for the 1977 survey. Although the samples were not representative, the comments made by those interviewed suggested a more confident approach to contraceptive use, a delay in the timing of the first birth for materialistic reasons and the expectation that many women will work again after the children are at school. Further reports are also to be found in Ruzicka and Caldwell (1977).

The literature available from the Melbourne 1971 Survey is most relevant to the questions framed for the Armidale study as the Melbourne Survey thoroughly investigated a number of important issues relating to marital fertility. However, one area which it does not cover in depth is motherhood as such. Literature on this is to be found elsewhere. Also, because it was a large scale survey it is also necessary to investigate the literature available on smaller scale surveys which attempt an in depth approach to the study of marital fertility and this literature is reviewed in section 1.5.

1.4 The Historical and Economic Approaches

As indicated by Westoff and Ryder there has been some disagreement as to the effectiveness of large scale surveys as predictors of fertility, although it is acknowledged that the surveys give indications of other social factors relating to family formation.
Ruzicka and Caldwell (1977:2) stated that: "The central argument of the study is that the Australian and other fertility transitions can be understood only in historical terms - in terms of the destabilization of a quasi-stability and of changes during the period of transition which were themselves inevitably the precursors of further change". Westoff (1978:53) stated "that the decline [in birth rates] is a long term reality" and "What has been basic to the entire demographic transition has been a change in the economic value of children from a source of income in agrarian economies to a considerable claim on income in industrial and post industrial economies. The economic transformation of society has been accompanied by a decline in traditional and religious authority, the diffusion of an ethos of nationality and individualism, the universal education of both sexes, the increasing equality of women, the increasing survival of children and the emergence of a consumer-oriented culture that is increasingly aimed at maximizing personal gratification". However, Ruzicka and Caldwell (1977:4) do not entirely agree with this view. Although they support the view that children have become a liability rather than an asset, they do not support the notion that personal gratification plays a major role. "The classical view of fertility transition is that it has been occasioned by an increasingly rational attitude to life...One of the authors has criticised this generalization...and has argued that there are basically two types of society, one where this is no economic disadvantage in unlimitedly high fertility but where upper limits are in fact set by social constraints, and the other where economic advantage would dictate unlimitedly low (or zero) fertility were not a social floor imposed".
Economic theories about the value and cost of children have been applied in a number of studies, particularly to underdeveloped countries (Enke 1966, Simon 1969, Namboodiri 1972). Fawcett (1978:247) states that: "More recently economic theorizing has been broadened to include systematically household production as well as consumption functions, with the parents' allocation of time and other resources to children treated as an investment in human capital". Fawcett (1978:247) also states that economic theories have contributed to the study of fertility by "...calling attention to the purely economic side of childbearing; providing useful distinctions in the economic area (such as between direct costs and opportunity costs); and stimulating a new interest in household decision approaches to fertility studies".

Judith Blake (1968:15) presented a critique of these economic theories. She stated that: "Rather than simply trying to take economic factors into account in explaining family size preferences he [Becker] has chosen to profound a solely economic analysis of fertility desires. In doing so he [Becker] has ignored, or specifically attempted to invalidate, well-known sociological determinants of reproductive motivation". Westoff (1978:53) also notes, in referring to the baby boom in the United States after World War II, that: "What social and economic forces generated and sustained the changes in marriage and child bearing is not at all clear. An unpredictable element of what might be called fashion seems to play a role in such changes, which is one reason it is not inconceivable that the marriage and fertility levels of the baby boom might reappear, however unlikely that may seem today". The element Westoff refers to as fashion may be seen as equivalent
to Ruzicka and Caldwell's (1977:2) notion of "...changes which were themselves inevitably the precursors of further changes".

The economic and historical approaches to the study of fertility are not used in the present study. Rather, the socio-cultural factors such as norms, roles and customs, and the psychological factors such as needs, attitudes and expectations (Fawcett, 1978:244) are investigated by means of a small survey.

1.5 Smaller Scale Surveys

The major advantages which small scale surveys have over larger surveys are control and flexibility. Control may be exercised easily when the interviewer is the only one involved in the research and flexibility can be exercised in relation to the timing of interviews and the extent to which the interviewer follows a strictly scheduled questionnaire. Smaller surveys can also afford to investigate populations in depth using more exploratory approaches and they can serve as pilot studies for larger scale surveys as well as having a value in their own right.

On the other hand, smaller surveys are more difficult to quantify and statistical generalisations about the population usually have a large error component. An associated difficulty is that subcategories used in the analysis often contain elements which are really heterogeneous rather than homogeneous and so small scale surveys often rely on case studies rather than detailed statistics for their conclusions.

The small scale surveys reviewed vary in their strength but they
were invaluable in framing some questions in the Armidale study. They were also useful in providing comparative results.

The Hull Family Survey (Peel, 1972) surveyed 350 couples married in Hull in 1965-66 and followed up these couples five years later. The couple's initial intentions on family building and birth spacing were compared with the fertility experience during the first five years of marriage. The advantage of this study was that a cohort of women were surveyed rather than a group under a certain age. It was found in this survey that most women who changed their intentions changed them downwards (Peel, 1972:337) which has implications for making population projections from surveys of intentions. The survey also examined changes in contraceptive behaviour over the five year period.

A recent survey relating to working class couples was Janet Askham's survey of couples in Aberdeen (1975). The sample was split into four groups - those in social class III with two children, and those with four or more children; those in social class V with two children, and those with four or more children. These four groups constituted 126 women who were interviewed "to explore...why lower-working class couples tend to have more children than skilled working class couples." (Askham, 1975:1). The women interviewed were once married and had all been married for approximately the same length of time. The study concludes that: "In relation to the concept of family-size preference itself, it is insufficient therefore to ask couples how many children they want to have, intend to have or think they should have (i.e. values, goals and norms); one must also take into account what they
believe is a viable way of acting for people in their situation, and what in fact the typical ways of acting (even though they may not be culturally recognised) of people in different situations." (Askham, 1975:181). The methodology of this survey is excellent but it is small scale and explanatory. Askham (1975:181) herself recognises that: "It also suffered from the disadvantage of being a small scale study using a small sample of respondents, of involving interviews with the wife only, and being largely a retrospective study of past behaviour and attitudes". In her suggestions for further research she states that "studies of husbands as well as wives, in order to examine differences as well as similarities in their orientations" and also "investigations of the social environment within which family-size preferences and knowledges and attitudes towards contraception are learned and reinforced" are needed. (Askham, 1975:182). These two areas are covered, to some extent, in the Armidale study.

Another of Askham's (1975:181) suggestions, that "values, norms, beliefs and goals" need further study is taken up by Busfield and Paddon (1977:2): "the concern of our study has been first and foremost with the explanation of demographic phenomena". They state that: "...in attempting to explain patterns of childbearing in post-war England we have found it necessary to turn back to, and examine the meaning and significance of children to parents themselves, and to consider their ideas and beliefs about having children, as well as their ideas and beliefs about the family's social and economic circumstances and life more generally." (Busfield and Paddon, 1977:2). The use of surveys is seriously questioned: "Our objections to surveys, both for inferential and observational purposes stem, therefore, from a common weakness of
survey procedures: they are based on an over simple view of social phenomena. On the one hand they assume a uniformity and simplicity in the interaction of social phenomena (variables) which ignores their variety and complex structure. On the other hand they assume a uniformity of ideas and ways of thinking." (Busfield and Paddon, 1977:110).

The view taken by Busfield and Paddon is described by Gardner (1976:148) as the phenomenologist approach. "They appeal for the study of phenomena (in this case people's thoughts and feelings) as they are, without the intervention of preconceived concepts and analytical systems. Phenomenologists (and many others) express strong dissatisfaction with the statistical orientation of surveys and the sweeping generalisations that leave people out of account". Although surveys do have limitations and they are not the only guide to social behaviour, they do serve to reveal common patterns which help explain the behaviour of populations. Busfield and Paddon (1978:202-203), in fact, identify seven different lifestyles which they consider lead families to choose small or large family sizes.

Following the approach adopted by Busfield and Paddon, Richards (1978) interviewed 60 once married Australian-born couples in Melbourne from two groups: one with children born in 1970 and the other with children born in 1975 and 1976. Richards (1978:25) states that the aim of the survey is "not to specify rates of behaviour or frequencies of responses but rather to sort out patterns in the accounts. The small sample cannot tell us how
frequently different sorts of responses occur in wider society. But it tells us they are there". Richards' sample is biased towards upwardly socially mobile couples (Richards, 1978:28) so that her conclusions about their materialistic approach to family building cannot be taken as true of the population in general. Also, the accounts of women who appear to dislike motherhood intensely (Richards, 1978:150-179) do not take into consideration the like/dislike relationship which most parents have towards their children. This parental ambivalence might be reflected in such statements as "I love them when they are asleep" or "They annoy me but I miss them when they aren't here". Oakley (1975:175) found that many women had ambivalent feelings about their children. She concluded that: "these interviews document well the dissatisfying social context in which the role of mother is carried out today." (Oakley, 1975:179). The refusal of Richards (1978) to quantify any dissatisfaction with the motherhood role is one of the weaknesses of the study. It leads the reader to assume, perhaps incorrectly, that hardly any mother is satisfied or happy with her role.

A study which does quantify satisfaction with motherhood is Wearing's (1979) survey of 125 Sydney mothers. "The ideology of motherhood" referred to in the study "claims that the biological mother is the best person to rear her own child and that from its infancy she should accept complete responsibility for the care of that child and its home environment. This responsibility involves spending most of her time with the child, at least until it is of school age and then being home when the child is at home, especially after school and in the case of sickness." (Wearing, 1979:9).
The results of Wearing's analysis showed that over half her sample were committed to the ideology of motherhood and she concluded that "the ideology itself is pervasive and tenacious." (Wearing, 1979:23).

A survey conducted for the Illawarra Health Region of New South Wales by Armstrong (1976) interviewed mothers of children born at public hospitals in the region during three months of 1975. The intention of this survey was not specifically to look at family intentions but rather "to provide information in relation to antenatal and postnatal care, the child's health, hospitalisation of the child, use of Baby Health Centres, immunisation practices, motherhood experiences, services, as well as satisfaction with and opinions of health services provided." (Armstrong, 1976:3).

Overall, the smaller surveys which look at family intentions, fertility and motherhood are more exploratory than large scale surveys. They point to new directions for the study of family building, particularly the examination of the norms, roles, needs and expectations of couples. Askham (1975) also recommends that the social environment of those surveyed be taken into account and this suggestion is used in the Armidale study.

1.6 Large Scale Reports on the Family/Women

The Royal Commission on Human Relationships (1977:Vol.1:ix) was set up "To inquire into and report upon the family, social, educational, logical and sexual aspects of male and female relationships so far as those matters are relevant to the powers and functions of the Australian Parliament and Government, including
powers and functions in relation to the Territories", but the reports from this Commission were more far reaching and controversial than was expected by the terms of reference. The importance of this Commission is that instead of confining itself to majority views, it attempted to consider as many views as possible, no matter how deviant they appeared. Submissions were invited from anyone who cared to make their opinions known although expert views were also sought in many areas.

Volume 4 of this report is devoted entirely to the family and such topics as changing patterns of family life, family pressures, child care and single parent families are covered. "The Commission has chosen to use the term 'family' very broadly to cover not only the conventional nuclear family grouping of mother, father and children but also one-parent families, families where there is no legal marriage, extended families and communes." (Royal Commission on Human Relationships, 1977:Vol.4:3). The fundamental question to which the Commission addressed itself in this volume on the family was "...whether the family in Australia today is receiving the support it needs to fulfil its primary role, that of caring for and nurturing its young." (Royal Commission on Human Relationships, 1977:Vol.4:4).

Equality for women is discussed in Volume 5 of the report. The Commission reports on the main areas of discrimination against women and finds that the evidence suggests, however, that: "education in Australia tends to reinforce attitudes which discourage female aspirations and deny girls equal education experience." (Royal Commission on Human Relationships, 1977:Vol.5:5). With regard to employment the report finds that part-time work, which is often favoured by mothers, is not encouraged and that paucity of suitable
child care in Australia limits women's options in the employment sphere.

Fertility and fertility control are the topics of concern in Volume 3 of the report. Various contraceptive measures, abortion and sterilisation are discussed and the difficulties in the use of contraceptives are explored, such as motivational factors and role conflict. Overall, the report contains a wealth of information representing the contributions of many researchers, experts and interested parties and constitutes a valuable reference source.

Another report which is more restricted in its terms of reference, but nevertheless of value, is the report of the conference on women's health which aimed "to give all sections of the community an opportunity to identify women's health needs in Australia; to determine the adequacy and relevance of present approaches to women's health care; and to determine future action in the provision of health care for Australian women." (Women's Health in a Changing Society, 1978:Vol.1:1). Behavioural aspects of health are dealt with in Volume 3 of the report with emphasis on doctor/patient relationships and family planning.

The two reports show a concern for family life in Australia and they are useful references in any research which explores women's lives. One problem with such reports is related to the difficulty of determining the extent to which vocal groups represent main streams in Australian life. An advantage of the Armidale study is that it examines an entire motherhood cohort of women in a single town and investigates the extent to which they rebel or conform to
the expectations of women in their situation.

1.7 Women's Role in Australian Society

Any appraisal of family formation would be incomplete without consideration of women's role in Australian society. Some authors (Encel, McKenzie and Tebbutt, 1974, Stephenson, 1970) have given an overview of women's role using such statistics as workforce participation, family size and education and deduced from this that there has been a move away from the traditional role concept for women. However, Penman (1975:200) stated that: "The resolution of the increasing pressure to liberalise women's roles in terms of combining home and work duties may not be the most satisfactory solution to the problems of traditional role confinement". Bryson (1974:22) also suggested that: "The direction of more traditional female emancipation thinking has been that of equal power, both within the family and in the wider society, will come only from a commitment to work, of the traditional male variety". Bryson (1974:22-23) advocates greater symmetry in male and female roles and stated that: "Where orientations are dissimilar the roles will be segregated" in contrast to the situation where orientations of husbands and wives are similar, in which case relationship will be a joint one with decision-making approximating a partnership. Day (1978), in her research, suggests that while equality between men and women existed, to some extent, in the sphere of public life, within the private sphere, sex roles were along traditional lines. In her study of adolescents in Sydney she found that: "Whereas boys'orientations towards post-school life tend to be circumscribed by the practicalities associated with having to earn a living, support a family and "do well", girls in these sentence
completions see themselves as having an interval of freedom, between ending their status as students and beginning their status as wives and mothers..." (Day, 1978:358).

Other articles which explore "the present position of women and role structures and institutions which support their oppression" (Mercer, 1975:2) are to be found in "The Other Half". In this collection of articles, Comer (1975) looks specifically at motherhood and exposes some common myths about it whereas Brophy (1975) discusses how being an Australian housewife can be a disillusioning experience. Mercer and Miller (1975:470) conclude that: "If social behaviour is motivated by true reciprocity then sexist behaviour becomes deviant since it is motivated by principles contradictory to a liberated existence".

Summers (1975) and Dixson (1976) both conclude that oppression of women in Australia is the result of our historical beginnings. Summers (1975) argues that the inequalities in relationships within the family are responsible for women's oppression. Dixson (1976:16) discusses "female conservatism" and notes that "significant layers of women are intuitively moving towards ways of living as 'subjects' in their own right".

The view of most authors on women's role appears to be that inequalities in the position of men and women still exist. They do not see women's increasing workforce participation or higher educational attainments as proof of greater equality. The orientation of most women is still towards the role of mother and Summers (1975) suggested that women who work and care for children merely perpetuate the inequalities of their role rather than liberating
themselves from the traditional role. Some authors see as the solution increasing symmetry or reciprocity in men's and women's roles while others see the family structure as perpetuating the inequalities. As the Armidale study is concerned with women within the family the approach taken was to examine the extent to which women are still living out traditional roles.

1.8 Conclusion

The literature review has raised a number of questions which have been taken into account in the Armidale study. The large scale surveys, for example, have made it clear that decisions about family size are the result of an ongoing process which does not end until after the woman concerned has completed childbearing. An area which has been neglected by larger surveys is the husband's family size preferences which may have a bearing on the final family size achieved.

Literature on the timing of the first birth after marriage has been examined in this review and a trend towards a delay in the first birth after marriage has been observed. Consideration of the reasons for the delay is of importance because this event, the first birth, has a number of psychological, social and demographic consequences for the family. The first birth also represents a critical life cycle event for the woman.

The small scale surveys examined have indicated new directions in the study of fertility and explored some areas in depth such as motherhood, the relationship between family size and social class and the meaning and significance of children to parents.
As the Armidale study was also small, these surveys were of value for comparison purposes although no studies were found that had been carried out in an Australian country town.

Literature available on women's roles challenged the traditional ideas of motherhood and the divisions of labour within the family which relate to sex roles. The literature points up the falseness of the assumption that increased workforce participation for women necessarily brings about greater equality within the private sphere.

The present study in Armidale attempted to address itself to the issues raised by the literature review. Some were beyond the scope of a relatively small survey and others were touched on somewhat briefly. Many of the questions framed for the Armidale study were also used in the Melbourne Family Formation Project so that comparisons could be made which may throw some light on the differences between city and country environments. The life cycle approach used in the Armidale study should reveal in depth one stage of the decision-making process about family size and provide valuable information on a cohort of women who have recently experienced their first birth.
CHAPTER 2

Methodology of the Research

2.1 Introduction

The literature reviewed in Chapter 1 indicated some areas of research which appeared to be worthy of further investigation. The decision having been made to survey a group of women in Armidale, the next choice to be made was which group of women would suit the purposes of the research and yet be a small enough group for the researcher to interview herself.

Young's analysis (1977:105) of Melbourne couples revealed that 54 percent of respondents had first decided the number of children they wanted before or immediately after marriage, 15 percent after the birth of the first child, 15 percent after the second child and 14 percent after the third or subsequent children. It can be seen that the majority had made the decision by the birth of the first child and almost 70 percent had made plans prior to having a second child. Intuitively, after the birth of the first child also seems a logical time to ask parents about their future family size intentions because the first child represents the transition from couple to family (see the Introductory Chapter). This experience is an individual one – no one else can tell the couple how much they will like children although "...those pressures which encourage an individual to engage in (married) family life are likely to become pressures to have children." (Busfield and Paddon, 1977:136).

Ruzicka (1976:537) found that, in relation to the timing of the first birth after marriage: "Among those marrying during
1970-71, between 40 and 70 percent of brides not pregnant at the time of marriage postponed their first birth beyond the first two years of married life, the higher proportion applying to the modal ages at marriage, that is brides 19-22 years old. He observed that: "The deferment of the first birth by married couples...is a new phenomenon in Australian family formation." (Ruzicka, 1976:537) and he suggested a number of reasons for the postponement.

Exploration of the reasons for young couples deferring the first birth after marriage is of topical interest.

The researcher decided, on the basis of the literature, that a cohort of married women who had had their first baby was a suitable group to study. The aim was to examine a single stage of the decision-making sequence in depth and that the timing of the first birth represented a significant stage in need of study.

2.2 The Target Population

The last completed year before the research was begun was 1976 and so the target population decided upon was once married, currently married women whose first baby was born in 1976 and who lived in the Armidale district.

2.3 Sample Size

On the basis of overall Australian figures, it was expected that about one hundred women would be interviewed. Figures from the Armidale District Hospital revealed that there were 157 first births at that hospital during 1976. However, the figure included aboriginal mothers and the medical records librarian was not completely sure that it excluded single mothers. She indicated
that it depended on how the mother classified herself, as single or married.

Figures from the Australian Bureau of Statistics were sought. The figures given referred to first nuptial births registered in 1976 for four local government areas which were considered to be the catchment area for the Armidale Hospital. These were Armidale (M), Dumaresq (S), Guyra (S) and Uralla (S) (see Chapter 3). The Bureau figure for the four areas was a total of 161 births. This figure also included aboriginal births (see section 2.4) and referred to registrations rather than actual births. Despite this, the figure provided by the hospital and that provided by the Australian Bureau of Statistics were very similar.

As the interviews were carried out in the latter half of 1977, almost a year later, it was expected that there would be some loss of respondents from the area. The only guide to this loss was the Baby Health Clinic Sister's records which revealed that about twenty mothers had asked that their babies' cards be sent to other areas. However, this is not standard practice by every mother and probably only mothers who regularly attended the clinic would ask for records to be sent to other areas.

2.4 The Aboriginal Mothers and Single Mothers

Aboriginal mothers were excluded from the sample because of their small number and because it was considered that the survey would not do justice to an examination of their particular situation and lifestyle. The researcher attended the Aboriginal Baby Health Clinic at least three times and observations of mothers on these occasions revealed that a separate study would be needed to examine
their fertility intentions.

Single mothers were also excluded from the sample. Four such mothers were interviewed and although it was clear that they represented a separate group with particular problems which needed urgent study, it was beyond the scope of the present study to undertake a thorough examination of their situation. Mention is made of the interviews in Chapter 8, however.

2.5 Contacting the Respondents

2.5.1 Initial Attempts

Initially, the Armidale District Hospital was asked to provide the names of the mothers who had their first baby at the hospital in 1976. Access to the names was not granted although this would have provided an ideal sampling frame. Records of the Registrar of Births, Deaths and Marriages are also confidential.

The next place contacted was the Baby Health Clinic at Armidale. The Clinic Sister suggested that the researcher see the Director of the Armidale Community Health Centre who informed the researcher that approval from the Regional Office of the Health Commission in Tamworth would be necessary for any access to Baby Health Clinic records. The Regional Office did not agree to such access but informed the researcher that a form which asked eligible mothers to take part in the survey could be handed out by the Clinic Sister at the Armidale Baby Health Clinic.

This method of contacting respondents proved to be very poor. After about three weeks, only six replies had been received and no more had been received after another three weeks. Conversation
with the Clinic Sister revealed that she had not handed out the form on busy days and that those to whom she handed the form were restricted to educated mothers and those she thought would be very interested in taking part in the research.

2.5.2 Attending the Clinics

In view of the poor response from the form, the researcher sought permission to attend the Armidale Baby Health Clinic herself and ask women personally. This procedure produced a good response - all mothers asked at the Clinic agreed and all eligible mothers were asked. The reasons for this good response were that women attending the Clinic are motivated by their concern for their child and are likely to be receptive to talking about their baby and themselves at this time. Some days were better than others for obtaining respondents. Days when polio and triple antigen vaccinations were given were especially rewarding.

The Baby Health Clinics at Uralla and Guyra were attended at a later date with similar results.

2.5.3 Mothers Groups

Groups such as the Armidale Baby Health Clinic Mothers Group and the Nursing Mothers Association were attended and further respondents obtained.

2.5.4 Newspapers

The local paper, "The Armidale Express" was consulted for birth notices and a full year's newspapers were read to find out the names of extra respondents. The respondents obtained from
this source were usually 'locals' (see Chapter 3) and if a first birth was not specified, the woman concerned was followed up in any case.

"The New Englander", a free newspaper distributed to most homes in the Armidale district, was a very good source of names but unfortunately the paper only began operating on September 1, 1976. A reporter from this paper was sent to the Armidale District Hospital each week asking mothers if they wished to have the birth announced with no charge involved. Although some mothers did not wish to have the birth announced it was felt that a good proportion of mothers having their first baby would wish to let people know. This service has now been discontinued but all births from September 1, 1976 to December 31, 1976 were noted and followed up.

2.5.5 Respondent 'Referrals'

By far the most fruitful source of respondents was the women themselves. It was usual for a respondent being interviewed to know at least two other women who were eligible to be surveyed. This eventually led to duplications but the researcher had some assurance that a reasonably unbiased sample was being obtained because the initial contacts from the other sources represented a cross section of the population.

Some women were particularly helpful, for example, the Tupperware saleslady who was a respondent. She had organised Tupperware parties which were attended by a similar group of people, that is, mothers with first babies. It appeared that women who had worked before the baby enjoyed such get-togethers to compare babies and follow up mothers they met in hospital or at the Baby Health Clinic.
Another helpful respondent had spent six weeks in hospital with high blood pressure before the birth of her baby and had watched a procession of mothers. As this respondent was a school teacher she remembered the names of the women readily, this being a skill teachers acquire when faced with a new class of children.

2.6 Justification of the Method Used to Contact Respondents

As the researcher was not granted access to the names of the sample by either the Armidale District Hospital or the Baby Health Clinics, contacting eligible mothers initially presented great difficulty.

A procedure which could have been used in Armidale proper at least, was to undertake a house-to-house search to identify respondents. This procedure would have been very expensive in terms of the small universe of women to be found and could not be justified in this case. The advantages of tracing the sample through the Baby Health Clinics were that only appropriate women were approached without elaborate screening and that the women approached in this way were especially receptive to questions about family building intentions.

The other procedures chosen, although ad-hoc in nature, were considered to be the best under the circumstances. The small size of Armidale and the other areas surveyed, as well as the nature of the social environment (see Chapter 3) were considered suitable for such an approach. Overall, it was considered that the sample was not biased in favour of any particular social group and that a good cross section of the target population was obtained.
2.7 Coverage of the Population

The estimated coverage of the population is given in Table 2.1.

Table 2.1

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of first births in Armidale, 1976</td>
<td>157</td>
</tr>
<tr>
<td>Total mothers interviewed (excluding single mothers)</td>
<td>84</td>
</tr>
<tr>
<td>Estimates of missing respondents -</td>
<td></td>
</tr>
<tr>
<td>(i) Moved from area (est)</td>
<td>40</td>
</tr>
<tr>
<td>(ii) Aboriginal mothers (est)</td>
<td>10</td>
</tr>
<tr>
<td>Total putatively available for interview</td>
<td>107</td>
</tr>
<tr>
<td>Estimated non-contact rate</td>
<td>0.23</td>
</tr>
<tr>
<td>Refusal rate</td>
<td>0.03</td>
</tr>
<tr>
<td>Total non-response rate</td>
<td>0.24</td>
</tr>
</tbody>
</table>

The refusals included one woman who merely said she did not have time for the interview; another stated that she objected to having her personal life explored in any way; and a third was about to have a second baby and did not have time in the foreseeable future for the interview. They did not represent any particular group of women and it is difficult to make any meaningful statements about their common characteristics.

Although the response rate was not as high as would be desired, the researcher strongly feels that the group surveyed represented a reasonable cross section of social groups in Armidale.

2.8 The Questionnaire

A copy of the questionnaire is contained in Appendix 1. The questionnaire was structured and consisted of pre-coded and open-ended questions. The merits of both types of questions are
discussed below.

Moser and Kalton (1971:31) state that: "The relative merits of open and pre-coded questions have been the subject of a good deal of research and debate. In the open question the respondent is given freedom to decide the aspect, form, detail, and length of his answer, and it is the interviewer's job to record as much of it as she can. In the case of pre-coded questions, either the respondent is given a limited number of answers from which to choose or the question is asked as an open question and the interviewer allocates the answer to the appropriate code category". In relation to the present study, the pre-coded questions were asked as open questions and the answer then allocated to a code. It is considered that this method ensures that the respondent gives an answer rather than choosing one of a number of set alternatives.

The difference between pre-coded and open-ended questions "lies in the stage at which the information is coded, whether in the office or by the respondent or by the interviewer." (Moser and Kalton, 1971:342). The advantage of the open-ended questions in the present research is that "they encourage richness and depth in answering." (Gardner, 1978:45) but it is also true that the detail obtained "is partly a reflection of the respondent's loquacity, so that different amounts (as well as different items of information) will be available from different people." (Moser and Kalton, 1971:343) and this may lead the researcher into providing "juicy quotes" rather than representing the population accurately.
Some of the questions in the Armidale study were taken from those used in Melbourne in 1977 in the survey conducted by the Department of Demography at the Australian National University. It was considered that re-phrasing questions asked in the Melbourne survey would lead to difficulties in comparing Armidale responses with Melbourne ones.

A pretest of the questionnaire was carried out on some married women whose first baby had been born in 1975.

2.9 The Interviews

All interviews were carried out by the researcher with the result that there was no between-interviewer bias and the researcher was also able to observe the mother and child and the general environment of the home during the interviews. This gave a clear overview of the whole sample.

Interviews varied in length from just over half an hour to two hours depending on the woman and her baby. Most respondents were happy to answer the questions although a few found the open-ended questions of little interest. These women were those who had never questioned their role as mother and who were likely to see questions about working, women's liberation, etc., as irrelevant. Most interviews were carried out in the afternoon as a considerable number of women watched daytime serials on television. Considering the content of such programs, it is thought likely that the women who watched them lacked stimulation from other sources. The Council of Social Service of New South Wales found, in its survey of unemployed women: "The overall impression of the changes in the
lives of these women with dependent children since being unemployed is a diminution of all activities. Only watching TV shows a startling increase." (Unemployed Women, 1978:121). The Uralla Baby Health Clinic Sister mentioned that the Clinic was quiet between 2-3 pm because women watched the serials during this hour.

Interviewing women from Guyra and Uralla proved to be a time consuming exercise as the distance travelled for two or, at the most three interviews in a day was, on a cost-benefit basis, very expensive.

One feature of the study was that husbands, as well as wives, were interviewed. This was an important part of the study as it was considered that the husband's views on family size intentions were equally as important as those of his wife. Usually the husband was not available at the time of the original interview with the mother and he was interviewed as soon as possible afterwards. Wives were asked not to discuss the interview with their husbands until after his interview.

Conducting interviews with both husbands and wives may, in fact, have helped them to communicate on family size intentions if they had not done so before. Richards (1978:26) stated that "...many people strongly preferred separate interviews, confided that on some matters they were saying things they never said to their marriage partner".

In cases where the husband was not present and the couple lived out of town, the telephone was used for the husband interview. This
proved satisfactory as only a small number of questions were asked of the husbands. Overall, interviews with the husbands were less satisfactory than those with the wives. Some husbands appeared reluctant to talk about such matters and some had the attitude that they had been "put on the spot" or that they need to answer "correctly". This may have been because the interviewer was female. Others, however, were more than happy to be asked their view for a change, feeling that the whole experience of having a first baby left them out of things.

2.10 Analysis of the Data

The data collected was highly satisfactory for the purpose it was to serve. The timing of the first birth, spacing of children and family size intentions of husband and wife were covered well and motherhood, contraception and women's roles were covered adequately. However, it was felt in retrospect that more information could have been collected on the social environment of Armidale and its effect on family intentions could have been collected. For those who had recently moved to Armidale questions such as the woman's perception of the differences between this lifestyle and say, a city lifestyle, would have been helpful.

With regard to storing the data, this was done by on computer tape. Editing was carried out manually and the data was analysed using a survey package program.

2.11 Conclusion

The main difficulty experienced in the conduct of the survey was the lack of a suitable sampling frame. At present the New South Wales Health Commission appears unwilling to give researchers
any information on mothers and at least two other researchers (Westbrook, 1975, Wearing, 1979) have resorted to a similar approach as the present author, that of attending Baby Health Clinics. Although the sample obtained in this way appears to be largely representative, it would aid the study of motherhood particularly, if the Health Commission relaxed its view in some cases. For example, the literature in the last chapter showed that authors differ in their evaluation of whether motherhood is still satisfactory to the majority of women (Wearing, 1979, Richards, 1978) and this can only be determined by the analysis of a truly representative sample which is usually beyond the resources of the small scale researcher without a sampling frame that is readily available.

The interviews carried out are considered to be of a high standard and to reflect accurately the opinion of the women taking part in the survey. The interviews with the husband were found to be essential to the research as there was a variation in views on family size (see Chapter 6) between husbands and wives. Longer interviews with the husband would probably be a worthwhile exercise once they had relaxed.
CHAPTER 3

Characteristics of the Sample and the Environment

3.1 Introduction

Armidale is a New South Wales country town, situated inland, about mid-way between Sydney and Brisbane. The city itself has a population of some 20,000 but this is supplemented by the surrounding areas of Dumaresq, Guyra, Uralla and Walcha so that the total population is about 37,000. The area covered by the present survey is a sub set of this total area - it includes Armidale, Dumaresq, Guyra and Uralla but not Walcha. The population of the survey area was about 32,000 in 1976.

Armidale city stands at an altitude of 1035 metres above sea level and has the distinction of having the highest commercial airport in Australia. Founded in 1839, Armidale was named after a castle in the Isle of Skye which was the founding Commissioner McDonald's family seat. Apart from its early function as an administration centre, the district thrived on wool growing and later gold mining in the 1850's and 1880's. In 1928 the Armidale Teachers College was opened and ten years later the New England University College was established as a College of the University of Sydney, later becoming autonomous in 1954. Because of its educational role, Armidale has been called "The Oxford/Cambridge" of Australia as it now has a university and eight residential colleges, a college of advanced education (the original teachers college), four private schools and a technical college, as well as

1. These details were taken from brochures from the Armidale Development Centre.
the state schools. The educational role of Armidale creates social and economic differences which are not present in most country towns of this size.

Like many other inland towns, Armidale boasts pleasant, well cared for parks and autumn is an attractive season because of the many trees changing colour. Armidale is described as having an invigorating climate with a very cold winter and a cool summer. However, the North Coast of New South Wales is only a short drive of about two and a half hours away and some Armidale residents have beach houses there. The cold weather causes a certain amount of hibernation among the residents which is conducive to study and research.

There are a number of historic buildings in Armidale such as the post office, the court house (seen in the film "The Chant of Jimmy Blacksmith"), the town hall and two cathedrals. The most interesting such building is probably "Booloominbah" which is a fine old mansion, now the administration centre of the University of New England. It was originally presented to the University of Sydney for the establishment of a University college.

Modern amenities such as a shopping mall, some fifteen restaurants, three clubs and two picture theatres are found in Armidale. A wide range of sporting activities are available such as angling, athletics, Australian Rules, basketball, bowls, cricket, flying, golf, hockey, horse riding, polocrosse, racing, rifleshotting, rugby league and union, soaring, soccer, squash, swimming, table-tennis, tennis and weight lifting. Cultural activities are also strongly in evidence and every year the Armidale Arts Festival
is held for ten days with a wide selection of theatre, music, films, literature, arts and crafts and community happenings taking place. Throughout the year there are drama productions, ABC concerts, Musica Viva concerts and amateur musical productions.

Armidale's tourist attractions include the mountain scenery with the Wollomombi, Dangar and Ebor falls, the state forests, dams and lagoons. The scenery is much as Judith Wright described in her poem "South of My Days Circle" when she referred to the "high delicate outline of bony slopes wincing under winter".

Although the scenery is distinctive and attractive it has altered in recent years because of eucalyptus die-back - the death of large numbers of gum trees in the area. The cause appears to be complex but the upset in the ecological system which resulted from large areas of land being cleared appears to be primarily to blame.

Community services in Armidale are strong and personal rather than bureaucratic. Private agencies such as Legacy, Red Cross, St. Vincent de Paul and the Salvation Army supplement the work done by government agencies such as the Department of Youth and Community Affairs and the Department of Social Security. Other groups include Alcoholics Anonymous, the Community Service Centre, Community Aid Abroad, GROW, Armidale District Handicapped Children's Centre, Armidale Senior Citizens Association and Careline - a telephone counselling service.

The Community Health Centre is of major importance. Its services include Aboriginal health and welfare (there were less
than one thousand Aboriginals at the 1976 Census), baby health, school medical service, community health, domiciliary nursing, occupational therapy, social, mental health and alcoholism counselling and a drop-in centre. The atmosphere at the Armidale Health Centre and its branches at Guyra, Uralla and Walcha, is one of personal interest and a genuine desire to help. It is an outstanding example of a community service which really does serve.

The educational function of Armidale has created a demand for cultural activities which might not otherwise be present. These activities are largely supported by the academic community with lesser interest by the local community. The social scene in Armidale is split into "Town and Gown" - there is even a restaurant called "Cap and Gown". However, there is some overlap. For example, the Agricultural Economics and Rural Science faculties at the University service the local graziers and academics in these faculties have a strong interest in the land. Similarly, some of the local population enjoy the cultural activities and attend concerts and theatre.

Politically, Armidale has always been a Country Party seat. However, in the last State elections in Armidale in 1977, the Labor Party scored a victory. Local politics are dominated by the local element of the town. The last two mayors had been real estate agents from the same firm.

