

EMPIRICAL STUDIES

A project for future life—Swedish women's thoughts on childbearing lacking experience of giving birth and parenthood

MALIN SÖDERBERG PhD student¹, KYLLIKE CHRISTENSSON Professor¹, & INGELA LUNDGREN Associate Professor²

¹Institution of Reproductive Health, Department of Women's and Children's Health, Karolinska Institutet, Stockholm, Sweden and ²Institute of Health and Care Sciences, The Sahlgrenska Academy at University of Gothenburg, Gothenburg, Sweden

Abstract

A lifeworld hermeneutic approach was used in order to understand Swedish women's thoughts on childbearing. Nine women were interviewed, and they ranged in age from 22 to 28 years and represented diverse socioeconomic, educational, sexual, and fertility backgrounds. All women were similar in that they lacked experience of giving birth and parenthood. The analysis showed that childbearing includes dimensions of both immanence and transcendence. Immanence, as childbearing is seen as stagnant to women's freedom in present life. Transcendence, as childbearing is thought of as a project for future life, a part of female identity, and a conscious standpoint for which the woman wants to be prepared and for which she wants to create the best conditions.

Key words: Childbearing, hermeneutics, interviews, lifeworld, qualitative analysis, women's health

(Accepted: 19 March 2012; Published: 3 May 2012)

The biologically most optimal time for women to conceive, become pregnant, and give birth to their first child is between the ages of 20 and 30 years. Today, most women in this age range in high resource societies postpone childbearing. With regard to women's social situation, the age range of between 25 and 35 years is believed to be the most favorable time to give birth to the first child, by then women are more likely to have completed their education and received some skills in the labor market (Heffner, 2004). The number of complications related to pregnancy and birth is still low at that age (Heffner, 2004; Mills & Lavender, 2011). This study was carried out because more needs to be known about women's thoughts concerning childbearing, especially with regard to what childbearing means to them in a society where postponement of childbearing is more and more common. Some of the reasons why women wait to have children in high resource countries are establishment of independence through education and

staving active in the labor market and economy (Benzies, et al., 2006; Sleebos, 2003). In discussions about the relationship between women's childbearing and economy, the most common explanation is uncertainty about the labor market (Benzies et al., 2006; Sleebos, 2003; Wu & MacNeill, 2002). During this century, women's paid work has had positive effects on childbearing; in Sweden, women who are employed and have a good income are most likely to have children (Statistics Sweden, 2002). However, reports from Canada and Germany indicate that maternity benefits have had a limited impact on the timing of childbearing (Kemkes-Grottenthaler, 2003; Phipps, 2000). When asking women about the optimal time for motherhood, lack of "right" partner, (Proudfoot, Wellings, & Glasier, 2009) a satisfactory relationship, independence, and the fact that fertility decreases are factors that influence decisions on when the time is right to have children (Benzies et al., 2006).

Correspondence: M. Söderberg, Institution of Reproductive Health, Department of Women's and Children's Health, Karolinska Institutet, Retziusväg 13 A-B, S-171 77 Stockholm, Sweden. E-mail: malin.soderberg@ki.se

There are no recent studies found that deal with women's thoughts of childbearing lacking experience from giving birth and parenthood. The concept childbearing is related to the process of conceiving, being pregnant with, and giving birth to a child. A better understanding of the women's life situation in relation to their thoughts and feelings concerning childbearing might be helpful for midwives and other health care practitioners, when giving contraceptive guidance or supporting women in their reproductive choices or life planning. Thus, the aim of this study was to explore thoughts on childbearing in women in Sweden lacking experience of giving birth and parenthood.

Methods

We used a hermeneutic approach (Gadamer, 1995/ 1960) based on the lifeworld perspective (Husserl, 1998/1913) in order to understand women's thoughts on childbearing. Lifeworld-based research attempts to describe the everyday experience, in a systematic and methodical way (Dahlberg, Nyström, & Dahlberg, 2008). The essence of human understanding of the everyday world is hermeneutic; meaning it is derived from our interpretation of it (Heidegger, c2008). Lifeworld hermeneutics is an attempt to understand the world of human beings just as interpretation and understanding are essential parts of existence. The ontological appearance of the lifeworld is "being", and interpretation is the way in which we understand its ambiguity (Dahlberg et al., 2008). A methodological principle is to understand the whole in terms of the detail and the detail in terms of the whole (Gadamer, 1995/ 1960). This principle was in Gadamer's words "the hermeneutical rule," which is also called "the hermeneutic circle," and is a movement from the text, interviews (the original whole) to the analysis (the detail) to a new whole. Openness, the central idea in the lifeworld paradigm, is the epistemological concept, which makes us see the "otherness" of something (Gadamer, 1995/1960). That is to have an open mind when interviewing and analyzing data to be able to observe what is really there (Dahlberg et al., 2008; Smith, 2007). Openness allows a phenomenon to be understood in new ways and fit into new contexts. The focus in lifeworld research is always on the meaning implicit in the data. The researcher must be aware of the pitfalls in the process of interpretation to avoid merely seeing what is understood already (Gadamer, 1995/1960).

