

# Framing Parenthood

## An Interpretive Analysis of Fertility in Brazil

Fernanda Carolina Gonçalves Drumond

Master of Science in Development Studies

August 2014

# ABSTRACT

Understanding the fertility transition is of extreme importance for planning public policies on national levels and on a global scale. The fertility transition has been the subject of numerous studies for the past four decades, especially in regards to the determinants of fertility. Nonetheless, in the case of Brazil the literature concentrates on quantitative and positivistic determinants, lacking qualitative studies to complement demographic theories. This thesis seeks to fill this gap by offering a qualitative analysis of fertility in Brazil. Semi-structured interviews were conducted in and around Belo Horizonte in order to capture the *meaning* given to parenthood between 1964 and 2005, period of fast decline in fertility rates in Brazil. With the use of Frame Analysis, three main frames for parenthood are identified, along with four influencing factors for fertility in the Brazilian context. Other important contributions to the demographic debate are the identification of emotional factors, as well as determinants that influence the fertility of who is labelled as *the other*.

*Key words:* fertility, parenthood, frame analysis, population, Brazil

*Words:* 19,100

To my parents, who show me everyday what love is all about...

# ACKNOWLEDGMENTS

My deepest gratitude to Mattias Lindgren. Thank you for showing me that there is a lack of qualitative studies about fertility transition. This thesis is for you.

Thank you, Hans Rosling and Ola Rosling, for encouraging me with this thesis. Thanks for the tips and for being a great inspiration, each in its own way.

This thesis would not have come across were not for Annika Krause's support. Thank you for all the pieces of knowledge you shared with me, in all matters of life.

My deepest gratitude to Fariborz Zelli, my supervisor, who made me realize how incredibly interesting the world of meaning is.

Thanks to my mother and my father, for everything: helping me to find interviewees, discussing the theme of this thesis, supporting me in Sweden, among many other things. You are my role models, thank you.

Thank you, Ashish Maharjan, for the understanding, patience, love and support in all matters.

Thanks to those who recommended the respondents and everyone else who discussed my thesis with me. You made me understand my theme better.

Lastly, thanks to all my respondents; I am eternally grateful. Your experiences were very insightful, thanks for taking the time to talk to me.

# TABLE OF CONTENTS

1. Introduction.....	6
2. Fertility Transition and its Determinants.....	9
2.1 Total Fertility Rate.....	9
2.2 Demographic Transition in Brazil .....	10
2.3 Fertility Determinants .....	14
3. Theoretical Approach .....	21
3.1 Ontological and Epistemological Standpoints.....	21
3.1.1 Interpretivism and Intentionalism.....	22
3.1.2 Hermeneutical meaning.....	23
3.2 Frame Analysis .....	24
4. Methodology.....	26
4.1 In-depth interviews .....	26
4.2 Ethical Considerations .....	30
4.3 Reflexivity Issues.....	31
5. Frame Analysis .....	34
5.1 Framing Parenthood.....	34
5.1.1 Balance Frame .....	34
5.1.2 Construction Frame .....	37
5.1.3 Self-realization Frame.....	41
5.2 Influencing factors .....	46
5.2.1 Expenses .....	46
5.2.2 Life Quality.....	47
5.2.3 Fear .....	48
5.2.4 Doctor's Opinion .....	49
5.2.5 Other Influences.....	50
5.3 Framing <i>The Other</i> .....	52
6. Concluding Remarks .....	55
References.....	59

# Graphs

Graph 1: Comparative Fertility Decline .....	10
Graph 2: Age structure in Brazil .....	11
Graph 3: Estimated age structure in Brazil (forecast) .....	12

# Tables

Table 1: Summary of Determinants .....	19
Table 2: Demographics of Respondents .....	28
Table 3: Income Level of Respondents .....	29

# Appendixes

Appendix I: Questionnaire .....	63
Appendix II: Informed Consent .....	65

# 1. Introduction

The study of population trends is of extreme importance for the future of humanity. Demography is directly related to development in all its senses, and encompasses several other fields, such as migration, globalization, global health and poverty, to name a few. Understanding population prospects is important for countries to plan public policies on welfare, pension, housing, education, public health and many other areas (Cox 1976: 1). Furthermore, population growth is on the core of one of the most controversial debates of demographic studies: the causality between fertility rates and poverty (Malthus 1976: 27). On the macro level, population growth influences the resources available on earth, food production (Cox 1976: 1), sustainability (Arman and Davidson 2013), urbanization (Veras, Ramos and Kalache 1987: 225f), migration (Oucho & Gould 1993: 284), diseases (Pimentel et al. 2007: 653f) and other factors directly linked to living standards. According to the *World Population Prospects: The 2012 Revision* (United Nations 2013) the future population on earth depends on the current fertility rates, just as the population size now is a result of the fertility of previous generations. Hence, fertility rates are one of the most important indicators for analyzing population trends.