The essential picture one gains of Armidale is that of a rural service town with all the charm, slow pace and community ties that that entails, overlain with a strong educational influence
which Armidale is sometimes reluctant to accept. The result is ambivalence - Armidale does not know in which direction it should go. Local newspapers report a mixture of events such as student protests alongside motor vehicle accidents and local vandalism stories. Cultural activities are on one page, country rugby league on the next. Cattleman's union stories and an ABC concert advertisement appear in the same paper. Armidale social life is dichotomous - it is divided into "town and gown".

3.2 Population, Socio-economic and Demographic Characteristics

3.2.1 The General Population

The area covered by the survey is Armidale City, Dumaresq Shire, Guyra and Uralla. As mentioned above, this is a sub set of what is commonly known as the "Armidale district" because it excludes Walcha which was regarded as too costly, in terms of travelling time, to survey. The original ideal of the survey was to cover those women who had their first baby in Armidale Hospital, and these are most likely to have come from Armidale, Dumaresq, Guyra or Uralla. In the chapters that follow, the word 'Armidale' is used to refer to this area.

Figure 3.1 is the population pyramid of Armidale. The pyramid shows large numbers in the age groups 15-19 and 20-24. These represent the large influx of students from other places who usually leave when their educational goal is attained. In 1979 there were an estimated 448 boarders in private schools and this does not include those who board privately nor the 500 odd students at the Roman Catholic High School. The College of Advanced Education and the University of New England account for about 3,000 internal
Figure 3.1

ARMIDALE POPULATION PYRAMID 1976

Males Females

65+ 65+
60-64 60-64
55-59 55-59
50-54 50-54
45-49 45-49
40-44 40-44
35-39 35-39
30-34 30-34
25-29 25-29
20-24
15-19
10-14 10-14
5-9 5-9
0-4 0-4

2000 1000 1000 2000

Married
students whose ages usually range from 19 to 24 years. The population pyramid also shows the proportion in each age group who are married, indicating that those who stay after the age of 24 usually marry.

The occupations of Armidale men and women reflect local primary industries such as wool and fat lamb, beef, fruit growing and cash crops, and mining; secondary light industries; business activities and the educational industry. Table 3.1 gives the figures.

**Table 3.1**

**Occupations of Men and Women in Armidale 1971 (a)**

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Proportion</td>
<td>Number</td>
</tr>
<tr>
<td>Professional</td>
<td>979</td>
<td>13.0</td>
<td>673</td>
</tr>
<tr>
<td>Administrative</td>
<td>514</td>
<td>6.8</td>
<td>62</td>
</tr>
<tr>
<td>Clerical</td>
<td>389</td>
<td>5.2</td>
<td>788</td>
</tr>
<tr>
<td>Sales Workers</td>
<td>406</td>
<td>5.4</td>
<td>357</td>
</tr>
<tr>
<td>Farmers etc.</td>
<td>1848</td>
<td>24.6</td>
<td>248</td>
</tr>
<tr>
<td>Miners</td>
<td>95</td>
<td>1.3</td>
<td>2</td>
</tr>
<tr>
<td>Transport Workers</td>
<td>465</td>
<td>6.2</td>
<td>90</td>
</tr>
<tr>
<td>Craftsmen etc.</td>
<td>2022</td>
<td>26.9</td>
<td>52</td>
</tr>
<tr>
<td>Service Workers etc.</td>
<td>315</td>
<td>4.2</td>
<td>802</td>
</tr>
<tr>
<td>Armed Services</td>
<td>25</td>
<td>0.3</td>
<td>3</td>
</tr>
<tr>
<td>Other &amp; not stated</td>
<td>296</td>
<td>3.9</td>
<td>116</td>
</tr>
<tr>
<td>Unemployed</td>
<td>167</td>
<td>2.2</td>
<td>77</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>7521</td>
<td>100.0</td>
<td>3270</td>
</tr>
</tbody>
</table>
metal work, printing, etc. - the university and college of advanced education account for much of the employment of these men. The large proportion of farmers is representative of the rural industry already mentioned. Professionals, which represent 13 percent of the group, are mainly academics, teachers, CSIRO staff, lawyers, solicitors and medical practitioners.

Over 65 percent of the women's occupations fall within three categories. These are the professionals, usually teachers, the clerical workers, for example typists and stenographers employed by various educational bodies, and service workers, usually cleaners and domestics at residential colleges and boarding schools.

3.2.2 The Survey Population

The occupations of the husbands of the population surveyed in the present study are compared with those of the Armidale population in general, in Table 3.2.

Table 3.2

<table>
<thead>
<tr>
<th>Occupational Group</th>
<th>In Survey Group</th>
<th>In Armidale</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Proportion</td>
</tr>
<tr>
<td>Professional</td>
<td>14</td>
<td>16.7</td>
</tr>
<tr>
<td>Managerial</td>
<td>3</td>
<td>3.6</td>
</tr>
<tr>
<td>White collar/clerical</td>
<td>8</td>
<td>9.5 (a)</td>
</tr>
<tr>
<td>Craftsman or owns small business</td>
<td>19</td>
<td>22.6</td>
</tr>
<tr>
<td>Semi-skilled</td>
<td>15</td>
<td>17.8</td>
</tr>
<tr>
<td>Unskilled labourer</td>
<td>12</td>
<td>14.3</td>
</tr>
<tr>
<td>Large scale farmer</td>
<td>8</td>
<td>9.5</td>
</tr>
<tr>
<td>Rural labourer</td>
<td>2</td>
<td>2.4</td>
</tr>
<tr>
<td>Full-time student</td>
<td>3</td>
<td>3.6</td>
</tr>
<tr>
<td>Other and not stated</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Unemployed</td>
<td>-</td>
<td>- (b)</td>
</tr>
</tbody>
</table>

| Total                                     | 84              | 100.0      | 100.0      |

(a) These categories may overlap

(b) None of the sample husbands were unemployed at the time of the survey.
The sample group appear over-represented in the professional area and under-represented in the farmers and rural labourers. However, as the definitions used by the Bureau of Statistics may be slightly different to the ones used in the survey some differences are bound to occur.

If the differences are taken on face value then one explanation of the differences may be that the farmers' wives were less likely to make a trip to the Baby Health Clinic and so were not contacted. Also, the age group of the sample is younger than the general population and this may affect the farmer group. Fewer young men are taking up farming because of the rural recession and the sample may be reflecting this trend. Would-be farmers may instead be semi-skilled and unskilled workers who appear to be over-represented in the sample.

The sample is, of course, younger than the population of Armidale. The ages of the women of the survey group and their husbands in 1976 are given in Table 3.3.

Table 3.3

Ages of Survey Population in 1976

<table>
<thead>
<tr>
<th>Ages</th>
<th>Women Number</th>
<th>Women Percent</th>
<th>Husbands Number</th>
<th>Husbands Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;20</td>
<td>8</td>
<td>9.5</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>20-24</td>
<td>36</td>
<td>42.9</td>
<td>19</td>
<td>22.6</td>
</tr>
<tr>
<td>25-29</td>
<td>32</td>
<td>38.1</td>
<td>43</td>
<td>51.2</td>
</tr>
<tr>
<td>30-34</td>
<td>6</td>
<td>7.1</td>
<td>16</td>
<td>19.0</td>
</tr>
<tr>
<td>35-36</td>
<td>2</td>
<td>2.4</td>
<td>1</td>
<td>1.2</td>
</tr>
<tr>
<td>&gt;36</td>
<td>-</td>
<td>-</td>
<td>5</td>
<td>6.0</td>
</tr>
<tr>
<td>Total</td>
<td>84</td>
<td>100.0</td>
<td>84</td>
<td>100.0</td>
</tr>
</tbody>
</table>
The table clearly shows that the majority of husbands were aged between 25 and 29 with about equal numbers of women in the age groups 20-24 and 25-29. Five husbands were older than 36, one in fact was fifty-six and the other four were in their forties.

Most of the Armidale sample of women, 92 percent, were Australian born. Their religious affiliations were Roman Catholic 21.4 percent, Church of England 47.6 percent, 3.6 percent had no specific religion, and the remaining 27.4 percent were distributed amongst the other protestant denominations. However, only 34.5 percent of the sample regarded themselves as presently belonging to a religious group.

3.3 Locals and Transients

Armidale is dichotomous. There are two distinct groups of the population which relate specifically to Armidale's roles of educational centre and rural service centre. The former group of people are referred to in this thesis as 'transients' and the latter are called 'locals'. Transients can be described as those people who live in Armidale because of their occupations, such as the teacher, academic or professional. They have usually been in the area for ten years or less. They do not have an extended family in Armidale and their contribution to the local community is largely economic rather than communal. Some transients stay on in Armidale and make a contribution to the local community by serving on the council or taking on a small business. However, usually the communal contributions transients make improve the cultural side of life in Armidale which improves transients' lifestyles. Locals are people who have an extended family in the Armidale area and who have strong community ties with the place. They have usually been
educated in Armidale and married locally. They and their families are an integral part of Armidale life and their presence is usually visible in small businesses, on the land, on the council, in sporting associations, etc.

The survey group contained these two groups in almost equal numbers. They were distinguished, for the purposes of the survey by the years they had lived in Armidale and whether their own parents lived in the Armidale area. Details are given in Table 3.4.

Table 3.4
Mothers in the Sample and their Husbands with Parents
Living in Armidale by Years Sample has Lived in Armidale

<table>
<thead>
<tr>
<th>Years Lived in Armidale</th>
<th>Mother's Parents</th>
<th>Husband's Parents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Mothers in Sample</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;10 years</td>
<td>6</td>
<td>39</td>
</tr>
<tr>
<td>&gt;10 years</td>
<td>35</td>
<td>4</td>
</tr>
<tr>
<td>Husbands in Sample</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;10 years</td>
<td>8</td>
<td>34</td>
</tr>
<tr>
<td>&gt;10 years</td>
<td>33</td>
<td>9</td>
</tr>
</tbody>
</table>

Clearly, those women who had lived in Armidale for longer than ten years usually had their parents living in the Armidale area. The same is true of the husbands of the sample. Also it is much more likely for 'local' mothers from the sample (>10 years in Armidale) to be married to 'local' husbands (those whose parents live in Armidale). The converse is also true - transients tended to be married to transients. For simplicity, as the measures are clearly related, locals will henceforth be defined as those families in which the wife's parents live in the Armidale area. Transients are defined as families in which the parents of the wife do not live in the Armidale area.
Having defined 'locals' and 'transients' it is worthwhile to compare the occupations of the husbands and the level of schooling of the wives in terms of the definition. Table 3.5 shows that the transient husbands were usually in the higher occupational group - 44.2 percent of transients were white collar/clerical workers compared with 14.6 percent of locals. Large scale farmers and rural labourers were with one exception, locals.

Table 3.5

Occupations of Husbands; Locals and Transients

<table>
<thead>
<tr>
<th>Occupation of Husband</th>
<th>Locals</th>
<th>Transients</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional</td>
<td>2</td>
<td>12</td>
<td>14</td>
</tr>
<tr>
<td>Administrative</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>White collar/clerical</td>
<td>3</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>Craftsman or Owns Small Business</td>
<td>8</td>
<td>11</td>
<td>19</td>
</tr>
<tr>
<td>Semi-Skilled</td>
<td>9</td>
<td>6</td>
<td>15</td>
</tr>
<tr>
<td>Unskilled Labourer</td>
<td>9</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>Large Scale Farmer</td>
<td>7</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Rural Labourer</td>
<td>2</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>Full-time Student</td>
<td>-</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>41</strong></td>
<td><strong>43</strong></td>
<td><strong>84</strong></td>
</tr>
</tbody>
</table>

Transient women have higher educational qualifications than locals as Table 3.6 shows.

Table 3.6

Level of Schooling of Women; Locals and Transients

<table>
<thead>
<tr>
<th>Level of Schooling Wife</th>
<th>Locals No</th>
<th>Locals percent</th>
<th>Transients No</th>
<th>Transients percent</th>
<th>Total No</th>
<th>Total percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some Secondary</td>
<td>10)</td>
<td>82.9</td>
<td>1)</td>
<td>41.9</td>
<td>11)</td>
<td>61.9</td>
</tr>
<tr>
<td>Completed Intermediate</td>
<td>11)</td>
<td>7)</td>
<td>10)</td>
<td>4)</td>
<td>21)</td>
<td>61.9</td>
</tr>
<tr>
<td>Technical College</td>
<td>3)</td>
<td>8)</td>
<td>12)</td>
<td>58.1</td>
<td>15)</td>
<td>38.1</td>
</tr>
<tr>
<td>Secondary - Matriculation</td>
<td>3)</td>
<td>4)</td>
<td>7)</td>
<td>9)</td>
<td>9)</td>
<td>38.1</td>
</tr>
<tr>
<td>Tertiary - Matriculation</td>
<td>3)</td>
<td>17.1</td>
<td>8)</td>
<td>8)</td>
<td>9)</td>
<td>38.1</td>
</tr>
<tr>
<td>Completed First Degree</td>
<td>-</td>
<td>1)</td>
<td>1)</td>
<td>1)</td>
<td>1)</td>
<td>100.0</td>
</tr>
<tr>
<td>Post Graduate Studies</td>
<td>-</td>
<td>1)</td>
<td>1)</td>
<td>1)</td>
<td>1)</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>41</strong></td>
<td><strong>100.0</strong></td>
<td><strong>43</strong></td>
<td><strong>100.0</strong></td>
<td><strong>84</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>
The majority of the transient women have at least matriculation standard education whereas in the local population this is less than 20 percent. This educational difference alone is likely to produce differences between locals and transients in their expectations of family life. This is validated by Table 3.7 which gives the ages of local and transient mothers in 1976 when they had their first child.

Table 3.7
Ages of Local and Transient Mothers

<table>
<thead>
<tr>
<th>Ages</th>
<th>Locals No.</th>
<th>Locals percent</th>
<th>Transients No.</th>
<th>Transients percent</th>
<th>Total No.</th>
<th>Total percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>7</td>
<td>17.1</td>
<td>1</td>
<td>2.3</td>
<td>8</td>
<td>9.5</td>
</tr>
<tr>
<td>20-24</td>
<td>23</td>
<td>56.1</td>
<td>13</td>
<td>30.2</td>
<td>36</td>
<td>42.9</td>
</tr>
<tr>
<td>25-29</td>
<td>8</td>
<td>19.5</td>
<td>24</td>
<td>55.9</td>
<td>32</td>
<td>38.1</td>
</tr>
<tr>
<td>30-34</td>
<td>1</td>
<td>2.4</td>
<td>5</td>
<td>11.6</td>
<td>6</td>
<td>7.1</td>
</tr>
<tr>
<td>35-36</td>
<td>2</td>
<td>4.9</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td>2.4</td>
</tr>
<tr>
<td>Total</td>
<td>41</td>
<td>100.0</td>
<td>43</td>
<td>100.0</td>
<td>84</td>
<td>100.0</td>
</tr>
</tbody>
</table>

The majority of local mothers had their first baby before age twenty-five compared with transients where the majority fell into the age group 25-29 years. The two local mothers who were 35 or 36 were special cases. One was sub-fecund and the other was married recently to a man who was a widower of 56. The differences are largely due to transients having a longer education combined with a career. Locals appear to be oriented to the idea of getting married and having children soon after marriage.

Evidence of the dichotomous nature of Armidale is also to be found in these last two tables. Although Armidale tourist brochures
boast its educational function, most locals do not, in fact, avail themselves of the educational institutions.

This section has found supportive evidence for the proposition that locals and transients are two different social groups in Armidale with different expectations of the kind of life they wish to live. On the whole, Armidale accommodates both groups fairly easily - locals organise their lives around local activities, transients around other transients. Transients are generally more "localised" than locals are interested in transient activities. Whereas most transients would agree that the slower pace of Armidale allows them to pursue additional interests such as owning horses or stock, rural properties or "hobby" businesses, locals are loathe to appreciate the sophisticated activities of the transients. They do not, in a sense, need any extras - their life is Armidale and they are strongly part of it. Locals realise that transients provide an economic boost to the area and make allowances for them on this basis.

Bott (1957:217) found that: "The degree of segregation in role-relationship varies directly with the connectedness of the family's social network". In her terms, locals would appear more likely to experience rigid segregation of conjugal roles "because each partner can get help from people outside." (Bott, 1957:218) for example their relatives and friends. On the other hand, transients who have "loose-knit networks", "must seek in each other some of the emotional satisfaction and help in familial tasks that couples in close-knit networks can get from outsiders." (Bott, 1957:218). The differences are significant because it would appear
that locals would be less likely to feel restricted by children and transients more so. This is examined in the later chapters.

3.4 Activities for Mothers in Armidale

The small distances between shops and home in Armidale, Guyra or Uralla give rise to a community network where mothers feel involved in community activities. This situation is a direct contrast to Lyn Richards' Melbourne mothers (1978:176): "The loneliness that is eating at Susan's happiness with her chosen role, and similarly affects a number of upwardly mobile estate-settled young mothers in the study is a perfect example. Like many socially constructed problems, it can be socially dismantled, but like all such problems, if not dismantled it tends to grow. Most of the women realise that they are building a cage of loneliness for themselves".

Transient or local, loneliness is not a problem in Armidale. Locals have close-knit networks and transients have the company of other transients. Distances between homes are not great and there are usually a good number of neighbourhood contacts. Locals usually have sisters and friends whom they have known since childhood to visit. Transients, on the other hand, are accustomed to the comings to and goings from the district of other transients and are open minded about new friendships. Also, the husbands of transients are usually working in a job which encourages the wives to get together and this usually happens when a newcomer arrives in the town. "Suburban neurosis" is not a problem in Armidale as it is in cities and there are numerous opportunities for mothers to become involved in community and school activities.
Mothers in Armidale have a number of services which specifically cater to their needs. The Community Health Centres in Armidale, Guyra and Uralla have antenatal classes which most mothers attend before the birth of the baby. These classes give mothers-to-be a chance to meet others whom they later see at the Hospital and Baby Health Clinics. The Armidale Baby Health Clinic Mothers Group represents a further opportunity to meet mothers although it has only about twenty members. Similarly, the Nursing Mothers Association has a central group of interested mothers who give support and encouragement to mothers who breastfeed. A Drop-In Centre is held once a week at the Community Health Centre particularly for mothers with babies and pre-school children but also for those who want companionship. This arrangement of "dropping-in" is successful because it allows women to establish contacts without joining a formal association.

Armidale has an Occasional Care Centre which is a community based, non-profit child care service for children under school age which aims to assist parents for limited periods - three hours is the maximum. This is a useful service for mothers who have medical, dental or other appointments or shopping, lectures, etc.

Pre-schools and kindergartens are also available in Armidale. Seven such centres exist as well as a playgroup which is open three times a week. Three of the kindergartens are associated with churches or church schools and one is run with the needs of university parents in mind. One pre-school emphasises parental involvement strongly and rostered help from parents is a condition of enrolment. There is a wide variety of styles available in the pre-schools of the area.
The educational opportunities for mothers in Armidale are diverse. From technical college hobby courses to post-graduate degrees at university, a mother in Armidale has a good chance of educating herself further. However, transients, already well educated, are more likely to take advantage of these opportunities, although hobby courses and craft courses such as pottery and wool spinning capture a wide audience. The slower pace of Armidale life offers an ideal chance for women to complete or upgrade qualifications if they expect to return to the workforce at a later stage.

An important question to be considered is whether the slower pace of the Armidale life is more conducive to the rearing of children and to what extent does this represent a gain for mothers. In other words, even if there is less social pressure for women to have careers and prove themselves in the workforce is this still at the expense of their self-esteem. Is their role as mother and housewife still devalued as it appears to be in city life? This question is examined in later chapters.

3.5 Conclusion

Armidale, like most other New South Wales country towns is characterised by slow pace and charm which appeals to those who prefer a quieter life than a city existence. Its commercial facilities are equivalent to any other extra-metropolitan city of its size but it has a special role in education. The effect of the educational institutions on the area is to cause a largely dichotomous existence - local or transient, town or gown.

Examination of a number of variables in the survey population
has shown that there are clear differences between locals and transients which have important bearings on the research. Local mothers tend to be more traditional in their outlook, emphasising community ties and families, whereas transient mothers are usually more highly educated and likely to have had their first baby at a later age. Transients, in general, are interested in cultural activities in the town and emphasise these activities above family activities. However, transients in Armidale are not equivalent to city dwellers because they have become "localised" in the sense that they are attracted by the opportunities a slower pace existence can offer. Locals, on the other hand, are not as convinced that transient activities are necessary or desirable for their lives although the economic boost they give to the local area is regarded as an important contribution.

Mothers in Armidale - local or transient - do not face the problems of social isolation which are found in the cities. There are many services available to them and the interviews revealed none of the discontent found by Richards (1978) in her upwardly socially mobile sample in Melbourne. The small distances between town and home mean that neighbourhood contacts are easily made - transient or local.

The present study of Armidale mothers must be considered in relation to the social environment of Armidale. This chapter has shown that the local-transient mix could be an important determinant of family size intentions and this will be examined in the chapters that follow. Also, the study has to be considered in the context of an extra-metropolitan environment which is more favourable to
rearing of children than a city. These two underlying features of Armidale must be kept in mind reading the chapters that follow.
CHAPTER 4

Motherhood

4.1 Introduction

"Motherhood is society's golden carrot. It is a super-human woman who can live her life without a backward glance, wondering whether she can really be fulfilled or satisfied with only relationships and whatever she wants out of life without having a child somewhere along the line. And why? Because of this one central assumption which underlines everything that pertains to women, that a women's true purpose in life and the pinnacle of her fulfilment is motherhood." (Comer, 1975:194). Certainly, most women in Australia become mothers, but the extent to which they see motherhood as their true purpose in life is a question which this chapter attempts to answer, using data from the Armidale study.

This chapter first reviews studies and literature on motherhood and the mother/child relationship, and then applies the questions raised by this review to the Armidale women surveyed. Images of childbearing, the good mother, the working mother and fathering are discussed.

4.2 Studies and Literature on Motherhood

In previous chapters the point has been raised that the first child represents a transition to parenthood for a couple, particularly the woman. She becomes a mother and Busfield and Paddon (1977:134) found that this was significant for many women: "Certainly a number of comments made in the pilot interviews suggested that for some women having children was important because it made
them into mothers; it was the idea of being a mother that was significant". The role of "mother" appears to be one which women want to attain. Comer (1975:194) argues that: "The professional planners of industrial society...magnify and elevate the importance of the mother/child relationship" but that they do not, in fact, regard mothers very highly. Brophy (1975:330) also stressed the lack of status attached to being a mother: "I emphatically did not want to be a Mum, an endearing idiotic moron whom the children would have to protect from their more offbeat exploits...whose very real problems would be the butt of ridicule...". These authors suggest that becoming a mother is held up as a natural and fulfilling experience but actually being a mother carries very little status.

Even becoming a mother can be disillusioning according to Westbrook (1975). She studied women's childbearing experiences in a sample of Sydney women and found that childbearing was often an ambivalent experience: "The idealised childbearing experience of the adjusted mother is presented to women as a goal that it is their responsibility to achieve " (Westbrook, 1975:313) and women often feel that they have not lived up to these expectations. Westbrook (1975) stresses the need to ask women their accounts of experiences rather than to rely on what experts say women feel. Rossi (1968) and Westbrook (1975) both consider that too much emphasis has been placed on the effects of mothers on babies and very little attention has been given to the effects of babies on mothers.

The ideology of motherhood is seen by Wearing (1979:5) as the major reason women view motherhood so highly: "While the mother
in the home believes and lives out the idea that motherhood is the supreme and most fulfilling state for women and while she continues to strive after the ideal of the 'good mother' and the emotional rewards good motherhood offers...she will be unlikely to question the mystifying ideology which keeps her in an economically dependent and subordinate position". The concept of a 'good mother' pervades much of the thinking about motherhood - Richards (1978:203) asked her sample about 'good mothers' and found that passive qualities such as patience, reliability and willingness to spend time were most frequently mentioned. The image of the 'good mother' was thought by Comer (1975:208-209) to be: "The one who wraps her child in a blanket of love, attends its every whim, thwarts its wishes only when there is physical danger, prepares it well in advance for every possible upset and anticipates all its needs". Comer (1975:210) stated that this secure world robbed children of "the raw material on which our experience is based, namely the unpredictability of it".

"Mother love" is seen to have a special magical quality. Friday (1979:21) claims that: "We are raised to believe that mother love is different from other kinds of love. It is not open to error, doubt or to the ambivalence of ordinary affections. This is an illusion". It appears that women have been told what they should feel about their children, that is, the "maternal instinct" but have not been asked what they themselves feel about their children. Sumners (1975:192) noted that the mother rather than the family as a whole is usually blamed for the way children develop.

The effect which becoming a mother has on the life choices of a
woman was the concern of Wearing (1979) in her study of Sydney mothers. She found that the majority of mothers had a traditional view of motherhood and no other plan of life, so they did not feel constrained by becoming a mother. Those mothers in her sample who worked did so as an addition to their role as mother and so their participation in the public sphere of life was curtailed (Wearing, 1979:25). On the other hand, full-time housewives with only two children (the Australian average) may find that they are underoccupied at home especially once the children are at school, but even earlier than this they may not be fully extended on the physical level.

The literature points to a number of problem areas regarding motherhood. Although becoming a mother is still regarded as the primary role for a woman, the importance of the mother role has been devalued due to small family size and the many women who feel that life, for them, should be more than being a mother. This situation is an area of conflict for women - those who have traditional values regarding motherhood are faced with the prospect that it will only occupy a short period in their lives and those with ambivalent thoughts about motherhood are faced with the prospect of placing less emphasis on their career so that they can have children as well. Meanwhile, being a mother is likely to cause a loss of self-esteem as women struggle to be a 'good mother' but feel that their interests and social expectations are not being satisfied within the home.

The Armidale women surveyed appeared, in general, to be more
traditional in their outlook than Richards' Melbourne sample (1978:28) which was biased towards upwardly mobile and middle class couples.

4.3 Childbearing and Child Care

4.3.1 Childbearing

Westbrook (1975:309) stated that: "Childbearing is part of the life experience of the majority of women and will probably continue to be so, however many tasks which have been traditionally linked with motherhood, such as housework and child care, are taken over or shared by others". She used people's accounts of the experience "in an attempt to establish normative data regarding the woman's experience of the childbearing year, pregnancy and the early months of the baby's life." (Westbrook, 1975:314). Armidale mothers were not asked specifically about the childbirth experience, although many volunteered accounts of their labours. They were asked if there had been any problems at the birth of the baby and if the labour had been viewed by them as difficult and they were asked if the experience had affected their family size aspirations.

Table 4.1 shows the problems experienced by mothers at the birth of the baby. Almost half the sample classified themselves as having no problems.

<table>
<thead>
<tr>
<th>Age of Mother in 1976</th>
<th>Forceps Delivery</th>
<th>Caesarian Long Labour</th>
<th>Induced Birth</th>
<th>Premature Baby</th>
<th>No Problems Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;20</td>
<td>2</td>
<td>-</td>
<td>2</td>
<td>-</td>
<td>4</td>
</tr>
<tr>
<td>20-24</td>
<td>3</td>
<td>2</td>
<td>11</td>
<td>1</td>
<td>19</td>
</tr>
<tr>
<td>25-29</td>
<td>6</td>
<td>2</td>
<td>9</td>
<td>2</td>
<td>12</td>
</tr>
<tr>
<td>30-34</td>
<td>-</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>4</td>
</tr>
<tr>
<td>35-36</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>12</td>
<td>6</td>
<td>22</td>
<td>3</td>
<td>40</td>
</tr>
<tr>
<td>Percent</td>
<td>14.2</td>
<td>7.2</td>
<td>1.2</td>
<td>26.2</td>
<td>3.6</td>
</tr>
</tbody>
</table>
Women who had what they classified as a difficult labour were asked if this had affected their ideas about family size. The aim of this question was to deduce whether the childbirth experience itself had any appreciable effect on the woman's feelings about having children. Twenty-six women classified themselves as having a difficult labour and of these, fifteen stated that the difficult labour had not influenced them with regards family size. These women felt that the pain was easily forgotten and some believed that the second childbirth experience would be much easier. Three women who had caesarians commented that their doctors had advised them that they were limited to a certain number of births.

The remaining eight women were influenced by the difficult labour. One commented: "It influenced me to have the second one straight away. I'm determined to have one by natural childbirth". Westbrook (1975:313) would perhaps argue that this woman felt inadequate and guilty about her childbirth experience. Two women were frankly frightened by the pain of childbirth and two stated that if the next experience was similar they would not have any more children. One had decided on the basis of the experience to space her children further apart, one had medical problems and another sexual problems after the birth. The data suggests that a difficult labour does not always affect women's family size intentions but in some cases the trauma of the pain had a definite effect on women's family size aspirations. One factor which may influence the women's reactions is their image of family life. Whilst some women may be deterred by pain, others may feel that it reinforces their perceptions of the importance of motherhood and their vital role. It is the woman who is already somewhat ambivalent
in her attitudes who is most likely to be deterred by the experience of pain.

4.3.2 Breastfeeding, Child Management

Breastfeeding appears to be an emotional issue for most women and a trend which appears to be subject to changes in fashion. Richards (1978:184) found: "...its new and well-publicized popularity is undoubtedly contributing to the problems of isolated young mothers. Some we spoke with had felt they should breastfeed and were unable to do so successfully, always suffering some guilt as a result...". However, Westbrook (1975:315) found that: "...many women spoke of the great physical satisfaction they gained from breastfeeding". The Armidale sample were not asked whether they enjoyed breastfeeding, but data was collected on the length of time the baby was breastfed. Table 4.2 gives the details by the level of schooling of the mother.

<table>
<thead>
<tr>
<th>Weeks Baby was Breastfed</th>
<th>Level of Schooling</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Less than Matriculation and Above</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number</td>
<td>percent</td>
</tr>
<tr>
<td>0</td>
<td>7</td>
<td>76.9</td>
</tr>
<tr>
<td>1-4</td>
<td>13</td>
<td>16</td>
</tr>
<tr>
<td>5-8</td>
<td>11</td>
<td>13</td>
</tr>
<tr>
<td>9-12</td>
<td>9</td>
<td>14</td>
</tr>
<tr>
<td>Sub Total</td>
<td>40</td>
<td>76.9</td>
</tr>
<tr>
<td>13-16</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>17-20</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>21-24</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>25-28</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Sub Total</td>
<td>9</td>
<td>17.3</td>
</tr>
<tr>
<td>29+</td>
<td>3</td>
<td>5.8</td>
</tr>
<tr>
<td>Total</td>
<td>52</td>
<td>100.0</td>
</tr>
</tbody>
</table>
The table shows that only 12 percent of mothers did not feed their child at all. Armstrong (1976:32), in a study of the Illawarra Health Region of New South Wales found that: "A little over half (55.3%) of the mothers reported breastfeeding their baby at the time of leaving hospital..." which is usually at about one week old. The Armidale figure is slightly higher (69 percent) but this is probably due to the sample consisting of only first births whereas in Armstrong's sample (1976:32): "An inadequate supply and problems with breastfeeding their previous children were the main reasons given by mothers who did not breastfeed at all". In the Armidale sample, the majority of mothers breastfed for no longer than twelve weeks (about three months) and only 15 percent of mothers chose to breastfeed for longer than six months. In Armstrong's group (1976:32): "Only 11.9% of mothers whose children were more than six months of age had breastfed their child for more than six months". Of those who breastfed for longer than six months in the Armidale sample most had matriculation level education.

The figures from the Illawarra Region survey and the Armidale survey appear similar and indicate that three months and six months are regarded as normal times to give up breastfeeding of babies. Those who persisted longer in the Armidale sample were likely to be more highly educated. No conclusions can be reached about whether the majority of women are happy to breastfeed their children as their reasons for discontinuing were not asked in the current survey.

Mothers in the sample were asked whose advice they sought when problems with the baby were encountered. Table 4.3 shows that the
Baby Health Clinic Sister was the major source of advice for mothers, although local mothers usually asked their own mothers for help. It is clear that Clinic Sisters are seen as the next best alternative to mothers for advice about baby problems. However, seventeen mothers did not ask anyone for advice with baby problems.

Table 4.3
Advice Mothers Relied Upon by Whether the Mother is a Local or Transient (a)

<table>
<thead>
<tr>
<th>Person whose advice is relied upon</th>
<th>Local</th>
<th>Transient</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor</td>
<td>4</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Clinic Sister</td>
<td>7</td>
<td>13</td>
<td>20</td>
</tr>
<tr>
<td>Mother</td>
<td>15</td>
<td>2</td>
<td>17</td>
</tr>
<tr>
<td>Mother-in-law</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Husband</td>
<td>4</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td>Other Relatives</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Friends</td>
<td>1</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Books</td>
<td>-</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>No one</td>
<td>7</td>
<td>10</td>
<td>17</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>41</td>
<td>43</td>
<td>84</td>
</tr>
</tbody>
</table>

(a) As defined in Chapter 3.

Transient mothers were much more likely to seek the advice of the Clinic Sister than locals who asked their mother's view. Armstrong (1976:68) found that for the Illawarra Region: "General self-sufficiency was the main reason given for "irregular attendance" at Baby Health Centres. Other main reasons given were transport difficulties, difficulties with minding of other children, "old fashioned ideas" of the baby health sister and the use of other facilities".
4.4 Motherhood

Wearing (1979) and Richards (1978) both asked their samples: "What is a good mother?". The Armidale sample was asked instead: "What does a baby need most from his mother?". The question was phrased in this way because it is felt that "good" is a term which evokes competitive values about motherhood which are necessarily harmful to women and 'What is a good mother?' is a question which sets goals for mothers which are related to other people's values rather than their own. For example, Brophy (1975:328) talks about "measuring up well as a mother". Cox (1978:28) stated that: "The media tends to reinforce false images of motherhood and of babies which are not counteracted by the woman having previous experience with children" and Richards' sample (1978:152) appeared to believe that there is no such thing as a bad baby, its a bad mum. The author does not agree with such an approach to the study of mothers and for this reason the question was not asked in that way.

The Armidale responses to the question about what the baby needs most from his mother were difficult to categorise because they were usually multiple responses such as "love and affection, being talked to and needs to know their mother is there when they are tiny". However, the most frequently mentioned response was "love and attention". Table 4.4 gives the details. Wearing (1979:17) classified the most frequent responses concerning the characteristics of a good mother and these are compared with the Armidale sample.
Table 4.4
Responses of Armidale Women to the question
"What does a baby need most from his mother?"

<table>
<thead>
<tr>
<th>Response</th>
<th>No.</th>
<th>Percent</th>
<th>Rank</th>
<th>Wearing's sample Responses Ranked</th>
</tr>
</thead>
<tbody>
<tr>
<td>Love and attention</td>
<td>19</td>
<td>22.6</td>
<td>1</td>
<td>Always being available, giving time, listening, guiding</td>
</tr>
<tr>
<td>Love and care/understanding</td>
<td>14</td>
<td>16.6</td>
<td>2</td>
<td>Love, affection, understanding</td>
</tr>
<tr>
<td>Love</td>
<td>13</td>
<td>15.5</td>
<td>3</td>
<td>Patience and self-control</td>
</tr>
<tr>
<td>Love/mother being there</td>
<td>13</td>
<td>15.5</td>
<td>4</td>
<td>Discipline (consistent, neither too soft nor too strict)</td>
</tr>
<tr>
<td>Love/security</td>
<td>11</td>
<td>13.1</td>
<td>5</td>
<td>Gives opportunity for development</td>
</tr>
<tr>
<td>Love, recognition, affection</td>
<td>9</td>
<td>10.7</td>
<td>6</td>
<td>Unselfishness, puts child first</td>
</tr>
<tr>
<td>Love and discipline</td>
<td>4</td>
<td>4.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consistency</td>
<td>1</td>
<td>1.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>84</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The most frequent response from Armidale mothers was 'love and attention' and then 'love, care and understanding'. Some only mentioned 'love' while others stressed that the mother should be there. Wearing's (1979) responses are coded differently and it is difficult to relate them exactly to the Armidale sample. However, certainly the same kinds of things were mentioned and it is clear that mothers do see their role as one of giving love, care, attention, etc., to their children. It is obviously important to them to spend time with their children, to understand them and to give them a secure relationship. It is unclear whether these qualities can be regarded as passive, as Richards (1978:203) states. Certainly every mother in the Armidale study appeared to be enjoying, to some extent, being a mother and giving to her child but this giving was not necessarily passive. The responses reveal, however, that mothers see themselves as being important to their babies.
The Armidale sample was asked if they thought that looking after a baby had been as difficult as they had expected. Twenty-eight mothers found that looking after the baby was more difficult than they expected and this group also usually had not had any real experience with other people's babies or siblings before their baby. Cox (1978) stated that nuclear families with children spaced closely gave most girls very little opportunity to experience mothering before they were faced with it themselves. This problem will be exacerbated for the next generation and it does affect the way women cope with their babies. With little knowledge what motherhood involves, living up to the ideal of always being a loving, patient, understanding mother is difficult. Two women in the Armidale sample rejected their babies and these cases are examined below.