Thus, the concept pre-understanding is central in Gadamer's philosophy. As researchers in human sciences, we must understand ourselves as historical beings, as we are always connected with the past; tradition and historicity is part of our lifeworld (Gadamer, 1995/1960). Therefore, we as researchers must reflect upon our pre-understanding and its influence on the interpretations in order to see or understand something in a new way.

Setting and participants

For this study, 10 women were invited to participate, and one woman declined; the reason given was lack of time. Nine women were interviewed, and their age ranged from 22 to 28 years. They lived in different parts of Sweden from the middle to the very north, in rural areas and in larger cities. Three were cohabiting, one in a lesbian relationship and two in heterosexual relationships. Six women were single, five heterosexual and one bisexual. Five were employed out of which three had university degrees and two were about to start their university studies next semester. Four women were studying at a university. All women were similar in that they lacked experience of giving birth and parenthood; one woman had experience of having an abortion. The women were recruited through a direct approach; by midwives in private midwifery clinics and by midwives in contraceptive care clinics.

Ethical considerations

Ethical approval was obtained, and permission to undertake the study was granted by the Ethics Committee in Stockholm, Sweden (number 04-303/2). Informed consent included both an oral and a written description of the purpose and procedures of the study.

Collection of data

Informed consent was received from each participating woman, and all nine gave their permission to digitally record the interviews. The women were assured that all information would be treated confidentially, and that they could interrupt their participation at any time before and during the interview. The women were asked to choose the place for the interview. Six interviews were conducted in the women's homes, two at the library and one at the university department. Each woman was interviewed on one occasion. The first author conducted the interviews. The goal was to get

the women to reflect upon childbearing. The initial question was: what is your view on childbearing? The women were encouraged to reflect upon childbearing as they thought of it in an open way. The length of the interviews varied from 20 to 90 min.

Data analysis

The data analysis was based on a lifeworld approach guided by hermeneutics (Gadamer, 1995/ 1960) and lifeworld hermeneutics (Dahlberg et al., 2008). All authors were midwives with experience from working both nationally and internationally, and with midwifery education and research. Primarily the first and third author in collaboration with the second author carried out the data analysis. The first author transcribed the interviews verbatim. The transcribed text was first read several times to gain a sense of the whole (Dahlberg et al., 2008) in relation to the research question: what does childbearing mean to Swedish women lacking experience of childbirth and parenthood and its context. Meaning-units were developed and compared and those related to each other were organized in sub-themes. Through this process a preliminary understanding of the data was gained. To clarify the meanings in the data a new reading of the text began. This reading was an interpreting dialog providing clues of what underlying meanings there were. Similarities and differences in the sub-themes were identified and organized into four themes (Dahlberg et al., 2008). Then the text and the themes were read according to "the hermeneutic rule" (Gadamer, 1995/1960) to search for a new whole. It was not until this stage that suggestions on how to understand each theme were made. Thereafter the themes were compared with each other and a common denominator identified (Dahlberg et al., 2008).

Finally, the main interpretation was explained at a more abstract level in which the concepts "immanence" and "transcendence," as it was described by Beauvoir (2002/c1949), were used. During the entire process of analysis the interview text was referred back, and interpretations of the details were compared with interpretations of the whole. The main interpretation is a comprehensive understanding that further explains all data of general importance for the research question.

Findings

The presentation of the findings contains four themes followed by the main interpretation.

Childbearing is seen as stagnating and interferes with freedom in the present

Childbearing does not fit in to the present life that is characterized by spontaneity and freedom. There are many opportunities to make use of spontaneity and freedom, which makes the woman avoid childbearing. In the present life there are many opportunities that must be grasped; education, travel, training and work as well as meeting new people and a partner. Childbearing is described as being stagnant and an obstacle to the woman's freedom:

I was in a long term relationship, he was older and considered having a family ... but then I felt that I wanted to live my life and not get stuck in something like that because it would stop me from doing things in life.