Most demographic studies on fertility focus on the *demographic bonus*, also called a *demographic window of opportunity*. With the decrease in fertility rate, the proportion of the population under 15 years old becomes smaller, while the population in working age increases, as a result of previous high fertility rates. While the populations of elders is still small, there is a *window of opportunity* in the sense that this population group, along with the young population exert relatively low costs on society (Ven and Smits 2011: 6). With the growing working-age population then, there is a possibility for increase in per capita output (ibid). The initial driver of all this is the decline in fertility rates.

According to the Brazilian Institute of Geography and Statistics (IBGE, abbreviation in Portuguese) the total fertility rate in Brazil dropped substantially from 1962, when it was 6.1 babies per woman on average, to 1.8 babies per woman in 2012 (IBGE 2012). There have been numerous studies since then to determine if Brazil has

benefited from this demographic bonus, as did Taiwan, Singapore, Korea, among others. Most importantly, to better understand the fast decline in fertility rates in Brazil, several studies were conducted on the social and economical determinants of fertility rates in the country, along with extensive studies on their repercussion on income distribution and poverty. However, little research has been done so far on the main actors of this plot: the mothers and fathers (Sinding 2009: 3025). While the demographers, economists, development academics and decision makers have unveiled the macro-level and its social, economic and cultural structures, the micro-level level has been somewhat underrated. Hence, this thesis seeks to provide a qualitative analysis to confront the quantitative studies on determinants of fertility rates in Brazil. For that matter, I investigate: How were the determinants of fertility in Brazil perceived and framed by individuals during the fast decline of fertility rates since the 1960s?

Consequently, the goal of this research is neither to identify and isolate specific variables within a certain context to establish causal relations, as quantitative studies generally do (Maggioni 2004: 90), nor to discover normative or hypothetical assertions. Instead, I would like to understand to what extent parents in Brazil experienced the determinants of fertility discussed in the academic literature. I explore, in that sense, the context and the meaning that parents have given to factors that influenced their decision of having children. That means, to what extent such variables were taken in consideration, consciously or unconsciously, by the respondents when they decide whether or not to have babies. Hence, to answer the research question specified above, I investigate: What are the dominant frames for parenthood in Brazil since the 1960s? How did they change over time? How do Brazilians perceive their motivations for having children?

For that purpose, I conducted a minor-field work in Brazil by interviewing fifteen parents, in a pursuit to understand what *meaning* they give to parenthood, according to their experience. It is important to clarify that my aim is not in trying to explain the Brazilian society at a large with such sample, but to understand how individuals experience parenthood and how this correlates to what the literature on fertility transition says. Therefore, in the next chapter I explain the indicator Total Fertility Rate (TFR) used in this thesis. I then present the demographic transition in Brazil and determinants of fertility discussed in several fields of study, such as demography, political science, economy and sociology. Chapter 3 introduces the ontological standpoint and the theoretical approach that guided my analysis. The methodology adopted for the data collection and coding is explained



in chapter 4. In the following chapter I present my analysis and finally the concluding remarks are presented in the last chapter.

My argument is that the determinants scrutinized so far are only part of the story, and this analysis gives a complementary reading of fertility to the development field. In my analysis, three main frames for parenthood were identified: the Balance Frame, the Construction Frame and the Self-realization Frame. While framing parenthood in such a way, parents recognize the influence of some of determinants pinpointed by economists and demographers, such as the evaluation of their own income and the demand for children. This thesis identifies, however, some new influences, such as emotional factors that usually do not receive much attention in the academic field. The connection of those frames with the changing identity of women is also another result found in this analysis. Moreover, four main influencing factors specific to Brazil have been identified: high expenses with children (mostly on schooling), quality of life, doctor's opinion, and the fear of violence. Lastly, my respondents mentioned characteristics that suggest a differentiation between themselves and other groups of people, who I call here *the others*. The latter are described by the interviewees as people from lower social classes, who have more children than themselves because of a *lack of structure*.