One of the women who rejected her baby was a secondary school teacher. Her baby had been in a humidicrib for two weeks after birth and the mother had left the hospital without the baby. Afterwards, she found that she did not feel a bond with the child until about six months later. During that time, the woman said she had thought of the baby as a "pathetic little thing". It seems in this case that a difficult labour, and leaving the hospital without the baby meant that a bond was not established for some time. This woman had already had another baby the time she was interviewed. The Royal Commission on Human Relationships (1977:Vol.3:242-243) reported that: "Premature babies and their mothers are completely separated for long periods...Mothers report that it can take up to a year for feelings of warmth toward the baby to develop yet they are rarely given the opportunity to discuss it". The other
woman who expressed some feelings of rejection towards her child was also pregnant again. In her case, she went through a crisis period in which she felt she could not cope and fortunately a sympathetic mother-in-law took the baby for a couple of days. Her husband was supportive and encouraged her to play golf again leaving the baby to a babysitter one day a week. This woman felt that she liked children in general but did not like babies. She had worked as a real estate agent before the baby's birth.

It is strange that the two women who had rejected their babies had decided to have another baby more or less straight away. Is it that they felt if they did not, they would "lose their nerve" and be left with one-child families? Only one woman in the sample was in favour of one-child families and the social pressure against them remains very strong (Ware, 1973).

When asked if they had any regrets about having a baby, the majority of the Armidale group said "no" and did not elaborate. However, one woman felt that she may have "trapped" her husband by a premarital pregnancy and another said "I sometimes regret being at home. I miss teaching sometimes and I sometimes feel trapped and depressed but I wouldn't give him back for the world". Another who had been premaritally pregnant said "I regret that I got pregnant not by choice. It wasn't a deliberate decision but we're making the best of the situation". A few women said they would have waited longer before having a baby if they'd known what it entailed. One said that it was the cause of her husband becoming "emotionally sick" although this story was unsubstantiated. Very
few women said that they regretted having the baby although some would have preferred to wait longer before the first birth.

In response to questions about the best and worst aspects of being a mother, women in Armidale mentioned emotional satisfactions and physical discomforts but some could think of no worst thing about having a baby. Table 4.5 shows the responses. Fawcett (1978:252) noted that emotional benefits were the most frequently mentioned advantage of having children - "people want children because they love children and this factor is important in the decision to have a first child as well as later children".

<table>
<thead>
<tr>
<th>Worst Things</th>
<th>Best Things: Feeling fulfilled</th>
<th>Having baby to love</th>
<th>Watching baby grow</th>
<th>Feeling important</th>
<th>Helping marriage own</th>
<th>Family of one's Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Losing figure</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Being tied down</td>
<td>4</td>
<td>5</td>
<td>9</td>
<td>1</td>
<td>1</td>
<td>5 25</td>
</tr>
<tr>
<td>Not enough time with husband</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>Having a mess</td>
<td>2</td>
<td>3</td>
<td>6</td>
<td>-</td>
<td>-</td>
<td>1 12</td>
</tr>
<tr>
<td>Losing status</td>
<td>-</td>
<td>3</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>Being tired physically</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>1</td>
<td>-</td>
<td>1 17</td>
</tr>
<tr>
<td>Worrying about baby</td>
<td>1</td>
<td>-</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>- 3</td>
</tr>
<tr>
<td>Not enough time to oneself</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>- 6</td>
</tr>
<tr>
<td>Nothing bad</td>
<td>3</td>
<td>7</td>
<td>4</td>
<td>-</td>
<td>-</td>
<td>1 15</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>27</td>
<td>29</td>
<td>4</td>
<td>1</td>
<td>8 84</td>
</tr>
</tbody>
</table>
Wearing (1979:19) found that the "child's growth, development, achievement" was the most frequent response concerning the 'good' aspects of motherhood and this is equivalent to "watching a baby grow". Her next most frequent response "Cuddles, kisses, love they give" is reasonably close to "having a baby to love" although the emphasis is different. "Feeling fulfilled" is perhaps equivalent to her next most frequent response which was "Bearing a child is an achievement in itself, child is an extension of self, moulding child". The Armidale study revealed that fifteen women could not think of a "worst thing" about being a mother although "being tied down" and "being tired physically" were mentioned as worst things frequently. Wearing's sample (1979:19) also gave "being tied down" as the most frequent response. Fawcett (1978:258) also noted that: "For a question asking how a woman's or man's life is changed by having children, the most common response category for men and women at all parities was "restrictions on freedom".". Hobson (1978:85) stated that: "It is the isolation of women within the home and the privatized nature of the work which they perform which some women have articulated as being a site of oppression for them". Hobson (1978:91) also notes that women experience a contradiction between the pleasure they experience at bringing up children and the isolation they feel in the home. Going back to work is an escape from isolation but it also means giving up the enriching emotional experience of caring for a child.

There does not appear to be a pattern if one compares 'best' and 'worst' things. Busfield and Paddon (1977:139) support this finding. They stated that: "There was however little evidence that the disadvantages and advantages of having children were regarded as commensurate and weighed up against each other in a single
calculus. Given as a starting point the belief that it is important to have children for one or a number of reasons, a weighing up of the merits and demerits of having children is inappropriate and irrelevant to whether one has children or not".

Most Armidale mothers saw definite improvements in their lifestyle after having children. Busfield and Paddon (1977:137) stated that: "Most people, however, probably think less of the distant future than of the situation when they have their children at home and are looking after them, and for that period there can be no doubt that it is the emotional satisfaction they provide that counts...Many people believe that having children and bringing them up will give and does give them a great deal of pleasure; they think that having children is emotionally and even intellectually satisfying; they think life with children is richer, most interesting and more enjoyable than life without". Armidale mothers were asked the best and worst things about the way their life had changed since having the child. Local mothers most often referred to the development of a closer relationship with their husbands whereas transient mothers said that they felt more contented and settled. Although not going out as much and the lack of freedom associated with having a baby were mentioned by some, many mothers specified that their life had not changed for the worse in any way. Fawcett (1978:255) also found that: "Concerning beliefs, however, it is of interest to note that over 60 percent of couples with no children believe that children bring a husband and wife closer together and this percentage is substantially higher for those with one or more children, suggesting that experience validates the belief". Tables 4.6 and 4.7 show the most frequent responses.
The tables indicate that transients and locals focused on different aspects of their lives. Whereas to locals, becoming a mother meant their husbands spent more time with them and they felt that having a baby was important to that relationship, transients were likely
to feel that they had achieved a family status and were likely
to enjoy being at home, having a home life. This was also endorsed
by the few transients who said that they had more freedom as they
were not going to work now. Having a baby to care for was regarded
as highly important for local mothers - perhaps because they took
a more traditional approach to motherhood. These responses do not
easily fit in with Wearing's (1979:12-13) categorisation of
mothers. While she saw "traditional" mothers as primarily gaining
their satisfaction from their children, "ambivalent" mothers as
gaining this satisfaction from their husband and their children
and "ambivalent progressive" mothers gaining satisfaction from
their own abilities, the Armidale group does not seem to reflect
these divisions. It would have been expected that local mothers
in Armidale would be traditional but they emphasised the relationship
with their husband as improving since the birth of the baby,
although they also frequently mentioned caring for the baby.
Perhaps their husbands were closer to them because they had become
mothers and fulfilled their traditional role.

Transients appeared to be happy to be outside the workforce.
For example, one mother stated "I think possibly we are a family
now, we have a lot of fun together and have slowed down" or "I've
become more settled and content, sharing experiences is good fun
and I've reviewed a lot about standards in life. You mature a
lot and meet a different group of people" and "I always wanted a
baby and now I have one I've got to be a housewife and started
cooking good meals".

Locals and transients also differed in their responses to the
worst things about their life. More locals than transients said
that their life had not changed for the worse in any respect although locals found they did not go out as much to clubs, dances, etc. Transients saw the lack of freedom they experienced as very significant but locals did not specifically mention this. This was probably because locals had access to unpaid child minders such as their relatives. Locals also did not mention lack of money at all, whereas transient mothers did so. Less time with the husband was mentioned almost equally by both groups.

Overall, local mothers appeared to feel that their husbands took more interest in them since they had the baby and they were happy to be caring for a baby. Whether this view of motherhood can be regarded as traditional is difficult to determine - perhaps the husbands of these women were more content now that their wives had become mothers. Transient women, on the other hand, were glad of the opportunity to stay out of the workforce and have a family life. They felt more contented and relaxed at home and had apparently changed some of their values about life. Both transients and locals complained about not going out as much as before the baby but only transients mentioned lack of freedom which may represent an ambivalence about motherhood. However, a third of the mothers did not think that their lives had changed for the worst at all.

The Armidale sample do not appear to be presently worried by many of the problems contained in the literature. This may be because they have not yet had a second child and felt the pressure of coping with the demands of two children rather than one. The responses of Armidale mothers suggest that they are still in a "honeymoon" stage as far as motherhood goes, enjoying all the new
experiences of motherhood with a small dependent baby and feeling only a little, the lack of freedom and negative changes.

4.5 Mothers Who Work and A Life of One's Own

As mentioned previously, Hobson (1978:90-91) argued: "Housework may be boring but child-care is more pleasurable. Yet the role of bringing up children is a site of contradiction for women. The women that I have talked to often express ambivalent feelings in negotiating this role with their wish to return to work". Richards (1979:14) referred to working and staying at home as "the choice between two very unpalatable alternatives, a Catch 22 that women are very aware of. But it is not a straight choice of approaches to one role. You can be a dull woman or a bad mother. Even the most critical stereotypes of working women usually show them as more interesting and more individual than housewives". It appears from the previous section that some Armidale women felt ambivalent about the pleasurable aspects of raising children against the lack of freedom associated with having children, rather than being a bad mother or a dull woman.

Of the Armidale sample of eighty-four women, thirty-two (38 percent) classified themselves as working, eleven full-time, fifteen part-time and six worked occasionally. One of these women was classified as a professional (academic), five worked in businesses of their own or with their husbands, four were teachers, two were nurses, eleven were typists, nine worked as shop assistants, and two women had domestic jobs. The businesswomen worked in a small general shop, a hairdressers, a pet shop, a saddlery and a music store. Most of this work was casual and as required so
that the baby did not have to be looked after by anyone else other than the mother. Similarly, the nurses were on casual call which meant night or weekend duty so that their husbands looked after the child. Domestic jobs were also at odd times rather than being 9-5. Child care arrangements were usually not "outside the family" arrangements. Either the husband or a relative
looked after the child in the majority of cases as is shown in Table 4.8.

### Table 4.8
Child Care Arrangements by Age of Baby
When Mother Returned to Work

<table>
<thead>
<tr>
<th>Cared For By</th>
<th>1 month</th>
<th>1-6 months</th>
<th>7-12 months</th>
<th>12-16 months</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Another unrelated woman - not relative</td>
<td>-</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Relative</td>
<td>1</td>
<td>3</td>
<td>5</td>
<td>2</td>
<td>11</td>
</tr>
<tr>
<td>Husband</td>
<td>-</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Cared for by mother</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>-</td>
<td>8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>4</td>
<td>10</td>
<td>13</td>
<td>5</td>
<td>32</td>
</tr>
</tbody>
</table>

A large proportion of mothers had returned to work before the baby was six months old and this is mainly because of the ease with which they were able to make adequate child care arrangements. In some cases, the jobs cannot be regarded as career occupations although for the women who had businesses this outside interest was particularly important. The teachers and the academic were keen to continue their careers for their own personal interest. Women in the Armidale sample were asked if they thought that having an outside interest was important and as shown below many thought it was.
The Armidale group was asked to comment on the statement: "Some people say that women these days like to work outside the home and live lives of their own and do not like being tied down all the time". The responses were varied and classification of them does not fully reflect the shades of differences which were present. However, the responses pattern is shown in Table 4.9.

<table>
<thead>
<tr>
<th>Response type</th>
<th>Local</th>
<th>Transient</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree with statement</td>
<td>13</td>
<td>13</td>
<td>26</td>
</tr>
<tr>
<td>Others might feel that way, I don't</td>
<td>18</td>
<td>14</td>
<td>32</td>
</tr>
<tr>
<td>Such women should not have children</td>
<td>5</td>
<td>6</td>
<td>11</td>
</tr>
<tr>
<td>Other interests besides work</td>
<td>3</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>Children don't tie you down</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>41</strong></td>
<td><strong>43</strong></td>
<td><strong>84</strong></td>
</tr>
</tbody>
</table>

Locals and transients were just as likely to agree with the statement, although more locals than transients specified that some other women feel that way but not them. More transients felt that you could have an interesting life without actually going to work. Examples of individual responses are given below to fill out the table presented.

Locals who agreed with the statement commented "I think that is fairly honest - no one wants to be tied down completely" and "It's probably true. Once a woman has children she has the main job of looking after them. Women outside the home at least have one form
of independence". Transient comments were "True - I can understand it particularly if the woman didn't plan it. It's really important for women to get out of the house, otherwise you get really stupid" or "To a certain degree, I've found it difficult to accept the fact that I'm not free to go somewhere. I would have liked to take a job - I've had to accept that I can't" (this woman had recently had twins after the first child).

Locals who stated that other women felt that way but they did not, said "I believe a lot think that way, particularly those that got married later in life and have worked for a while" or "I don't agree with it - I've always loved children". Transients also felt that those who married later in life were more likely to feel restless at home: "I think a lot of people are like that, for example, teachers, etc. with no thought of settling down and then when they think of it they are nearly too old", or "No, I don't think so - their mind would be different to mine. I enjoy looking after my husband and the baby".

Women who felt that they needed a life of their own were described as "stupid" and "pretty mean" by some. They were also thought of as "not motherly". "Lots of people are like that but motherly ones aren't. Those people think that children are a nuisance and have them because society expects them to", or "I feel if you're going to have children you should stay at home with them until they are at school".

Some women found interests other than working and did not feel that going back to work was necessary to lead a life of one's own. A local mother stated "I have other interests besides work" and a transient woman said "I suppose it is true but it doesn't worry
me, its partly people who can't find worthwhile things to do at home. I am fairly self-sufficient.

Four women denied that children tie you down. "If you are willing to get out you can do it" or "I'm not really affected by it as yet. I appreciate adult company after looking after children all day. Its healthy to have a night out and enjoy yourself" were two of the comments.

There was, surprisingly, in view of the overall outlook, a significant group of women who agreed that women should have a life of their own. However, half the sample did not personally agree with the statement and some argued that women who want a life of their own should not have children at all. Only four women were willing to argue that children did not tie you down in some way, although most did not mind being tied down. Eleven women felt that work was not the solution - there were interesting things to do at home which could not be done if they were working full-time. It is argued that because the Armidale lifestyle is not as materialistic as city environments, and because the division between home and work is not as clear cut as in a city, Armidale mothers felt that they could pursue their life at home, enjoying the enriching experience of having a child without being overly concerned that they did not have a life of their own. The locals had strong community ties which represented a life of their own and some transients found the break from paid employment meant an opportunity to pursue other interests. Cox (1978:27) referred to the isolation of mothers in suburban life and stated that: "Children in most cultures and times have grown up in a child society of mixed ages and stage groups, both within the home and in the community. The
smaller family deprives them of siblings, and the layout of our cities, our separate family housing, and the advent of the motor-car traffic in suburban streets, often deprives them of neighbourhood contacts". Neighbourhood contacts in Armidale are much greater than in cities as referred to in Chapter 3. It appears that in Armidale most women are able to enjoy their lives as they are at present.

When asked if they would work again, most Armidale mothers wanted what appears to be an Australian housewife's dream - that is, to work part-time while the children are at school or if they "had nothing to do". The availability of such jobs appears limited, particularly in Armidale where to date there is no thought of work-sharing schemes or two-person jobs, and it is difficult to imagine the employment situation improving. What these women will find to do with their time is a question of great concern. In Armidale at least they have the opportunity to be involved in school, cultural or community activities which may occupy their time and energy.

Women who worked were asked what the reaction of their husband friends and relatives was when they returned to work. Most felt their husbands were particularly happy about it because of financial reasons: "He was pleased as we needed the money desperately". Other husbands were supportive: "He thought I needed it emotionally" and "He said that if that's what I wanted to do, do it", or nonchalant: "He agreed, provided the baby was happy". Another response was "He asked if I could manage". (No mention was made about how the husband might make adjustments). Most female friends were supportive although a few described the women as "mad, you're on to a good thing", and said "How could you leave him/her?". Mothers and
mothers-in-law were less happy in general, although quite a few of them were looking after the baby. In one case, the relatives said that they hoped the mother could cope with the house and work, and in another: "They didn't think I was doing the right thing, leaving her". Only three husbands of working wives were negative about their wives going back to work.

Those mothers who did not work were asked what reactions their husbands, friends and relatives would have if they decided to return to work. Some thought that "He wouldn't mind as long as I managed the housework", "they wouldn't mind" or "they would understand". A few said "He (husband) wouldn't want me to" or "He'd have a fit", "He wouldn't want me to unless we were broke", "He would hate it, he much prefers me at home", "He wouldn't approve - a woman's place is in the home", "He wouldn't allow it", "He'd try to talk me out of it", "He wouldn't let me, he'd prefer me to stay at home". Approximately half the husbands were not in favour of their wives returning to work. Friends again weren't regarded as having much to say on the matter. Relatives supported the husband's view in general although usually the women felt that their own mothers would be supportive and in-laws less supportive. "Most would say 'tut-tut' - a mother should stay at home", "They'd have a willy!", "They would kick up", "It's not quite the 'done' thing in their eyes", "They'd be upset". Only a few mentioned the baby: "They wouldn't worry as long as Mark wasn't neglected", "They'd worry whether Stephen was properly looked after".

The husband's reaction to the wife working had an important bearing on whether she did choose to work. Only three husbands
disapproved of their wives working whereas only half the husbands of wives that did not work were likely to give their approval. This, however, could represent a justification of the status quo rather than genuine disapproval or approval. If the wife were able to get a job and a suitable babysitter, would the husband still object?

There did not seem to be much husband support in terms of more equal sharing of housework, etc., although seven husbands cared for the baby while their wives worked. Such comments as "if I could manage everything" seemed to indicate that the women who worked did so as an additional responsibility and not as a right. Women, themselves, must insist on more equal sharing of roles but they often do not because they feel guilty about wanting a life of their own in addition to having children. Wearing (1979:23) suggested that: "...although modifications are made to the ideology [of motherhood] to accommodate such factors as the mother's employment outside the home, the ideology itself is pervasive and tenacious". The situation in Armidale is that women who work are constrained by the demands of home life. Although almost half the group agreed that women should have a life of their own, those who worked did so in addition to family responsibilities with very little extra help from their husbands.

4.6 The Father's Role

Russell (1978:1174) stated that: "The overwhelming majority of studies on the effects of parent-child interaction on child development have focused on only one parent, the mother". He states that fathers can learn nurturant behaviours towards their
children and notes that studies so far have been carried out using traditional families where the father has very little contact with his children (Russell, 1978:1180). His study concluded that "androgynous men are more nurturant towards their children" but drew attention to the "possible critical effects of situational factors" (Russell, 1978:1179). In the Armidale study, men were not asked about their role as a father and it is difficult, therefore, to make firm statements about their role. However, Richards (1978:220) found that: "Many women said they just weren't maternal. No man showed equivalent doubts about the paternal role".

In the Armidale sample, ten mothers specified that they relied on their husband's advice about problems with the baby and eight looked after the baby while the wife worked. Observation of fathers during the short interview with them (about family size) indicated that nurturant behaviour was exhibited by older fathers, for example, those who were over thirty-five years old. This may not be a general rule and the conclusion is tentative but it is thought that older fathers were likely to be more settled in their career and less likely to be worried by the pressure associated with the arrival of the baby. Another possible explanation is that the men who married later in life had learnt to carry out domestic tasks for themselves and this assisted their wives during a busy time. It is also possible that the older men were less likely to expect their wives to 'mother' them and thus they did not experience the baby's demands as competitive with their own.

Wearing's (1979) ideology of motherhood does not take the father's role into account and an interesting area of study might be the father's view of the ideology of motherhood. For example, are the husbands of traditional wives also traditional and are
husbands with ambivalent progressive ideals for their wives married to such women? Or do they find out after the birth of the baby where they both stand on the issue of motherhood and if they disagree what happens? Busfield and Paddon (1977) and Richards (1978) classified families as having a certain lifestyle which meant they wanted smaller or larger families and again, this assumes a consensus between husband and wife. In Chapter 6 it is revealed that most mothers feel that they rather than their husbands have the right to make the decision about the number of children they have.

The role of the father has not been examined to any great extent. Russell (1978) found that some men were more nurturant than others because of their sex role whereas this study, unsystematically perhaps, attributes greater nurturance to a different stage of a man's life cycle where he is more settled in his career and has more time for family.

4.7 Conclusion

The chapter began by reviewing literature available on motherhood and found that becoming a mother is regarded by most authors as an ambivalent experience with pressures from one side to be a 'good mother' and pressures from another side to have a career or a life of one's own. Women who have a career are constrained in the contribution they can make because of being a mother whereas those women happy to be mothers are likely to be bored when their children (only two of them usually) go to school.

The Armidale study revealed that some of these problems were felt by the group but that presently they were in an early stage
of motherhood and often enjoying what they regarded as the fulfilment of their lives (having a baby) and/or enjoying the break from the workforce and the unrushed nature of family and home life. Some had already been worried by the lack of freedom that looking after a child entailed and a large proportion thought that women were entitled to a life of their own. A similar proportion worked outside the home already even though in most cases the baby was less than a year old, with relatives and husbands usually caring for the child in the mother's absence.

The childbirth experience itself did not strongly affect the family size intentions of many women in Armidale although some were sufficiently disturbed by it to consider only one more birth. Data on breastfeeding showed approximately the same distribution as a similar survey in the Illawarra Region of New South Wales with most women discontinuing after six months. The mothers did not reveal great concern with either of these two issues in relationship to whether they regarded themselves as good mothers. They were far more interested in what happened in their day-to-day relationship with their babies and regarded their love and attention as the most important needs of babies.

Women in Armidale were not asked what the qualities of a 'good' mother were, as it was considered of more value to focus on the baby's needs from the mother. However, the sample revealed similar concerns to Wearing's group (1979) who were asked about the good mother. Most Armidale mothers said that having a baby to love, watching it grow and feeling fulfilled were the major satisfactions experienced by them whereas being tied down was regarded as the
most dissatisfying aspect of motherhood. These ideas appear in agreement with Rusfield and Paddon's group (1977:137) who counted the emotional satisfaction that children provide as most enjoyable. Overall, the Armidale sample appeared less concerned about 'good mothers' than other studies reveal - they were willing to acknowledge that they enjoyed having a baby and were not particularly competitive about their motherhood. They believed that a baby needs love, attention and affection from his mother and they felt that they were able to provide for such needs.

The lack of freedom and "not going out as much" which Armidale mothers felt is a problem which is not easily resolved. Most Armidale mothers accepted this as a condition of being a mother of a small child although a number agreed that women were entitled to have a life of their own. The solution suggested by the present author is greater involvement in child rearing by the husband. Some fathers, in fact, were involved with child care while their wife worked and some appeared very interested in the baby's development. However, pressures of a career and pressures from the mother taking the traditional view that she has the major responsibility for her children may prevent the father's further involvement. For some women, motherhood is their prime purpose in life and any less responsibility in this area would not be welcomed, but for others, father involvement may well mean a chance to have a life of one's own.

It is recommended that further research into the interaction between husband and wife in the tasks of child rearing be carried out as it appears that the focus on motherhood and 'good mothers' ignores the role of the father. What is needed is research which
answers the questions:

1) To what extent do women assume the major responsibility for the rearing of their children?

2) To what extent are women willing or anxious to relinquish such responsibility and if so, what else can they do with their lives?

3) To what extent are fathers anxious or willing to assume more responsibility for the rearing of children and what areas of their lives would this affect?
CHAPTER 5

Timing of the First Birth and Spacing of Children

5.1 Introduction

One of the basic aims of the present research was to examine a cohort of women who were at the same stage of the life cycle, that is, having recently had their first child. Ruzicka (1976:536) examined Australian vital statistics data and concluded that: "In view of the findings cited earlier about the prevailing aversion to childlessness in Australian society, the data may be plausibly interpreted as a proof of a strong tendency towards postponement rather than avoidance of childbearing, particularly among women marrying at the most common ages of marriage". About 80 percent of the present Armidale survey group stated that they had delayed the birth of the first child and their reasons for the delay are examined in this chapter. The delay appears to be associated with different ideas about the form of young couples' lives and what part childbearing and child rearing should play in the pattern, particularly the woman's life pattern. This is examined in the sections that follow.

Also of interest is the anticipated birth of the next child. Young (1977:141-143) found that "with each year of marriage, not only are women having an ultimate family size within a narrower range - two to four children (and spacing these children more closely together) - but they also seem to be beginning their childbearing over a narrower range of years, and completing their childbearing and having each order birth over a narrower range of years. Overall, there is a trend towards conformity and
predictability". This trend has been observed by other authors (Browning, 1968, Blake, 1974) who argue that the trend seems contrary to logical behaviour. Browning (1968) argued that as people live longer and can realise long term plans, it would be logical to space out key events. However, the opposite has occurred and important stages such as advanced education, marriage, the commencement of work and the first birth have all been compressed together. Blake (1974) held the view that as the time when children are young is perhaps the happiest stage of the life cycle, spacing out births would be logical but couples are spacing births more closely. This means a longer period when the couple are together without children.

Spacing births is of more concern to women than men because of the numerous decisions women make regarding work, education and family at various stages of their life cycle (Fogarty et al., 1971). For example, having a child early restricts women's work and educational opportunities, having children spaced closely together facilitates a quicker return to the workforce although spacing them further apart with small breaks for each one may have less effect on career prospects. Women who do not wish to return to work may find that spacing the children so that each one can be enjoyed would be more logical, although this does not appear to happen.

Busfield and Paddon (1977:154) found that:

If we examine the ideas people have about the timing of childbearing within marriage we find that though there is some similarity in ideas about the desirable interval between marriage and the first birth and for the interval between births (two years is the wives' most frequent preference in each case), the considerations that couples have in mind when planning the timing of the first birth and when planning the
The timing of subsequent births differ radically; economic considerations are only of direct importance in the timing of the first birth and then not in all cases. The timing of the first birth does, however, influence the timing of the second since, as we shall see, the first birth acts as the benchmark for the next.

The first birth is seen by Busfield and Paddon (1977) as the one most sensitive to economic factors. However, a more thorough analysis of the first birth was attempted by the value of children (VOC) project (Fawcett, 1978). He argued that: "The first birth clearly has special psychological implications, since it establishes the parental role and, for most people, leads to major changes in life style" (Fawcett, 1978:245). The first child "symbolizes such factors as adulthood, parenthood, virility or femininity, fecundability, fulfilment of the marriage, and the establishment of a "family" and the costs which counterbalance such positive motivations "tend to affect the timing, rather than the occurrence of the first birth...The most powerful negative motivations, prior to the birth of the first child, are those connected with restrictions on freedom and opportunity costs.

For a substantial minority, anticipated emotional costs are also important" (Fawcett, 1978:261-262). The opportunity costs can of course be related to economic costs. For example, travel may be restricted after the first baby because of economic reasons as well as the restriction of a small baby. Fawcett (1978:262) also argued that the first birth "impels people strongly towards a decision for the second child" because the "dominant motivation for the second child is to provide a sibling" (Fawcett, 1978:263).

Certainly the evidence from the Armidale survey is that the timing of the first birth is a complex decision for some women,
and a conscientious balancing of benefits and costs was obvious in the reasons some gave for delaying the first birth.

5.2 Spacing of the First Child

Ruzicka (1976:531) analysing Australian vital statistics data on first nuptial confinements resulting in live births, grouped marriage durations before the first child was born:

- 0-7 months premarital pregnancies
- 8-11 months) short spacers
- 12-17 months) medium spacers
- 18-23 months long spacers
- 24 months + long spacers

He stated that: "Although such a division is artificial and the duration limits arbitrary, some justification for their use can be found in the differential changes which have occurred in the distribution of the first births over time".

The divisions used in the present study are shown in Table 5.1. These limits are also arbitrary but as most women postponed the birth for at least two years, they provide a more adequate classification for the present study than would Ruzicka's groupings.

**Table 5.1**

Spacing of First Birth after Marriage

<table>
<thead>
<tr>
<th>Interval between marriage and first birth</th>
<th>Name</th>
<th>Women in Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 9 months</td>
<td>Premaritally pregnant (PMP)</td>
<td>7</td>
</tr>
<tr>
<td>9-24 months</td>
<td>Short Spacers</td>
<td>19</td>
</tr>
<tr>
<td>25-48 months</td>
<td>Medium Spacers</td>
<td>38</td>
</tr>
<tr>
<td>49+ months</td>
<td>Long Spacers</td>
<td>20</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>84</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>84</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Table 5.1 shows that the largest group of women fell into the group 25-48 months, and this trend was noted by Ruzicka and Caldwell (1977). Ruzicka (1976:538) who found a postponement of the first birth in recent marriage cohorts, stated that: "The motivation for postponement is not yet clear and can only be conjectured; economic considerations may play a role in the sense that a significant proportion of young couples find it preferable or necessary for both partners to continue working for a longer time than previously until they are 'established' (saved enough to put a deposit on a house or flat or at least paid off the second mortgage with its higher interest rates); others may give preference to some freedom first, to 'work themselves out', to get to know each other better, to travel, etc., before they settle to start a family".

Some of these reasons were important to the Armidale women as will be shown in this chapter. The Supplementary Report of the National Population Inquiry (1978:167) stated that: "The coincidence of the recent postponement of first children with the economic downturn since 1972 would seem to strengthen the argument that this initial phase of family formation is still the most sensitive to economic fluctuations, as it was in the great depression of the 1930s". The Armidale sample were influenced by economic conditions but these influenced the birth by only one or two years. Most couples from the survey saw two to four years after marriage as an ideal time to start a family and even if they did not have a house or a large number of material possessions, they were often not prepared to wait any longer to begin a family.
5.3 Characteristics of Long and Short Spacers

Young (1977:155-156) found a number of characteristics associated with earlier and later timing of the first birth, for example, level of education and whether the mother worked full-time before the birth. These and other characteristics are examined in the section.

In relation to work patterns, Table 5.2 shows that overall, 81 percent worked full-time and in relation to the spacing groups, all long spacers worked full-time after marriage and before the birth of the baby. Three of the seven premaritally pregnant had not worked after marriage as might be expected since they were pregnant for all that time but no other pattern emerges. It appears that for most women in Armidale the accepted pattern was to work full-time after marriage until the birth of the first child, and this is a general pattern in Australia.

Table 5.2

<table>
<thead>
<tr>
<th>Work Pattern</th>
<th>First Spacing Classification</th>
<th>PMP</th>
<th>Short</th>
<th>Medium</th>
<th>Long</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time</td>
<td>3 42.9 14 73.6 32 84.3 19 95.0 68 80.9</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Full time, lesser part of time</td>
<td>- - - - - -</td>
<td>1 2.6</td>
<td>- -</td>
<td>2 2.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Part-time</td>
<td>- - 1 5.3 1 2.6 - - 2 2.4</td>
<td>10.5</td>
<td>10.5</td>
<td>10.5</td>
<td>10.5</td>
<td></td>
</tr>
<tr>
<td>Part-time, lesser part of time</td>
<td>- - - - - -</td>
<td>1 5.3</td>
<td>1 2.6</td>
<td>- -</td>
<td>2 2.4</td>
<td></td>
</tr>
<tr>
<td>Other work patterns</td>
<td>1 14.3 1 5.3 - - - - 2 2.4</td>
<td>10.5</td>
<td>10.5</td>
<td>10.5</td>
<td>10.5</td>
<td></td>
</tr>
<tr>
<td>Did not work</td>
<td>3 42.8 2 10.5 3 7.9 - - 8 9.5</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>7 100.0 19 100.0 38 100.0 20 100.0 84 100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>
Young (1974a:30) found that: "The level of education had some effect on the timing of the first birth, those with a relatively low level of education tending to have their child early in marriage". Table 5.3 supports Young's conclusion but the effect is not dramatic.

Table 5.3
Level of Education by Spacing of the First Child

<table>
<thead>
<tr>
<th>Level of Education</th>
<th>First Spacing Classification</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PMP Percent</td>
<td>Short Percent</td>
<td>Medium Percent</td>
<td>Long Percent</td>
<td>Total Percent</td>
</tr>
<tr>
<td>Less than matriculation</td>
<td>9.6</td>
<td>25.0</td>
<td>44.2</td>
<td>21.2</td>
<td>100.0</td>
</tr>
<tr>
<td>Matriculation and above</td>
<td>6.3</td>
<td>18.7</td>
<td>46.9</td>
<td>28.1</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Spacing of the first child was also related to the local and transient distinction. As Table 5.4 shows, those premaritally pregnant were all locals with one exception and a greater proportion of transients were in the longer spacers group.

Table 5.4
Spacing of the First Child by Whether the Mother is a Local or Transient

<table>
<thead>
<tr>
<th>First Spacing Classification</th>
<th>Local</th>
<th>Transient</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>PMP</td>
<td>6</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Short</td>
<td>10</td>
<td>9</td>
<td>19</td>
</tr>
<tr>
<td>Medium</td>
<td>19</td>
<td>19</td>
<td>38</td>
</tr>
<tr>
<td>Long</td>
<td>6</td>
<td>14</td>
<td>20</td>
</tr>
<tr>
<td>Total</td>
<td>41</td>
<td>43</td>
<td>84</td>
</tr>
</tbody>
</table>

Despite the small differences in these tables it can be seen that medium spacing was the most popular no matter what the educational standard or work pattern of the mother. The trend is
towards conformity with most choosing 2-4 years after marriage as the time to have a first birth. The majority used the contraceptive pill after marriage and gave up its use to have a child as Tables 5.5 and 5.6 show.

Table 5.5

Avoidance of Pregnancy by Spacing of First Child

<table>
<thead>
<tr>
<th>Method of Contraception</th>
<th>First Spacing Classification</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PMP</td>
<td>Short</td>
</tr>
<tr>
<td>No birth control used</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rhythm</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Pill</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>IUD</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.0</td>
</tr>
</tbody>
</table>

These tables show that about 68 percent of Armidale mothers used the contraceptive pill before the birth of the baby. In relation to the timing of the first birth almost 60 percent had the baby when planned giving up contraception to do so and a further 4 percent stated that they had become pregnant at the desired time even though they had not been using contraception. About equal numbers of women were pregnant earlier and later than desired and almost equal numbers in each spacing group took a chance or were ambivalent about becoming pregnant. Among those premaritally pregnant and the short spacers, there were eight women who would have preferred to have a longer spacing to the first birth and on the other hand, the medium and long spacers contained twelve women who would have preferred a shorter spacing after marriage. Sixteen women in the group had had
miscarriages (one of these an induced abortion) before the birth of their first baby. Obviously, this delayed the birth of the first baby somewhat and in one case a woman had had five miscarriages. Those who had miscarriages, even if they did not plan to become pregnant commented that after the miscarriage they decided to have a child.