The women described studying and other interests as being impossible to combine with childbearing because they wanted to be able to give 100% to their commitments, "I have so many demands; I do not want to have a child in the middle of a study section and have to interrupt it." In the present the women do not feel ready for the responsibility that childbearing entails:

I feel that I am still too young... I don't feel that I can manage that responsibility, at the moment I want more time for myself and to develop and meet new people and maybe to be able to travel and first of all get an education.

The present situation of life is characterized by spontaneity and doing whatever comes to mind. Everyday life is filled with making choices that feel right. It can be all about living a healthy life, running different projects, having a job, and having a partner. In the present life there is a lack of references to childbearing. One woman says:

You don't have a frame of reference as in the old days where you had... a relation where everybody has children so to speak but rather that it comes when you're thirty-five when your referential group is having children. At the moment you can't even relate to what it means because life is about so many other things.

The present life consists of spending time with the solid partner and/or friends. The time spent with friends is meaningful and often takes place in environments and at times that the women experience as being unsuitable for children, for example the gym and at pubs. The friends become a family; to have a baby can mean that something important is lost in the relationship with the friends:

It's taboo to talk about it [the childbearing] ... I don't know if they are afraid that everything will be lost if someone has a child... we do a lot of things together, going on vacations and other things and if someone would have a child it would become totally different.

Way too many years can pass before the right moment for childbearing comes. In that there is also a risk that the relationship ends if the years just go by or that a suitable partner does not show up. Women can experience the thought that fertility decreases as the years go by as well as that it can take time to become pregnant and that the pregnancy sometimes must be planned, as hard and stressful:

I don't want to wait too long because then I don't know if it will work and I absolutely don't want to ruin my relationship before we have children... that is what makes me scared that I will be stressed over becoming pregnant so to speak and then I think that it would be good if it just happened... I would wish that it was like that, that there is no perfect moment.

Childbearing is a serious commitment that demands structure, stability, and space

The women we interviewed described childbearing as a great event in life. To give birth to a child means a great responsibility that must be taken seriously; it means taking responsibility for another human being's growth. "It [childbearing] requires presence in the moment, it does not fit into the everyday stress of modern life." As a parent the woman wants to be able to give time, love, and be present for the child:

Childbearing it means a lot more years of time spent with this child and you must really want it... it is a human being that I bring into this world I must value that highly, you can't play with people's lives it is really serious and that's why I think it's so incredibly important that this space is available that there is space and warmth and time.

One woman describes that childbearing demands that you have reached a certain level, materially and emotionally:

Either you can have children and they will have a tough life... but in order to get it the way I want you should be able to give the child both time and love and everything that is required all around, then it is a luxury.

A life with children demands structure and stability, other commitments should not compete with the time the child needs. Studies should be finished, the economy should be stable, and the woman should be able to support herself. The women did not describe childbearing as being far away emotionally, but practically:

I don't want to do it to achieve something for myself or because my body wants it because you have to be in a state where you feel that you have time for another life or another person... when you have children you have lived your life a bit more vou are a bit more settled down.

A structured and stable situation in life means meeting a partner that can be a good life companion as well as a good parent, "I see it as a goal to find someone that I really feel comfortable around and want to spend time with, you know, you will always love the child regardless of who the father is." A lifelong loving relationship where both parents take part in parenting and the growth of the child is described as important, "Much depends on before you find that person and really feel that we can do this together and really have the same opinions about raising a child." To have been able to obtain different experiences in life before the childbearing is described as important for personal development, which is experienced by the women as important for being able to provide the child with security:

You will never be perfect but to feel that you have security that you can pass on and make the child feel it... I have to feel that I have gone through a lot of things to know where I stand and pass it on, I feel that I need life experience.

Simultaneously, the interviewed women described that the childbearing itself can be developing for the woman:

A lot of people change when they become parents it feels like a proof of how big it is... that many people seem to feel at home with themselves and that big thing becomes something so beautiful and natural despite the fact that nothing will be the same ever again.

The interviewed women described forming a family as central, partly because of the feeling of security and stability but also in order to feel communion with someone and to have someone to come home to. The child should have security in a social way in a stable family that is either described as two partners with a mutual child or as a mother with children who is supported by other adults. "I am open for letting more than two people take care of children because I think it is a really good thing that there are several stable people as well."

