

When the timing of childbearing condemns women, are reproductive technologies a new way towards gender equality?

Virginie Rozée Gomez (INED, France)

Context

Reproductive age differs between women and men both biologically and socially. While fertility also declines with age for men (La Rochebrochard *et al.*, 2003), it decreases sharply for women after 38-40 years and pregnancy carries medical risks for older women. Socially, paternity seems to be independent of aging, but maternity must generally be achieved within a given age range (Billari *et al.*, 2011; Löwy, 2006). In France, the best time to have a child is socially defined at between 25-35 years old for women (Bajos, Ferrand, 2006), and in the general population the social age deadline for conception is 40 years old (Toulemon, Leridon, 1999), i.e. long before menopause. At the same time, in European society as well as in French society, we observe an advance in maternal age at first birth due to social and demographic changes (La Rochebrochard, Prioux, 2011; Bessin, Levilain, 2012).

Today, women can conceive later with assisted reproductive technologies (ART) thanks to oocyte donation. Its success rate mainly depends on the age of the donor, and less on the age of the expectant mother. Are these technologies used by women as a free choice to conceive later? Through an empirical study¹, we collected data on women over 40 who were trying to conceive a child using ART. Who are these (new) “late” mothers? Do their profiles correspond to profiles previously studied (Toulemon, 2005) and to stereotypes described in the media? Did they describe motherhood at a later age as being a choice? What was their experience and what do they feel is the image of late motherhood?

Materials and methods

This presentation is part of a quantitative and qualitative study carried out between 2010 and 2012 among French residents who went abroad to use ART. It was based on a self-administered questionnaire and interviews with French residents consulting in medical centres in four different countries: Belgium, Denmark, Greece and Spain. Although the main objective of the study was to obtain empirical evidence of the new medical phenomenon of cross-border reproductive care involving French residents, we will not analyze here their reasons for going abroad, nor describe these medical pathways. This study allowed us to examine cases of older women who have been attempting to conceive a child, using ART after age 40. Our purpose here is first to observe their characteristics, histories and motivations.

The study sample consists of 140 self-administered questionnaires and 131 interviews, of which 66 questionnaires (47%) and 80 interviews (61%) concerned women aged 40 and over.

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Results

Socio-demographic characteristics of women by age (+/-40)

In the sample as a whole, the women's median age was between 26 and 49 (median age: 39). The median age of women aged 40 and over was 42.5 [41-45]; the median age of women under 40 was 36.5. 85% of women aged 40 and over were in heterosexual couples: in the sample "older" women were more likely to be in a heterosexual union than "younger" women. Nevertheless, in the interview sample, no significant difference between age and relationship status was observed. In all categories (the whole sample, women under 40, women aged 40 and over), women had a low to intermediate occupational level. The majority of women, independent of age, do not have children.

Parenthood project and ART history

In the whole sample, women had been trying to have a child for 4 years, with no significant difference according to age. Women aged 40 and over were then (at the beginning of the maternal project) between 27 and 49 years old (median age=39); women under 40 were then between 24 and 39 years old (median age=32). The majority of women had used ART in France before they crossed borders: 63% of women aged 40 and over; 48% of women under 40. Nevertheless, in the interview sample, 65% of women under 40 had previously used ART in France. First steps to adopt were taken by 22% of women aged 40 and over, and 17% of women under 40. As could be expected, the technique required and the women's age are significantly related: "older" women used more oocyte donation (80%) than younger women (46%), who mainly used other techniques (such as sperm donation, *in vitro* fertilization (IVF) and oocyte vitrification). Nevertheless, in the interview sample, 57% of women under 40 used oocyte donation and the relationship here is non-significant. Oocyte vitrification was used by 5%.

Becoming an "old" mother: a default choice that is assumed

Looking at the whole sample, interviews point to the interiorization of the dominant social norm related to maternal age. Younger women declared using ART abroad in order not to become an "old" mother. Age also appeared as a key element which leads single women to go abroad to use sperm donation before is too late (Rozée, 2013). For some women aged 40 and over, later maternity was a choice. They expressly explained that they were not ready to become a mother before 40. For the majority of these women, maternal experience has been delayed because of their life course (personal and professional), that is for the same reasons discussed in other studies and analyses of late childbearing: a late union with the partner, a strong professional investment, separations, second union (Bessin, Levilain, 2012; Toulemon, 2005). But unlike the findings in other studies, the maternal project has also been delayed because of a long course of infertility treatment in France. Most of the women had been attempting to conceive for many years, before they were 40, but they had had infertility problems and had undergone various unsuccessful ART attempts in France. So, many women argued that such a "late" project is not a choice, a pleasure or a personal whim. Late motherhood was often described as a "default choice".

Some women have explained that they were aware that their project was against what was accepted and tolerated by French society. In general, older women minimized the risk of

complications associated with late pregnancies or declared that they assumed the consequences because it was their own body. Some women even explained the possible social benefits of late motherhood: older women have material and economic stability that younger women do not. The majority of the women do not understand why the limits are imposed in France by the insurance system and by some medical teams. They demand that the age limit for infertility treatment should be changed, to a limit more in line with current society. Late motherhood is thus described by most of the women as in line with the improvement of living conditions, supported by advances in medicine, as consistent with better life expectancy, longer studies, later partnerships and entry into the labor market. So finally, the older women interviewed assumed their non-choice, considering themselves as a symbol of modernity, as being in phase with society. Nevertheless, to become pregnant at this age (after 40), infertile women using ART are most likely to choose oocyte donation. This is the main technology we in fact observed among women aged 40 and over. Resorting to oocyte donation was found to be sometimes a difficult and painful experience.

Resorting to oocyte donation as a possibly painful experience

Some women argued that this technique leads to sharing the work of reproduction. But for many other women, the absence of biological participation in the child's conception leads to doubts. Some women did not consider themselves as the "real" mother of the child. The future child is described as being essentially the partner's child. From the partner's viewpoint, they sometimes considered that they had conceived a baby with another woman. Some women also declared that society reinforces this idea of not being the "real" mother. The oocyte donor is, in this respect, often defined as the "real" mother of the child. Women who used oocyte vitrification have made this choice precisely in order to increase the chances of having their "own" child later and to avoid as much as possible the need to use oocyte donation.

Conclusion

Through cross-border reproductive care, ART creates opportunities for better gender equality as it allows single women or same-sex couples living in France to conceive a baby (Rozée, 2012; 2013). Regarding the calendar of procreation, ART, especially oocyte donation, could also be a springboard towards gender equality. In our study, "older" future mothers did not appear very different from the "younger" future mothers in terms of occupation for instance, or relationship status or histories. Becoming a mother at a later age is not experienced here as a liberating and chosen event. It appeared more as a default choice than as a free and informed decision. Moreover, motherhood in France, with the exception of adoptive motherhood, still relies on both biological and physical participation. Even if today technologies allow parenthood without gene transmission or bearing a child, using oocyte donation is still a difficult experience.

The international procreative "market" is now proposing a new medical technique: oocyte vitrification (Cobo, 2012). If this method is really effective and risk-free, does it represent a real gender revolution for women regarding their biological clocks? the real springboard towards gender reproductive equality?

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