Table 5.6
Timing of Pregnancy by Spacing of First Child

<table>
<thead>
<tr>
<th>Timing of Pregnancy</th>
<th>First Spacing Classification</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PMP</td>
<td>Short</td>
</tr>
<tr>
<td></td>
<td>No.</td>
<td>Percent</td>
</tr>
<tr>
<td>Gave up contraception - pregnant at desired time</td>
<td>1(a) 14.3</td>
<td>10</td>
</tr>
<tr>
<td>No contraception - pregnant at desired time</td>
<td>1 14.3</td>
<td>2</td>
</tr>
<tr>
<td>Contraception failed</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>No contraception - pregnant later than desired</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Contraception failed - child not wanted</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>No contraception - child not wanted</td>
<td>4</td>
<td>57.1</td>
</tr>
<tr>
<td>Took a chance/ambivalent</td>
<td>1</td>
<td>14.3</td>
</tr>
<tr>
<td>Trying to get pregnant for &lt;12 months</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>7</td>
<td>100.0</td>
</tr>
</tbody>
</table>

(a) This woman married after becoming pregnant.
The data presented revealed that a large proportion of women delayed the first birth, usually for at least two years after marriage. Differential characteristics about the spacing groups included level of education and whether the mother was local or transient. Those premaritally pregnant were usually locals, who did not work full-time after marriage (because of the pregnancy) and the majority of this group had not become pregnant at the desired time.

5.4 Reasons for Delay in the First Birth After Marriage

The first birth is seen by some authors (Busfield and Paddon, 1977) as almost inevitable. "Since having children is a major, if not the sole reason for getting married it seems to make little sense to marry and not have children...the connection between marriage and having children is self-reinforcing. It makes those who want to have children marry and it makes those who marry feel they should have children" (Busfield and Paddon, 1977:134). Short spacers would be seen, in this context, as those who want children and longer spacers those who married and decide that they should have children. As mentioned previously, Fawcett (1978:261-262) examined positive and negative motivations for the timing of the first birth - the main positive motivation being "related to the role expectations of society" and the main negative ones being the restrictions on freedom placed on parents by having children and the economic costs, although Fawcett (1978:257) argued that "it may be that in surveys economic reasons are given as the simple rationale for a decision that in fact has complex determinants".
The reasons given for the delay in the first birth by Armidale mothers are given in the Table 5.7 below. Almost 80 percent of the sample as a whole delayed the first birth after marriage.

Table 5.7
Main Reason for Delaying Birth of First Child by First Spacing Classification

<table>
<thead>
<tr>
<th>Main Reason</th>
<th>Short</th>
<th>Medium</th>
<th>Long</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>Percent</td>
<td>No.</td>
<td>Percent</td>
</tr>
<tr>
<td>Wife wanted to keep working:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Career</td>
<td>1</td>
<td>7.1</td>
<td>5</td>
<td>14.3</td>
</tr>
<tr>
<td>(b) Money</td>
<td>1</td>
<td>7.1</td>
<td>1</td>
<td>2.9</td>
</tr>
<tr>
<td>Saving for house</td>
<td>1</td>
<td>7.1</td>
<td>6</td>
<td>17.1</td>
</tr>
<tr>
<td>Saving for other things</td>
<td>4</td>
<td>28.6</td>
<td>2</td>
<td>5.7</td>
</tr>
<tr>
<td>Health/Medical</td>
<td>1</td>
<td>7.1</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Waiting for suitable accommodation</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td>5.7</td>
</tr>
<tr>
<td>Too young to have children</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td>5.7</td>
</tr>
<tr>
<td>Wanted period of freedom without children</td>
<td>2</td>
<td>14.3</td>
<td>7</td>
<td>20.0</td>
</tr>
<tr>
<td>Waiting for marriage to settle down</td>
<td>3</td>
<td>21.5</td>
<td>5</td>
<td>14.3</td>
</tr>
<tr>
<td>Way of life</td>
<td>-</td>
<td>-</td>
<td>3</td>
<td>8.5</td>
</tr>
<tr>
<td>Husband to finish training</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Not sure if children wanted</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>2.9</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>7.1</td>
<td>1</td>
<td>2.9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>14</td>
<td>100.0</td>
<td>35</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Only about 30 percent gave economic reasons for delaying the first birth. However, over 36 percent either wanted a period of freedom without children or were waiting for their marriage to settle down before
having children. This supports Fawcett's (1978) claim that restrictions are most important reasons for delaying the first birth. Certainly, these considerations were more important to medium and long spacers.

Table 5.8 shows that the main reasons for delaying the birth of the first child are related to the educational level of the mother.

<table>
<thead>
<tr>
<th>Main Reason</th>
<th>Level of Schooling</th>
<th>Level of Schooling</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Less than</td>
<td>Matriculation and above</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Matriculation</td>
<td>and above</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No.</td>
<td>Percent</td>
<td>No.</td>
</tr>
<tr>
<td>Wife wanted to keep working:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Career</td>
<td>1</td>
<td>2.6</td>
<td>5</td>
</tr>
<tr>
<td>(b) Money</td>
<td>2</td>
<td>5.1</td>
<td>-</td>
</tr>
<tr>
<td>Saving for house</td>
<td>9</td>
<td>23.0</td>
<td>2</td>
</tr>
<tr>
<td>Saving for other things</td>
<td>4</td>
<td>10.3</td>
<td>2</td>
</tr>
<tr>
<td>Health/Medical</td>
<td>1</td>
<td>2.6</td>
<td>-</td>
</tr>
<tr>
<td>Waiting for suitable accommodation</td>
<td>2</td>
<td>5.1</td>
<td>1</td>
</tr>
<tr>
<td>Too young to have children</td>
<td>1</td>
<td>2.6</td>
<td>1</td>
</tr>
<tr>
<td>Wanted period of freedom without children</td>
<td>9</td>
<td>23.0</td>
<td>8</td>
</tr>
<tr>
<td>Waiting for marriage to settle down</td>
<td>4</td>
<td>10.3</td>
<td>4</td>
</tr>
<tr>
<td>Way of life</td>
<td>1</td>
<td>2.6</td>
<td>4</td>
</tr>
<tr>
<td>Husband to finish training</td>
<td>2</td>
<td>5.1</td>
<td>-</td>
</tr>
<tr>
<td>Not sure if children wanted</td>
<td>1</td>
<td>2.6</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>5.1</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>39</td>
<td>100.0</td>
<td>28</td>
</tr>
<tr>
<td>Percent delaying first birth</td>
<td>75.0</td>
<td>90.3</td>
<td>79.8</td>
</tr>
</tbody>
</table>
As the table shows, 90 percent of mothers with higher education delayed the first birth compared with 75 percent with less education. Financial reasons were more frequently given by those with less education and career reasons given by more highly educated mothers. The way of life of those more highly educated was also seen as a more important reason than for the less educated.

Women in Armidale who planned their baby were asked why they decided to have a baby at the time they did. This question was designed to avoid the shortcomings of the answers given in the previous table, that of a single answer response. It was also expected that comparison between the spacing groups might be facilitated.

Two women premaritally pregnant indicated that they had planned to have a baby. One had been living in a de facto relationship before this and taking the contraceptive pill. Her partner wanted a baby and so she became pregnant and then married the father of her baby. The other said she did not know if she could become pregnant or not due to having "twisted tubes". Fawcett (1978:262) mentions: "The curiosity motive in relation to the desire to have children". This woman was curious to see whether she could have children or not.

Short spacers gave a number of reasons for planning a baby when they did. A number just felt they "had been married long enough" or "they wanted children early" or "we are getting on in years" (women who married later in life). Two women wondered if they would be able to have children and a few mentioned that they
felt "clucky". One woman mentioned that her job was boring and
upsetting: "I was bored with work. It was really getting me
down - I was depressed and it was a hassle to go. I wanted to
stay at home and the only way I could was to have a baby".
(This woman has since returned to work but in a different job -
she had been a shop assistant and was now doing a cleaning job
at night). If a woman does not have an interesting, satisfying
job, then there is not a conflict of interests between career or
job and having a baby, unless money is in very short supply.
Decisions about when to have the baby would probably be made on
the basis of financial costs rather than emotional costs.

The idea that it was usual to wait two or three years and
then have a baby seemed to have had a large influence on medium
spacers. They often said that they had been married long enough
or that both partners felt they were ready for a baby, or as one
woman commented: "I wanted a baby and I was not prepared to wait
any longer". Material reasons were also given. "We thought it
was the right time - we owned everything and there was only one
thing missing". Having travelled overseas, some couples felt
they were ready to have a child: "I wanted to have one for a
long while and once we had been overseas and got home again then
we could have a baby". The fact that their peers were having
babies influenced some: "I suppose the major reason was that all
of our friends were having one".

Quite a few long spacers did not plan their baby as this group
includes six women who had been trying to get pregnant for
longer than twelve months. The other women in this group often
mentioned that they had a house or that they were ready to have
a baby. A consideration in some cases was age, as most women want
to begin a family before turning thirty. Three women mentioned that their husbands had finished their training or had become settled in a job. However, the reasoning in some cases was more complex. For example, one woman responded: "Because we were settled in our marriage and got the bulk of our travelling bug out of our system. I wanted to have my first baby before I was thirty - everything fell into place and we chose to have a spring baby". The decision process for long spacers indicated that their lives were more complex and embraced more activities. The decision to have a child, although important, was one of many, whereas for short spacers it was probably the major decision in their lives.

Mothers in the Armidale sample were asked if it was important to own a home of their own before having a baby. Those mothers who did not delay the birth of the baby, or delayed it for only a short time, were less likely to state that owning a home was important. For example, premaritally pregnant mothers made comments such as: "It would be nice [to have a home] but we have not. By the time we get a home we could be quite old". Another woman commented: "By the time you saved up it would be a long time but it would be nice". None of the premaritally pregnant mothers had a home of their own and only two of the seven thought it was important. "Yes, it would be a good idea but we have managed" was one response. These mothers did not delay the birth of their child and all were premaritally pregnant.

Short spacers generally did not think owning a home was important. A usual response was: "It would be nice but not many people do". Only four short spacers thought it was important. About half the medium spacers who had waited some time before
having a baby felt that owning a home was unimportant. One said: "No! People wait too long. If you wait until you are over 30 then you will be too old. You are more understanding if you are younger" and another: "No, it would be nice to have a home of your own but it is not worth putting off having kids for five or six years as you can become too staid". However, the other half of this group indicated that it was important. Comments such as: "I think you are better able to cope if you have a home and furniture" and "It gives you a better start" were common. A few who did not own homes said they would have preferred it. One woman reflected the conflict which exists when she said "No, it is not important but I would have liked it in a way and I envied some of my friends. But I do not think it is important, you just need to make the baby feel secure". About half the long spacers were committed to the ideal of having a home of their own. Those who agreed that it was important said that you would never afford it afterwards or that it represented security.

Many women in the study thought that just to have a decent stable place to live in was enough and although they felt that it was more difficult to get a home afterwards (the first is "the most expensive child") they justified not owning a home by saying it would take too long to save for it. Medium and long spacers attached more importance to a home than short spacers.

Ruzicka and Caldwell (1977:316) found in their interviews in Canberra, Melbourne and Sydney that: "In the 1975/6 interviews young working wives most commonly explained that they would not like to have children until they had set up a home which was adequately furnished and equipped, and that one should not bring
children into the world if they could not be offered this much. Significantly, there was no measurable class differential in the presentation of this view. The sample of Armidale women did not fully endorse this view. However, as all the women in the present study actually had a baby they might be expected to justify their position - if they did not have a home then they were unlikely to agree that it was very important although some women had decided that waiting to get a home would make them too old to have a baby. The responses are compared with those of the Melbourne 1977 group of recently married women in Table 5.9.

Table 5.9
Responses to the question "Is it important to have a home of your own and have it nicely furnished before you have a first baby?"

<table>
<thead>
<tr>
<th>Response</th>
<th>Armidale Women</th>
<th>Preliminary Melbourne 1977 (N = 144)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percent</td>
<td>Percent</td>
</tr>
<tr>
<td>Yes - Important</td>
<td>13.1</td>
<td>27.8</td>
</tr>
<tr>
<td>Yes - Important but not nicely furnished</td>
<td>9.5</td>
<td>14.6</td>
</tr>
<tr>
<td>Yes - Nice but not essential</td>
<td>22.6</td>
<td>16.7</td>
</tr>
<tr>
<td>Nice but not always possible (financial)</td>
<td>11.9</td>
<td>5.5</td>
</tr>
<tr>
<td>Best to have before children - not possible afterwards</td>
<td>10.7</td>
<td>2.1</td>
</tr>
<tr>
<td>No - Not important</td>
<td>22.6</td>
<td>25.7</td>
</tr>
<tr>
<td>No - Not important - material things do not matter</td>
<td>4.8</td>
<td>5.5</td>
</tr>
<tr>
<td>Nice home helps marriage</td>
<td>2.4</td>
<td>1.4</td>
</tr>
<tr>
<td>Nice home essential for baby's development</td>
<td>2.4</td>
<td>0.7</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

These results suggest that metropolitan wives (not all of whom are mothers) are more concerned with material goods than the
Apart from owning a home, Armidale couples appeared to be quite well off materially. Only five women mentioned that they did not have a car, and 23 families had two cars. Most had a washing machine (often a "twin tub" rather than automatic) and television sets - about half had colour sets. Very few women had dishwashers but many had been overseas. Table 5.10 gives the figures for ownership of these common consumer items.

<table>
<thead>
<tr>
<th>Item</th>
<th>Being Paid Off or Owned</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Washing machine</td>
<td></td>
<td>79</td>
<td>5</td>
</tr>
<tr>
<td>Television</td>
<td></td>
<td>76</td>
<td>8</td>
</tr>
<tr>
<td>Car</td>
<td></td>
<td>79</td>
<td>5</td>
</tr>
<tr>
<td>Dishwasher</td>
<td></td>
<td>4</td>
<td>80</td>
</tr>
<tr>
<td>Holiday overseas</td>
<td></td>
<td>37</td>
<td>47</td>
</tr>
</tbody>
</table>

The Supplementary Report of the National Population Inquiry (1978:149) stated that: "The sobriquet 'consumer society' is apt, for the level of affluence attained by the end of the 1960s in Australia and other OECD countries had had no historical parallel in terms either of national averages or of its spread over most sectors of those societies. This proposition can easily be supported by measurements of real income, of standards of housing, of ownership of motor cars or of a wide range of other consumer durables".
Women in the survey were asked if there was anything else they should have or do before having a baby apart from owning a home. Ruzicka and Caldwell (1977:316) found that there was "a growing desire to travel often extensively...the 1970s are witnessing a new phenomenon, found in all strata of society but more commonly among the educated, white collar workers. This is a feeling that husbands and wives should be able to travel together, often extensively and not only to Europe, before being encumbered with children. It is usually assumed that the wife's wage is needed, often disproportionately, to meet these travel costs". Of the Armidale sample 18 women had been overseas before marriage and 19 after marriage. An additional 13 had plans to go overseas. The authors also noted that: "Apprehension about the instability of marriage appears to be making some men and women marry later and with more circumspection, defer the first birth until the marriage has been tested (and indefinitely if it seems to show cracks)" (Ruzicka and Caldwell, 1977:358).

Two of the women premaritally pregnant said that there was nothing one should do before having a baby, one mentioned travel, and the others said that you should go out frequently, meet a lot of people before settling down or have financial security.

Short spacers mentioned that you should get to know your husband, "make sure the marriage is working" or be emotionally prepared for a baby. Two mothers said that you should finish training first. One woman regretted not having a trip to New Zealand: "Well, we were planning to go to New Zealand and I wish we had gone before she was born". Eight women said that there was nothing one should do before having a baby.
Medium spacers were similar to the other groups in that seven mothers mentioned travel. Three women felt if you wanted a career you should have one before children. Five women felt that one should be emotionally prepared to have a baby: "You need to really want a baby. If I had known what it entails I would have thought twice", "You should have a baby when you are emotionally ready to cope rather than using a baby to fill an emotional gap". A stable relationship with one's husband was mentioned by some. One woman said that it was important to earn your own money and spend it the way you like. Seven women did not think there was anything they wanted to do before the baby.

Long spacers gave similar responses but more of these mentioned travel and the relationship with their husbands. "The husband and wife should know one another very well so that you are able to stand up to crises". Another said "If you want things you should do or have them before children and then you should dedicate your life to the children".

Overall, "nothing else" was the most frequent response (22.6 percent) and "travel" was mentioned by 21.4 percent of Armidale mothers. "Having a good relationship with your husband" was mentioned by 15.5 percent of the group. The Melbourne 1977 recently married group mentioned "travel" as often as Armidale mothers but their most popular response was "stable marriage, good relationship" which was mentioned by 32.8 percent of the group. The differences suggest that Armidale women did not delay the birth of the first child as often as Melbourne recently married group. Almost one quarter of Armidale women could not think of anything one should do before having a baby apart from owning a home and an equal
proportion stated that a home was nice but not essential. The explanation for this difference does appear to lie in the difference between city and country town environments. Having a first child in a country environment seems to be regarded more as a natural event which does not involve tortuous reasoning although some Armidale long spacers obviously deliberated over the event for some time before reaching a decision. However, for short spacers simple reasons such as: "I did not like my job" or "I felt clucky" were sufficient and medium spacers were subject to peer group pressure: "all my friends were having a baby".

The reasons Armidale mothers gave for delaying the birth of the first child appeared to reflect fairly simple motivations and very little conflict with other life demands. Positive motivations for having a baby were that they wanted a baby or wanted to become a mother and negative motivations such as freedom to travel and establishing a good relationship with their husbands did not put off the event for very long in most cases. The country town environment does seem to have the effect of encouraging women to have children, partly because community ties mean that the event of the first birth is not such an individual decision and perhaps also there are fewer competing activities for women in a country town.

5.5 After the First Child - Spacing of the Second Child

As has been stated earlier in the chapter, the second child appears to be inevitable. There are strong social pressures which mediate against one child families and Fawcett (1978:262) found that there were four major motivations for the second
child: (1) sibling relationships; (2) sex preferences (wanting a second child the opposite sex to the first); (3) emotional benefits - awareness of gratifications in parent-child relationships; and (4) a decrease in the salience of opportunity costs. Other authors have argued that as family sizes are smaller it would be sensible to space out the births to maximise parental satisfaction, but that this does not, in fact, happen. Another aspect is the wife's workforce participation - spacing of children could be worked out so that the loss of career opportunities is minimised. In the Armidale survey, there was a remarkable conformity in ideas about the spacing of the next child and these are discussed in this section.

One woman in the Armidale sample specified that she would only have one child and hence she is excluded from the tables. The woman concerned was a student who had been premaritally pregnant and she and her husband lived in a "student house" with a number of single students who were not parents. She felt particularly tied down by the baby and would have preferred to be as unrestricted as her student friends. This case reflects the need for sympathetic pre-natal counselling which may have resulted in the woman having an abortion and avoiding her present unsatisfactory position.

Of the remainder of the Armidale group, there was a large proportion, 25 mothers, who were already pregnant again as Table 5.11 shows. About 37 percent of short spacers were pregnant again compared with 30 percent of medium and long spacers. However, only one of the premaritally pregnant group was pregnant again.


Table 5.11
Whether Pregnant Now by First Spacing Classification

<table>
<thead>
<tr>
<th>Pregnant Now</th>
<th>First Spacing Classification</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PMP</td>
<td>Short</td>
</tr>
<tr>
<td>No</td>
<td>4</td>
<td>66.6</td>
</tr>
<tr>
<td>Yes (a)</td>
<td>1</td>
<td>16.7</td>
</tr>
<tr>
<td>Unsure</td>
<td>1</td>
<td>16.7</td>
</tr>
</tbody>
</table>

(a) Includes three mothers who had actually had a second baby at interview.

This does not correspond to the findings of Ruzicka and Caldwell (1977:354) that: "certainly decisions are being made to defer the first birth, but the order of subsequent events is complex and is likely to result in a greater proportion of childless and single-child families than was known in the 1950s and 1960s". The childless family is not examined here but the consensus among Armidale women is that single-child families are not desired. Many women were making sure that they did not have a single-child family at this early stage. Men and women were asked if they had ever considered having only one child and the results are shown in Table 5.12 together with those of a group of recently married Melbourne women who had their first baby within the year before the 1977 survey. The indications are that most women still do not consider one-child families as desirable. The Armidale figures are higher than those of Melbourne women but not significantly so.
Table 5.12

One Child Families

<table>
<thead>
<tr>
<th>One Child</th>
<th>Husbands</th>
<th>Wives</th>
<th>Preliminary Melbourne 1977 group (N = 67)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. Percent</td>
<td>No. Percent</td>
<td>Percent</td>
</tr>
<tr>
<td>Decided on one child</td>
<td>3 3.8</td>
<td>1 1.2</td>
<td>1.5</td>
</tr>
<tr>
<td>A possibility</td>
<td>9 11.4</td>
<td>10 11.9</td>
<td>16.4</td>
</tr>
<tr>
<td>Would never have one child only</td>
<td>67 84.8</td>
<td>73 86.9</td>
<td>82.1</td>
</tr>
<tr>
<td>Total</td>
<td>79 100.0</td>
<td>84 100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Three husbands and one wife had decided on one child and about ten husbands and wives thought that having one child would be a possibility. However, all but one woman gave a spacing for the next child. Table 5.13 shows that most of those women who thought having only one child was a possibility planned a spacing of more than two years (80 percent of the group) whereas about 70 percent of those who stated that they would never have just one child planned a spacing of less than two years.

Table 5.13

One Child Families by Second Spacing

<table>
<thead>
<tr>
<th>One Child</th>
<th>Second Spacing</th>
<th>&lt;20 months</th>
<th>20-24 months</th>
<th>25-36 months</th>
<th>37+ months</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>A possibility</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>3</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Would never have one child only</td>
<td>15</td>
<td>36</td>
<td>20</td>
<td>2</td>
<td>73</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>16</td>
<td>37</td>
<td>25</td>
<td>5</td>
<td>83(a)</td>
<td></td>
</tr>
</tbody>
</table>

(a) Excludes the woman who had decided on only one child.

When asked when the next child was expected, the responses indicated the Armidale mothers chose a spacing of two years or less
in at least 60 percent of cases. At least 50 percent of women from each first spacing group chose this spacing as Table 5.14 shows.

In comparison with a group of Melbourne women who had their first baby within a year before the 1977 survey, Armidale mothers spaced their children further apart. This difference may be due to Melbourne women spacing their children more closely to fit in with other plans such as going back to work, etc.

Table 5.14 supports Busfield and Paddon's conclusion (1977) that the first child acts as a benchmark to the second. No matter whether the first child was spaced shortly after marriage or a long time, significant numbers from each group planned a second spacing of less than two years. However, no women from those premaritally pregnant or short spacers planned a spacing of more than three years for the second child suggesting that these women had less conflicting interests when it came to planning the second child. Busfield and Paddon (1977:157) stated that:

Two ideas dominated the accounts of the preferences about the spacing of births: one that encouraged a relatively close spacing of births and the other a more distant one. Neither show any concern with economic considerations. On the one hand with what they think is good for children in mind, people argue that births should be relatively close so that the children can grow up together; on the other hand with their ability to look after and care for their children in view, they argue that the births should not be too close to make it easier for the parents to cope with the work that a baby involves. Many people mentioned both points and were clearly attempting some balance between them.

Table 5.15 shows the reasons Armidale mothers give for not having the second child closer to the first. The majority said
Table 5.14
When Next Birth Planned or Expected by First Spacing

<table>
<thead>
<tr>
<th>Next birth expected/planned</th>
<th>PMP No.</th>
<th>PMP Percent</th>
<th>Short No.</th>
<th>Short Percent</th>
<th>Medium No.</th>
<th>Medium Percent</th>
<th>Long No.</th>
<th>Long Percent</th>
<th>Total No.</th>
<th>Total Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;20 months</td>
<td>1</td>
<td>16.7</td>
<td>5</td>
<td>26.3</td>
<td>4</td>
<td>10.5</td>
<td>6</td>
<td>30.0</td>
<td>16</td>
<td>19.3</td>
</tr>
<tr>
<td>20-24 months</td>
<td>3</td>
<td>50.0</td>
<td>9</td>
<td>47.4</td>
<td>19</td>
<td>50.0</td>
<td>6</td>
<td>30.0</td>
<td>37</td>
<td>44.6</td>
</tr>
<tr>
<td>25-36 months</td>
<td>2</td>
<td>33.3</td>
<td>5</td>
<td>26.3</td>
<td>13</td>
<td>34.2</td>
<td>5</td>
<td>25.0</td>
<td>25</td>
<td>30.1</td>
</tr>
<tr>
<td>37+ months</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td>5.3</td>
<td>3</td>
<td>15.0</td>
</tr>
<tr>
<td>Total</td>
<td>6</td>
<td>100.0</td>
<td>19</td>
<td>100.0</td>
<td>38</td>
<td>100.0</td>
<td>20</td>
<td>100.0</td>
<td>83</td>
<td>100.0</td>
</tr>
</tbody>
</table>

(a) Excludes five women who gave no second spacing and four who stated they did not know the spacing of the next child.
Table 5.15
Reasons for Not Having Second Child Closer to First

<table>
<thead>
<tr>
<th>Reason Given</th>
<th>&lt;20 months</th>
<th>20-24 months</th>
<th>25-36 months</th>
<th>37+ months</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wanted to work - career</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Wanted to work - money</td>
<td>-</td>
<td>-</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Shortage of money</td>
<td>-</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>Saving for things</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Health/Medical</td>
<td>-</td>
<td>2</td>
<td>1</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>Difficulty in conceiving</td>
<td>-</td>
<td>3</td>
<td>2</td>
<td>-</td>
<td>5</td>
</tr>
<tr>
<td>One child enough to cope with for awhile</td>
<td>3</td>
<td>16</td>
<td>6</td>
<td>1</td>
<td>26</td>
</tr>
<tr>
<td>Marital problems</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Want more time with first baby</td>
<td>2</td>
<td>6</td>
<td>6</td>
<td>1</td>
<td>15</td>
</tr>
<tr>
<td>Prefer children not too close in age</td>
<td>-</td>
<td>1</td>
<td>2</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>Want first child to be independent</td>
<td>3</td>
<td>7</td>
<td>3</td>
<td>-</td>
<td>13</td>
</tr>
<tr>
<td>Wanted to breast feed first child longer</td>
<td>3</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>Did not conceive earlier than this</td>
<td>5</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>16</td>
<td>37</td>
<td>25</td>
<td>5</td>
<td>83</td>
</tr>
</tbody>
</table>
that one child was enough to cope with for a while or they wanted to spend more time with the first baby or wanted the first child to be independent. Melbourne women recently married who had their first baby in the year before the 1977 survey also mentioned these reasons as the prime ones. Only medium and short spacers mentioned wanting to work for career or money as a consideration although some mentioned that short spacing was better for their career. Young (1977:157) suggested that: "assuming that women generally stay at home during the childbearing and child-rearing period, a shortening of the interval between the first and last births enables them to resume non-domestic activities sooner". The alternative may be to have a small break of a year or so, then work for three years and have another child after that with a subsequent other small break from work.

In relation to the first child becoming independent, many mothers mentioned that they expected the first child to be "out of nappies" by age two. This approach fails to take different developmental rates into account. Dr. Lee Salk (1979:123) suggested that: "By the age of three, a child is considerably more capable of independence, is ready to benefit from a formal educational experience like a nursery school, and has usually mastered two very important developmental tasks - weaning and toilet training". He argues that children of less than three are not capable of really interacting with other children and cannot grasp the idea of sharing. The "normal" spacing of two years does not take into account these factors. Table 5.16 shows the advantages as seen by Armidale mothers of a spacing less than two years. Many stated that the advantage of a spacing of less
than two years was that children would be playmates which appears initially unlikely in view of Salk's comments. However, 17 women thought there were no advantages in such a spacing.

Melbourne recently married women who had their first baby within a year before the 1977 survey also overwhelmingly favoured close spacing of children so that they would be playmates and companions (62.7 percent). Only 10.4 percent said there were no advantages in such a spacing whereas Armidale mothers thought this was so in 20.5 percent of cases.

Table 5.16
Advantages of Children Spaced Less than Two Years

<table>
<thead>
<tr>
<th>Advantage</th>
<th>&lt;20 months</th>
<th>20-24 months</th>
<th>25-36 months</th>
<th>37+ months</th>
<th>Total No.</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother can return to work quickly</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>1</td>
<td>9</td>
<td>10.8</td>
</tr>
<tr>
<td>Mother can return to other things</td>
<td>2</td>
<td>6</td>
<td>-</td>
<td>1</td>
<td>9</td>
<td>10.8</td>
</tr>
<tr>
<td>Most people have them close</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>1.2</td>
</tr>
<tr>
<td>Children are playmates and companions</td>
<td>11</td>
<td>24</td>
<td>7</td>
<td>1</td>
<td>43</td>
<td>51.8</td>
</tr>
<tr>
<td>Good if want many children/cheaper</td>
<td>-</td>
<td>1</td>
<td>2</td>
<td>-</td>
<td>3</td>
<td>3.7</td>
</tr>
<tr>
<td>Not enough to do with one</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>1.2</td>
</tr>
<tr>
<td>No advantages</td>
<td>1</td>
<td>2</td>
<td>12</td>
<td>2</td>
<td>17</td>
<td>20.5</td>
</tr>
<tr>
<td>Total</td>
<td>16</td>
<td>37</td>
<td>25</td>
<td>5</td>
<td>83</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Young (1977:157) noted that there were arguments in favour and against closer spacing of children. She stated:

There are social, biological and economic arguments for and against an early or a delayed first birth, close or wide spacing of children, etc. For example, children spaced closely would be expected to have similar physical and social needs, and this may result
in rather less effort than caring for children spaced widely apart where the mother has to cope simultaneously with widely different demands. In closely spaced families the children generally play together more, thus relieving the mother from the role of playmate, whereas in families where the children are widely spaced the older child may be able to provide some help with minding the younger child.

The consensus amongst Armidale mothers and a similar group of Melbourne mothers was that close spacing had the advantage of the children playing together and the majority had planned a spacing of two years or less.

5.6 Ultimate Family Size and Spacing of Children

The family size preferred is affected to some extent by spacing of the children. Although some women who plan only two children have them closely spaced to get that phase of their life over and say, return to work, they are more likely to defer the first birth after marriage. Table 5.17 supports Young's argument (1977:154) that: "A delay in having the first child does, to some extent, seem associated with a smaller ultimate family size". Whereas almost 30 percent of those spacing the first child two years or less after marriage planned three or more children, this was true for only 24 percent timing the first child two to four years after marriage. Only 6 percent of long spacers planned a large family.
Table 5.17

Family Size Planned by First Spacing Classification

<table>
<thead>
<tr>
<th>Family Size - Number of children planned</th>
<th>First Spacing Classification</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PMF</td>
<td>Short</td>
</tr>
<tr>
<td>No decision made</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>2</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>2 or 3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>3 or more</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>7</td>
<td>19</td>
</tr>
</tbody>
</table>

Percent planning 3 or more children: 28.6 31.6 23.7 5.6

(a) Includes the mother who planned only one child - see Chapter 6.

Table 5.18 refers to the planned family size when the second child is planned.

Young (1977:157-8) found that: "Although in the past close spacing between lower order births generally indicated a larger ultimate family size this no longer seems to be the case - a family can now be small and closely spaced". Examples of this are women who have a career and decide that the best strategy is to spend about four or five years out of the workforce having two children then return to a career.

Overall, larger families were planned by women who had a spacing of two years or less. However, there are many other factors associated with planned family size and these are discussed in the next chapter.
Table 5.18

<table>
<thead>
<tr>
<th>Family Size Planned by Second Spacing</th>
<th>Second Spacing</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>20-24 months</td>
<td>25-36 months</td>
</tr>
<tr>
<td>No decision made</td>
<td>11 29.8</td>
<td>3 12.0</td>
</tr>
<tr>
<td>2</td>
<td>4 25.0</td>
<td>13 35.1</td>
</tr>
<tr>
<td>2 or 3</td>
<td>7 43.8</td>
<td>4 10.8</td>
</tr>
<tr>
<td>3 or more</td>
<td>5 31.2</td>
<td>9 24.3</td>
</tr>
<tr>
<td>Total</td>
<td>16 100.0</td>
<td>37 100.0</td>
</tr>
</tbody>
</table>

5.7 Conclusion

The first birth after marriage is a significant event, changing a couple into a family. The data presented revealed that most Armidale couples delayed the first birth after marriage and the delay chosen by almost half the group was two to four years. There was some evidence that transient mothers and those with higher education delayed the first birth for a longer period than local mothers and those with less than matriculation standard education. Those premaritally pregnant were, with one exception, locals who had not become pregnant at the desired time except in one case.

The reasons given by Armidale mothers for the delay in the first birth included the desire for a period of freedom before the baby, waiting for the marriage to settle down and economic reasons. When questioned about why they had chosen to have a baby at the time they did, Armidale mothers responded according to the spacing of the first child after marriage.
Whereas short and medium spacers answered simply that they wanted a baby and were not prepared to wait any longer or that their friends were having babies, long spacers revealed that they had deliberated for some time before choosing the right time to have a baby, considering other demands.

Armidale mothers were well off materially but often did not own their own homes. About 50 percent did not consider it essential before the first baby whereas a comparative group from Melbourne placed more value on owning a home. Also, when asked if there was anything else they should have or do before a baby, Armidale mothers often said "nothing else" and "travel" whereas Melbourne women stressed the importance of a good relationship with their husbands as well as travel. The differences suggest that a country town environment is more conducive to childbearing and child-rearing because there are less competing interests and more supportive audiences such as relatives and friends. Material items are not valued as highly by the majority of women and career prospects for women in Armidale are limited.

Only one woman in Armidale stated that she would not have a second child. About a third of the remainder were pregnant again at the time of the interview and over 60 percent planned a spacing of less than two years between the first two children. This spacing was regarded as the norm by most mothers who assumed that the first child would be independent by age two and that the two children could be playmates and companions for each other. Career reasons were mentioned by very few mothers. In comparison to a group of recently married Melbourne women who had their first baby within a year before the 1977 survey, Armidale women plan to space their children further apart. The reason for this may lie
in the impression one gains of time in a country town compared with a city. The slow pace of Armidale and the less crowded lifestyle makes its residents feel that there is no rush to have children. They do not have wide choices which compete with children as in a city environment and feel less inclined to get that phase of their life over. Young (1977) stated that there were arguments for and against close spacing of children but, in Armidale and Melbourne, the consensus was that two years was appropriate no matter what the circumstances. Those who chose longer spacings usually had reasons such as wanting to enjoy the first baby, or one child is enough to cope with, as well as a few who wanted to work for career or money reasons.

Close spacing of the first and second child was associated with a larger planned family size but this conclusion is tentative. Examination of family size is the subject of the next chapter.

The chapter has revealed that Armidale women generally have the first child before four years after marriage and have the second child two years after the first. There is very little individual planning in these decisions as most women considered such spacings to be the norm and those who delayed for longer often feared that they would become too old or too settled to have children. Their replies suggest that Armidale mothers are aware of the restrictions of family life and accept them as a natural consequence of having children. This then makes them consider having the second child close to the first so that they will be relieved of the restriction of children fairly quickly when the children go to school. There does not appear to be much
awareness of how women can integrate career and children or that their life span is much longer than the present two children. Armidale mothers will be free of restrictions quickly but free to do what? Career and job prospects in Armidale are not great and as has been stated earlier, community ties and family life are emphasised. Perhaps Armidale mothers are taking on the small family norm which is appropriate in cities, although certainly having children spaced further apart. Family size is the subject of the next chapter.

As some women expressed multiple reasons for delaying the birth of the first child, it appears that the approach taken by the Value of Children (VOC) Project (Fawcett, 1978) is appropriate for analysing motivations behind the timing of the first birth. A scale could be devised which listed the costs and benefits of a first child and couples could be asked to rank the various costs and benefits for their particular case. The results of such an analysis would probably present a more complete understanding of the motivations behind the delay in the timing of the first birth.
6.1 Family Size Preferences

"For most people the only question about having children is not whether to have any, but how many to have and when to have them" (Busfield and Paddon, 1977:142). Peel (1972:336) argued that: "post nuptial optimism...evaporated with the experience of childbearing" and hence women who had their first child recently would be in a better position to state the number of children they wanted, having some experience of motherhood. The Melbourne 1971 survey found that the majority of women (89 percent) desired between two and four children (Report of the National Population Inquiry 1975:238) and this is a common finding in surveys in the United States and Great Britain. "...the uniform way in which most people give an answer is the range of two to four, whatever the study and whatever question, indicates that this is the normatively acceptable range of family sizes" (Busfield and Paddon, 1977:142). In the current survey, 15 mothers indicated that they had made no final decision about family size and the remaining 69 women were divided into categories as shown in Table 6.1 below.

