Baby Boomers

Romaine Rutnam suggests a provocative vision for parenting and parenthood without the domination of medical technology.

In the two-year period surrounding my fortieth birthday, eighteen of my women friends, colleagues and relatives gave birth to their first child. Only two of them were under 30 and, as I recall, they were the only ones to have uncomplicated pregnancies and/or births. Many of them would consider themselves feminists of some sort; most of them have benefited from feminist actions in that they are economically independent and are committed to careers outside motherhood.

It was during that time that I began researching the history of IVF technology in Australia. For me it was a time of revelation on many fronts. I learned about the strength of the drives in many Australian women and men to overcome the limits placed on their lives by the inability to bear their own children. I also learned about the impressive body of feminist research which had uncovered the drives of European science and medicine to dominate nature and overcome the limits placed on human activities by biology and other constraints.

One of the ideas I have drawn from this experience of IVF and similar medical research is that it highlights a conflict between different strands of feminist thought, which have very different implications for the lives of women (and men). One of these strands argues that feminism is about increasing all kinds of choices for women, which will allow us to live in any way we please and with (at least) equal freedoms to men. Our T-shirts say it all: “No limits for women” and “We don’t want half the cake, we want the whole damn bakery!”

Another strand is critical of the outcomes produced by male science. It argues instead that feminism must be about creating different kinds of knowledges and policies which recognise the importance of diversity in human and other species and which respect the need for balance in our ecosystem.

For me, IVF and other new reproductive technologies are a continuation of European culture’s confident and simple belief in the benefit of putting our resources into expanding the boundaries of human action. Since we have learned that women’s bodies (and possibly men’s too) tend to become less fertile once over 30, and childbearing becomes more risky, the latest answer given by this culture is a high-tech and invasive one: get women to have their eggs removed and frozen while in their 20s, and re-implanted years later either in their own bodies or in that of a younger ‘surrogate’ mother. The contemporary answer which many of us in Australia have come to take for granted is the less high-tech but still invasive and costly (in physical, emotional and financial terms) solution of increased intervention in childbirth.

These solutions certainly expand our choices, and some feminists have welcomed them while arguing that women and men must be allowed to make fully informed choices about using any of them. What I want to discuss is whether feminists shouldn’t start to be more critical of the choices we, within our culture, make.

I want to argue for creating a social policy—a cultural expectation, really—based on an acceptance of biological differences and limits, which encourages women to have their first babies at the healthiest time physically for both themselves and their children (the mid to late 20s). This would require our society to take the task of parenthood far more seriously than it presently does.

It would require boys as well as girls to be brought up to respect and care for their bodies, listen to them, and not take their future fertility for granted. It would say to young women and their partners that parenting is a serious and important option for their future, although only one among many. And it would say to those who choose to become parents that their careers and studies have to be accepted as taking second place to childbearing and parenting for some years in their late 20s and early 30s.

This would mean provision of adequate childcare facilities in all tertiary institutions and major workplaces, and an acceptance of part-time paid work for all new parents, both women and men. Parenting would need to be better subsidised or supported by so-
cial resources in some way—perhaps the ideal would be that those choosing parenthood (and they may be single women or lesbian couples as well as heterosexual couples) would be paid a full-time wage for part-time hours for up to the first five years or so. Such support may well need to be predicated on greater equality in incomes, particularly between women and men, so that single women or lesbians weren’t penalised more by parenting than women who were in a supportive relationship with men. It would also require finding imaginative ways of valuing the skills gained from parenting plus part-time work, so that those of us who choose not to parent are not given an unfair advantage in career opportunities.

I think the strongest argument against this is that women may not be ready to have their first child(ren) by their late 20s, mostly because they might not have found a mate they wanted to bring up children with. I accept that our culture must be free to encourage and not penalise diversity of responses. However, I also imagine that a society which took parenting seriously in the way I’ve tried to describe might make women freer and more financially able to enjoy having children at this time without waiting for ‘the perfect mate’ if s/he hasn’t turned up by then. Perhaps in the sort of society I am imagining, the trauma of separation and divorce would be lessened for all concerned if the expectation of the one mate also fell by the wayside.

I accept that the position I have put forward comes close to the ‘biology is destiny’ view which many feminists have for long resisted. But I am also saying that healthy motherhood is not the only destiny for women, and that at least in the foreseeable future it will be healthy for our planet if all women do not choose to reproduce.

I also acknowledge that parenting required far more than just physical fitness at the time of childbirth, and includes questions of maternal and paternal psychological maturity, supportive relationships and adequate financial resources. However, greater age in first time parents doesn’t automatically guarantee any of these. One of the children in my ‘sample’ was born after all her grandparents had died, and her father will be 60 before she becomes a teenager. While I welcome a society which does not restrict family supports to biological networks, I still think that the latter are culturally and symbolically important to sustain.

One conclusion I have drawn for myself from IVF is that we, as feminists and women, need to be discriminating about the choices we make. The criterion for making those choices which I find most relevant in the 1990s is that of ecological sustainability. As a woman of middle age, my choices about reproduction are moving on to choices about ways to age and die. What is common in all these choices is that feminists have offered us two opposing ways to view them: we can either actively seek, welcome and choose all possible options, or we can accept our bodily limits and restrain our own demands upon society accordingly.

We are living in a time when public policy is increasingly forcing restrictions in demand upon us. In relation to health policy, I would like to see such restrictions made according to the criterion of what is sensible in terms of sustaining life on this planet. Just as I think we have to ask serious questions about a policy which continually expands reproductive choices for the richest among us, I think we have to question health policies which put more and more resources into WHO Europe’s target of ‘adding years to life’ for the richest in the world at the expense of high infant mortality and life expectancies of around 60 for the majority of the world’s people.

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