Considering the implications identified with this thesis and the potential of qualitative studies on fertility decisions, it is recommended that further research should be conducted in this field. For instance, it would be useful to understand the differences in fertility trends according to different social groups, classes, regions, and countries for a better forecast of the future world population and development patterns.

## 2. Fertility Transition and its Determinants

In this chapter I describe the commonly used indicator of this subject, the Total Fertility Rate (Leone 2008: 378). I then present the fertility transition in Brazil according to Laura Wong and J. A. Carvalho (2006) and José Eustáquio Diniz Alves (2011). Following, the main determinants of fertility discussed in the literature are presented with special attention to the qualitative study of the sociologist Guido Maggioni (2004). The theoretical and methodological standpoint that I assume for my analysis is explained in the next chapter.

### 2.1 Total Fertility Rate

Let me first explain what I mean by *fertility rate*, as there could be some misinterpretation, considering its use in the medical field. Indeed, it represents the natural ability of a man or a woman to produce offspring. But in social sciences and demographic studies, the *total fertility rate* (TFR) is a more complex indicator. It represents the average number of children that a woman would have at the end of her reproductive life if she were to spend such period in accordance to the current prevailing age-specific fertility rates (United Nations 2013b: 3). The *age-specific fertility rate* is the number of live births to mothers of a certain age divided by the female population of the same age during the specific period (ibid).

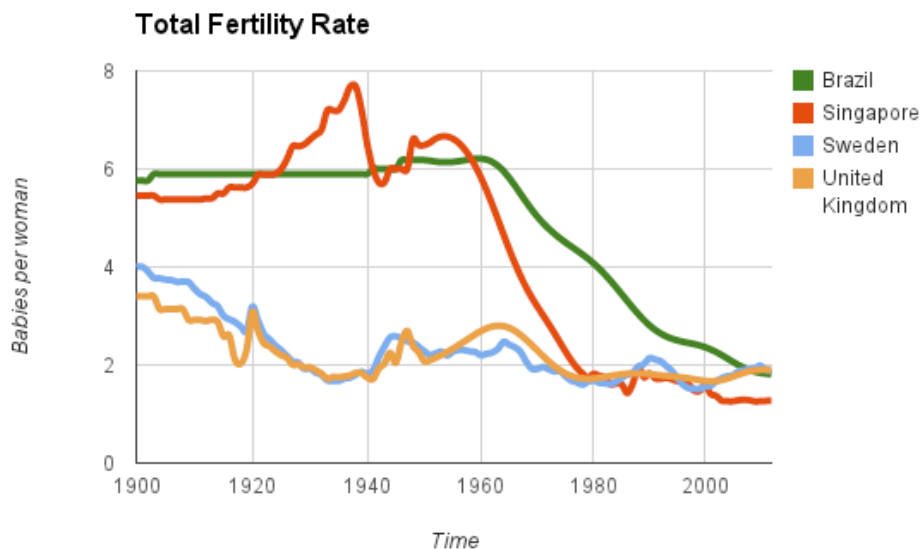
Although this may seem like a complicated concept, it is in fact quite simple: it represents the average number of babies per woman in a given population in a specific period of time. It assumes that a hypothetical woman who experiences current age-specific rates through her lifetime is to survive until the end of her reproductive life, which is commonly accepted as the ages between 15 to 49 years (United Nations 2013a: 1). Although hypothetical, the TFR is one of the most important indicators of population growth and age structure of a given population (Notestein 1960: 262). It is important not only

as a measure for demographics changes, but also a catalyst for important policies, such as those related to poverty (Population Action International 2011).

## 2.2 Demographic Transition in Brazil

To facilitate the understanding of the fast demographic transition in Brazil, I created the graph below, which shows a comparison of the TFR since 1900 between Brazil, Singapore, Sweden and the United Kingdom.

Graph 1: Comparative Fertility Decline



Source of data: Gapminder Foundation 2014.

Sweden and the United Kingdom were added to provide a comparison base, as their fertility rates drop steadily and slowly throughout the century. Sweden in 1900 had a TFR equivalent to 4 and by the end of the century, its fertility rate was less than 2. Similarly, the United Kingdom presented a TFR of over 3 babies per women in 1990, which dropped to 2 in 2012.