Table 6.1
Family Size Planned by Armidale Mothers

<table>
<thead>
<tr>
<th>Category</th>
<th>Family Size</th>
<th>No.</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>NODEC</td>
<td>No decision made</td>
<td>15</td>
<td>17.9</td>
</tr>
<tr>
<td>II</td>
<td>Definitely two children</td>
<td>35</td>
<td>41.7</td>
</tr>
<tr>
<td>II or III</td>
<td>Two or three children</td>
<td>16</td>
<td>19.0</td>
</tr>
<tr>
<td>III+</td>
<td>Three or more children</td>
<td>18</td>
<td>21.4</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>84</td>
<td>100.0</td>
</tr>
</tbody>
</table>

(a) Includes a mother who wanted one child.

(b) The women in the II or III group are those who said they would definitely or probably have another child if the sex of their second baby was the same as that of the first.
Table 6.1 shows the majority of the group (just over 50 percent) want only two children including those in the II or III group, whereas the corresponding figure for the Melbourne survey in 1971 was 37 percent (including the one child family) (Report of the National Population Inquiry, 1975:238). However, the group from the Melbourne survey included a much wider range of women in terms of age and ethnic origin, whereas the present sample captures mothers aged between 18 and 37 and mostly Australian born, who are subject to the latest social and economic pressures about family planning.

More recent surveys in Australia have noted the swing to the two child family. The Survey of Birth Expectations conducted by the Australian Bureau of Statistics in November 1976 was analysed in the Supplementary Report of the National Population Inquiry (1978:46). It was reported that: "the evolution of the two child family as a national average, together with the low proportion of married women who are, or expect to remain childless, and the continued fall in actual and expected large families of more than three children, suggest a narrowing of differentials in the fertility patterns of different economic, social and geographic sectors of Australian society". Ruzicka and Caldwell (1977:362) wrote in a similar vein concerning group and individual interviews carried out in 1975 and 1976 in Canberra, Sydney and Melbourne:

The 1975/6 interviews found a growing consensus among the young that a completed family consists of two children. Most wanted two without qualification ...More remarkable was the growth in self-confidence among those who were having no more than two. They frequently said it was the right number in terms of the number one could rear and educate properly, in terms of not making the wife a domestic vegetable, and in terms of allowing both members of the couple rich, full lives with both earning incomes most of
the time, living in an adequate house, holidaying and travelling.

The reasons the Armidale women gave for their decision about family size are explored later in this chapter in 6.4.

Janet Askham (1975:34) discussed family size preferences and pointed out nine major difficulties in determining preferences.

(1) A preference may be vague or unclear and thus not capable of being verbalised, or it may not exist at all. The interview situation may, however, force an answer.

(2) A preference can gradually become more, or less definite.

(3) More than one preference may be held, either simultaneously or interchangeably.

(4) A preference may be a mixture of attitudes difficult to resolve in order to give a numerical answer...

(5) A preference may vary in the force with which it is held...

(6) The preferences of husband and wife are equally important in explaining family size...

(7) Preferences change over time...

(8) A respondent may verbalise what she considers to be the norm while consciously (or unconsciously) not adhering to that perceived norm.

(9) A respondent may feel under pressure to show that her preferences are in accord with the number of children she has, or expects to have.

Some account has been taken of these difficulties in the present survey. For example, in relation to the first point (1), 15 women indicated that they did not have a definite preference at this stage. Askham's points (2), (3), (4) and (5) are also dealt with in the in-depth questions which attempt to elicit a more complete answer to the question of family size preferences.
Husbands in the present study were asked the planned family size and as will be shown later in this chapter, they differed from the wife's view in a number of cases. (Askham's point (6)). As women and men were asked their planned family size and their ideal family size, it is hoped that account is taken of Askham's point (8). The other two difficulties "that preferences vary over time" and "a respondent may feel under pressure to show that her preferences are in accord with the number of children she has, or expects to have" cannot be considered in this survey unless the women were reinterviewed at least once more sometime after the second child - in the majority of cases this is in about two years time.

6.2 Decisions about Family Size

Armidale mothers were asked when they had first made a decision about family size and if they had changed their mind since this decision. Table 6.2 shows that almost 40 percent made the first decision before marriage and the larger the family size, the more likely that the first decision was made before marriage. This may be because women desiring larger families had that ideal before marriage and had not relinquished such an ideal. Women having a preference for smaller families were less likely to have made any decision before marriage and were likely to have used the experience of marriage or the first child as a guide to the planned size of the family.
Table 6.2
When the First Decision About Family Size was Made

<table>
<thead>
<tr>
<th>When First Decision Made</th>
<th>Family Size Category</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>II No.</td>
<td>II or III No.</td>
</tr>
<tr>
<td>Before marriage</td>
<td>12</td>
<td>5</td>
</tr>
<tr>
<td>After marriage</td>
<td>15</td>
<td>4</td>
</tr>
<tr>
<td>After first child</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>35</td>
<td>16</td>
</tr>
</tbody>
</table>

6.2.1 Women who had Changed their Decision about Family Size

Only 11 women indicated that they had changed their decision about family size and all these now wanted less children than originally planned. This finding differs from the findings of the Melbourne 1971 survey and the Hull Family survey (Peel, 1972). Young (1974:300) using data from the Melbourne study found that:

"The distribution of reasons for having more children suggests that younger cohorts are more likely to attribute an increase in their originally planned number of children to balancing the sex ratio, or because they liked children and wanted more, and less likely to attribute it to the fact that children 'just came' than their predecessors did". In the present study the balancing of the sex ratio was taken into account and this eliminated one reason why women in Armidale would have been likely to want more children than originally planned. Table 6.3 shows the reasons given by Armidale women for changing their decision about family size. The numbers are very small so that analysis of the reasons is difficult.
Table 6.3

Reasons for Changing Decision about Family Size by When a Decision was Made

<table>
<thead>
<tr>
<th>Reasons for change</th>
<th>Before Marriage</th>
<th>After Marriage</th>
<th>After First Child</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational costs</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Health/Medical</td>
<td>1</td>
<td>2</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>What children involve</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Husband changed wife's mind</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>1</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>5</td>
<td>4</td>
<td>2</td>
<td>11</td>
</tr>
</tbody>
</table>

Young (1974:304) found that: "Factors such as infecundity, ill health and financial problems are evidently important in limiting family size". Table 6.3 indicates that health problems and what children involve were equally important reasons for changing family intentions downwards.

The Hull Family Survey (Peel, 1972) followed up 350 couples to compare their intentions at marriage with the actual experience over five years. This was a much more satisfactory method of finding out about changes in family intentions than that of the present study. Peel (1972:345) found that 106 couples changed their intentions downwards, over half for economic reasons and 20 for health reasons. Only 31 changed their intentions upwards - 14 because they had achieved more children than originally planned, 7 to achieve the desired sex ratio and 5 specified that they liked having children. Peel (1972:345) stated that: "Couples are now having the families they want rather than making the best of what
they get and indulging in subsequent rationalizations about the result. Indeed, the gap between intentions and practice is now a negative one".

It appears from all three surveys that balancing the sex ratio is a major reason couples give for having larger families. More research into the area of controlling the sex of babies could well result overall in smaller families if women have confidence in achieving the desired sex ratio without having more than two children.

6.3 Differences in Family Size

One might expect that there were differences between women desiring two children and those desiring three or more children. Socio-economic and attitudinal differences were examined in this study and it was found that attitudinal differences were of major importance.

Busfield and Paddon (1977:163) also found this: "It is commonplace that people differ in their ideas about what is important in life and what gives them satisfaction, and that these differences affect what they do; we want to make the equally obvious point that such differences in consciousness are reflected in the sort of family life people envisage, and affect both their ideas about the number and spacing of children they consider desirable, and their efforts to realise those preferences". They continue this line of reasoning in the Chapter "Images of Family Life" and delineate five differing ideologies which they consider relevant to family size patterns. Small families are thought to arise from "the quiet life", "the material life" and
"the better life" ideologies whereas "the collective life" gives rise to larger families. The "active life" produces families of either large or small size depending on what activities are favoured (Busfield and Paddon, 1977:202-203). The limitations of this approach are recognised: "Any one individual may at times adopt the crucial elements of more than one ideology" (Busfield and Paddon, 1977:163). Although delineating these ideologies gives a basis for analysis of family size patterns, an ideology may change over time and lead to conflicts between the number of children already in the family and a particular ideology. If the ideology was changed from say the "collective life" to the "material life" then children over the standard two would inhibit the new lifestyle. Conversely, the simple fact that one has more than two children, whether by choice or accident, means that it would be difficult to change to the "quiet life" or even the "better life". It seems that while the ideologies represent a fresh approach to the study of family size differences, they are not altogether satisfactory. The ideologies are by no means mutually exclusive and some families would not comfortably fit into one ideology or another.

Richards (1978:294-295) also classified families according to their attitudes and introduced the family types 'old', 'new' and 'nowadays'. She stated that: "The family types are certainly not distinct. They represent rather, a continuum between old and new. Individual couples conform more or less to one of the three normative clusters" (Richards, 1978:293).

Both approaches have the merit of classifying families according to attitudinal differences which are the only ones which appear to
have survived as socio-economic and other differentials in family size have all but vanished. However, in terms of family size preferences the ideologies or family types do not differentiate finely enough. Another difficulty is that family size preferences may be loosely held at marriage and even after the birth of the first child. The ideologies themselves may be developed after the children have arrived and be the result of post hoc justification. It seems more likely that ideologies develop in the same way as family size preferences - as the result of an on going process.

Armidale mothers were asked why they had decided on a particular number of children. Their responses reflected the differing ideas they presently held about their lifestyle and what part children played in that lifestyle.

Category NODEC mothers (those who had not made a decision about family size) mentioned: "space and money", "whether we could afford them and give them enough love", "whether we can look after them properly", "my ability to cope", "the fact that we might need a bigger house" and "whether we can afford it or not and also how many you can manage and be happy with". Only one woman mentioned the population problem: "The economics of it and the world population situation which means we will probably only have two". Busfield and Paddon (1977:205) stated: "Equally, others may well feel that they do not know how much pleasure they will get from having children or how well they will be able to cope with them, and wait until they have a better idea before coming to a definite decision about family size". Category NODEC mothers appeared to have this in mind.
Of those who wanted only two children only three mentioned the population problem. The ideas of other women in this group showed a concern for personal freedom as well as money constraints. For example, one woman said: "The idea of the responsibility of the kids. They cost so much and you cannot go on holidays properly. I want to be free of children while I am still young enough to enjoy life". Or: "Just being tied down all the time - what you have to go through to raise them - it is not really appreciated most of the time". "We wanted to make sure we did not go without things ourselves". Financial reasons were also stressed: "Economic reasons mainly - purely selfish motives. I can only cope with and still remain sane with two children and be able to enjoy them". Another said: "The money situation, whether we could afford more than two and whether my patience could take any more than two", "I am not the type of mother who could have a lot". Educational costs were mentioned by some mothers who either wanted to send their children to private schools or on to university, but by and large the group who preferred two children seemed to want to balance their lives between children and other priorities. This group also included three women who were unable to have more than two children because of health reasons.

Those who said they wanted two or three children (category II or II) mentioned financial problems, space in housing and sharing their love between the children. When couples look for houses they find that most have only three bedrooms and typical comments were "We are building another bedroom", "This house would not be big enough", "The size of the house we can give them", "Space", "Our economic situation and there are always surprises - a baby may come when you do not expect it". With regard to the
idea of sharing love between children the women commented: "One of the main things was the number we would actually cope with and be good parents to", or: "Money, and how much you can share your love between your children" and "what advantages we could give them educationally. And love - you have more time for them in a smaller family". One woman mentioned that her husband believed in ZPG but that she did not think that having a third child was significant in Australia.

The category III+ mothers who wanted three or more children still mentioned finance as a restrictive factor but emphasised that large families had benefits. For example: "Coming from a large family I see a lot of benefits such as sharing and close family ties which kids miss out on if they come from a small family". "I did not want a small family, coming from a family of four. It gives you a chance to know what it is like being in a group". "I did not want two as they get more spoilt. Three or four seems more of a family". One woman thought that she could have two children close together and then another two close together later on when they could afford it: "I would like two together, then a space, then another two. I would like the first two to go to school, then have another two close". There were two women who wanted six children. One was attempting to fulfil her mother's ambition to have six children and the other mother who wanted six children "just wanted kids".

There seemed to be some overall differences in the family size groups. Although most women mentioned finance as a factor in family size, and allowing that this is an important factor, the other factors mentioned varied according to the preferred family size.
In relation to the economic factor the first difficulty is that the actual income is often irrelevant. What is relevant is how the parents see children - are they "consumer durables"? Blake (1968:5) states: "In sum, although the demand for consumer durables is pegged to purchasing power, the 'demand' for children is not under such monetary control. In fact, by creating public support for the dominance of family 'values' over economic rationality, reproductive and social institutions are geared to prevent economic factors inhibiting reproduction. When one takes into account as well that the desire for children will be influenced among other things, by the social and biological constraints surrounding their acquisition and their 'use' - constraints that may be independent of income or may vary positively with it - one has little reason to believe that the demand for consumer durables constitutes a theoretically apt model for family size preferences". The other difficulty is that richer parents do not, in general, have larger families, a point also noted by Blake (1968:5) - richer parents invest in "higher quality" children and do not spread their income amongst more children. For example, one woman from the survey (category II) said: "We thought we would like two children - you can give two what they should have rather than spin it out to four".

All women in the survey were asked if they felt that the reason why young couples did not have any more than two or three children was that they could not afford them. The majority of category NODEC mothers indicated this was not the reason: "Usually people who have more than two just love being mothers and having children around them", and "I think they can afford them - there
is always a way if you want to have a big family. It is just an excuse that people use". Those who thought finance was a factor (five out of fifteen) usually said "that would be right". One said "I guess that is probably true - so many houses have only two or three bedrooms".

In the case of category II mothers, the women who thought that finance was important qualified it by saying: "Yes, that is right. There is more emphasis on education than there used to be. You have to be fairly well educated these days to stand a chance". (This opinion seems to correspond to Busfield's "better life" family). Ruzicka and Caldwell (1977:307) obtained a similar response when they interviewed Australian women in 1975 and 1976: "If anything, the 1975/6 interviews demonstrated an intensification of these attitudes. Again and again, the decision not to exceed two children was justified on the grounds that only with this number could they be adequately educated".

Another typical response from category II women which appears to be equivalent to the "material life" was "It depends what you mean by 'afford'. If you want a better standard of living and material things" or "they can afford it by everyone is a bit selfish. They want more for themselves and do not want to spend a lot on children". Others gave qualified answers. "It is a big reason but some cannot cope with more. Some find they do not really like children". "No, I do not agree totally. I think its being able to cope physically and mentally", and "I think that is one of the reasons. But I think the world is so complicated it is even more important to be able to get along with
children and you can only do it with two". Another woman mentioned "the quality of children you expect".

Category II or III mothers gave similar responses to mothers in category II. "It would not be the absolutely deciding factor, I think it is half that and half what you can manage". Once again very few women gave the unqualified answer that they could not afford any more than their desired number.

Only three mothers in category III+ definitely thought money was the reason people did not have more than two or three children. Others said that people who thought like that really did not want to be tied down by children or that they probably wanted to go back to work. "It is quite possible. It sort of fits in with some people. They have two children and then go back and do what they want".

Clearly, the women in the sample who wanted two, or two or three children felt that "affording" children was a question of balancing one's priorities. Greer (1970:231) stated that: "We can only afford two children really means, 'We only like clean, well-disciplined middle-class children who go to good schools and grow up to be professionals', for children manage to use up all the capital that is made available for the purpose, whatever proportion it may be of the family's whole income, just as housework expands to fill the time available".

Askham (1975:57) split the reasons for family size preferences into those involving a benefit to the parents - for example,
coping and personal freedom - and those involving a benefit to children - for example, better educational opportunities, family sharing and not being 'spoilt'. It could be argued, however, that benefits to parents and those to children are interconnected - for example, if the parents cope better then the children benefit. Nevertheless, the balancing of these benefits usually means that more than one child is required for the child's sake and less than three for the parent's sake. Two children and two adults are regarded as a minimum size family.

6.4 Differences in Family Size Preferences

At this point, differences in family size preferences are examined in more detail.

6.4.1 Coping with Children

One of the major reasons given for preferred family size was that the mother could not 'cope' with more children. Mothers in the sample were asked how their expectations of the difficulty of a baby matched up with their experience. Table 6.4 gives the results.

Table 6.4

<table>
<thead>
<tr>
<th>Family Size Category</th>
<th>Expected Difficulty</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Less Difficult Percent</td>
</tr>
<tr>
<td>NODEC</td>
<td>5</td>
</tr>
<tr>
<td>II</td>
<td>8</td>
</tr>
<tr>
<td>II or III</td>
<td>8</td>
</tr>
<tr>
<td>III+</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>28</td>
</tr>
</tbody>
</table>

(a) Seven mothers stated they had not thought about it before the baby was born.
Category II mothers held a more pessimistic view of the difficulty of babies than other groups. Almost equal numbers thought that the baby would be more difficult or the same. Larger proportions in the other groups had thought the baby would have been less difficult than actual experience. Perhaps category II mothers were less idealistic and more inclined to view motherhood as it was. "Coping" was mentioned more frequently by those mothers in category NODEC (those who had not made up their mind) as a major reason for not making a decision yet about family size - obviously this is seen as a major consideration when the decision is made. However, category II mothers appeared to have no illusions about children and how they would cope - they had just decided to cope with two children knowing some of the problems. Category III+ mothers appeared to be pursuing their ideal despite the large proportion who had found looking after a baby more difficult than they expected.

6.4.2 Personal Freedom and Women who Work

The belief of women who desire personal freedom is that their major function in life should not be bound up with having children or that there should be a balance between this and having a life of one's own. One might expect that women who do not wish to live for children alone might be better educated and have had more interesting jobs before the baby, or a career to go back to afterwards. Table 6.5 gives the level of schooling of the women in the sample in relation to the family size desired.

Those with the least schooling show a preference for the two child family as do those with matriculation level schooling.
There is no evidence from this table to suggest that better educated women only prefer smaller families. It could be argued that better educated women have a greater capacity to cope with children because they have better access to childcare centres and pre-schools, so that they can still enjoy personal freedom despite a larger family size.

**Table 6.5**

**Level of Schooling of Women by Family Size Category**

<table>
<thead>
<tr>
<th>Family Size Category</th>
<th>Level of Schooling</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Above</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Intermediate Level</td>
<td></td>
</tr>
<tr>
<td></td>
<td>or Less</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Matriculation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tertiary</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No.</td>
<td>Percent</td>
</tr>
<tr>
<td>NODEC</td>
<td>4</td>
<td>12.5</td>
</tr>
<tr>
<td>II</td>
<td>15</td>
<td>46.9</td>
</tr>
<tr>
<td>II or III</td>
<td>5</td>
<td>15.6</td>
</tr>
<tr>
<td>III+</td>
<td>8</td>
<td>25.0</td>
</tr>
<tr>
<td>Total</td>
<td>32</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 6.6 shows the present work status of the mothers of the sample. Most women who had jobs worked part-time or did occasional jobs.
### Table 6.6

**Work Status of Mothers by Family Size Category**

<table>
<thead>
<tr>
<th>Work Status</th>
<th>NODEC No.</th>
<th>Percent</th>
<th>II No.</th>
<th>Percent</th>
<th>II or III No.</th>
<th>Percent</th>
<th>III+ No.</th>
<th>Percent</th>
<th>Total No.</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time</td>
<td>2</td>
<td>13.3</td>
<td>7</td>
<td>20.0</td>
<td>1</td>
<td>6.2</td>
<td>1</td>
<td>5.6</td>
<td>11</td>
<td>13.1</td>
</tr>
<tr>
<td>Half-time</td>
<td>1</td>
<td>6.7</td>
<td>3</td>
<td>8.6</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>5.6</td>
<td>5</td>
<td>6.0</td>
</tr>
<tr>
<td>Part-time</td>
<td>1</td>
<td>6.7</td>
<td>3</td>
<td>8.6</td>
<td>-</td>
<td>-</td>
<td>6</td>
<td>33.3</td>
<td>10</td>
<td>11.9</td>
</tr>
<tr>
<td>Occasional jobs</td>
<td>-</td>
<td>-</td>
<td>3</td>
<td>8.6</td>
<td>3</td>
<td>18.8</td>
<td>-</td>
<td>-</td>
<td>6</td>
<td>7.1</td>
</tr>
<tr>
<td>Not working</td>
<td>9</td>
<td>60.0</td>
<td>18</td>
<td>51.4</td>
<td>12</td>
<td>75.0</td>
<td>10</td>
<td>55.5</td>
<td>49</td>
<td>58.3</td>
</tr>
<tr>
<td>Seeking full-time</td>
<td>1</td>
<td>6.7</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>1.2</td>
</tr>
<tr>
<td>Seeking part-time</td>
<td>1</td>
<td>6.7</td>
<td>1</td>
<td>2.8</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td>2.4</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
<td>35</td>
<td>100.0</td>
<td>16</td>
<td>100.0</td>
<td>18</td>
<td>100.0</td>
<td>84</td>
<td>100.0</td>
</tr>
</tbody>
</table>

The occupations of the women who worked are shown in Table 6.7.

### Table 6.7

**Occupations of Mothers in the Workforce by Family Size Category**

<table>
<thead>
<tr>
<th>Occupation</th>
<th>NODEC</th>
<th>II</th>
<th>II or III</th>
<th>III+</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Teacher</td>
<td>-</td>
<td>4</td>
<td>-</td>
<td>-</td>
<td>4</td>
</tr>
<tr>
<td>Business Partner</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Nurse</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>Typist/Clerk</td>
<td>1</td>
<td>7</td>
<td>-</td>
<td>3</td>
<td>11</td>
</tr>
<tr>
<td>Shop Assistant</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Domestic</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>4</td>
<td>16</td>
<td>4</td>
<td>8</td>
<td>32</td>
</tr>
</tbody>
</table>

| Percent of group   | 26.7  | 45.7 | 25.0 | 44.4 | 38.1 |

In categories II and III+ almost half the mothers worked compared to about one quarter in the other two groups. If Table 6.6
is referred to it can be seen that the majority of category III+ mothers worked part-time whereas those in category II more often worked full-time. This is partly due to the nature of the jobs undertaken by these women, for example, teaching is a career-type job whereas shop assistants are often casual positions. Typist positions are relatively easy to secure in a university town and it is accepted that many typists work part-time. There is no evidence from these tables to suggest that there is a differential in family size preferences between women who work and those who do not as suggested in The Supplementary Report of the National Population Inquiry (1978:48). If this differential still exists in the community at large, it is not present in this sample because re-entry into the workforce at this stage of the baby's life is mainly luck or opportunity. Ware (1976:427) commented: "It is essential to appreciate that family building and workforce participation are both continuing dynamic processes and that the family size ultimately achieved is the product of a whole series of decisions, to go to work, to take a chance in contraceptive practice, to move away from relatives who provided childminding facilities and so forth. Overall, fertility influences workforce participation rather than vice versa because most Australian wives do value children greatly, careers very little and consider a second income to be a dispensable extra".

One question asked of the sample was: "Are most women at 25 happier out at work or staying home looking after a baby? What kind of woman is happier out working?". The answer to this
question was often: "I do not know", "I am not 25 yet", or "I cannot generalise" but some mothers did give a more expansive answer.

Three mothers in the NODEC category said: "I do not know" but most of the others said that women who were happier at work either did not particularly like children or were career types: "Women that just are not motherly and loathe being in the house are happier out working", "The more educated woman is happier out at work", "A reserved person that is lacking in self-confidence is happier at home", "A career woman is happier out working", "I am happier at work - a person who enjoys the work they do". A few said that they were happier at home although their friends were happier at work. Others felt that by 25 one has worked for long enough: "Most are happier to be at home, they have had their time out working".

Quite a few category II mothers were happier at work: "Everyone likes to stay home but I would get bored", "All the ones I know are happier at work", "At work really". A few were happier at home but did not comment on other women. However, one woman said: "The ones I know that work are selfish". A common idea was that women who did not have children would definitely be at work at 25: "It depends on the age when you had the first baby. If you have not had any children at 25 you might be set in your ways and wondering whether to have them". Category II mothers agreed that career women were happier at work. "Someone who wants their own life. Women at home are scared to go out into the real world". Few women talked about their own jobs in terms of a career and these were teachers (about half the number), an academic, a travel consultant and a business partner.
Category II or III mothers were much more likely to say that women generally were happier at home, and that those who were not did not want children and were career minded: "Women of around 25 think about having a baby and are envious of people that have settled down". A woman happier at work was described as "career minded and does not want children and such women were said to be "very insecure women who had not really wanted children but felt they should". This group overwhelmingly felt that if you had a child at 25 then you should be happier at home. "Lots of young people have two children by the time they are 25 and the mothers are happier at home".

Mothers in category III+ also expressed the view that whether the woman was a mother or not determined whether she would be happier at home. "A lot of women want to have children around 28-30". Two mothers commented that home was a fairly lonely place: "One who does not like the loneliness and isolation of home", "Those who like adult company" were happier at work. Many considered that having a baby meant a definite change in one's lifestyle, settling down was frequently mentioned. One woman commented: "It depends on what you are used to. If you have just had a baby then it might be difficult to settle down at home. If you had a baby earlier then you would like to be at home".

The question of whether one is happier at home or at work did appear to elicit different responses according to family size preference. Category II or III and III+ mothers were more likely to see their true place as in the home if they had children than category II mothers. However, there was a general
feeling that having children meant one "settled down" and stayed at home.

Women who worked by choice after having a family were regarded as deviant by many mothers. It was assumed that if a woman wanted to have a career then she did not also like or want children very much. Even in cases where women were willing to acknowledge that their friends were happier at work, it was thought to be a selfish kind of happiness - there was a feeling that mothers should stay at home because that was their place. Sumers (1976:184) commented: "Women have learnt to expect their familial roles to constitute their major, if not their sole, mode of self-expression and satisfaction. But women are over­burdened with responsibilities within 'the family' (and these do not diminish, but are increased, if they have a paid job as well) and some of these responsibilities are often, in practice, mutually exclusive or contradictory".

The Council of Social Service of New South Wales conducted a survey of unemployed women and found that: "Attitudes to women as paid workers take as their base the biological fact that only they bear children and that motherhood is the major role of all women. From this is drawn the general principle that raising children should be the central focus of women's lives. Yet physiological motherhood does not logically entail exclusive responsibility for child-rearing (which is socially necessary but usually unpaid labour), but in practice the two have been almost inextricably intertwined by the beliefs that women are most suited to the tasks, that they prefer this to other forms of
work, and that these responsibilities (to which housework is considered most appropriately linked) preclude commitment to a job". Certainly Armidale women saw the situation as an "either/or" case - either one liked children and therefore logically liked staying at home and housework or one did not like children and wanted to work outside the home. Armidale women reflected the view found by the Council of Social Service of New South Wales (1979:47) that: "Women with children who want paid employment are seen as either unnatural/neglectful mothers, likely to be unreliable because domestic responsibilities (e.g. sick children) produce absenteeism, or as uncommitted...". This view is unlikely to change if women still believe it and help condemn women who claim to like working and having children.

The school system is also seen as at fault: "On the one hand, the pretence that career/family is an either/or choice for girls is demonstrated to be obsolete by the number of women who combine both. On the other hand, advice which ignores the whole issue reinforces the outmoded view absorbed from other sources that girls work is only incidental to the primary goal of marriage and family and does not help girls to handle the conflict they may in fact experience between career commitment and cultural expectations of women as homemakers" (Girls, Schools and Society, 1975:126).

Despite the lack of support Armidale mothers gave to mothers who worked, most had a dreamy notion of a part-time job which commenced after the children left for school each day and finished when the children returned home in the afternoon. This dream ignores the few part-time positions which are available,
especially in Armidale. Work between school hours is seen as acceptable because "mother" is not required during these hours.

Another point mentioned by the Armidale sample is the boredom some women suffer at home. Eva Cox (1978:23) noted that: "The movement of women back into the workforce can be seen as a comment on the dissonance between the myth of motherhood and the reality. Women leaving work to have a family become isolated and lonely. They find the demands of house and children are not enough to occupy their minds and energies". Certainly, staying at home for many Armidale women was boring, mainly because "the real world" was seen as the world outside the home.

6.4.3 Mother's Own Family Size and Family Support

One factor which was relevant to family size preferences was the size of the mother's own family. The mother's own family size against her own family size preference is shown in Table 6.8.

<table>
<thead>
<tr>
<th>Mother's Family Size</th>
<th>NODEC</th>
<th>II</th>
<th>II or III</th>
<th>III+</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1-2</td>
<td>1</td>
<td>-</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
<td>7</td>
<td>6</td>
<td>1</td>
<td>17</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
<td>8</td>
<td>7</td>
<td>-</td>
<td>17</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>9</td>
<td>-</td>
<td>6</td>
<td>20</td>
</tr>
<tr>
<td>5</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>6</td>
<td>2</td>
<td>3</td>
<td>-</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>7 or more</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>8</td>
</tr>
</tbody>
</table>

Total 15 35 16 18 84

Approximate mean number in family 4.5 3.9 2.9 5.2
Mothers in category III+ on average, came from larger families - only one woman came from a family of less than four children and the mean family size was the highest at 5.2. Those women who had not made a decision about family size had the second highest mean family size and it appeared that category NODEC mothers were balancing their desire for a larger family with the realities of life. As stated previously in 6.4.1, these women frequently mentioned "coping with children" as a factor in deciding family size. The table shows that first hand knowledge of the benefits of a larger family did influence women to prefer larger families themselves.

Also of interest is the family support available to mothers. It was expected that women with close family ties in Armidale plan more children than those in an isolated nuclear family. Those with relatives in the area can overcome the problem of baby-sitters easily making the mother feel less "tied down" and, as shown in Chapter 4, this facilitates an early return to work if the mother desires. The presence of such relatives does not automatically mean that support is given but usually this is the case. Table 6.9 presents the figures.

Table 6.9
Local and Transient Mothers by Family Size Category

<table>
<thead>
<tr>
<th>Family Size Category</th>
<th>NODEC</th>
<th>II</th>
<th>II or III</th>
<th>III+</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local</td>
<td>11</td>
<td>16</td>
<td>5</td>
<td>9</td>
<td>41</td>
</tr>
<tr>
<td>Transient</td>
<td>4</td>
<td>19</td>
<td>11</td>
<td>9</td>
<td>43</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>35</td>
<td>16</td>
<td>18</td>
<td>84</td>
</tr>
</tbody>
</table>
Most category NOSEC mothers had an extended family and it is possible that they felt under less pressure to decide on a particular family size because their family was available for support, despite the family size eventually attained. The majority of category II or III women had no parental support in Armidale. Perhaps these women would like a larger family but are uncertain that they could cope without support.

Family support, then, was not significant for all groups of mothers but the size of the mother's family definitely had an impact on the family size planned. In terms of Richard's classification (1978) one would say that the women from larger families are from 'old' families and they would prefer to have 'old' families themselves. This is much easier to achieve in the slow moving environment of Armidale than in a city where it is difficult not to be affected by the social pressures of 'nowadays' families.

6.4.4 Religion of Mothers

Although the religion of women has been, in the past, an important differential in family size, it was noted by Ruzicka and Caldwell (1977:315) that: "Religious and class differences continued to diminish during the first half of the 1970s at least in terms of the priorities set by the newly married".

The same diminishing differences were expected in this sample as Table 6.10 shows.
Table 6.10

Preferred Family Size by Religion of Mother

<table>
<thead>
<tr>
<th>Family Size Category</th>
<th>None</th>
<th>Roman Catholic</th>
<th>Church of England</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>No. Percent</td>
<td>No.</td>
<td>No. Percent</td>
<td>No.</td>
</tr>
<tr>
<td>NO DEC</td>
<td>7</td>
<td>38.9</td>
<td>6</td>
<td>15.0</td>
<td>2</td>
</tr>
<tr>
<td>II</td>
<td>1</td>
<td>33.3</td>
<td>6</td>
<td>33.3</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>16</td>
</tr>
<tr>
<td>II or III</td>
<td>1</td>
<td>33.3</td>
<td>1</td>
<td>5.6</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>16</td>
</tr>
<tr>
<td>III+</td>
<td>1</td>
<td>33.3</td>
<td>4</td>
<td>22.2</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>18</td>
</tr>
<tr>
<td>Total</td>
<td>3</td>
<td>100.0</td>
<td>18</td>
<td>100.0</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>23</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>84</td>
</tr>
</tbody>
</table>

No firm differences emerge from this table - an almost equal number of Catholics had either not made a decision about family size or chose a two child family. There is no longer a reluctance among Catholics to use the pill as Table 6.11 shows.

Table 6.11

Avoidance of Pregnancy (Before First Baby) by Religion of Mother

<table>
<thead>
<tr>
<th>Contraception used before First Baby</th>
<th>None</th>
<th>Roman Catholic</th>
<th>Church of England</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>No. Percent</td>
<td>No.</td>
<td>No. Percent</td>
<td>No.</td>
</tr>
<tr>
<td>No birth control</td>
<td>2</td>
<td>66.7</td>
<td>2</td>
<td>11.1</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>15</td>
</tr>
<tr>
<td>Rhythm</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td>11.1</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Pill</td>
<td>1</td>
<td>33.3</td>
<td>12</td>
<td>66.6</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>17</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>57</td>
</tr>
<tr>
<td>IUD</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>5.6</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>5.6</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>3</td>
<td>100.0</td>
<td>18</td>
<td>100.0</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>23</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>84</td>
</tr>
</tbody>
</table>
Overall, 57 women used the contraceptive pill and Catholics used this method almost as frequently as non-Catholics (about 67 percent compared with 68 percent).

6.5 Women desiring Two or Three Children depending on the Sex of the First Two Children

There were sixteen mothers in the sample who desired a third child if the first two were of the same sex. Ten of these women had a male child, suggesting that some women do prefer a child of their own sex. The group consisted of eleven transient mothers compared to only five local mothers and it appears that the transient mothers were considering having three children but were unsure whether they could cope without family support.

Any further analysis of these women cannot be justified as the numbers involved are very small. It would be interesting, however, to discover if the second child being of the opposite sex did have a negative effect on their family size intentions. In other words, would these women really be satisfied with one child of each sex or alternatively two children of the same sex. These answers could be found in a follow-up study.

6.6 Ideal Family Size

The women in the sample and their husbands were asked to indicate the ideal family size for a couple living in Australia. That couples do recognise a difference between ideal and planned family size has been noted: "It would appear therefore, that when specifying 'ideals' men and women do apparently assume circumstances more favourable for having children than the ones they experience, whilst when asked about the size of family they
currently desire they do appear to take more account of the constraints and realities of the circumstances they face" (Busfield and Paddon, 1977:142).

Table 6.12 gives a comparison between the ideal and planned family size for women. The table shows that the majority in each group stated that the ideal family size was the same or one child greater than the planned family size except for those who had made no decision about planned family size.

<table>
<thead>
<tr>
<th>Ideal Family Size</th>
<th>Family Size Category</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NODEC</td>
<td>II</td>
</tr>
<tr>
<td>2</td>
<td>4</td>
<td>26.7</td>
</tr>
<tr>
<td>2 or 3</td>
<td>3</td>
<td>20.0</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
<td>13.3</td>
</tr>
<tr>
<td>3 or 4</td>
<td>2</td>
<td>13.3</td>
</tr>
<tr>
<td>4</td>
<td>4</td>
<td>26.7</td>
</tr>
<tr>
<td>Depends on finance</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Don't know/ not prepared to say</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
</tr>
</tbody>
</table>

A large number of women (over a third) gave a range answer (2 or 3 or 3 or 4). Ware (1973:327) also found this: "Too many see desired family size in terms of a range...and too many have only very weak feelings about moving from one parity to another within this range (one quarter of all respondents gave a range answer to a question which seemed to demand a single number response).
It was shown in the Melbourne survey that older women desire more children than the recently married (Ruzicka and Caldwell, 1977:361). The ages of the women in the sample compared with their ideal family size are given in Table 6.13. The two women over 35 both thought four was an ideal family but both expressed doubts about achieving this as one was subfecund, and the other was married to a widower who was over 50 and did not desire a large family at this stage. The 20-24 year old age group were clearly in favour of a two-child family whereas those 25-29 favoured two children or two or three children almost equally. No clear pattern emerges from this table.