One woman reflects over the basic family and stability:

Having a stable relationship to the father I guess that is the big difference today with all the break-ups, there are a lot of people who have children with different partners, to me stability means this basic family, mom, dad, child and it should be genetic.

Childbearing is a part of the female life, even if it is not a part of the present

Becoming pregnant and giving birth is thought of by the interviewed women as one of the most female parts of life. Childbearing is present in thought and is expressed as a part of life or an aim in life, "Everything until that moment is certainly meaningful as well but to have children feels like a milestone." The woman's social situation such as the relationship to the partner, friends, and family affects the thoughts connected to future childbearing. When childbearing is mentioned or when friends and siblings start having children it becomes more real and thoughts regarding the woman's own childbearing start emerging, "I have been thinking a lot about it [childbearing] over the last years... when friends start having children and things like that, I've been thinking a lot about the fact that I haven't felt that desire." Although the desire to have children is present and the body can be experienced as mature enough for childbearing it has to wait, "I have been thinking that childbearing is something that comes when I settled down but simultaneously I can feel that... physically I am mature enough now but it is something that is totally out of the picture".

I felt the desire to have a child earlier than I would have thought, in some way I thought that it would take place in the next life when I was in my twenties... then it felt like in ten years and I have been saying in ten years time and then now I realize that well, it is now.

When the woman's own childbearing is visualized the woman can experience that pregnancy and giving birth is something that is not meant for her as an individual. The desire to have biological children of her own can be absent, but the thought of childbearing is still there and is being processed in the thought, "Even though I do not want children I am thinking about how it would be... it is more in order to prepare myself if it would happen, then I would not stand there all [unprepared]." The interviewed women thought of childbearing as a major change in life in comparison to the present life. The desire to have children can be experienced as unsuitable when the closest friends do not have children. A feeling of insecurity regarding how the partner or the friends will react makes it impossible to express this desire. Hence, it can feel easier to be quiet about one's desire or diminish it:

It can be easier not to feel it [a desire to have children]... the simplest way would be just to keep on living, we are doing well anyway, there are a lot of things that become different when you have a child. Most people would be really happy if we had a child, but still I think that some of my close friends who do not want children how would they react?

The interviewed women described the relationship between mother and child as something special. The woman's own relationship with her mother is present when thinking about being a mother one day and experience the relationship to the woman's own children, "If you think about your own relationship to your mother and your parents you know during your childhood you want to experience it yourself being a parent... I want to experience what my mother experienced."

Childbearing can be meaningful in different ways but also a hindrance

The interviewed women described childbearing as important for society's development and that it can be meaningful to the woman as an individual, "I have a hard time imagining living a whole life without children so actually for me it feels meaningful." To have children of one's own can also be an important verification of continued existence. There are different ways of living with children according to the women. To be there for friends' children as an extra grown-up is described as a way of living with children. The woman can either give birth herself in a same sex-relationship or alternatively her partner can become pregnant and give birth, "I can consider having a child but

not giving birth to it." If the woman is not able to have children of her own, adoption is considered as a possibility. To adopt a child, also means that the child can be helped and have a better life, "Ultimately I would not mind adopting a child if I can not have any children of my own... then I feel like I can really help a child." The interviewed women also described childbearing as something that can mean a hindrance for the individual. One woman described it as a disability when a woman is applying for a job or when she enters a workplace because the woman as pregnant or as a mother can be seen as less attractive in comparison to other job applicants:

It is a fear that you will get stuck. It is almost like a class issue, those who are well off can have children simultaneously. It is a disability when I am going to start applying for jobs and getting into a new workplace.

A woman who has chosen not to have children of her own experiences that she has to argue her standpoint. The woman can start to avoid it and instead spend time with people with a similar point of view who are more accepting toward her standpoint, "it is more of an issue when I meet people from without or my parents' friends that I have to move on and explain why, in a way that you do not have to if you have become pregnant." The women interviewed described childbearing as something that can mean a tension in relationships with others. Socializing is restricted, "You become very isolated" when friends do not have children. The equality in the couple relation can be disturbed, and one woman explained that both partners could get stuck in the relationship:

It strikes me again and again how hard it must be to make it work in a good way... that two people can feel free before the child arrived and then not only become stuck of course with the child, that is a given, but in relation to several other things.

Childbearing can mean a feeling of alienation if the woman does not have children in a community where others do, "If I have children I will feel more accepted, I feel rather excluded at family gatherings."