Brazil and Singapore not only had a much higher fertility rate in 1900, but they also presented steeper declines. Singapore's TFR dropped from 6.6 babies per woman in 1955 to 2 in 1976. In 20 years

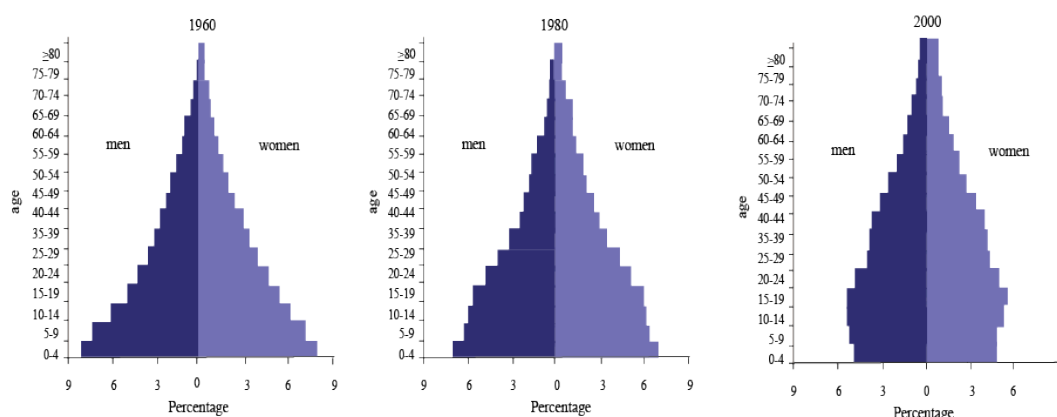
it reached the *replacement rate*, which happens when each woman has two children. It represents the number of children each woman must have in order to maintain the size of the population at a specific time, as two children replace two parents.

Brazil also presented a fast demographic transition, although at a slower pace than Singapore. As shown in graph 1, from 5.9 in 1964, the TFR in Brazil dropped to 2 in 2005. Alves (2011: 1) confirms such data stating that the fertility decline started in Brazil in the second half of the 1960's and continued uninterruptedly in the following decades, reaching the replacement level (2.1 babies per women) in 2005.

In their detailed study on the age structural transition in Brazil, Wong and Carvalho (2006: 7) explain that most European countries took almost one century to complete their fertility transition while Brazil had a decline of 60% in 30 years. Moreover, although extreme economic and geographical inequalities have postponed the beginning of this process in the less developed states within Brazil, all regions now present a fast and similar demographic transition (ibid; Alves 2011: 2).

According to Wong and Carvalho, the fast and sustained decline in fertility between the 1940s and the 1960s triggered several profound changes in the age distribution of the population, as in most countries of Latin America and the Third World (2006: 6f). Graph 2 below illustrates the age transition in Brazil.

Graph 2: Age Structure in Brazil

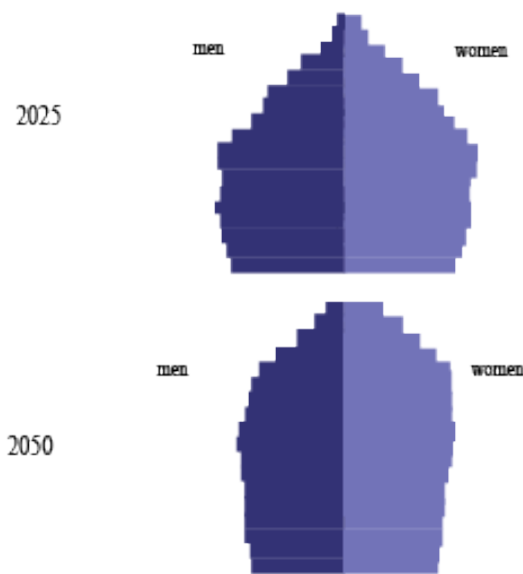


Source: Silva et al. 2007: 94

Each rectangle represents one age group: the top ones represent elders, the middle ones represent the adults (who constitute the labour force) and the bottom rectangles represent the children. As the decades pass,

the lower TFR in Brazil change the shape of the age structure in the country. Complementarily, graph 3 shows the forecasted age structure for Brazil for 2025 and 2050, according to Wong and Carvalho (2006: 6). Such forecasts are based on estimated population sizes, which, in turn, depend on current fertility rates.