Table 6.14 gives the pattern of responses for men in answer to the question about ideal family size, and in this case more definite answers were given. Less than a quarter of men gave a range answer.

In terms of ideal family size, women appear much more flexible in their ideal - they are not firm on a particular number of children. Even those husbands whose planned family size was two or three either suggested two or suggested three as an ideal family size.

Table 6.15 compares these findings with those of the recent Melbourne survey.
<table>
<thead>
<tr>
<th>Ideal Family Size</th>
<th>Age of Mother</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>20</td>
<td>20-24</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>16</td>
</tr>
<tr>
<td>2 or 3</td>
<td>-</td>
<td>6</td>
</tr>
<tr>
<td>3</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>3 or 4</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Depends on</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>finance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don't know</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>4</td>
<td>31</td>
</tr>
</tbody>
</table>
Table 6.14
Planned and Ideal Family Size (Husbands)

<table>
<thead>
<tr>
<th>Ideal Family Size</th>
<th>I</th>
<th>II or III</th>
<th>III+</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NODEC</td>
<td>II No.</td>
<td>II Percent</td>
<td>II No.</td>
</tr>
<tr>
<td>2</td>
<td>5</td>
<td>29.4</td>
<td>23</td>
<td>69.7</td>
</tr>
<tr>
<td>2 or 3</td>
<td>2</td>
<td>11.8</td>
<td>4</td>
<td>12.1</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
<td>11.8</td>
<td>2</td>
<td>6.1</td>
</tr>
<tr>
<td>3 or 4</td>
<td>2</td>
<td>11.8</td>
<td>1</td>
<td>3.0</td>
</tr>
<tr>
<td>4</td>
<td>1</td>
<td>5.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depends on finance</td>
<td>1</td>
<td>5.9</td>
<td>2</td>
<td>6.1</td>
</tr>
<tr>
<td>Don't know/not prepared to say</td>
<td>4</td>
<td>23.5</td>
<td>1</td>
<td>3.0</td>
</tr>
</tbody>
</table>

In general, ideals of Armidale women are higher than those of the Melbourne women. In fact, the aspirations of Melbourne
women correspond more closely to those of Armidale husbands. The main reason for this is that a large proportion (one quarter) of Armidale women specified two or three as an ideal size. Thirty-five percent of the women in the Melbourne 1977 survey did not have any children, and perhaps this would influence their aspirations but it still appears that Armidale women ideally favoured a larger family, although the majority planned only two children.

### 6.7 The Husband's View on Family Size

As mentioned in Chapter 2, a feature of this survey was that husbands were also interviewed. The questions asked of the men were brief, and referred only to preferred and ideal family size. Lyn Richards (1977:27) gave the example of one man who said: "I do not think men are really interested in babies" and another expressed the view that "generally you would not sort of go into, discuss hypothetical questions about how did you decide to have your kids". Five women asked the present researcher not to interview their husbands as their husbands would not like it and these were not followed up because of the possible embarrassment to the wife.

Husbands were categorised in the same way as wives with respect to preferred family size with the exception of the additional category NORES for husbands who did not respond at all. Table 6.16 shows the distribution of the husband's desired family size and their occupations.
<table>
<thead>
<tr>
<th>Family Size Category</th>
<th>White Collar and Above No. Percent</th>
<th>White Collar and Above Percent</th>
<th>Craftsman/ Semi Skilled No. Percent</th>
<th>Craftsman/ Semi Skilled Percent</th>
<th>Unskilled Labourer No. Percent</th>
<th>Unskilled Labourer Percent</th>
<th>Large Scale Farmer No. Percent</th>
<th>Large Scale Farmer Percent</th>
<th>Student No. Percent</th>
<th>Total No. Percent</th>
<th>Student Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>NODEC</td>
<td>7 28.0</td>
<td></td>
<td>6 17.6</td>
<td></td>
<td>1 7.2</td>
<td></td>
<td>3 37.5</td>
<td></td>
<td>-</td>
<td>17 20.2</td>
<td></td>
</tr>
<tr>
<td>II</td>
<td>10 40.0</td>
<td></td>
<td>13 38.2</td>
<td></td>
<td>5 35.7</td>
<td></td>
<td>2 25.0</td>
<td>3 100.0</td>
<td>-</td>
<td>33 39.3</td>
<td></td>
</tr>
<tr>
<td>II or III</td>
<td>4 16.0</td>
<td></td>
<td>4 11.8</td>
<td></td>
<td>-</td>
<td>2 25.0</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>10 11.9</td>
<td></td>
</tr>
<tr>
<td>III+</td>
<td>4 16.0</td>
<td></td>
<td>9 26.5</td>
<td></td>
<td>5 35.7</td>
<td>1 12.5</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>19 22.6</td>
<td></td>
</tr>
<tr>
<td>NORES</td>
<td>-</td>
<td>-</td>
<td>2 5.9</td>
<td></td>
<td>3 21.4</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>5 6.0</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>25 100.0</td>
<td>34 100.0</td>
<td>14 100.0</td>
<td>8 100.0</td>
<td>3 100.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>84 100.0</td>
<td></td>
</tr>
</tbody>
</table>
Table 6.16 appears to show a more definite relationship between the family size expectations of husbands and their occupation. A large proportion of the men in higher occupational groups wanted only two children, whereas those in category III+ (wanting three or more children) were generally from lower occupational groups (except for four in the professional group).

The family size categories for wives were distributed in approximately the same way as those of the husbands. The main difference was that fewer husbands are concerned about the children's sex (category II or III) and two more husbands than wives indicated that they had not made up their minds about family size (category NODEC).

Table 6.17 gives the family size expectation of the husbands compared with the family size expectation of the women.

**Table 6.17**

<table>
<thead>
<tr>
<th>Family Size Husbands</th>
<th>Family Size Wives</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NODEC</td>
</tr>
<tr>
<td>NODEC</td>
<td>6</td>
</tr>
<tr>
<td>II</td>
<td>2</td>
</tr>
<tr>
<td>II or III</td>
<td>3</td>
</tr>
<tr>
<td>III+</td>
<td>2</td>
</tr>
<tr>
<td>NO REPLY</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>15</strong></td>
</tr>
</tbody>
</table>

Category NODEC women have husbands who vary as to family size. While six agree with their wives and have not made up their minds,
almost equal numbers wanted two, two or three or three children. A large group of category II husbands and wives agreed on two children and a further six husbands of category II women said they had not made up their minds.

The most striking difference in this table is with category II or III women and their husbands. Only three men agree with their wives (to have two or three children) and the largest group of husbands want only two children compared with their wives two or three. It appears that the question of the sex of the children is of little real significance for men at this stage - perhaps they had not really thought about it, or they are more inclined to take what comes. However, as the majority of the women already had sons, the husbands were perhaps not concerned about having daughters.

Category III+ parents show a substantial amount of agreement concerning family size, with two thirds agreeing on three or more children.

Overall, 44 husbands and wives agree. However, if the consideration of the sex of the child is dropped then 55 couples agree (65 percent). It is interesting to note, however, that when asked if there had been any disagreement with their husbands or wives over family size, 66 women and 64 men indicated that there was no disagreement between them. Eight husbands and six wives felt that the wife wanted more children and that they were still arguing or discussing the matter, and four husbands and five wives felt that the wife wanted fewer and the discussion was
still going on. Obviously some parents had not discussed the number of children they wanted at any length. Lyn Richards (1978:26) found that: "on many topics discussed here husband and wife differed indicating a lot about their communication with each other, as well as differences between men's and women's attitudes".

Certainly, in this survey there appeared to be a strong feeling that wives should decide how many children they wanted. When asked who should have the final say on how many children they wanted most women were definite that it should be them (62 percent). Their responses were of two kinds, firstly, that the woman has to actually bear the children (that is, go through childbirth) and secondly, that the woman has most of the responsibility of looking after them. Those who thought the husband should decide (7 percent) spoke of how they wanted to please their husbands or that he had to support the family financially. Those who thought both should decide usually emphasised communication - that one needed to talk and keep talking until a compromise was reached. Some of these said that: "It depends who wants less children" and the only response which differed was that of a woman who said: "It depends who feels more strongly about it".

These responses support the view that those families in which husbands and wives have very definite responsibilities, men have jobs and women have children, the wife considers that she should have the final say on the number of children. In situations where the husband is more involved with looking after and sharing
the emotional responsibility of children, couples feel that any decisions about family size should be joint.

6.8 Conclusion

This chapter has focussed on planned and ideal family size. The problems of asking for family size preferences were discussed and it was clear that decisions about family size are part of an on-going process. The family size preferences of Armidale women represent their decisions at this stage of the life cycle and it was expected that these might change over time. However, Armidale women, like other Australian women, showed a preference for the two child family.

Some women had made no decision about family size at this stage of the life cycle and the questions asked in the survey did not force them to state a preference. Most of these women were concerned about being able to cope with children and for this reason had not finally decided on a family size, preferring to wait until the number of children they had was sufficient. A proportion of women stated that they would have two or three children, depending on whether they attained one of each sex in the first two children. Sex preferences were found to be much more likely to affect the woman than her husband.

At this early stage of the life cycle, some women had already changed their minds about family size and in every case the preference was now for a smaller family. This finding was unlike the findings of other authors but the present study had already dealt with having one more child because of a preference for one child of each sex. This was found to be a significant reason for
couples changing their intentions to more children.

Differing preferred family sizes were seen by other authors as reflecting differing family lifestyles. While this approach is seen to have merit it does not explain why there is so much uniformity in the two child family preference. This norm brought together women from different religions, social and educational backgrounds in the Armidale study. The only significant differential found in the study was the size of the mother's own family. Those women who had come from large families apparently valued sharing and companionship more highly than other women, although there were some women from large families who only intended to have two children themselves.

There was some strong reaction to questions as to whether women should work outside the home or look after their children at this stage. Most Armidale women were reluctant to allow that 'good' mothers could work outside the home even though some women stated that being at home was boring and dull. The evidence suggests that women in Armidale did see children and careers as an either/or choice rather than part of an integrated life which a woman was free to pursue.

The husbands of the Armidale women surveyed had more definite ideas about family size intentions than their wives. They were less likely to give the answer of two or three children depending on the sex of the first two children and their responses to the question about ideal family size corresponded more closely to Melbourne wives than the Armidale women. Some lack of communication between husbands and wives was obvious as the amount of disagreement
between them on planned family size was greater than they were willing to acknowledge. The majority of women thought that the final decision about family size should be theirs, as they had the major responsibility for childbearing and child-rearing. Families in which child-rearing was a shared responsibility were more likely to share the decision on family size.

Overall, Armidale women shared the generally held Australian view that two children was the preferred family size. However, the ideal family size of Armidale women was slightly higher with many desiring two or three children in more favourable circumstances. It appears from consideration of the last chapter on spacing of children, that Armidale women spaced their children further apart than a comparative Melbourne sample. This indicates that although Armidale women preferred roughly the same family size they were spacing out each child to gain maximum enjoyment from their mother role. However, city mothers spaced their children closely so that they could return to other "pre-motherhood" activities.
CHAPTER 7

Contraception

7.1 Introduction

"Since the 1890's, Australians have been amongst the world leaders in the proportions using contraception and in the avidity with which contraceptive innovation has been adopted. By the 1950's two-thirds of all wives and three-quarters of all fecund wives (i.e. those who could conceive) were practising some form of birth control... The new contraceptive age began in January 1960, when obstetricians and gynaecologists were given permission to begin prescribing the pill." (Ruzicka and Caldwell, 1977:320).

The most remarkable feature of the "new contraceptive age" is the ease with which women can continue using contraception whereas previously it was always easier not to use it. Rainwater (1960:53) wrote:

When the event to be planned is as significant as parenthood, the dynamics of choice are likely to become even more muddled, particularly since what one is planning is not really parenthood at all, but nonparenthood. One who exercises the choice to do nothing at all, to plan only in the negative sense, is quite likely to become a parent. Only if a person takes positive action and does something that is not spontaneous is parenthood avoided. The planning that is relevant to contraception is oriented towards not being a parent; if a couple is fecund, planning to be a parent requires only that they leave nature alone, doing nothing that is not spontaneous or instinctive in any case.

These statements are in direct contrast to Ruzicka and Caldwell's finding (1977:335) that: "Nearly all young interviewees agreed that it was harder to decide to stop contraception to have a baby than just to continue contraception for the time being". There
is a dramatic change in emphasis. Although the pill is by no means the perfect contraceptive it is certainly "uniquely universal" (Caldwell and Ware, 1973:22) and its usage among the Melbourne survey women, married after 1971 was 70 percent (Young and Ware, 1978:6). Rainwater (1960:171) did not anticipate such a trend. He stated: "From the responses of men and women in our sample, we doubt that the oral contraceptive now being publicized will prove widely successful among this group...More basic than this is the difficulty raised by having to take a pill every day. These people find it difficult to plan consistently or to follow routines that do not seem "natural". It is unlikely that many women in the working class (other than those with more than four children who become desperate about pregnancies) will follow a strict daily pill taking regimen".

7.2 The Contraceptive Pill

The majority of the Armidale sample of women were married after 1971 and in terms of their contraceptive history the pill is the major contraceptive, others being of minor importance. In Chapter 5, Table 5.5 showed that about 68 percent of women had used the pill to avoid pregnancy after marriage, a similar finding to that of Lavis (1975).

The method used to look at the contraceptive history of Armidale women was simply to ask the main method of contraception used in each of the last five years. Although this has the disadvantage of not recording changes in method during a year it was clear that the majority had used the pill continuously after marriage until the birth of the first child. The method used in the Melbourne
survey - that of a "pill calendar" (Lavis, 1975:5) - gave, for each woman a detailed history, month-by-month, of her use of oral contraceptives over a ten year period from 1961 to 1971. This method was very effective for that survey as a longer period was surveyed and the age range of the woman surveyed was greater.

In the Melbourne survey, Lavis (1975:161) found that: "Almost seventy percent of recent cohorts have attempted to control their fertility by means of the most efficient method of contraception which is currently available...It is certainly true that oral contraceptives were the means which were used to effect the decline in fertility which occurred in Australia, and elsewhere, during the 1960s".

The contraceptive pill has been responsible for a large reduction in family size and the woman now has the prime responsibility for preventing pregnancy - no cooperation from the male partner is necessary. "What the pill offered was not a new ability to control family size but rather two very different advantages. Firstly, it removed the necessity of exercising forethought and taking precautions at the time of intercourse, and secondly it virtually eliminated the "user failure" component (as opposed to the "method failure" component) which had been an important factor reducing the contraceptive efficiency of the older methods (although, of course, some women do forget to take the pill). In addition this method was so effective, so simple and relatively pleasant that it opened up a whole new range of life style options for young people." (Young and Ware, 1978:4). Certainly, the advantages of the contraceptive pill are most important in the reduction of fertility, particularly the "user failure" component. In an almost perfect
contraceptive era, those women who find the pill distasteful in some way still expect to be able to control their own fertility. This is discussed later in the chapter.

The pill is the most commonly prescribed method when women seek advice about contraception before or soon after marriage. In fact, the words 'contraceptive' and 'pill' are regarded as synonymous by many women. The reasons for this choice by doctor and patient are fairly obvious - it is the safest method, it does not decrease spontaneity in sexual relations and the method of application is simple. Alternatives such as the intrauterine device (IUD) or diaphragm are not generally prescribed unless the patient specifically requests them. An IUD is easier to insert after a woman has had a child, and in the case of the diaphragm, user failure and lack of spontaneity are significant factors. Apart from these disadvantages, such methods are less reliable than the pill (Royal Commission on Human Relationships, 1977:Vol.3:26). However, the pill is generally more effective for women who are in a stable relationship - those who do not know whether they will engage in sexual relations are disadvantaged. As well, there are women who are dissatisfied with the pill because of side effects such as nausea, headaches, weight gain, depression and changes to patterns of menstruation (Ruzicka and Caldwell, 1977:323). Also, at later stages in women's lives, there are increasing proportions of women who worry about possible long-term side effects of oral contraception and the risk of an association with cancer and circulatory disease.

Table 7.1 shows the pattern of usage of contraception over the
period 1971 to 1977 for the sample.

Table 7.1
Method of Contraception Used (a) 1971-1977

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pill</td>
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<td>42</td>
<td>53</td>
<td>32</td>
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<td>31</td>
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<td>2</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Diaphragm</td>
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<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Condom</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Rhythm Methods</td>
<td>-</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Foam, etc.</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>-</td>
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<td>1</td>
<td>1</td>
<td>1</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Trying to get pregnant</td>
<td>1</td>
<td>3</td>
<td>5</td>
<td>-</td>
<td>13</td>
<td>2</td>
<td>11</td>
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<tr>
<td>Pregnant</td>
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<td>-</td>
<td>-</td>
<td>23</td>
<td>61</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>Not trying to get</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>pregnant - no</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>contraceptive</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>11</td>
<td>3</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>No male partner</td>
<td>59</td>
<td>47</td>
<td>28</td>
<td>10</td>
<td>3</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>84</td>
<td>84</td>
<td>84</td>
<td>84</td>
<td>84</td>
<td>84</td>
<td>84</td>
</tr>
</tbody>
</table>

(a) Refers to main method used during that year.

The table illustrates that women mainly used the pill. Since the birth of the baby in 1976 the change from the pill to other methods is not great. A large number (forty-four) of women decided to become pregnant again very shortly after the birth of the first baby. This alleviates the need to use the pill over an extended period and assures the woman that she will not become infertile (one of the supposed side effects of the pill) and risk having a one child family. A second pregnancy also puts off the decision about contraception and this could mean that sterilisation will be sought after planned family size is achieved.
This survey did not ask women their knowledge of various contraceptive measures. However, it was clear from the reaction to the question "What was the main method of contraception used?" that all women were familiar with the term "contraception" and to a good number, this word was synonymous with the pill, it being the most popular method. Other methods of contraception were not considered unless the contraceptive pill failed to provide the answer. Those women who used other kinds of contraceptives usually had an "anti-drug" philosophy and in the case of those using the rhythm method, the majority had been to a course run by the Catholic Church in Armidale. Busfield and Paddon (1977:243) felt that: "Reluctance to use any contraception, irregular use, and avoidance of particular methods seem to be primarily a question of the 'inherent characteristics' different methods are felt to have, though no doubt the way in which particular contraceptive methods are perceived is influenced by religious and other ideological beliefs". The inherent characteristics of the pill which are distasteful to some women are that it is a drug and that it does have health risks associated with it. The women who make a conscious well-thought-out decision not to use the pill are often able to choose a different method which they find satisfactory. However, as Table 5.7 showed there are among the sample seven women who were not using any form of contraception before the birth of the baby even though they did not wish to become pregnant. Peel (1972:346) stated: "The one departure from rationality revealed in this [Hull] study concerns the significant group of couples who knowingly take risks...Whether such risk-taking represents modification of previous contraceptive neglect or whether it is based upon a particular philosophy of sexual behaviour is
difficult to determine". Busfield and Paddon (1977:247) suggest that: 
"...getting contraceptives through doctors and clinics requires forethought and organisation about sex that may seem antithetical to the ideas of spontaneity and passion that surround the conventional images of it". There are still women who, although they are aware of contraceptive measures do not use them, especially when they are unmarried.

7.4 Alternatives to the Pill

Table 7.1 showed that after the birth of the baby in 1976, some women changed from the contraceptive pill to other methods. Eight women used an interuterine device (IUD), or about 9.5 percent of the sample. Young and Ware (1978) found a similar proportion in the 1977 Melbourne Survey of recently married women. The IUD has a similar advantage to the pill as it is not specific to intercourse, but it requires only one visit to the doctor to have it inserted. The Royal Commission on Human Relationships Final Report (1977:Vol.3:21) stated that the IUD "is not well tolerated by all women, particularly those who have not had children due to increased bleeding and uterine cramping".

Rhythm methods, particularly the one which is advocated and taught by the Catholic Church in Armidale, have gained some support after the birth of the baby. The effectiveness of this method has been disputed (Royal Commission on Human Relationships Final Report, 1977:Vol.3:30) but the women choosing this method were concerned about their health. Also, as all wanted at least another child, it was not of critical importance whether the method was completely reliable.
Diaphragms and condoms, which are considered to be among the safest and most effective methods in terms of mortality and morbidity (Royal Commission on Human Relationships Final Report, 1977:Vol.3:35), were used by very few of the sample. This may be due to the absence of a Family Planning Clinic in Armidale which encourages women to look at alternative measures. However, these methods are specific to intercourse which is regarded as a major disadvantage by many women.

7.5 Satisfaction with Contraceptive Method

Methods of contraception are unlikely to be reliable if the user finds the method of application difficult or the effect of the device or drug to be distasteful. In the Armidale study women were asked if they were satisfied with the method of birth control most recently used. A majority of women, 78 percent, were satisfied with the method while 10 percent had mixed feelings and the remaining 12 percent were dissatisfied. Table 7.2 shows the level of satisfaction with the contraceptive method used in 1977.

Table 7.2
Method of Contraception Used in 1977 by Level of Satisfaction with Most Recent Method

<table>
<thead>
<tr>
<th>Method</th>
<th>1977 Satisfactory</th>
<th>Unsatisfactory</th>
<th>Mixed Feelings</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pill</td>
<td>28</td>
<td>1</td>
<td>1</td>
<td>30</td>
</tr>
<tr>
<td>IUD</td>
<td>7</td>
<td></td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Condom</td>
<td>1</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Rhythm</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Foams, etc.</td>
<td>2</td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Trying to get pregnant (a)</td>
<td>5</td>
<td>1</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>Pregnant (a)</td>
<td>15</td>
<td>6</td>
<td>2</td>
<td>23</td>
</tr>
<tr>
<td>Not trying to get pregnant (a)</td>
<td>2</td>
<td>1</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>- no contraceptive</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total 63 10 8 81 (b)

(a) Satisfaction level refers to last contraceptive used
(b) Excludes three cases where women were subfecund
Of interest in this table is that a larger proportion of women who were either pregnant or trying to get pregnant were dissatisfied with or had mixed feelings about their previous method of birth control. This implies that they were putting off the decision about a satisfactory contraceptive method until after the next child. If these women only desire two children, as a large proportion do, then they may consider sterilisation as an answer. The 1977 Melbourne survey found that: "Among women born in 1940-44 (who are now aged 32-37 years) the proportion sterilised (25 percent) is considerably greater than the proportion using the IUD and approaches the value for proportions taking the pill (29 percent)." (Young and Ware, 1978:6). Ruzicka and Caldwell (1977:331) also found that: "A rapidly increasing proportion of married couples regard sterilisation as the eventual way out of the pill-IUD dilemma".

Table 7.3 shows the main advantage as seen by the women of the contraceptive measure used before the baby in 1974.

Table 7.3
Method of Contraception 1974 by Main Advantage of Method

<table>
<thead>
<tr>
<th>Method 1974</th>
<th>Don't have to think</th>
<th>Few or no side effects</th>
<th>Easy to Use</th>
<th>Effective, Reliable</th>
<th>Natural Other</th>
<th>Disliked Method</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pill</td>
<td>3</td>
<td>7</td>
<td>15</td>
<td>24</td>
<td>-</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>IUD</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Diaphragm</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Condom</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Rhythm</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Foam, etc.</td>
<td>-</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>4</td>
<td>11</td>
<td>15</td>
<td>24</td>
<td>3</td>
<td>2</td>
<td>4</td>
</tr>
</tbody>
</table>

(a) Excludes those women trying to get pregnant or with no male partners in 1974
The main advantages of the pill were seen as its ease of usage and its reliability. Alternative methods were used because they were considered natural or to have few or no side effects. Certainly the pill is believed to be reliable. Only four women could not think of any advantage of the method they used in 1974. However, in 1977 there was more dissatisfaction with contraceptive measures as Table 7.4 shows.

Table 7.4

| Advantage of Contraceptive Method Most Recently Used by Method of Contraception in 1977 |
|-----------------------------------------------|-----------------------------------------------|
| Method                                      | Don't have to think                           | Few or no side effects | Easy to Use | Effective, Reliable | Natural | Other | Disliked Method | Total |
| 1977                                        |                                                |                          |             |                      |         |       |                |       |
| Pill                                        |                                                | 1                        | 13           | 16             | -       | -     | -               | 30    |
| IUD                                         | 4                                              | 2                        | 1            | -               | 1       | -     | -               | 8     |
| Condom                                      |                                                | -                        | 1            | -               | -       | -     | -               | 1     |
| Rhythm                                      |                                                | -                        | 1            | -               | 3       | -     | 1               | 5     |
| Foam, etc.                                  |                                                | -                        | 1            | -               | -       | -     | -               | 2     |
| Trying to get pregnant                      |                                                | -                        | 1            | 2               | 4       | 1     | 1               | 9     |
| Pregnant                                    | 4                                              | 4                        | 8            | -               | 3       | 4     | 23              |       |
| Not trying to get pregnant - no contraceptive|                                               | -                        | 1            | -               | -       | -     | 1               | 3     |
| Total                                       | 4                                              | 12                       | 20           | 30              | 5       | 3     | 7               | 81(a) |

(a) Excludes three women who are subfecund.

Again, as in Table 7.2, of those who disliked the method of contraception most recently used all but one was pregnant or trying to get pregnant or not using a contraceptive. The main advantages overall were that the method used was effective or reliable and easy
to use. Hardly any of the women using the pill or the IUD said that few or no side effects was the main advantage. This advantage, and that of naturalness were chosen by the women using the less reliable methods.

There is significance in the fact that if the most recently used method of contraception, usually the pill, was disliked totally, then the women were likely to be pregnant or trying to get pregnant. It suggests that women regard having another child soon after the first as an effective way of putting off decisions about contraception. It may mean that these women will seek permanent solutions to the problem of contraception, that is, sterilisation of themselves or their partner. However, it is of considerable interest whether some of the younger women will, in fact, have higher fertility than those who chose to contracept between babies. This question has not been explored in this survey but could be canvassed in a longitudinal study.

7.6 Contraceptive Advice

There is increasing pressure among women for doctors to regard pregnancy, childbirth and contraception as natural, normal events and to remove barriers which ordinarily exist between doctors and sick patients. Fran Hausefield (Hausfield in Women's Health in a Changing Society, 1977:Vol.3:19-20) wrote:

Women attend doctors when well, for pregnancy-management or for fertility-control...Yet these are among the few occasions when the doctor practices preventative medicine, ministering to a well person to keep her well, the usual doctor-patient patterns could be relaxed, without threatening his professional or personal standing...Rapport could be built up in this more social relationship to carry doctor and patient more readily through the threatening aspects of medical interaction.
The Family Planning Association was set up in response to the need by women to have a place where they specifically went for contraceptive advice and were not treated as sick. However, Armidale women usually went to a general practitioner or gynaecologist for contraceptive advice and this was generally regarded as the place to go. Many women felt that their doctor was interested in them or that they could talk to him. In a small community the doctors were likely to have known the parents of the woman concerned or have seen the woman over a number of years and established rapport with their patients. Table 7.5 gives these details.

Table 7.5

<table>
<thead>
<tr>
<th>What Women liked about arrangement</th>
<th>Source of Advice/Supplies</th>
<th>Catholic Family Planning</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>GP</td>
<td>Specialist</td>
<td>Chemist</td>
</tr>
<tr>
<td>Person interested</td>
<td>5</td>
<td>5</td>
<td>-</td>
</tr>
<tr>
<td>Person knowledgeable</td>
<td>4</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Can talk to person</td>
<td>11</td>
<td>6</td>
<td>-</td>
</tr>
<tr>
<td>Feel relaxed</td>
<td>2</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Easy access</td>
<td>5</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Anonymity</td>
<td>-</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>Neutral</td>
<td>18</td>
<td>4</td>
<td>-</td>
</tr>
<tr>
<td>Nothing liked</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>45</td>
<td>17</td>
<td>5</td>
</tr>
</tbody>
</table>

(a) Excludes women who had not recently sought contraceptive advice.

Young and Ware (1978:9) found in Melbourne that: "General Practitioners, gynaecologists and family planning clinics, in that order, are the main sources of advice regarding family planning;
having somewhere close by and easy to get to, and having enough
time to talk during an appointment were the two main factors
relating to satisfaction with a given arrangement". A similar
pattern is to be found in Armidale except that a Family Planning
Clinic does not exist there.

A proportion of women in Armidale could not think of any
particular advantages of their arrangement and these women were
classified under the "neutral" category. Often such women commented
"I know what I want and I just ask for it". It is difficult to
determine whether this meant that the woman concerned was confident
and satisfied with the form of contraception used or whether such
a woman was not assertive enough to explore alternatives with her
doctor. However, of those who sought specialist advice, only
23.5 percent were neutral compared with 40 percent of women who
sought the advice of a general practitioner.

The Royal Commission on Human Relationships (1977:Vol.3:103)
expressed the view that: "We think that the pill should be available
only through a person trained to give information and advice on
its proper use. We would not necessarily restrict the categories
of such persons; they might include nurses or other specially
trained personnel, at family planning clinics, specially trained
social workers, pharmacists and possibly others". It would appear
from the Armidale sample that even though doctors are trained in
medical matters they do not necessarily provide information and
advice which women find helpful. The most important factor in the
provision of contraceptive advice is that women feel they can
discuss their problems with the current contraceptive measure with
whoever gives the informed advice.
7.7 Abortion and Sterilisation

It has been mentioned previously that the effectiveness of the contraceptive pill means that women in this era expect that they will have full control over their fertility and be protected against accidental pregnancies. Young and Ware (1978:11) make this point very well.

At first sight it may appear paradoxical to suggest that the availability of highly effective contraceptives such as the pill and the IUD has served to promote sterilisation (and to some extent abortion); yet such is almost certainly the case. Prior to the pill and the IUD the claim that 'women have a right to control their own fertility' would have had a rather hollow ring. Now that that possibility is within reach, women feel that they have a right to be rescued from, or guaranteed against, 'accident pregnancies'. The woman who becomes pregnant with an IUD in situ feels entitled to an abortion in a way in which a woman who thought maybe she had forgotten or misplaced her diaphragm one night never did. Equally, the certain protection afforded by the pill, combined with widespread concern as to its long term effects and the failure of the IUD to reach any competing level of acceptability, has done much to promote the adoption of sterilisation by women who have achieved their desired family size.

The Armidale group was not asked about whether they would consider sterilisation as an alternative to contraception and only one woman admitted to having had an abortion. However, it has been shown in 7.5 that those women who disliked or had mixed feelings about their contraceptive measure had mostly decided to have another child soon after the first. It is highly likely that these women will consider sterilisation as a permanent solution to the contraception problem.

7.8 Cause and Effect? - The Pill and Family Size

Lavis (1975:161) wrote: "A final question is whether the availability of orals and the widespread adoption of this method
of contraception were the necessary and sufficient conditions for a decline from previous levels of fertility. If the downward movement of rates during the 1960s were merely a reflection of changes in family planning desires, attitudes, goals and spacing intentions, then these changes might well be temporary responses to the social and economic environment of the 1960s. Certainly, the changes have not been shown to be temporary and the pill has made achievement of the small family goal an easier one to achieve. However, the pill must be seen as only one of a wide range of technological devices which have changed the attitude of Australians towards the family and oriented them towards being part of the consumer society which emphasises giving the children one has the best of material goods and de-emphasises the importance of sharing and "making-do" with what one has. In Armidale, the consumer society is less in evidence than in "city environments" but it still exists.

There are some unpleasant social side effects of the contraceptive pill. While it has meant greater sexual freedom for women, and especially unmarried women, it also places the major responsibility for contraception with the woman. However, the woman still does not have full societal approval for abortion when contraception fails. Family Planning Clinic advertisements try to emphasise that the two people involved in the sexual relationship should decide on contraception but this is not always practiced. Rainwater (1960) examined the relationship between men and women and the type of contraceptive used but this was before the era of the pill. It has now become a widespread belief amongst men that women are usually on the pill, despite evidence to the contrary in the number
of women seeking abortions.

Overall, it does not appear that either the relationship between the pill and small family size or small family size and the pill can be considered cause and effect. Fertility was already falling when the pill was introduced in Australia and its success can be partly attributed to a desire for smaller families and also to the fact that it made smaller families easier to achieve.

7.9 Conclusion

This chapter is called "contraception" but to the majority of women in the Armidale sample, "contraception" and "the pill" are synonymous. This was the method preferred by most of the sample, although there was a slight swing away from the pill after the birth of the first child to the IUD and the rhythm method. However, for the women not happy with their contraceptive method, another choice existed. This choice was to use no contraceptive method and to become pregnant again. This choice alleviated the need for worrying about less convenient methods, perhaps because some were unaware that other contraceptive methods could be used effectively and efficiently.

Women who chose to have a second child rather than worry about the pros and cons of various contraceptive measures are a special group. It is predicted that these women will complete their families at two children and either wait for an "accidental" third child or have a sterilisation operation after the second or alternatively, the third child.

The doctor's advice on contraception was generally sought by Armidale women who did not have much alternative except Catholic
Family Planning if they wished to use the rhythm method. In a number of cases, women did not appear enthusiastic about the arrangement of seeing a doctor and, as this area of a woman's life is of vital importance, such a problem cannot be ignored. A Family Planning Clinic may well be a useful addition to the medical services offered in Armidale, especially given the problems particular to the unmarried female student population (see Chapter 3).

In conclusion, the main pattern of contraceptive use in Armidale is that of using the contraceptive pill until the family size planned is achieved. Problems with contraceptive methods result in the mother preferring to have another child soon after the first, rather than trying to solve the contraceptive dilemma. Alternative methods to the pill are tried by only a few who either have an "anti-drug" philosophy or a strong religious conviction because good contraceptive advice does not appear to be generally available in Armidale and because most Armidale women are relatively satisfied with the contraceptive pill.
8.1 Introduction

The preceding chapters and especially Chapters 4 to 7 have concentrated upon the motivations of Armidale mothers who had their first child in 1976. This chapter is intended to bring together various individual aspects of the women's lives such as motherhood, the timing of the first birth and family size intentions, in an examination of the profiles of women's lives in Armidale.

Sheehy (1976:295-296) examined women's life patterns and categorised women as: caregivers, nurturers who defer achievement and achievers who defer nurturing, integrators, never married women and transients. She stressed that the patterns could change as women grow and develop. Thus caregivers who spend their lives in cherishing and believing in other people may still suddenly take up a career at a later life-cycle stage. Penman (1975:193) simply divided women into "other-oriented" and "self-oriented" to draw the contrast between those who accept the traditional view of the ideal woman as a self-sacrificing non-person and those who assert themselves in adopting a more radical approach to the definition of sex roles. She found that "the current literature suggests that the ideal image is still being conceived of as other, or traditionally oriented and that woman's behaviour within the family sphere conforms to these expectations". In this study the concentration upon the family lives of the Armidale women is a natural outcome of the subject matter of the study, but it also reflects the preoccupations and emphases of the women themselves. All but a
tiny minority of women within this country town culture do define themselves as wives and mothers rather than as career women or individuals in their own right.

Penman (1975:200) also argued that: "The resolution of the increasing pressure to liberalize women's roles in terms of combining home and work duties may not be the most satisfactory solution to the problems of traditional role confinement". Recently there has been a swing away from the idea that equal pay and working mothers prove women to be equal. Women who work while they have small children often find themselves overloaded with the combination of family and work responsibilities. They gain some independence at work but at home are supposed to satisfy the usual traditional role expectations by caring for the children and completing housework with very little assistance from their spouses. The approach suggested by Mercer and Miller (1975:458) was one of reciprocity in sex roles. They stated that: "Liberation lies in the promotion of the maximum flexibility in roles such that relations between people are based not on inflexible expected patterns of behaviour but on the conscious operation of the principle of reciprocity...". The Armidale study suggests that this principle was not in operation amongst the mothers. Many were happy with their traditional roles and those who were dissatisfied still usually combined a traditional home role with a different life at work.

It may well be that the last revolution for women will come within the home, as each woman has to fight alone there against the self-interests of her husband and children with whom she has
strong emotional bonds. In existing social circumstances, only an exceptional woman will take up the battle and only a truly outstanding woman with a most cooperative family will win. In the Armidale context, women's motivation to fight against traditional sex roles is further weakened by the fact that any woman who won would thereby isolate herself from the majority of her neighbours. There does not appear to be any significant sub culture of women who are not home centred.