Main interpretation

To gain a deeper understanding of childbearing as thought by women in Sweden lacking experience of giving birth and parenthood, Beauvoir's

(2002//c1949) description of "transcendence" and "immanence" was used. Transcendence means a constant development in relation to society through conscious actions. These conscious actions are "projects" through which the human being validates herself as existing, as a subject in relation to other things and other people. Immanence means no validation and development as a subject. Childbearing sets the woman into immanence and is merely a physical and not a conscious creation; it withholds the woman from transcendence (Beauvoir, 2002//c1949).

The main interpretation shows that childbearing according to this study contains both transcendence and immanence, which is not in line with Beauvoir (2002/c1949). Immanence means that childbearing is stagnant and interferes with a free and active life and withholds development as subject. Childbearing as transcendence means that in present life childbearing is present as a future project, which should be prepared for. Further transcendence can be seen both in the conscious decision whether to have a child or not and in the creation of conditions in order to be able to live with and raise a child in the future. Childbearing is visualized in the present through thoughts, emotions, and preparations and is processed in a quest to validate the self as a subject with or without children in the future. The preparations can be seen as conscious actions that constitute the start of the project of childbearing. The projection of childbearing in the future is important in order for the individual woman to form an identity. Childbearing is described as validating the most female aspect of life but it is not necessary for her being. She is a woman regardless of if she becomes a mother or not, but her femininity is validated through childbearing.

Discussion

Our analysis of the thoughts of childbearing among women, 22–28 years old, lacking experience of giving birth and parenthood, showed that childbearing is a future project, which includes dimensions of both immanence and transcendence (Beauvoir, 2002/c1949). Immanence, as childbearing is seen as stagnant to women's freedom in present life. Transcendence, as childbearing is thought of as a project for future life, a part of female identity, and as a conscious standpoint for which the woman in present life wants to be prepared and for which she wants to create the best conditions.

Childbearing related to both immanence and transcendence is a new aspect of childbearing, not previously described. However, these findings must be related to the fact that when Beauvoir wrote her book in the late 1940s the situation for women was different compared to the present. Today, individuals, both men and women in high resource societies must adapt to conditions in the labor market, the education system, the welfare state and its institutions in which each individual is the creator of their own biography (Beck & Beck-Gernsheim, 2002). According to our study, women want to plan life and be prepared economically and personally before starting a family, which reflects Mills and Lavender's (2011) findings that later childbearing could have advantages for both the mother and baby. Women over the age of 35 are often better educated, of higher socioeconomic standard, follow a healthier lifestyle, and, in line with our findings, have life experiences, which make them feel more prepared for the responsibilities of parenthood (Mills & Lavender, 2011). Women of today have freedom to develop as subjects within society; they are in transcendence (Beauvoir, 2002/c1949). This freedom must be related to the fact that our study was conducted in a society where women have a reproductive right based on modern contraceptives and life circumstances, which has become a resource for women to create their own life and postpone childbearing until life is perfect (Söderberg, Lundgren, Olsson, & Christensson, 2011). However, the postponing of childbearing has consequences such as an over-reliance on reproductive ability (Lampic, Skoog-Svanberg, Karlström, & Tydén, 2006). Moreover, reproductive knowledge focuses more on pregnancy prevention than on understanding of fertility and its limits (Adashi et al., 2000; Blake, Smith, Bargiacchi, France, & Gudex, 1997) and reproductive life-plans (Lansac, 1995).

According to our findings, childbearing is a future project for which women want to create the best conditions. Has the transcendent (Beauvoir, 2002/c1949) dimension of childbearing brought women a loss of connection to their fertile bodies? A question that arises is; do the consequences of delayed childbearing need more attention in society? Is it possible for women in "the creation of the best conditions" to relate the consequences that delayed childbearing encompasses? Some of the consequences of delayed childbearing are increased health risks for mother and child (Jolly, Sebire, Harris, Robinson, & Regan, 2000; Joseph et al., 2005), lack of social support from extended families (Mills & Lavender, 2011), a possible gap between desired and achieved fertility (Maheshwari, Porter, Shetty, & Bhattacharya, 2008; Sleebos, 2003), and even childlessness (Balasch & Gratacós, 2011). There are also women who have infertility treatment who

experience physical and mental suffering (Cwikel, Gidron, & Sheiner, 2004).