Graph 3: Estimated age structure in Brazil (forecast)



Source: Wong and Carvalho 2006: 6

The Brazilian age structure was represented by a pyramid in the past decades, with a large base constituted of a large young population (high fertility rates) and a small number of elders. The pyramid is getting its shape changed year by year as the number of children per adult is getting smaller and the number of elders is increasing. This also means that the population of Brazil is “getting older”, because the change in age structure increases with the reduction of the base of the population pyramid (Alves 2011: 4). This change is what demographers call *demographical transition* (Wong & Carvalho 2006: 10f; Ven & Smits 2011: 4f).

The reason for this change in the shape of the age structure is the declining fertility rate. As the current adult generation has fewer babies, fewer children (in comparison to the number of adults in the past) will grow into adulthood to have few babies themselves. That changes the number of children per adult, which was once high and is

now becoming lower. At the same time, as adults grow old, they tend to live longer (represented by growing life expectancy) (Costa 2007: 32f).

Wong and Carvalho (2006) predict that the number of elders shall increase and so will the senior labour force (between 25 to 64 years old), while the junior labour force (between 15 and 24 years old), shall not grow much, or even present a negative growth. The reason for this is that the current senior labour force, which is large at present, will be in a few decades the senior labour force, which indicates a growth. The children of today, which are not in such high number anymore (due to the decline in fertility rates), will be the junior labour force in a few decades. Therefore, we can see that the junior labour force will be smaller than today's junior labour force.

This change will have high impacts on the economy of Brazil in a few decades. Until the mid-1970s, the participation of the labour force (population between 15-64 years old) remained constantly in a large size. The *dependent* population (people below 15 and above 65 years old) represented almost half of the total population, and more than 90% of those were children below 15 years old (ibid: 8f). That meant that there was a large population that contributed actively to the economy by paying taxes and helping the economic flow in the country, and a small population (children and elders) who depended on those adults or on government's money. In the coming decades, the amount of *dependent* people will grow, as the adult population will not be so large anymore in comparison to the population of children and elders. This change in the structure of the population is very important for the planning of public policies on education, welfare, poverty, etc.

Demographers and economists call this movement the *decline in the dependency ratio* (Merrick 2002: 42; Ven & Smits 2011: 6). This decline happens due to two opposing trends: the increase on the absolute number of the elders and the decrease, and following stabilization, of the relative population below 15 years old (Wong & Carvalho 2006: 8f).

The data presented above is interesting to understand future trends. The driver of all this is the fertility rate. But what are the reasons for such a decline in TFR? The following section shows the debate in the literature on determinants of fertility rate.

## 2.3 Fertility Determinants

The literature on demography recognizes two main waves of decline in fertility rates in modern history: the first happened between the 1880s and the 1930s in Western European countries and their settlers overseas, while the second was concentrated on developing countries, especially after the 1960's (Therborn 2004: 235; Bogaarts & Watkins 1996; Mason 1997: 443). According to Göran Therborn (2004: 235), author of the book, *Between Sex and Power*, the first wave was a result of economic adaptations by the population, which later transformed into a civil society movement against the state and the church. The second wave, however, was motivated by the state (ibid: 236).

Albeit popular, this interpretation is not at all unchallenged in the demographic debate. The reasons for such waves are not that clear, and many theories on fertility transition have emerged. According to Karen Oppenheim Mason (1997: 443f), the success and validity of such theories is dependant on which scale is used: millennial, centennial or decadal. Explanations based on millennium scale approaches explain mostly why fertility declines happened during the last 200 years and not earlier. Mason argues that they are hard to disprove because there are too few control groups: "any story that plausibly matches the march of history cannot be discounted" (ibid: 443). On a centennial scale, the focus of those theories is to explain why the fertility transition occurred first in European countries and its colonial offshoots, during the nineteenth and early twentieth centuries, why it happened in Asia and Latin America much later, during the twentieth century, and only recently in Sub-Saharan Africa and the Arab Middle-East (ibid). Lastly, on a decadal scale demographers discuss why the fertility transition started on a certain decade and not another (ibid).

Mason provides an interesting abstract of the discussion about fertility transition. She states that the classic demographic transition theory explains fertility decline due to the decline in mortality, which is a result of changes in social life that accompany industrialization and urbanization (ibid: 444). Thereafter, demographers admitted the importance of not only this economic modernization, but also a shift towards individualism and self-fulfillment, which are a result of affluence and secularization (ibid).