8.2 Profiles of Women from the Armidale Study

Four profiles are considered in this section - a local non-working mother, a transient non-working mother, a local working mother and a transient working mother. Although the cases cannot be considered entirely typical, they give a broad overview of some of the women in the Armidale sample. The names used are not real.

Local Mother - Not Working

Margaret Jones was a local girl aged 24 at the time of interview who grew up in Armidale in a family of ten children. She has lived in Armidale all her life, as has her husband. Margaret worked as a typist in the employment office before having the baby and since then she has not worked. Her husband is a survey draftsman at the Armidale County Council and is also a qualified electrician. They are both Roman Catholics.

Their first child was born a little over three years after marriage and Margaret has not experienced any problems with the baby except colic. In reply to questions about the best and worst things about being a mother, Margaret said that watching a baby grow and feeling fulfilled were important and she could specify
no worst thing about being a mother. She felt that a baby
needed loving care and attention, security and company and liked
providing these things to her baby. She stated that she enjoyed
life more since the baby was born as she does not have to go to
work anymore and enjoys the baby very much. Although Margaret
delayed having the first baby in order to save for a house, the
baby arrived sooner than she had expected. She had used the
contraceptive pill but had apparently forgotten to take it every
day.

Margaret had not made a final decision about the number of
children she wanted and said that her husband and she had not
discussed the matter or made any plans. However, the interview
with her husband revealed that he had decided on two or three
children, and he felt that there was no disagreement on the
matter. There had been three children in his own family. The
next baby was expected to be born two years after the first and
Margaret saw the main advantage of this to be that the mother
completed childbearing early and was able to go on to other things
but she did not intend to return to work. Further questioning
revealed that Margaret thought she would have only two children
because of the size of the house and the difficulty she might
have in coping with children. Margaret felt that she should have
the final say about how many children they should have because
she has to bear them.

Margaret did not agree that children tied a woman down as
she always took the baby with her when she visited friends or
relatives. She did not want to go back to work and stated that
her husband would not permit her to work preferring her to stay at home. She turned "a deaf ear" to women's liberation because she was not interested in it although it was fair enough if that was the way people wanted to be.

Margaret and her husband did not agree on family size and had not discussed it openly. Margaret vacillated between saying that she did not know how many children she wanted, and stating that two children were sufficient because of financial constraints. Later she stated you could always afford more children if you want them and that finance was an excuse couples use to justify the family size they chose. Margaret appeared to reflect a conflict between her religion and her own ideas about family size and the issue was still not resolved. It might be expected that Margaret will have at least one other unplanned child because of this unresolved conflict and because her husband seemed unable to communicate his thoughts on the matter to her.

Transient Mother - Not Working

Sarah Brown aged 31, had been a music teacher before the birth of her baby and her husband was a lecturer. They had been in Armidale for five and six years respectively and both shared a common interest in music and belonged to the Church of England church.

The baby was born two years after marriage and it had been planned, although the couple had previously been to a doctor about infertility problems. There were no problems with the baby and Sarah relied on friends and books for advice about the baby.
She specified that having a baby to love and watching a baby grow were the best things about being a mother and not enough time to oneself was the worst thing. She felt that a baby most needed love from its mother and that mothers should be emotionally ready for a baby.

Sarah had mixed feelings about the contraceptive pill and had used the ovulation method after the first baby but found herself pregnant again. The spacing between the two children would be about 16 months and Sarah considered that this spacing was closer than she would have liked. The planned family size of both parents is three children and Sarah specified that there would have to be mutual agreement on family size. Sarah came from a family of six and liked the atmosphere of a large, sharing group. Her life had changed for the better because she saw that new fields of interest had broadened her outlook. She was able to appreciate different lifestyles and felt that the break from teaching had stopped her from getting "stale". Since leaving teaching Sarah had kept up her musical interests and had felt rejuvenated. Less money was seen by Sarah as the only disadvantage of having a baby.

Sarah was keen to return to teaching eventually and probably would begin part-time after the next baby was born and old enough to be looked after adequately by another person. On the issue of women's liberation, Sarah had read "The Female Ennuch" and other literature and she stated that she agreed with the movement but did not entirely approve of some of the methods used. Her husband, she felt, would be supportive of any moves she made back to the
workforce as long as the child (or children) was adequately physically cared for.

Sarah was enjoying being at home out of the workforce and her husband was keen on family life and appeared very supportive of Sarah. He had given up studying for a doctorate degree because of the extra family responsibilities the second child would entail. Sarah was somewhat ambivalent about having the second child so soon after the first and obviously the failure to find a safe suitable contraceptive had contributed to this unplanned event. However, with a supportive husband she seemed relaxed and capable of adjusting to the next baby.

Local Mother - Working

June Rogers was 24 years old, a local mother who was presently working as a travel consultant, a job she had held before the birth of the baby. Her husband worked with the New England County Council to supplement the insufficient income derived from the family property where they lived. June had no religious affiliation.

The couple had been married for three years before the birth of the baby and had experienced no problems with the baby who had been breastfed for six months. June had returned to work when the baby was 16 months old and he was cared for by her mother-in-law. Love, affection and confidence in his mother were specified by June as the things a baby needed most. She felt that being fulfilled and doing something worthwhile were the best things about being a mother and having a mess and being tied down were the worst things. Like many other mothers, June felt that the
baby had brought her husband and her closer together - they
had something in common. She did not enjoy the restrictions
of not going out at night because of the baby. The baby had
been deliberately delayed after marriage as June wanted to get to
know her husband better and she had decided to have a baby
because she was having problems with the contraceptive pill and
felt that the couple were getting set in their ways.

June and her husband agreed that they wanted two children
although they were unsure about having a third if the first two
children were both boys. June stated that she would like to
send the children to private schools. They expected a space of
three years between the first two children and June stated that
this was because she wanted to keep working in her career and
also have more time with the first baby. She conceded that there
were some advantages in having the children spaced less than two
years apart as the mother could return to work sooner and the
children could be playmates and companions. However, June liked
working presently because she was interested in her work and
enjoyed being with people.

June was still taking the pill but had mixed feelings about
it because it was not natural. She felt that women should give
having a baby "a fair bit of thought" because of the restrictions
children imposed and felt the wife should have the final say on
family size. She admitted that children tied one down and
stated that women outside the home at work at least have one form
of independence. Her husband had been quite happy about her
going back to work and it had been accepted that she would do so
before the birth of the baby.

Although June had the advantages of an interesting job and a form of independence outside the home she did not sympathize with the women's liberation movement. She stated that they were "a pack of women who want to go by themselves and who are down on males". She thought that it had been useful once but women were sufficiently liberated now.

June appeared to the interviewer to be an extroverted person who found her job interesting and was capable of integrating both baby and work. Her husband stated that he thought fathers should take more responsibility for their children and did so himself. June did not appear ambivalent about her interest in work and did not appear to feel the need to justify her choice to pursue a career.

**Transient Mother - Working**

Karen Smith, aged 23, was teaching full-time at the time of interview. Her husband was a clerk at Uralla Shire Council and Karen was a Roman Catholic. She had been in hospital six weeks before the birth of the baby with pre-eclampsia. She appeared an extroverted, attractive person who had an enjoyable life teaching.

Karen's baby was born two years and five months after her marriage and no problems had been experienced with the baby. Karen had gone back teaching when the baby was five months old and had him cared for by an experienced mother. She stated that love and understanding were most needed by a baby and thought that having
a baby to love and starting a family of one's own were the best things about being a mother. She did not specify any worst things. In response to the question about how her life had changed since the baby's birth, Karen mentioned she enjoyed the bond of love and caring between the baby and herself. She saw the worst change in her life as the fact that her husband was mean about the leisure time she spent away from the baby.

Although Karen was a Roman Catholic, she had used the contraceptive pill before the birth of the baby and had become pregnant at the time she wanted. She stated that she had wanted a baby for some time and was not prepared to wait any longer. She had delayed the birth of the baby because she wanted to work for a career and financial reasons and did not plan to have another baby until three years after the first. Presently, Karen took the contraceptive pill but was concerned about its side effects. Karen saw no advantages in having children spaced less than two years apart and had chosen a three year spacing so that she could keep working for career reasons and interest, and because of the financial rewards. She stated that it was important to develop a stable, happy relationship with your husband before having a baby.

Karen and her husband agreed on family size. They both wanted two children although they were unsure whether or not they would have a third child if the first two children were boys. Karen came from a family of two and her husband from a family of six. On the question of who should have the final say about family size, Karen thought that she should but indicated that she would
not have a child if her husband did not want another one.

Karen's ideas on work and family were ambivalent. She stated that "financial reasons" were one of the reasons for working but denied that money influenced couples who had decided not to have more than two or three children. She also stated that she did not agree that women should have a life of their own and said her family would always come first but she obviously enjoyed working and did want a life of her own outside the home. In relation to women's liberation, Karen had read quite a lot and accepted some of the generalisations about women's role but indicated that she would have been the same person with or without women's liberation. Her husband was agreeable to her going back to work although the relatives had been concerned about whether she could cope with the house and work.

Karen is typical of some women who return to work. They appear to enjoy the independence and freedom of work, and the financial rewards but feel obliged to state that their family comes first and that money does not matter. Karen's husband appeared to play some part in this by complaining about Karen's leisure time activities. He expected that, as she worked full-time, her hours at home should be devoted to the baby and not spent enjoying other activities.

Overall, the profiles present four different life patterns. The first woman, Margaret, is satisfied with home life and does not want an outside interest or job. She had a large number of relatives living in the area and has a social network of friends. It cannot be argued that Margaret is in any way unhappy with her
present life and the only detail of her life which has not been fully worked out is that of family size.

Sarah also enjoys home life as does her husband. She does not see her domestic role as demeaning despite her desire to eventually return to work. However, there is some ambivalence about having a second child so soon after the first and Sarah is aware of not having enough time to herself. She attempts to keep up her interest in musical activities although she enjoys the break from day-to-day employment. She is presently following a traditional pattern at home although her husband does practice some reciprocity in his behaviour at home.

June was one of the few women who did not seem ambivalent about her life as a mother and a full-time worker. There was not any conflict between home and work and her husband was keen to take an active role in the care of his child. On the other hand, Karen felt that she should justify her involvement in full-time work and family activities. She stated in strong terms that her family came first. Her husband did not alleviate her sense of guilt about working and being a mother. He complained about her leisure activities and did not appear helpful about involving himself in child care and housework. This was left substantially up to Karen who had to fit it in with her other activities.

It would appear that the relationship between the husband and wife is crucial in determining the wife’s attitude towards children and family life. If both agree on traditional roles, as in Margaret’s case, then no conflict of interest arises. However,
there was little communication on family size and Margaret appeared to expect that she would make the final decision about it. On the other hand, Sarah and her husband had an agreed-upon concept of the value and importance of family life and did communicate with each other about family responsibilities.

Karen and June both worked full-time but their approaches were in direct contrast. Whereas Karen led a double life, trying to convince herself that family came first and not really believing it, June did not need to justify her choice of a career. June's husband felt under an obligation to change his lifestyle to fit in her career and the baby. He did not expect her to carry the burden of work and baby by herself.

8.3 The Women's Liberation Movement - A Solution?

In this section, the aim is to look at the value and relevance the women's liberation movement has for Armidale women. The profiles above have indicated little support for the movement. In this section the attitudes of the sample as a whole towards women's liberation are examined.

Oakley (1975:190) found that: "When women...were asked their opinions on the women's liberation movement, the attitude revealed was a predominately negative one...Of those who mentioned particular topics in this context, most cited equal pay (four disagreeing with it) or other dimensions of job discrimination against women". Welch (1975:226) also found that while many women supported issues such as equal pay and abortion they did not directly support the women's liberation movement. She deduced that: "It would appear that many women have been frightened by the notion of "women's liberation" and will profess not to believe in it, yet are
supportive of what the movement stands for, in a large part".

In the Armidale study women were asked what they thought of the women's liberation movement and whether it had affected their relationship with their husband. About 30 percent of women gave responses which could be classified as positive although no one stated that her relationship with her husband was affected. In comparison Welch's poll (1975:218) found that 39 percent were in favour when asked the question: "In general, what is your attitude towards the Women's Liberation Movement?". The remainder of the Armidale group were negative about the movement and typically these gave responses such as: "Yes, I heard quite a lot and read quite a lot and I have friends who are women's libbers, but I do not agree with half what they say. They are frustrated women - fighting for equal pay and jobs is good but they expect their cake and eat it too". Most women were prepared to accept the women's liberation movement as being helpful in getting equal pay for women but those women who went further were expecting too much. Another common idea was that the woman concerned did not need liberating: "I turn a deaf ear to it. Fair enough if that is the way people want to be but I am not interested. I do not need to be liberated - my husband helps me". This is a woman who also said that her husband "would not let her" go to work. Another woman said: "I am not interested in it - its a lot of rubbish. I do not agree with it - I would rather be pampered than aggressive". This woman also indicated her husband "would have a fit" if she decided to go back to work.

There was a strong correlation between the views of the husband about his wife working and her response to the women's liberation movement. Although the positive responses about the women's liberation
movement came equally from women working and not working, if the husband did not agree with the wife working, she usually did not agree with the movement. For example, a woman who said her husband "would not mind me working as long as I managed the housework" also said "they (women's libbers) expect a bit much. They want equality but want to be treated differently". Another said "they are a pack of women trying to prove themselves" and on the question of working she said "he would not approve, a woman's place is in the home especially when there is a baby". A more extreme case was the woman who said she expected her husband to say "no wife of mine goes to work" and, in answer to the question about liberation said "I am not a liberated lady - I watched Germaine Greer and she did not impress me much at all. I would rather think people are individuals". A response which characterises the dilemma of women who are mothers was: "I have never been involved in women's liberation - anything I have ever wanted to do Allan has always encouraged - we regard ourselves as equals. He has never said 'no' to anything I want to do". In answer to the question about working she said "he would not let me do it". Summers (1974:252) commented: "Until very recently most women were prevented from doing anything else at all by the demands of motherhood and domesticity. This has changed in the post-war years as women have smaller families but even though this gives many of them the time to take a job or further their education or engage in some other activity outside the home, they are still required to discharge their domestic duties first and anything they do must be compatible with this primary responsibility". She also notes that: "Feminism itself is dismissed by men as a trite and unnecessary ideology and feminists are disposed of by the very labels they are trying to subvert. They are accused of being lesbians, or man haters or bearing resentment against
men because they have been unable to find one themselves... To identify with feminism thus takes considerable courage, for in doing so women almost inevitably incur the displeasure of the men they live and work with..." (Summers, 1974:250-1). Even June Rogers who had a career said: "They seem to be a pack of women who want to go by themselves and are down on males. It (women's liberation) was useful once but it has had its day - women are fairly liberated now".

Some women were willing to acknowledge the value of the women's liberation movement: "I endorse their ideas of allowing women to fulfil their ambitions - from school-teaching you see a lot of it - women's liberation should make women think all avenues are open to them. Some methods rub people up the wrong way". Two women had husbands who also believed in women's liberation. "It means a better deal for people generally - self worth and value. Men need it too. It is a part of our relationship - his values and attitudes to women have been high and we agree on these issues", or "my husband is a fanatic on female liberation and he was that way when I married him. Consideration of my career has always been important".

Because the women's liberation movement received such limited support, it cannot be seen as a solution to the problems of women who already find themselves in conflict with their husbands. If ideas about women having a life of their own are accepted by men and women before they marry then there is some chance that reciprocity can take place in marriage. The Armidale sample appear to have accepted their roles as mothers along traditional lines. Day (1978:361) examined the attitudes of young men and women towards
sex roles and found that: "To effect greater reciprocity in the conduct of adolescent relations, there would also have to be a change in the way boys and girls view their future roles as spouses and parents - change in the direction of more equitable sharing between the sexes: women sharing more equitably in the provision of financial support and participation in responsible decision making, and men sharing more equitably in household maintenance and caring for children". The evidence from the Armidale survey is that most women are content to adopt the traditional role of mother caring for their children and doing housework while their husbands support them financially.

8.4 Dissatisfaction with the Traditional Role - A Middle Class Phenomenon?

In view of the numbers of women who profess to be happy with the traditional mother role, the question needs to be raised as to whether dissatisfaction is a middle class phenomenon. Wearing (1979:23) stated: "From the data presented it appears that material resources such as market capacity, education, and money, higher levels of which are more likely to be found amongst middle class women, are necessary but not sufficient causes of some questioning of the ideology of motherhood". Examination of women from the Armidale study supports this conclusion. Unless a woman has had an interesting job before the baby or is interested in further education or economic independence she is unlikely to question her role. Some women, like Margaret Jones, were glad that they did not go to work anymore and that they had the freedom to stay at home and look after a child. Even Sarah Brown found that break from the workforce rejuvenating despite her intention
to return to it at a future date. There is, however, one aspect of being at home which bothers many women and that is "being tied down."

"Being tied down" is a phrase much used by women in Armidale. The interpretation of the phrase is difficult but basically it appears to mean "not able to come and go as I please, having someone completely dependent on me". Hobson (1978) conducted a study of housewives which focused on the isolation of women within the privatized sphere of the home. She found that:

"Women's role in generational reproduction is both the site of their oppression and of the pleasure they experience in 'motherhood'. This is often the most enjoyable aspect of the women's lives, despite the restrictions which motherhood imposes on their freedom" (Hobson, 1978:90). What appears to happen, then, is that women enjoy motherhood but are oppressed by isolation and lack of freedom within the home. Certainly, Armidale mothers expressed this but they did have social networks to help overcome this oppression and children in Armidale are seen as a normal part of life and often taken for granted at social outings. However, women's lives still appear, to a large extent, to revolve around the children whether they work or do not work outside the home unless they have a husband who shares equally in child-rearing tasks. Freedom from children is not an issue unless women have something else they wish to do and it seems that middle class women are more likely to have alternatives in their lives to caring for children.

8.5 Single Never Married Mothers - How Different Are They?

In the course of researching in Armidale, some single, never married mothers were interviewed. This happened in cases where they were asked if they would take part in an interview but they
did not specify that they were not married until an interview time had been arranged. It is argued by the present researcher that they should be included in a separate study and so their questionnaires were not used in the general analysis. It is of interest, however, to consider if they are forming a different kind of family group or if they are following the traditional role of mother equally as much as the married mothers.

The typical single mother in Armidale was less than 20 years old, usually unemployed before birth of the baby or working in casual jobs. Windshuttle (1979:148-149) analysing unemployment trends found that: "The general rise in the proportion of young women out of work, which is the major change in the pattern of youth unemployment since the mid 1960s, may be primarily attributed to the decrease of work opportunities for young women in the country". These unemployed women probably felt a sense of alienation from school friends with jobs and it is suggested that becoming a mother gives them a social identity. Baby Health Sisters suggested that the problem of single mothers was widespread.

The father of the baby was also usually unemployed and did not take a great interest in the mother and child. Often, the single mother lived with her own mother rather than the father of the child. Single mothers, then, do not appear to have developed an autonomous lifestyle but rather cared for the child themselves without much involvement from the father.

Wearing (1979:14) also studied single mothers although her mothers included separated, divorced or widowed women as well as
single, never married women. She concluded:

It was conjectured that single mothers may become more autonomous in the absence of the face-to-face situation with a male in the home and some mothers expressed a new awareness of themselves as people with freedom to develop in their own way once the husband had departed. However, in many cases the desire for the approval of another male, or the continued awareness of the children’s father’s opinion of her motherhood performance reinforced the traditional pattern. A shift in emphasis from the wife to the mother role and complete responsibility with no ‘help’ served to focus the mother’s attention on her mothering – for many it became more important.

Armidale single, never married mothers similarly focused on their mother role. It gave them a sense of social identity and they cared for the baby on their own – not really very different from many married mothers. The present author discussed single mothers with a marriage guidance counsellor at the Armidale Community Health Centre who stated that she knew of cases where the father of the child had agreed to marry the mother in a few years time and single mothers looked forward to this. One of the single mothers interviewed, who had twins, was engaged to be married although she still lived at her parent’s tiny home.

The single mother, then, does not challenge traditional ideas about motherhood and is unlikely to do otherwise than reinforce the patterns of motherhood that presently exist.

8.6 Conclusion

The Armidale study revealed that most mothers followed a traditional sex role within the family sphere. Many were happy with this role and the freedom which it allowed them such as not
going to work. There were a few women who saw their freedom as being curtailed and these were more likely to be middle class, educated women who had enjoyed being in the workforce or being economically independent. Karen Smith, revealed an ambivalence about being independent and enjoying home life and this did occur with some women who worked outside the home. Her solution was to lead two lives - she firmly pronounced that home life and family were most important to her but her behaviour revealed the opposite attitude.

The women's liberation movement was thought to be irrelevant by two-thirds of Armidale mothers. They agreed with some issues such as equal pay but did not see the value of the movement apart from this. No woman was willing to say that her relationship with her husband was affected by the women's liberation movement and it appears that the attitudes of men and women towards their roles within the family can be changed more easily prior to marriage. Even so, parenthood classes may help couples to verbalise what they expect from each other when the baby is born and this could be a step towards reciprocity in their roles. The Armidale sample mothers appeared, in the main, to follow the traditional pattern of motherhood as a "solution" to any conflict which arose and additional responsibilities were taken on by the wife if she wished also to work outside the home.

Single, never married mothers in Armidale were not very different to married mothers. In fact, they represented the extreme of the traditional role expectation - using motherhood as a means of establishing a social identity and caring for the child almost exclusively with the father being a vague background figure.
Wearing (1979) also found that single motherhood did not usually lead to more autonomy for the woman.

It would seem reasonable that women who require a life outside the home should not have to justify this and that the father's role should take this into account. In other words, there should be reciprocity in their behaviour towards each other. Also, children should be seen as a natural part of social life in Australia (and this happens to some extent in Armidale) so that mothers do not feel isolated in the home with their children.
CHAPTER 9
Conclusion

9.1 Introduction

The Armidale survey studied women who had just experienced their first birth and who were thus at the same life cycle stage. Each chapter of the analysis has explored one important area related to the experience of childbirth.

Overall, the conclusions reached suggest that the lifestyle of a country town is more conducive to family life than city life as revealed by previous Australian fertility surveys. The difference reflects a more traditional view of motherhood, a different and more relaxed use of time and less pressure on women to continue their "previous life" after childbearing. For many women in Armidale, motherhood was a long term role to be enjoyed full-time for years to come.

9.2 Research Methodology

Chapter 2 described the conduct of the research. Whilst the fact that the investigator conducted all of the interviews herself conveyed a very positive advantage, the lack of an adequate sampling frame and the variations in the age of the baby at the time of interview were negative features of the survey. Although it would have been desirable to have had a complete listing of the eligible mothers, it is believed that the mothers interviewed are fully representative of the eligible mothers who had not moved out of Armidale subsequent to the birth.

At the time when their mothers were interviewed, the ages of
the babies ranged from six to sixteen months. Whilst these age differences could have affected the mothers' responses, it is argued that by the time the baby is six months old the first impact of motherhood has been assimilated and reactions have had time to stabilize. For a future study, a larger country town such as Tamworth in New South Wales or Toowoomba in Queensland would provide a sufficient number of first births to make it possible to restrict the survey to mothers of eight to twelve month old babies.

9.3 The Armidale Environment

The majority of the observations concerning the overall characteristics of the population of Armidale were made on a qualitative rather than a quantitative basis. The available statistics reveal little of the distinctive character of life in the town. As the analysis progressed it became increasingly clear that one of the most essential features of the fabric of Armidale women's lives is the web of social relationships in which they are enmeshed. It would thus have been extremely helpful to have access to a prior study of social interaction in the area. Certainly, the conduct of such studies should be a future research priority.

9.4 Motherhood in Armidale

The literature describing Australian motherhood strongly suggests that motherhood is regarded in an ambivalent light by many women. However, the non-random nature of the samples employed and the evident biases of the researchers themselves make it difficult to judge the extent to which dissatisfaction with the mother's role is a general malaise rather than the problem of an elite minority
(Richards, 1978, Wearing, 1979). Where the researcher is in search of ambivalence it is difficult indeed to avoid finding some degree of mixed feelings. Thus, in the case of the Armidale study it is truly remarkable that, even when given the opportunity to weigh positive and negative feelings about motherhood in the balance, so many mothers could think of no "worst things" about being a mother. It could be argued that the Armidale mothers were still in a honeymoon stage of enjoying motherhood with only one young and dependent child to care for, whereas most of the other studies have focused upon mothers at a later stage in the life cycle. It could also be claimed that some women found discussing the disadvantages of motherhood to be too threatening, given that this was a choice which they could not go back on. However, the setting of the interviews and the degree of rapport achieved by the time that this subject was approached would strongly suggest that this was not, in fact, the case. Most Armidale mothers at this stage in the life cycle did welcome motherhood and the experience of having a young baby to care for with few regrets and little conflict. The social setting was conducive to a relaxed attitude to motherhood - both because of the undisputed strength of traditional attitudes as to women's roles and because of the strong social networks available to provide both practical and moral support to the young mothers. Armidale is neither large enough nor segmented enough to have suburbs or suburban neuroses, and young mothers are amongst the principal beneficiaries of this lack.

This study investigated mothers' perceptions of children's needs rather than re-enforcing the media stereotype by asking what
constitutes the 'good mother' and inviting the mother to confess her failure to live up to an unrealistic ideal. In future, it would be very rewarding to conduct a longitudinal study of women's expectations of the motherhood role both before the first baby is born and after ideals have been adjusted in the light of reality. The results of such a survey would allow the reformulation of existing classes in parenthood for expectant couples which currently concentrate almost exclusively on the practical details of bathing and feeding to the neglect of mental and emotional aspects of parenthood.

Research into the father's involvement in the experience of the first baby is another major need. No qualitative assessment of the father's involvement was made in the present study although it is tentatively suggested that men who had already satisfied some career goals were more able and willing to involve themselves with child care, and also more aware of the enrichment that children can provide in a man's life. However, a note of warning is also necessary. To some women further involvement of their husbands in child rearing would pose a considerable threat. In the existing situation, with its clear division of roles, in which the father does little more than play with his children, mothers derive considerable satisfaction and a justification for their limited participation in public life in the idea that they are indispensable to the welfare of their children. They have no desire to be even partially replaced by their husbands and would regard any further encroachments into their domain as undesirable poaching.

9.5 Reasons for Delaying the First Birth after Marriage

Although the interval between marriage and the birth of the
first child (whether negative or positive) represents a significant feature in a woman's individual life cycle, the first birth represents only one of a number of crisis points in a woman's life. Almost 80 percent of Armidale couples deliberately delayed the birth of the first child after marriage. The education of the wife appeared to be the major determinant of the length of the delay, with more highly educated wives waiting for longer periods. This suggests that the greater the number of interesting alternatives to motherhood the longer it is likely to be delayed.

On the other hand, the most common explanations given for the delay concerned economic factors, with anticipated emotional costs lagging some way behind. If the decision were a purely economic one it might well be anticipated that the better educated, better paid women would be able to achieve economic security in the form of the down payment on a house or a nest-egg for emergencies earlier than the less educated women. There are a number of possible explanations for this apparent anomaly. It may be that some of the educated women are still studying and thus bringing in very little income when they are first married and have to wait until they join the labour force to start saving. It may also be that the demands of the more highly educated women in terms of the essentials required for setting up house are greater. Certainly, a number of the less educated women who had their first birth soon after marriage stated that whilst it would be nice to have a home of one's own before the baby arrived it was not always possible and certainly was not essential.

Whilst this latter attitude may in part have been a post-facto rationalisation associated with an unplanned birth, given the widespread use of highly effective oral contraception this is unlikely to have been a major factor. Alternatively, low income
Some Armidale women gave a variety of reasons for the delay of the first birth which revealed a conscious weighing up of costs and benefits whereas other women seemed to be much more strongly guided by social "norms" such as the need to wait for two years after marriage. This suggests that in a future study it would be valuable to draw on the Value of Children approach (Fawcett, 1978) to study relative costs and benefits. It should not be difficult to devise a cost-benefit scale which could be measured for individual couples although such a scale should certainly take the possibility of disagreement between spouses into account. Such a scale would facilitate comparisons between groups. Existing data strongly suggest that the Armidale wives were much less concerned with alternatives to motherhood than a comparable group of Melbourne new mothers.

9.6 Timing of the Second Child

Only one of the wives in the Armidale study did not want a second child. For the remainder of the sample, the arrival of a second child was regarded as being close to inevitable mainly because of the very strong social sanctions against the parents of only children. The need to provide a sibling for the first child and the desire of many parents to have at least one child of each sex further re-enforced these pressures. Over 60 percent of the Armidale mothers surveyed expected the second child to be born within the two years interval after the birth of the first. Most mothers considered this interval to represent the normal
interval and felt that it allowed the children to grow up together
as playmates and companions.

Although a few women preferred a longer interval between
children in order to facilitate the maintenance of a career life
integrated with their family life, most women apparently wished
to finish with the main burden of child rearing, symbolized by
nappy washing and night-feeds, over as quickly as possible. If
there was an intention to return to work it was only once all
children were in school, hence short spacing hastened the return
to a more public life.

The Armidale mothers who favoured a longer interval stressed
that they wanted to have time to enjoy the first child before
they were overwhelmed by the arrival of the second, and that one
small baby demands a mother's total attention. This delay of
the second birth in order to savour the pleasure of being with
the first child was less commonly stressed by the comparable group
of Melbourne wives. It would appear that the more relaxed pace
of the country lifestyle is more conducive to the enjoyment of
the emotional pleasures of mothering. Because child rearing is
less of a burden and because it is easier to integrate young
children into the social lives of the young mothers in Armidale
there is a greater willingness to prolong the period of child
rearing. A follow-up study of the Armidale mothers would reveal
the extent to which their expectations with regard to birth spacing
had been fulfilled.
Chapter 7. Planned and Ideal Family Size

Armidale women, in common with the great majority of Australian women, show a marked preference for the two-child family. However, 19 percent had already planned to have a third child if the first two were of the same sex. A further 18 percent had yet to make a decision as to their future family size, feeling that after the second child had arrived would be soon enough to start thinking about this question. It is certainly true that large families were not popular amongst this group, being regarded as old-fashioned and belonging with the horse-drawn buggy to a former era.

One interesting new development would appear to be an awareness that the mother who enjoys motherhood but does not wish to have a large number of children can maximize her satisfaction by prolonging the interval between births. In contrast to the group who wanted to get the difficult pre-school stage over and done with, these mothers wanted to enjoy each child to the full by giving it the opportunity to stand alone without competition from siblings of a similar age.

Although much emphasis in fertility studies has been placed upon differing family size preferences resulting from different lifestyles, the most striking feature of the Armidale data is the level of agreement and conformity in the preference for the two-child family. The only clear differential related to the size of the mothers' family of origin. Proportionately more of the women who themselves came from large families were planning to have moderate size families themselves. These women laid great stress upon the family spirit found within the larger family.
However, there were also women from large families whose experience of poverty had resulted in plans for a small high quality family of their own.

One of the commonest reasons given for preferring a small family was the need to be able to "cope" with the children. Whilst the meaning of "coping" may vary from woman to woman, generally it means that both the economic and the emotional costs of child rearing should be taken into account. In the majority of cases a balancing of the costs and rewards associated with a third child resulted in a clear decision that once the family contained children of both sexes the costs of a third child were considerably greater than the anticipated benefits.

Some women in the Armidale study had already changed their original family size decisions. In all cases the change was to a smaller family than was originally intended. This is in part a reflection of the life cycle stage at which they were interviewed since there had been little opportunity for the family to grow beyond planned intentions as the result of accidental births. Women who said that they would have a third child to secure a child of each sex were not counted as having changed their minds. Interestingly, the majority of women in this group already had sons. Husbands were less concerned about the sex balance of their families than wives, in strong contrast to the son preference still found amongst many immigrant fathers from Southern Europe.

The career aspirations of the Armidale women appeared to have very little effect upon their family size preferences. The evidence from the Armidale survey shows that country women do not,
In general, regard their careers in any serious light and that re-entry into the workforce after the birth of the baby was more a matter of accident than of deliberate planning and design. If a job was available which fitted into a specific desirable timeslot, or if a good baby-sitter were available then the woman might work. It was the job which had to accommodate itself to motherhood and not the other way about. This was in large measure because most Armidale mothers did not favour mothers working and felt that a mother aged 25 would be happier at home than out working. There was strong evidence of an "either/or" attitude towards working and children - either a woman had a career and was not motherly or she liked children and had no desire for a career.

The interviews with the Armidale husbands revealed a surprising lack of communication between husbands and wives on the subject of family size intentions. Although it is regarded as normal that there should be a limited amount of communication on this topic in the strictly role-segregated families of most developing countries, it is generally taken for granted that there is full communication in the more egalitarian families of the developed countries. It may be that this belief reflects the assumptions of middle class, American sociologists rather than the reality experienced by the majority of couples. Most Armidale couples indicated that they had had some discussion of their family size intentions but their supplementary comments made it plain that in the majority of cases this discussion had been superficial or one-sided and the matter had not been considered at length. In part this was because women in Armidale thought that since they were largely responsible for day-to-day child rearing it was up
to then to decide how many children there should be. Only a small proportion of wives thought that there should be a compromise if the family size desires of the husband did not match those of the wife. Most husbands agreed with the idea that the choice of the number of children was as much in the wife's province as the selection of a new carpet.

In terms of ideal family size, women in Armidale were less willing to opt for a single number than their husbands. A quarter of the women opted for "two or three" children whilst almost half of the husbands named two children as the ideal family size. In fact the Armidale husbands' ideas on this issue were closer to those of a comparable group of Melbourne wives than to those of their own wives. It would be very interesting to see whether agreement between husbands and wives increases after the birth of the second child. Certainly, any survey which takes a single point of the life cycle as its focus serves to reinforce the desirability of a longitudinal follow-up to examine the extent to which the findings are directly related to the life cycle stage at which the respondents were interviewed.

9.8 Contraceptive Usage

The results of the Armidale survey clearly show that the contraceptive pill is the method chosen by the great majority of young women. Other methods of contraception were usually only tried after the pill had demonstrably failed to meet the woman's contraceptive needs. The chief objections to the pill related to its inherently unnatural nature and to its unpleasant side effects.
Very few women had found a satisfactory alternative to the pill. Those women who disliked the pill were the most likely to have already entered a second pregnancy - precisely because they were incapable of finding a satisfactory alternative to oral contraception. It is an interesting question to what extent this failure reflects the "pill-mindedness" of the average general practitioner, and the absence of a family planning clinic in Armidale to offer a wide range of alternative methods. Certainly, most women in Armidale do not seriously consider alternatives to the pill because they see it as the only "real" method of contraception.

9.9 Patterns of Women's Lives

Consideration of women at one stage in the life cycle had led the author to conclude that women make a number of critical decisions about their lives which change its pattern irrevocably. Decisions such as when to have a first child, whether to work after a child or children, decisions about contraceptive use and taking contraceptive risks and decisions about having more children are left largely in the hands of women. Joint decisions between a couple on these matters were rare and involvement in family life by most husbands was peripheral. For women following a traditional path, the life choices made at this stage are clear as motherhood was regarded as the primary, fulfilling role. However, for other women, the choices usually led to feelings of ambivalence.

Becoming a mother did appear to change significantly a woman's perception of herself. The complexity introduced meant that from
now on, all choices would be thought of with the child or children in mind and this inevitably led to some women finding themselves in situations ridden with conflict and guilt.

In some cases where the father was involved in the child rearing process, the choices made were easier but even so, most women were overburdened with responsibilities towards their children. It was clear from some interviews that further involvement by the husband would not be welcomed because it would be seen as erosion of the mother role. Even where women were not as traditional in their role as mother, they were likely to feel threatened by the involvement of their husband because it would mean they were regarded as less of a "good mother". In cases where the husband's involvement was not forthcoming but was needed it led to women leading a double life - satisfying their own needs at work outside the home and attempting to live up to the father's (and their own) expectations of what a mother should be at home.

The women's liberation movement was not valued highly by the Armidale sample. This is perhaps a reflection of the stage of the life cycle where they have not suffered any oppression as they see it and are enjoying the emotional rewards of motherhood. No woman was willing to state that women's liberation had changed her relationship with her husband and this suggested that role expectations before marriage were unlikely to be changed after marriage, at least at this stage of the life cycle.