Another perspective on childbearing as a future project is the individualized society, which permits but also demands an active contribution by individuals in which they need initiative, flexibility, and tenacity (Beck & Beck-Gernsheim, 2002). What was once given in advance by nature has been transformed into questions and decisions in the venue of private life (Beck & Beck-Gernsheim, 2002). When childbearing is put forward as "a future project" and the choice of when to start a family belongs to the individual, time becomes critical as female fertility has its time limits. A question that arises is; do we need more family and childbearing tradition when living in a society where even childbearing has become a choice among others? For women in early first pregnancy, relation to own mother and family were important; this made them see themselves as a part of a greater context, from a girl to a woman becoming a mother (Modh, Lundgren, & Bergbom, 2011). More and more women have fewer children in European countries (The ESHRE Capri Workshop Group, 2010). More research is required to study childbearing as a future project in different countries with different economic and cultural circumstances. Furthermore, what effects can delayed childbearing, until we "cannot" have children anymore, have on women's health in later years? The long-term effects of hormonal contraceptive use on women's health and fertility require further research. The woman's natural hormone system with its extreme hormonal changes during pregnancy, childbirth and breastfeeding is something requiring more research in the light of women's health and hormonal changes in a life perspective.

Findings reveal that childbearing is seen as stagnating the woman's chances in current life, for example in social networking, which reflects immanence (Beauvoir, 2002/c1949). It was found in the present study that the possibility to accompany friends or a partner to different places at different times is important and makes childbearing seen as stagnating freedom. Moreover, close friends constitute the family in the present, in which references to living with children are missing and childbearing becomes peripheral. The importance of women's social network in relation to women's childbearing has earlier been described by Bernardi (2003) and Kemkes-Grottenthaler (2003), and according to Bernardi (2003) peer relationships affect women's childbearing plans, which are in line with our results. Living in a culture of choice it is harder to make the decision to start a family (Lundqvist & Roman, 2003; Proudfoot et al., 2009) and most women do want a family rather than just a child (Proudfoot et al., 2009). In addition, there are no longer cultural pressures on women to have children at a young age, rather the opposite (Proudfoot et al., 2009), and there is no longer a tradition of childbearing (Beck & Beck-Gernsheim, 2002) in the high resource societies of today (Bauman, 2001; Beck & Beck-Gernsheim, 2002; Lundqvist, & Roman, 2003). Furthermore, we found that childbearing lacks context and that motherhood is projected to the future; moreover it is significant to female existence.

It is important that healthcare professionals understand women's life plans. In caring encounters women's views (mid twenties and up) need to be considered concerning future childbearing plans, health in a life perspective, and menstrual cycle, remembering that some women do not choose childbearing during their most fertile years. Moreover, sufficient support and information to women and their partners must be given to make reproductive choices not only from the perspective of avoiding unplanned pregnancies but also to help them reflect upon their fertility conditions in the present and in the future. When childbearing is a future project and belongs to "another part of life," time becomes a fact. It is necessary to have enough time to avoid difficulties in conception (Lansac, 1995) but there is a complex interplay of factors affecting women's timing of childbearing, such as relationship, stability, health, and fertility, factors that women do not have ultimate control over and in which the timing of childbearing becomes an element of chance (Billari et al., 2011; Cooke, Mills, & Lavender, 2011). Furthermore, there is a lack of consensus whether age-related risks are an effect of the woman's age alone or relate to pre-existing medical conditions (Mills & Lavender, 2011). It is easy today to get hold of information in the media. When it concerns childbearing, professionals and policy makers need to understand societal pressures and to counter misinformation and unrealistic images often presented in the popular media, to enable women to make informed decisions about when to have children without compromising health, education, or careers (Mills & Lavender, 2011).

Finally, the woman confirms herself as subject within society and according to our findings, childbearing is a part of the female creation as subject. According to our and other findings, childbearing is described as stagnant in the present and is postponed in life. But in addition we found that childbearing is a future project and a conscious standpoint, which is significant to the creation of female identity of whether the woman wants to

have a child or not. What consequences can this have for women in the future? Will they be able to combine the childbearing project with their own life and career and the health problems that are associated with pregnancy and childbirth in older ages? When childbearing is a future project what will that mean to women who want to have children but find out they cannot have any, and further, how will life turn out for women outside the model, "childbearing as a future project"?

Methodological considerations

The participating women were about to or already studying at a university, which could limit this study, as that circumstance is not representative of all women (22-28 years) in Sweden. Hermeneutic studies must always be interpreted in relation to their context; in this study, Swedish women in the age range of 22–28 years lacking experience of giving birth and parenthood. However, contextual findings do not imply that they would not be inapplicable and lack meaning in other contexts. Application of these findings to another context could be understood as entailing an open-ended process of understanding (Dahlberg et al., 2008).