John Caldwell (1982) contributed to such discussion by explaining that the decline in TFR is a result of economically rational decisions

due to the change on the wealth flow within families (Mason 1997: 444). That means that in traditional families the wealth flows were upwards, from the younger to the older, with each child bringing additional wealth, social and political well being for the family and security for parents in old age. In modern families, however, the wealth flows downwards, with the parents providing for the children's wellbeing; hence, parents have the minimum number of children that shall bring them pleasure in parenting (Kaplan & Bock 2001: 5557f). Similarly, neoclassical microeconomic theory of fertility explains that parents weight the following factors when deciding to have children: the relative cost of children in comparison to other goods, their own income and their preference for children over other goods or services that could be consumed in case they do not have children (Mason 1997: 444).

Mason (ibid) explains that a sociological variable was inserted through Easterling's framework (1995), which discusses three main proximate determinants for fertility. One is the supply of children, which is the number of children that parents would bear in the absence of deliberate fertility limitation (ibid). The second is the demand for children, which is the number of surviving children parents would like to have. The third are the costs of fertility regulation that refer to attitudes and feeling about fertility control and market costs, such as time and money involved in learning and using fertility control (ibid: 445; Silva et al 1990: 6). Finally, the ideational theory states that diffusion of information and new social norms about birth control define the timing of the fertility transitions (Mason 1997: 445)

Thomas W. Merrick (2002) explains that the demographic transition presented in the previous section can have different effects for poverty reduction, depending on each stage of such change (ibid). While high fertility inhibits poverty reduction before the transition, declining fertility contributes to it during the demographical transition (ibid). Above all, this author argues that lower fertility contributes to poverty reduction, but other factors, such as public policies, play an even more important role in improving the lives of the poor (ibid: 45).

While presenting the debate over the causal relation between poverty and fertility rates, Merrick highlights the differences in determinants of fertility for poorer people and those who are not that poor. For him, the important fertility determinants, especially for poor women, are:

- Availability of contraceptives
- Cultural and religious opposition to birth control, which inhibits free individual choice



- The high costs of many contraceptives relative to family income
- Women's unequal educational and social status in many parts of the developing world (ibid: 42).

The author explains that “Underpowered women are often unable to act on their own behalf to obtain contraceptive services to regulate their childbearing; they are also the group most likely to believe that bearing many children will provide a bulwark against poverty in their old age” (ibid).

He states that “better-off” people are more likely to realize the aspirations that lead to have children than the poor (ibid: 44). This actually creates a virtuous circle because “the children of women who are able to avoid unintended or excess fertility benefit through better education: as adults, they will be better equipped to manage their own fertility and will do a better job” (ibid). Hence, educational level seems to have quite an influence of fertility as it allows parents to control the number and timing of their births (ibid: 43). For this reason Merrick urges for improvements in education and job prospects for women, for them to assume greater control over their own lives to move out of poverty (ibid: 42). Lastly, Merrick advocates for public policies that combine social and economic development with family planning for poorer women to help them to achieve a less-dependent kind of life (Merrick 2002:42).

Similarly, Steven W. Sinding (2009) explains that economic development and fertility are two mutually reinforcing phenomena. Countries that experience high economic growth on the long-term face a consequent decline in fertility, as happened in most of today's rich countries (ibid: 3028). On the other hand, countries that implemented fertility reduction policies, such as Korea and Bangladesh, count with an important factor for economic development (ibid).

This author also discusses the role of parental intentions and how they perceive children. Some parents may perceive children as good in and of themselves and end up “willing to forego other forms of consumption for the sake of having a large number of children” (ibid: 3028). However, others became parents as a result of unintended pregnancies, which make them potent beneficiaries of fertility reduction policies (ibid).

Demographic studies on Brazil connect the deep economic structural and social changes that happened in the country in the last 60 years with the steep decline in fertility rates, similarly to the discussion presented above. According to José Eustáquio Diniz Alves

(2011: 2), there are structural and institutional determinants that explain such decline.