A thorough investigation of this cohort of women over at least ten years would show how the stages of the life cycle when the first, second and any other children were born affected
the pattern of each woman's life. It might be found that some 
women who spaced two children closely went back to work in their 
former occupations whereas some women may have decided to have 
a "second family" of two more children when they found that 
their lives were not fulfilling enough. Some may have torn up 
their original family life and begun another more experimental 
existence outside the family, although the Armidale environment 
is not conducive to this.

Another area which should become a matter of urgent research 
is the plight of single mothers. They are an economically disadvantaged 
group and it has been speculated that the increase in their numbers 
is due to unemployment and the resultant lack of a suitable social 
identity for them. Another suggestion is that the media paints 
a rosy picture of motherhood which young women believe, only to 
find out that the economic and emotional struggles they face as 
single mothers are overwhelming. Single motherhood may also 
represent a breakdown in societal values about relationships 
between men and women, and be due to the unreal notion that 
contraception is so effective that women do not have accidental 
pregnancies.

9.10 Armidale Life and Its Relation to the Study Group

The country town atmosphere of Armidale has been mentioned 
in various places in the thesis and its effect on the survey group 
has been noted in the analysis. The overall effects appear to be 
the different use of time compared with a city environment and 
the fact that work and home activities are not as segregated. 
Time in Armidale does seem to move more slowly than in a city and
there is not such a great priority placed upon it. Social interaction, getting to know people at a deeper level and enjoyment of family life are emphasised in Armidale, and the urgency of city life is absent.

The Armidale group of women studied reflected the values mentioned. There was greater support for motherhood and family life than city studies indicate. Differences were found in Armidale between local and transient mothers but these were not always clear-cut. In terms of family size intentions, Armidale women did not appear very different from other Australian women but they did appear to enjoy motherhood more and felt less of a desire to return to "a previous life" after the baby than city studies reveal.

9.11 Conclusion and Suggestions for Further Research

The Armidale study examined women at one stage of the life cycle of a family. The limitations and conclusions of the study have been discussed in this chapter. The suggestions for further research have also been indicated and these are summarised below.

(1) In relation to motherhood, a study of the couple's expectations of themselves and each other as parents would provide useful information in the area of sex roles at this critical stage of the life cycle of a family.

(2) The delay of the first birth after marriage has become a noticeable trend and an Australian study which made a thorough investigation of the costs and benefits of the first child is indicated.
(3) A follow-up study of the Armidale women surveyed would provide answers to some of the questions raised by the present study. For example, the effect of the second child, changes in family intentions, and contraceptive choices could be examined.

(4) A separate study, perhaps of an age cohort of women is indicated by the research. This study would examine the effect on a woman's life pattern of critical decisions such as when to have a first child, how many children to have, and the spacing of children. This study should be carried out over a number of years, possibly a decade.

(5) An urgent research priority should be an investigation of single motherhood. The needs of this group and the support they require should be seriously considered by researchers and the community at large.
BIBLIOGRAPHY

The Age
Newspaper

The Age
Newspaper

Altman, D.
1974 The Homosexual and the Family: Alternative or Negation?

Armstrong, M.
Illawarra Health Region. Sydney: Health Commission of
New South Wales.

Askham, J.
1975 Fertility and Deprivation. A Study of Differential
Fertility Amongst Working-Class Families in Aberdeen.
Cambridge: Cambridge University Press.

Australia: Australian Bureau of Statistics

Australia: Australian Bureau of Statistics
1976 Marriages. Ref.No.4.10.

Australia: Australian Bureau of Statistics

Blake, J.
1968 Are Babies Consumer Durables? A Critique of the Economic
Theory of Reproductive Motivation. Population Studies
22:5-25.

Blake, J.
1974 Can we believe recent data on birth expectations in the

Borrie, W.D. (Chairman)
1975 Population and Australia: A Demographic Analysis and
Projection. First Report of the National Population
Inquiry. Canberra: Australian Government Publishing
Service.

Borrie, W.D. (Chairman)
1978 Population and Australia. Recent Demographic Trends and their
Implications. Supplementary Report of the National Population

Bott, E.

Brophy, V.
1975 An Australian Housewife: A Disillusioning Experience in
Mercer, J. (ed) The Other Half. Women in Australian Society
Browning, H.  

Bryson, L.  

Busfield, J. and Paddon, M.  

Caldwell, J.C. and Ware, H.  

Caldwell, J.C. et al  

Comer, L.  

The Council of Social Service of New South Wales  

Cox, E.  

Day, A.T.  

Dixson, M.  

Dyer, E.D.  

Encel, S., MacKenzie, N. and Tebbutt, M.  
1974 Woman and Society. Hong Kong: Cheshire Publishing Ltd.

Enke, S.  

Fawcett, J.T.  
Fogarty, M.P. et al
1971 Sex, Career and Family. London: George Allen and Unwin Ltd.

Friday, N.

Gardner, G.

Glick, P.C.

Greer, G.

Hall, A.R.

Hobson, D.
1978 Housewives: isolation as oppression in Women Take Issue: Aspects of Women's Subordination. Women's Study Group, Hutchinson Centre for Contemporary Cultural Studies, University of Birmingham.

Lavis, D.R.

LeMasters, E.E.

Mercer, J. (ed)

Mercer, J. and Miller, D.

Moser, C.A. and Kalton, G.

Namboodiri, N.K.

Oakley, A.
Payne, J.  

Peel, J.  

Penman, R.  

Rainwater, L.  
1960 *And the Poor Get Children*. Chicago: Quadrangle Books.

Richards, L.  

Richards, L.  
1979 *Who Do They Think They Are?: Problems of Identity Construction in the Mother Role*. Unpublished Seminar Paper to the Department of Demography, Australian National University.

Rossi, A.S.  

The Royal Commission on Human Relationships  

Russell, G.  

Ruzicka, L.T.  

Ruzicka, L.T. and Caldwell, J.C.  
1977 *The End of Demographic Transition in Australia*. Australian Family Formation Project, Monograph No.5. Department of Demography, Australian National University, Canberra.

Salk, L.  

Schools Commission  
Sheehy, G.  

Simon, J.L.  

Stephenson, R.  

Summers, A.  

Ware, H. (ed)  

Ware, H.  

Wearing, B.  

Welch, S.  

Westbrook, M.  

Westoff, C.F.  

Westoff, C.F., Potter, R.G. Jr., Sagi, P.G. and Mishler, E.G.  

Westoff, C.F., Potter, R.J. Jr. and Sagi, P.G.  

Westoff, C.F. and Ryder, N.B.  
Windshuttle, K.

Women's Health in a Changing Society

Woolf, M.

Woolf, M. and Pegden, S.

Young, C.M.

Young, C.M.

Young, C.M.

Young, C. and Ware, H.
FAMILY INTENTIONS OF WOMEN WITH ONE CHILD

QUESTIONNAIRE

( Including supplementary questionnaire for husbands)
SECTION A

PERSONAL DATA

First some questions about you and your husband.

1. What is your date of birth?
   Your husband's?

2. At what age did you/your husband complete full-time education?
   Code age in years
   98. No schooling
   W
   H

3. Which of the following categories do you think would describe you/your husband's level of schooling?
   01. No schooling
   02. Some primary
   03. Completed primary
   04. A little secondary
   05. Secondary, completed intermediate
   06. Some tertiary, non-university, not needing matriculation
   07. Secondary with matriculation
   08. Some tertiary, non-university, needing matriculation
   09. Some university
   10. Completed first degree
   11. Some post-graduate studies (higher degree)
   99. Don't know

   (Interviewer - if in doubt find out the name of the trade/certificate/diploma/degree that respondent and husband are doing (have done)).

Wife

Husband

4.(a) Is your husband working at present?
   1. Yes
   2. Unemployed
   3. Changing jobs - has new job already
   4. Other (SPECIFY)
4.(b) What is your husband's job now?  
(Or last major job if not working)  
SPECIFY AS EXACTLY AS POSSIBLE  

*(If manager or employer indicate how many people he is in charge of)  
1. Professional  
2. Managerial, including owns large business, military or police officer  
3. White collar/clerical  
4. Craftsman, foreman, including owns small business  
5. Semi-skilled: urban, including soldier or policeman  
6. Unskilled/labourer: urban including fisherman  
7. Large scale farmer  
8. Rural labourer  
9. Full-time student  

5. Are you working full-time, part-time, occasionally or not at all?  
1. Full-time (35 hrs. + a week)  
2. Part-time (15-34 hrs. a week)  
3. Part-time (1-14 hrs. a week)  
4. Occasional jobs  
5. Not working at all and not seeking work  
6. "Unemployed - seeking full-time work  
7. Unemployed - seeking part-time work  
8. Other (SPECIFY)  

IF NOT EMPLOYED SKIP TO Q7.  

6. IF EMPLOYED: What is this job?  
SPECIFY AS EXACTLY AS POSSIBLE  

1. Professional/managerial, including professional dancer  
2. Her own business  
3. Teacher  
4. Nurse  
5. Typist/steno/clerk  
6. Shop assistant, including service industries  
7. Factory worker, including home contract worker  
8. Domestic/maid/cleaner  
9. Farm/rural worker  

7. In which country were you born? And in which country was your husband born? (WHERE POSSIBLE USE PRESENT BOUNDARIES, e.g. LIST THE BALTIC STATES AND UKRAINE AS RUSSIA)  
01. Australia  
02. Britain (including Ireland)  
03. Germany  
04. Netherlands  
05. Other north-western Europe (Scandinavia, Belgium, France, Luxemburg, Switzerland, Austria)  
06. Italy  
07. Greece  
08. Yugoslavia  

...cont'd
7. Cont'd

09. Other southern Europe (Malta, Spain, Portugal)
10. Russia
11. Poland
12. Other eastern Europe (Roumania, Bulgaria, Hungary, Czechoslovakia, Albania)
13. Turkey
14. Asia, other than Israel
15. Africa
16. North America
17. Latin America
18. New Zealand
19. Pacific (Including New Guinea)
20. Other Oceanic (except Pacific)
21. Israel

Enter specific country:

Wife ______________________________
Husband ____________________________

8. (a) What religious group, if any, do you belong to?

1. None
2. Roman Catholic
3. Ex-Roman Catholic
4. Church of England
5. Orthodox
6. Protestant/Non Conformist
7. Sects (e.g. Seventh Day Adventist, Jehovah's Witness)
8. Other (SPECIFY) ______________________________

8. (b) What religion were you brought up in?

Code as above

9. Could you please tell me the date you got married?

Code month and last 2 digits of year

99. Don't know

IF DE FACTO CODE (20 + Month) IN MONTH BOXES

Month ________ 38-39

Year 19 ________ 40-41

10. How many years have you/your husband lived in the Armidale District?

W - years ________ 42-43

H - years ________ 44-45

11. Do your own parents/your husband's parents live in the Armidale District?

1. Yes
2. No

W ________ 46

H ________ 47
DATA ON CHILD

SECTION B

12. What is the date of birth and sex of your baby/babies (for twins)?

Month 48-49
Year 50-51
Sex 52
Sex 53

13. Were there any problems at the birth of this baby/babies?

1. No problems
2. Forceps delivery
3. Caesarian section
4. Long labour (> 24 hours)
5. Birth induced - high blood pressure of mother
6. Birth induced - other medical reasons
7. Birth induced - convenience
8. Premature birth (not induced)
9. Other (SPECIFY)

14. Have you had any serious problems with the baby since his birth?
SPECIFY TO BE CODED LATER

15. Are you presently breastfeeding this baby?

1. Yes
2. No

If NO ask -

16. For how long was the baby breastfed?
Code weeks

17. Do you find the baby easy to manage at this stage?

1. Yes
2. No
3. Mostly
4. Rarely

18. Whose advice do you most rely on with regard to problems with the baby?

1. Doctor
2. Clinic Sister
3. Mother
4. Mother-in-law
5. Husband
6. Other relatives
7. Friends
8. Books, magazines
9. Other (SPECIFY)

Most 61
Next 62
19. Looking back to before you had this baby, did you expect that looking after him would be more difficult or less difficult?

1. More difficult
2. The same
3. Less difficult

20. Before you had your own child, what other babies had you known well?

1. Sister's child/children
2. Brother's child/children
3. Friend's child/children
4. Siblings
5. Worked with babies, e.g. nurse
6. Next door neighbour's child
7. Babysat for a particular child when younger
8. Other (SPECIFY) __________________________________________
9. None, particularly well

21. At what stage so far have you found the baby most difficult to manage?

0. When first brought home
1. Some time after - code months old
2. Now - code months old

Months __________________________________________

22. At what stage have you been happiest with the baby?

1. When first born
2. Other - code months old
3. Always/nearly always happy

Months __________________________________________

23. What are two of the best things about being a mother?

01. Feeling fulfilled as a woman
02. Feeling physically well
03. Having a baby to love
04. Watching a baby grow
05. Feeling important because of baby to look after
06. Doing something worthwhile with one's life
07. Helping to make a better marriage
08. Starting to make a family of one's own
09. Feeling closer to one's own parents because of the baby
10. Being at home all day
11. Not having to go to work
12. Becoming a more mature person
13. Other (SPECIFY) _________________________________
24. What are two of the worst things about being a mother?

01. Losing one's figure
02. Being tied down all the time
03. Not having enough time with husband
04. Having the financial cost of a baby
05. Having a mess all the time, e.g. nappies, food, etc.
06. Losing status (people do not ask your opinions anymore)
07. Being tired a lot
08. Worrying about baby all the time
09. Not enough time to oneself
10. Did not want a baby
11. Did not want a girl/boy
12. Not being a "good" mother (patient, coping well)
13. Other (SPECIFY) ____________________________

1 73
2 74
FAMILY INTENTIONS
Wife Questionnaire

25. Have you decided how many children you will have altogether?
   1. Yes  □ 6
   2. No, no decision made
       IF CODE 2 - SKIP TO Q.33

26. When did you first decide how many children you wanted?
   1. Before marriage  □ 7
   2. Very beginning of marriage
   3. After first child

27. How many did you want then?
    CODE NUMBER
    97. Had no idea
    98. None

28. Do you think you are still going to have this number of children or will you be having more or fewer children than that?
   1. Yes  □ 9
   2. No, will have more
   3. No, will have less
   9. Don't know
       IF YES SKIP TO Q.31

29. Why have your ideas changed?
    CODE TWO REASONS
    01. Financial - short term problems
    02. Financial - unemployment
    03. Financial - wife has to work
    04. Financial - education costs
    05. Financial - extras
    06. Health/Medical
    07. Infecundity
    08. To balance sex ratio (only for twins)
    09. To have a boy (if only one child originally wanted)
    10. To have a girl (if only one child originally wanted)
    11. Like children, want more
    12. Was previously unaware of what having children involved
    13. Wife wants to work (for interest, not money)
    14. Marital problems, broken marriage

...cont'd
29. Cont'd

15. Move around a lot, no settled home
16. Child limit parents' freedom (exclude freedom for wife to work)
17. Want to travel overseas
18. Population problem, environment problem, political situation
19. Too old, married too late, had first child too late
20. Values have changed, the world has changed
21. Wife persuaded husband to change his mind
22. Husband persuaded wife to change her mind
23. Other (SPECIFY) ____________________________________________

30. How many altogether are you going to have now?

CODE NUMBER
7. =7 or more
8. None
9. Don't know

FOR THOSE EXPECTING A TOTAL OF TWO CHILDREN

31. If your second child is also a boy/girl would you then, wish to have another child?

1. Yes
2. No
3. Probably
4. Unsure

32. Between you and your husband, who is the least keen about having any more children than specified in Q.30?

1. Husband least keen
2. Wife least keen
3. Both feel equally strongly about not wanting any more

33. Was there ever any disagreement between you and your husband about how many children to have? If so, who won?

1. No disagreement
2. Wife wanted more than husband and won
3. Wife wanted more than husband and lost
4. Wife wanted more than husband - still arguing
5. Wife wanted fewer and won
6. Wife wanted fewer and lost
7. Wife wanted fewer - still arguing
8. Never made any plans or discussed it

34. Have you ever considered having only one child in the family?

1. Have already decided on one
2. Yes, would be a possibility
3. No, would never have just one
35. Generally speaking, what do you think is the ideal number of children for a couple living in Australia to have. That is, about the right number for most people.

CODE NUMBERS 01-06

07. 7 or more
10. 1 or 2
11. 2 or 3
12. 3 or 4
13. 4 or 5
14. 5 or 6
97. Depends on financial circumstances
98. None
99. Don't know

36. How many children were there in your own family as you grew up?

INCLUDE STEPBROTHERS AND SISTERS, IF THEY WERE PRESENT WHEN PERSON WAS GROWING UP - (LONGER THAN 10 YEARS)

Husband Questionnaire

37. Have you decided how many children you and your wife will have altogether?

1. Yes
2. No, no decision made

IF CODE 2 - SKIP TO Q.45

38. When did you first decide how many children you wanted?

1. Before marriage
2. Very beginning of marriage
3. After first child

39. How many did you want then?

CODE NUMBER

97. Had no idea
98. None

40. Do you think you are still going to have this number of children or will you be having more or fewer children than that?

1. Yes
2. No, will have more
3. No, will have less
9. Don't know
1. Why have your ideas changed?

CODE TWO REASONS

01. Financial - short term problems
02. Financial - unemployment
03. Financial - wife has to work
04. Financial - education costs
05. Financial - extras
06. Health/Medical
07. Infecundity
08. To balance sex ratio (only for twins)
09. To have a boy (if only one child originally wanted)
10. To have a girl (if only one child originally wanted)
11. Like children, want more
12. Was previously unaware of what having children involved
13. Wife wants to work (for interest, not money)
14. Marital problems, broken marriage
15. Move around a lot, no settled home
16. Child limit parents' freedom (exclude freedom for wife to work)
17. Want to travel overseas
18. Population problem, environment problem, political situation
19. Too old, married too late, had first child too late
20. Values have changed, the world has changed
21. Wife persuaded husband to change his mind
22. Husband persuaded wife to change her mind
23. Other (SPECIFY)

2. How many altogether are you going to have now?

CODE NUMBER

7. =7 or more
8. None
9. Don't know

FOR THOSE EXPECTING A TOTAL OF TWO CHILDREN

3. If your second child is also a boy/girl, would you then wish to have another child?

1. Yes
2. No
3. Probably
4. Unsure

4. Between you and your wife, who is the least keen about having any more children than specified in Q.42?

1. Husband least keen
2. Wife least keen
3. Both feel equally strongly about not wanting any more
45. Was there ever any disagreement between you and your wife about how many children to have? If so, who won?
1. No disagreement
2. Wife wanted more than husband and won
3. Wife wanted more than husband and lost
4. Wife wanted more than husband - still arguing
5. Wife wanted fewer and won
6. Wife wanted fewer and lost
7. Wife wanted fewer - still arguing
8. Never made any plans or discussed it

46. Have you ever considered having only one child in the family?
1. Have already decided on one
2. Yes, would be a possibility
3. No, would never have just one

47. Generally speaking, what do you think is the ideal number of children for a couple living in Australia to have. That is, about the right number for most people?
CODE NUMBERS 01-06
07. 7 or more
10. 1 or 2
11. 2 or 3
12. 3 or 4
13. 4 or 5
14. 5 or 6
97. Depends on financial circumstances
98. None
99. Don't know

48. How many children were there in your own family as you grew up?
INCLUDE STEPBROTHERS AND SISTERS, IF THEY WERE PRESENT WHEN PERSON WAS GROWING UP – (LONGER THAN 10 YEARS)
FAMILY PLANNING

SECTION D

49. Were you working during the interval between your marriage and the birth of this child?
   1. Worked full-time, nearly all of period
   2. Worked full-time, lesser part of period
   3. Worked part-time, nearly all of period
   4. Worked part-time, lesser part of period
   5. Other work patterns
   6. Did not work at all

50. Were you doing anything to put off or avoid getting pregnant during this time?
   1. No birth control used
   2. Used rhythm
   3. Used withdrawal
   4. Used condoms
   5. Used the pill (with or without other methods)
   6. Used the IUD (with or without other methods)
   7. Used another method (SPECIFY)

51. When you became pregnant, were you trying to get pregnant right at that time?
   1. Yes, gave up contraception to get pregnant
   2. Yes, but had not been using contraception
   3. No - but wanted to get pregnant later
      - contraception failed
   4. No - but wanted to get pregnant earlier
      - no contraception
   5. No - contraception failed and a child not wanted
   6. No - no contraception but a child not wanted
   7. Took a chance/ambivalent
   8. Have been trying to get pregnant for longer than 12 months

52. Have you had any pregnancies that did not result in a live birth? Could you tell me when these occurred?
   SPECIFY

53.(a) Did you deliberately delay having the first child?
   1. Yes
   2. No
   IF YES, ASK (b)
53. (b) Why?
CODE TWO REASONS
01. Wife wanted to keep working (or studying) a. career
02. Wife wanted to keep working b. money
03. Real shortage of money for day to day living
04. Wanting to save for a house
05. Wanting to save for other things
06. Health/medical reasons
07. Waiting for a house or flat to be allocated or
to be built, or looking for more suitable accommodation
08. Too young to have children
09. Wanted a period of freedom without children
10. Making sure marriage was going to settle down
11. Way of life, entertaining, travel
12. Husband finishing education/training
13. Not sure if they wanted any children
14. Other (SPECIFY) ________________________________

54. Are you pregnant now? When do you expect the baby to be
born?
1. No
2. Yes CODE MONTH, YEAR
3. Unsure
 IF YES, SKIP TO Q.56

55. Are you trying to get pregnant now?
1. Yes
2. No
3. Does not mind if she gets pregnant although not
 actually trying

56. (a) IF WORKING NOW (SEE QUESTION 5)
How old was the baby when you went back to work?
CODE MONTHS OLD

56. (b) What child care arrangements have you made?
1. Child care centre (exclude government pre-school)
2. At home (not by child's relatives)
3. At another's home (not relatives)
4. Elsewhere (not relatives)
5. Cared for by other relatives
6. Husband minds child
7. Not minded
FOR THOSE INTENDING TO HAVE MORE THAN ONE CHILD

57. FOR THOSE NOW PREGNANT ASK: Could I just check how many months there will be between your 1st and 2nd children?

FOR THOSE NOT PREGNANT OR UNSURE IF PREGNANT ASK: How many months would you like there to be between the 1st and 2nd child?

(Twins = 01)

CODE NUMBER OF MONTHS

96. 96 months or more
99. Don't know

58. What were/are the main reasons for not having the second child closer to the first?

01. Wanted to keep working (go back to work) a. career
02. Wanted to keep working (go back to work) b. money
03. Real shortage of money for day to day living
04. Wanting to save for a house
05. Wanting to save for other things
06. Health/medical reasons
07. Difficulty in conceiving, infecundity, etc.
08. Waiting for a house or flat to be allocated or to be built, or looking for more suitable accommodation
09. Discomfort of pregnancy or childbirth
10. One child is enough to cope with for a while (other than financial)
11. Marital problems
12. Wanted to have more time with the first baby (enjoyment, beneficial for baby, etc.)
13. Prefer children not to be too close in age (e.g. less sibling rivalry)
14. Wanted 1st child to reach some degree of independence from mother
15. Wanted to breast feed 1st child longer
16. Couldn't decide whether to have a 2nd child
17. Most people wait that long
18. Physically impossible
19. Other (SPECIFY)

59. What do you think are the advantages of having two children spaced closely together? (Say less than two years)

01. Mother has children while she is young (physically fitter)
02. Mother completes childbearing sooner and so can do other things sooner - work
03. Mother completes childbearing sooner and so can do other things sooner - other than work
04. Most people have them that close together
05. Better for children to be close in age - playmates and companions
06. Cheaper
07. Good if want to have many children
08. Less work for mother
09. Not enough to do with just one
10. Other (SPECIFY)
11. No advantages
IF EVER WORKED, OR IF EVER EXPECTS TO WORK AFTER HAVING CHILDREN ASK: Why did/do/will you work after having children?

CODE UP TO TWO REASONS

01. Interest in the work itself
02. Being with people
03. Money for necessities - husband has no income
04. Money for necessities - husband's earnings too small
05. Money for extras (for family)
06. Wanted to be economically independent (herself)
07. Need to be an individual
08. Husband insisted
09. Moral obligation to work in family business
10. Hated housework
11. To get away from the children
12. Other (SPECIFY) ___________________________________
98. No reason to work

61. What do you think are the disadvantages of working when you have children?

CODE UP TO TWO REASONS

01. Always tired
02. No time to herself
03. Husband resentful or unappreciative
04. Children resentful or unappreciative
05. Relatives disapproving
06. Felt odd compared with other housewives
07. Not enough time for husband
08. Not enough time for children
09. Not enough time for social activities, leisure
10. Not enough time to be with relatives (especially caring for elderly relatives)
11. Does not believe in working mothers
12. Other (SPECIFY) __________________________________
98. None

62. At what age did you start working after completing your full-time education?

CODE AGE IN YEARS

98. Never worked
99. Worked but can't remember age
63. Could you please tell me the main method of contraception that you have been using each year since 1971?

**CODE IN DATE BOXES MAIN METHOD USED DURING TIME PERIOD**

<table>
<thead>
<tr>
<th>Method Description</th>
<th>Years Available</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total abstinence</td>
<td>1971</td>
<td>6-7</td>
</tr>
<tr>
<td>Rhythm</td>
<td>1971</td>
<td>6-7</td>
</tr>
<tr>
<td>Sophisticated rhythm, e.g. mucous, ovulation and temperature</td>
<td>1971-1972</td>
<td>8-9</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>1971-1972</td>
<td>8-9</td>
</tr>
<tr>
<td>Condoms</td>
<td>1971-1977</td>
<td>10-11</td>
</tr>
<tr>
<td>Pill</td>
<td>1971-1977</td>
<td>10-11</td>
</tr>
<tr>
<td>Diaphragms</td>
<td>1971-1977</td>
<td>12-13</td>
</tr>
<tr>
<td>Injections</td>
<td>1971-1977</td>
<td>14-15</td>
</tr>
<tr>
<td>Other methods</td>
<td>1971-1977</td>
<td>15-16</td>
</tr>
<tr>
<td>Sterilized - wife</td>
<td>1971-1977</td>
<td>15-16</td>
</tr>
<tr>
<td>Sterilized - husband</td>
<td>1971-1977</td>
<td>18-19</td>
</tr>
<tr>
<td>Pregnant</td>
<td>1971-1977</td>
<td>18-19</td>
</tr>
<tr>
<td>Trying to get pregnant</td>
<td>1971-1977</td>
<td>18-19</td>
</tr>
<tr>
<td>Subfecund or infecund</td>
<td>1971-1977</td>
<td>18-19</td>
</tr>
<tr>
<td>Used nothing (and not pregnant or trying to get pregnant)</td>
<td>1971-1977</td>
<td>18-19</td>
</tr>
<tr>
<td>Used nothing - no male partner</td>
<td>1971-1977</td>
<td>18-19</td>
</tr>
<tr>
<td>Other (SPECIFY)</td>
<td>1971-1977</td>
<td>18-19</td>
</tr>
<tr>
<td>Interviewer failed to obtain information</td>
<td>1971-1977</td>
<td>18-19</td>
</tr>
</tbody>
</table>

64. Is your present (was your most recent) method satisfactory?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>20</td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Mixed feelings</td>
<td></td>
</tr>
</tbody>
</table>

65. What do you like about your present method (most recent method)?

**CODE MOST IMPORTANT ADVANTAGE FIRST**

<table>
<thead>
<tr>
<th>Advantage Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don't have to think about it (remembering to do things)</td>
<td>21-22</td>
</tr>
<tr>
<td>Few or no side effects</td>
<td></td>
</tr>
<tr>
<td>Cheap</td>
<td></td>
</tr>
<tr>
<td>Easy to use, no mess, convenient</td>
<td></td>
</tr>
<tr>
<td>Does not decrease spontaneity or enjoyment</td>
<td></td>
</tr>
<tr>
<td>Effective - reliable</td>
<td></td>
</tr>
<tr>
<td>Natural - not artificial</td>
<td>23-24</td>
</tr>
<tr>
<td>Not against religion</td>
<td></td>
</tr>
<tr>
<td>Husband likes it</td>
<td></td>
</tr>
<tr>
<td>Do not have to go to a doctor or nurse for supplies, etc.</td>
<td></td>
</tr>
<tr>
<td>Other (SPECIFY)</td>
<td></td>
</tr>
<tr>
<td>Nothing - disliked it</td>
<td></td>
</tr>
</tbody>
</table>
6. What do you dislike about your present (most recent) method?

CODE MOST IMPORTANT DISADVANTAGE FIRST

01. Have to keep thinking about it (remembering the day, remembering to do things)  
02. Side effects  
03. Expensive  
04. Difficult to use, uncomfortable, messy  
05. Decreases spontaneity, decreases enjoyment  
06. Not reliable  
07. Not natural - artificial  
08. Against religion  
09. Husband does not like it  
10. Have to go to a doctor or nurse for supplies, etc.  
11. Other (SPECIFY) _____________________________________  
98. No disadvantages

IF CHANGED METHODS DURING THE PAST 6 YEARS ASK:
What was the best thing about your previous method?

Code as for Q.65

7.(a) Where do you now go for your advice (or supplies) about birth control?

01. Family Planning Clinic  
02. Women's Health Centre  
03. Local General Practitioner (doctor)  
04. Gynaecologist (specialist)  
05. Hospital Out-patients Department  
06. Chemist  
07. Friend  
09. Baby Health Centre Sister  
10. Other Community Centre  
11. Other (SPECIFY) _____________________________________

7.(b) Does this arrangement suit you?

1. Yes  
2. No

8. What do you like about this arrangement?

01. People are interested  
02. People know a lot/experienced  
03. Can talk to him/her  
04. Free/cheap  
05. Time to talk  
06. Feel relaxed  
07. Close by - easy to get to  
08. Anonymity  
09. Other (SPECIFY) _____________________________________  
98. Nothing good
69. What don't you like about this arrangement?
   01. People not interested
   02. People not enough experience/knowledge
   03. Expensive
   04. Can't talk to him/her
   05. Feel embarrassed
   06. Not enough time to talk
   07. Hard to get to
   08. Not enough privacy
   09. Have to make appointments
   10. Have to wait too long
   11. Don't know what to do with the children
   12. Other (SPECIFY) _______________________
   98. No complaints

70. Apart from doctors, nurses, chemists, etc., with whom do you discuss birth control (i.e. among people that you meet socially)?
   For each code 1. Yes
   2. No

   Husband/partner
   Close relatives - older generation
   Close relatives - same generation
   Neighbours
   Friends
   Workmates
### PERISH SCALE

1. Which, if any, of the following do you (the family) own?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. A washing machine</td>
<td></td>
</tr>
<tr>
<td>1. Manual</td>
<td>48</td>
</tr>
<tr>
<td>2. Automatic</td>
<td></td>
</tr>
<tr>
<td>B. A television</td>
<td></td>
</tr>
<tr>
<td>0. None</td>
<td>49</td>
</tr>
<tr>
<td>A colour television</td>
<td></td>
</tr>
<tr>
<td>1. B &amp; W only</td>
<td></td>
</tr>
<tr>
<td>2. Colour</td>
<td></td>
</tr>
<tr>
<td>C. A car</td>
<td></td>
</tr>
<tr>
<td>0. None</td>
<td>50</td>
</tr>
<tr>
<td>More than one car</td>
<td></td>
</tr>
<tr>
<td>1. One car</td>
<td></td>
</tr>
<tr>
<td>2. Two cars</td>
<td></td>
</tr>
<tr>
<td>3. Three or more</td>
<td></td>
</tr>
<tr>
<td>D. A dishwasher</td>
<td></td>
</tr>
<tr>
<td>0. None</td>
<td>51</td>
</tr>
<tr>
<td>1. Hopes/plans</td>
<td></td>
</tr>
<tr>
<td>2. Owns one</td>
<td></td>
</tr>
<tr>
<td>E. A cat</td>
<td></td>
</tr>
<tr>
<td>0. Neither</td>
<td>52</td>
</tr>
<tr>
<td>A dog</td>
<td></td>
</tr>
<tr>
<td>1. Cat</td>
<td></td>
</tr>
<tr>
<td>2. Dog</td>
<td></td>
</tr>
<tr>
<td>3. Both</td>
<td></td>
</tr>
<tr>
<td>F. Have you ever had a holiday abroad?</td>
<td>53</td>
</tr>
<tr>
<td>(Since coming to Australia - for overseas-born women)</td>
<td></td>
</tr>
<tr>
<td>0. Never</td>
<td></td>
</tr>
<tr>
<td>1. Has plans</td>
<td></td>
</tr>
<tr>
<td>2. Yes, before marriage</td>
<td></td>
</tr>
<tr>
<td>3. Yes, since marriage</td>
<td></td>
</tr>
<tr>
<td>4. Yes, in combination with business</td>
<td></td>
</tr>
</tbody>
</table>

2. What extra household appliance would you most like to have?

1. Washing machine
2. Dishwasher
3. Floor-polisher
4. Vacuum cleaner
5. Electric mixer
6. Infra red micro-wave oven
7. Clothes dryer
8. Other (SPECIFY) ____________________________
9. Nothing in particular

3. What household appliance will you, in fact, buy next?

Code as above

4. Do you ever have paid help with the housework? How often?

1. Never
2. Occasionally
3. Once a week
4. More than once a week
5. Daily
4. Do you have a driving licence? and access to a car?
   1. No licence
   2. Borrows husband's car very occasionally
   3. Borrows husband's car regularly
   4. Has own car
   5. Other (SPECIFY) ________________________

5.(a) Families manage things in different ways. Who do you think should decide how money is to be spent: husband, husband and wife, or wife?
   1. Husband
   2. Husband and wife
   3. Wife

5.(b) Is this what happens in your family?
   Who manages the money in your household?
   1. Husband
   2. Husband and wife
   3. Wife

Length of interview hours _______
minutes _______

Type of Dwelling
1. Separate house
2. Semi-detached house
3. House attached to business premises
4. Housing Commission house
5. Town house
6. Self contained flat or home unit
7. Non-self contained flat (room or rooms)
8. Shed, garage, etc.
9. Caravan
In Depth Questions

A. When it came/comes to making up your mind as to the number of children to have, what are the things you thought/will think about?

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

B. IF HAS MADE UP MIND: Can you say how you came to make up your mind, was it something that happened quickly or gradually over a period of time.

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

C. IF DIFFICULT LABOUR: Has the fact that you had a difficult labour influenced you in deciding how many children you wish to have? In what way?

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

D. IF PROBLEMS WITH BABY SINCE BIRTH OR THOUGHT BABY WOULD BE EASIER TO MANAGE: Have problems with the baby since birth influenced you in deciding how many children you wish to have? In what way?

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

E. IF BABY EASY TO MANAGE: Has the fact that you have found the baby easy to manage influenced you in deciding how many children you wish to have? In what way?

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
F. What have you heard about the Women's Liberation movement? What does women's liberation mean to you? Has it affected your relationship with your husband in any way or how you feel about the number of children you want to have?


G. Some people say that the only reason why young couples do not have more than two or three children is that they can't afford to have any more. What do you think?


H. Other people say that women these days like to work outside the home and live lives of their own and do not like being tied down by children all the time. What do you think? Do you want to go back to work eventually? When?


I. Suppose you and your husband did not agree about the number of children you want. Who do you think should have the final say? Why?
J. How has your life changed since having this baby? What are the best things about the way your life has changed? What are the worst things about the way your life has changed?


K. Is it important to have a home of your own and have it nicely furnished before you have a first baby?


L. Is there anything else you should have or do before having a baby? Are most women at 25 happier out at work or staying home looking after a baby? (IF SAY IT DEPENDS ON THE WOMAN ASK) What kind of woman is happier to be out working?


M. IF PLANNED - Why did you decide to have the baby just at this time?


N. If you had known what you know now would you have still decided to have this baby? Do you have any regrets?
O. IF WORKING - What was the reaction of your husband, friends and relatives when you went back to work?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

P. IF NOT WORKING - What do you think your husband, friends and relatives would say if you went back to work?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Q. What does a baby need most from his mother? (Name at least two things if you can)

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________