To observe what was really there it was important to have an open mind when interviewing and analyzing data. Throughout the process it was important to reflect upon our own experiences with the subject matter and to stay self-critical to avoid our pre-understanding to influence the interpretations. In the beginning of the process and during the analysis, ideas and thoughts were written down as they appeared; this procedure made our pre-understanding obvious. The strengths of qualitative studies are the opportunity to study complex phenomena as they are situated and embedded in local contexts. Data are based on the participants' own experiences and are often rich and detailed.

Conflict of interest and funding

The authors declared no conflicts of interest with respect to the authorship and/or publication of this article.

Acknowledgements

The authors received financial support from Mälardalen University, School of Health, Care and Social Welfare, Eskilstuna, Sweden, for the authorship of this article.

References

- Adashi, E. Y., Cohen, J., Hamberger, L., Jones, H. W. Jr., De Kretser, D. M., Lunenfeld, B. et al. (2000). Public perception on infertility and its treatment: an international survey. The Bertarelli Foundation Scientific Board. Human Reproduction 15(2), 330-334. doi: 10.1093/humrep/ 15.2.330
- Balasch, I., & Gratacós, E. (2011). Delayed childbearing: Effects on fertility and the outcome of pregnancy. Fetal Diagnosis and Therapy, 29, 263-273. doi:10.1159/000323142
- Bauman, Z. (2001). The individualized society. Oxford: Polity Press, Blackwell Publishers Ltd.
- Beauvoir, S. De. (2002/c1949). Det andra könet. [The second sex] (Inczèdy-Gombos, A., & Moberg, Å. Trans.). Smedjebacken: Fälth & Hässler.
- Beck, U., & Beck-Gernsheim, E. (2002). Individualization: Institutionalized individualism and its social and political consequences. London: Sage Publications Ltd.
- Benzies, K., Tough, S., Tofflemire, K., Frick, C., Faber, A., & Newburn Cook, C. (2006). Factors influencing women's decisions about timing of motherhood. Fournal of Obstetric, Gynecologic, & Neonatal Nursing, 35(5), 625-633. Retrieved April 4, 2012, from http://onlinelibrary.wiley.com/doi/ 10.1111/j.1552-6909.2006.00079.x/pdf
- Bernardi, L. (2003). Channels of social influence on reproduction. Population Research and Policy Review, 22(5), 427-555. Retrieved April 4, 2012, from http://www.springerlink.com/ content/r31042q330188713/fulltext.pdf
- Billari, F. C., Goisis, A., Liefbroer, A. C., Settersten, R. A., Aassve, A., Hagestad, G., & Spéder, Z. (2011). Social age deadlines for the childbearing of women and men. Human Reproduction, 26(3), 616-622. doi: 10.1093/humrep/deq360
- Blake, D., Smith, D., Bargiacchi, A., France, M., & Gudex, G. (1997). Fertility awareness in women attending a fertility clinic. Australian and New Zealand Journal of Obstetrics and Gynaecology, 37(3), 350-352. Retrieved April 4, 2012, from http://onlinelibrary.wiley.com/doi/10.1111/j.1479-828X. 1997.tb02429.x/pdf
- Cooke, A., Mills, T. A., & Lavender, T. (2011). Advanced maternal age: Delayed childbearing is rarely a conscious choice: A qualitative study of women's views and experiences. International Journal of Nursing Studies, 49(1), 30-39. Retrieved April 4, 2012, from http://dx.doi.org/10.1016/ j.ijnurstu.2011.07.013.
- Cwikel, J., Gidron, Y., & Sheiner, E. (2004). Psychological interactions with infertility among women. European Journal of Obstetrics & Gynecology and Reproductive Biology, 117(2), 126-131. Retrieved April 4, 2012, from http://dx.doi.org/ 10.1016/j.ejogrb.2004.05.004.
- Dahlberg, K., Nyström, M., & Dahlberg, H. (2008). Reflective lifeworld research. Lund: Studentlitteratur.
- Gadamer, H. G. (1995/1960). Truth and method (2nd rev ed.). (J. Weinsheimer & D. G. Marshall, Trans.). New York: Continuum International Publishing Group.
- Heffner, L. J. (2004). Advanced maternal age How Old Is Too Old? New England Journal of Medicine, 351(19), 1927-1929. Retrieved April 4, 2012, from http://www. nejm.org/doi/pdf/10.1056/NEJMp048087
- Heidegger, M. (2008). Being and time; translated from the 7th German ed. (J. R. Macquarrie, E, Trans.). New York: HarperPerennial/Modern Thought.
- Husserl, E. (1998/1913). Ideas pertaining to a pure phenomenology and to a phenomenological philosophy. First book. (F. Kersten, Trans. Vol. 3). London: Kluwer Academic Publication.
- Jolly, M., Sebire, N., Harris, J., Robinson, S., & Regan, L. (2000). The risks associated with pregnancy in women aged