The structural changes that happened in the country within this period, which are connected to the drop in fertility, are:

- urbanization and urban transition
- industrialization, change in wages and 'proletarianization'
- monetization
- consumption expansion and diversification
- poverty reduction and decrease in child mortality
- inclusion of women in the labour market
- increased levels of formal education and requirement of high skills of the workforce

Among those, the urbanization process represents a synthesis of several other social transformations that contributed for the decreasing fertility rate in Brazil (ibid: 3). The institutional determinants, including the social changes, are also related to the determinants explained above. They are:

- Strengthening of public policies on:
  - Telecommunications (TV, internet, mobile phone, etc)
  - Pension Funds (retirement plans, rural retirement, etc.)
  - Credit programmes (ie. income transfer, etc)
  - Health and medicalization (including sexual and reproductive health)
  - Education (including the reversal of the gender gap and further advancement of female education)
- Secularization, and "disenchantment of the world"
- Diversification of family structures
- Changes in gender relations and women's empowerment
- Reversion of the intergenerational flow of wealth (Alves 2011: 2)

These new economic and social changes described as institutional determinants cause an increase on the costs of having offspring while at the same time decreasing its benefits for the parents (ibid: 1). Furthermore, the continuous increase in life expectancy at birth also played an important part, as with the increase in number of surviving children, families started restricting the number of children they would have (ibid).

Such analysis, albeit very important in a historical, social and economical perspective, in my opinion, falls short in explaining determinants of fertility as they show change throughout time. They show comparisons of a period when fertility was high and the current period. But when a family has a baby they usually do not think of

structural or institutional conditions of the past; they think of their social, economic and psychological situation at present. They also consider the future conditions for raising children.

In that sense, the sociologist Guido Maggioni (2004) sheds a new light on this discussion. The author states: “The decisional process that regards the union, marriage and fertility is connected with changes in the economic conditions and social politics, and also with the displacement of the traditional values towards gender” (Maggioni 2004: 92). His contribution, in my view, is the connection he makes between such structural and institutional changes with this change in traditional values, which he later connects to identity.

For Maggioni, there are three main factors that condition the choices of young people nowadays in relation to their fertility: the first is their reflectively organised biography; the second is the destandardisation of the life-course; and the third is the individualisation of the life-course (ibid). What he calls reflectively organised biography is the awareness that women have on their roles as mothers. Many times, it conflicts with personal aspirations and professional ambitions, requiring them to restructure their life priorities, which might require them to renounce personal and professional projects (ibid: 93).

The way I see it, biographical construction, then, is made while trying to find a balance between work or study opportunity and family. Indeed, the idea that motherhood is a choice already presents a shift in social structures, as it is no longer considered a destination, an obligation to be fulfilled. Understanding parenthood as a choice, women tend to reflect on the future, weighing carefully the pros and the cons of having offspring (ibid: 94). Such new forms of ‘biographical planning’ dictate the new relationship between the sexes, which means that this is how the vision of the self and of life as a couple is shaped. And to Maggioni (2004: 92), the decline of fertility is the outcome of exactly these factors.

The author calls the second factor destandardisation. It encompasses a more tolerant attitude towards choices made in life. The life-course becomes, therefore, less rigid and less “institutional” (ibid: 95). The third factor, individualisation, is connected to destandardisation, as it reflects the “liberation of personal biographies from directives, traditional certainties, and external controls” (ibid: 91). Individualisation, however, is conditioned by self-responsibility and self-determination, making the individual less influenced by traditional identities and social norms (ibid: 91f). Such emancipation,

thus, makes people more dependent on education and the work market (ibid: 92).

Nowadays educational, professional and other social experiences help to construct the identity of the women, which is not exclusively based in their private lives anymore (ibid: 93). And when it comes to having babies, parents must reconcile these diverging roles and duties as working parents, which ends up delaying fertility.

Most importantly, the choice of whether and when to have children seems to be dependent on whether or not the couple has achieved certain conditions, such as financial security, or a good-enough job, desire for motherhood and the perception of being able to accommodate another person in the family (ibid: 92-4). Generating offspring tends to be delayed, then, by the fact that women prefer late marriages in comparison to previous generations, wait for the right age to become a mother and most importantly, seek to hold these above-mentioned prerequisites.

Table 1 below presents a summary of the determinants discussed so far. Factors that have been mentioned by more than one author above have been grouped together to facilitate the reading. The categories do not represent a fixed set of characteristics of such studies, but reflect my interpretation of these determinants. Neither did they influence the data collection process, nor the coding. They are shown in this table simply to facilitate the understanding of the determinants and their positivistic characteristics in most cases.