- 35 years or older. Human Reproduction, 15(11), 2433-2437. doi: 10.1093/humrep/15.11.2433
- Joseph, K. S., Allen, A. C., Dodds, L., Turner, L. A., Scott, H., & Liston, R. (2005). The perinatal effects of delayed childbearing. Obstetrics & Gynecology, 105(6), 1410. doi: 10.1097/01.AOG.0000163256.83313.36
- Kemkes-Grottenthaler, A. (2003). Postponing or rejecting parenthood? Results of a survey among female academic professionals. Journal of Biosocial Science, 35(02), 213-226. doi: 10.1017/S002193200300213X
- Lampic, C., Skoog-Svanberg, A., Karlström, P., & Tydén, T. (2006). Fertility awareness, intentions concerning childbearing, and attitudes towards parenthood among female and male academics. Human Reproduction, 21(2), 558-564. doi: 10.1093/humren/dei367
- Lansac, J. (1995). Delayed parenting: Is delayed childbearing a good thing? Human Reproduction, 10(5), 1033-1036.Retrieved April 4, 2012, from http://humrep.oxfordjournals.org/ content/10/5/1033.full.pdf
- Lundqvist, Å., & Roman, C. (2003). Önska, vilja och välja: om beslutet att skaffa barn. [To wish, will and choose: about the decision to have children.]. Sociologisk Forskning, 40(1), 12 - 33
- Maheshwari, A., Porter, M., Shetty, A., & Bhattacharya, S. (2008). Women's awareness and perceptions of delay in childbearing. Fertility and Sterility, 90(4), 1036-1042. Retrieved April 4, 2012, from http://dx.doi.org/10.1016/j.fertnstert. 2007.07.1338.
- Mills, T. A., & Lavender, T. (2011). Advanced maternal age. Obstetrics, Gynaecology & Reproductive Medicine, 21(4), 107-111. Retrieved April 4, 2012, from http://dx.doi.org/ 10.1016/j.ogrm.2010.12.003.
- Modh, C., Lundgren, I., & Bergbom, I. (2011). First time pregnant women's experiences in early pregnancy. International Journal of Qualitative Studies on Health and Well-being, 6(2). Retrieved April 4, 2012, from http://www.ijghw.net/ index.php/qhw/article/view/5600/8083
- Phipps, S. (2000). Maternity and parental benefits in Canada: Are there behavioural implications? Canadian Public Policy/ Analyse de Politiques, 26(4), 415-436.
- Proudfoot, S., Wellings, K., & Glasier, A. (2009). Analysis why nulliparous women over age 33 wish to use contraception. Contraception, 79(2), 98-104. Retrieved April 4, 2012, from http://dx.doi.org/10.1016/j.contraception.2008.09.005.
- Sleebos, J. (2003). Low fertility rates in OECD countries: Facts and policy responses, nr. 15. OECD Labour Market and Social Policy Occasional Papers. doi: 10.1787/568477207883
- Smith, J. A. (2007). Hermeneutics, human sciences and health: Linking theory and practice. International Journal of Qualitative Studies on Health and Well-being, 2(1), 3-11. Retrieved, April 4, 2012, from http://informahealthcare.com/doi/pdf/ 10.1080/17482620601016120
- Statistics Sweden. (2002). How many children will I have? Fertility in a life-perspective (No. 2002:5). ISBN: 91-618-1140-8.
- Söderberg, M., Lundgren, I., Olsson, P., & Christensson, K. (2011). A Burden and a Blessing - "Young Swedish Women's Experience of Fertility". A Study Among Women Lacking Experience of Pregnancy and Parenthood. Health Care for Women International, 32(6), 402-419. doi:10.1080/07399332.2010.530725.
- The ESHRE Capri Workshop Group. (2010). Europe the continent with the lowest fertility. Human Reproduction Update, 16(6), 590-602. doi:10.1093/humupd/dmq023.
- Wu, Z., & MacNeill, L. (2002). Education, work, and childbearing after age 30. Journal of Comparative Family Studies, *33*(2), 191–214.