Table 1: Summary of Determinants

<b>Determinants</b>	<b>Category</b>
Costs of children	Economic rational choice
Financial security	
Decrease in child mortality	
Urbanization and industrialization	Public Policies
Increase in education opportunities	
Poverty / Economic Development	
Fertility reduction policies	
Women empowerment	Public policies, cultural
Use of contraceptives	
Late marriage / right age	Cultural
Desire for children	
New family models	

These determinants are part of economic and demographic theories that have been tested several times (except for Maggioni). The chosen theory for this study was selected in an attempt to present a different point view. As pointed out by Nevera (1997: 87) “If a theory has already faced one kind of test, it may now be appropriate to subject it to another kind of test”. Hence, the next chapter introduces the concept of frame analysis that was used as theoretical approach, and consequently as method of data analysis.

# 3. Theoretical Approach

## 3.1 Ontological and Epistemological Standpoints

If (...) we want to get an understanding of what a policy means to the people who are affected by it, how they experience the concerted efforts of state agency to improve their lives, we employ interpretive research methods (Wagenaar 2011: 3).

To understand the interpretive approach that orientates this research, it is necessary to define the ontological standpoint that defines it and consequently the epistemological standpoint as well. This section introduces such viewpoints focusing on the concepts of intentionalism, hermeneutic meaning and frame analysis.

Hendrik Wagenaar (2011) explains thoroughly the role, definition and application of interpretation in the social sciences, including the philosophical influences that developed such theories. According to him, interpretive policy analysis is constituted of political actions, institutions, meaning and the reality-shaping power of meaning (Wagenaar 2011: 3). That means that the differential of interpretive approaches is that they provide an interpretation of the ways in which *meanings* shape actions and institutions (Bevir and Rhodes 2004: 131). In that sense, interpretive explanations do not try to provide a definite answer in terms of truth or falsity. It seeks to supply a plausible explanation to a phenomenon, understanding that such account is not exhaustive and that other, better approaches might appear at any moment (Wagenaar 2011: 47).

Therefore, there are many ways to understand interpretation, and consequently, many ways to perform research within such theoretical standpoint. Such variety exists because meaning can be understood in different ways, which leads to different views on the role of the individual in interpretation, on the nature of interpretive knowledge and on its justification (ibid: 4).

Wagenaar provides an extensive explanation of the ontological, epistemological and even methodological characteristics of the different interpretive approaches commonly used by academic

researchers in policy analysis. What he calls *hermeneutic approach* provides an interesting basis for the proposed analysis of the object of this thesis.

### 3.1.1 Interpretivism and Intentionalism

According to hermeneutic interpretivism, human action cannot be entirely explained through causation analyses. Behaviours are, in fact, action concepts because they are defined and constituted by intentions that are intrinsic to them (Wagenaar 2011: 15). It means that we understand behaviours of other people because we understand the concepts that surround such actions in accordance to what they mean to us (ibid). And meanings are connected by intentions, not by relationships of causality (ibid).

A specific behaviour is an action when there is an intention behind it and when there is some result that the action is supposed to bring about (ibid: 16). “The result inheres in the intention (ibid)”. Intentions are understood due to recognized social code of conduct, which define the actions as patterned activity that we all recognize. (ibid). Hence, such recognized actions have a *meaning*.

The approach in social sciences that seeks to uncover the intention of the actors involved in social phenomena, in order to comprehend specific human behaviour, or its products and relationships, is called *interpretivism* (Bevir & Rhodes 2004: 132f; Wagenaar 2011: 16). By deploying such approach the researcher shall try to identify conceptual distinctions and intentions of the agents involved in an action, although it does not mean that these actors are necessarily aware of them. However, it predicts that such concepts and intentions are available to them (Wagenaar 2011: 16). Ontologically, that means that social reality requires interpretation from agents and researchers to make it *visible* at all (ibid).

Intentionalism is one specific form of interpretivism. It predicts that reasons and intentions shape the actions of actors, as *meanings* derive from these intentions and reasons (ibid: 18). “Yet, some of the ‘reasons’ for an action are not necessarily available to the actors although they, undeniable, shape their actions” (ibid). Within this viewpoint, meaning is tied to the conscious intentions of actors. To explain social phenomena, researchers shall then try to reconstruct the inner aspect of an action or event, instead of just observing its outer effects or manifestations, to establish recognized patterns in social activities (ibid) and provide an interpretation to them.

### 3.1.2 Hermeneutical meaning

Hermeneutical meaning provides an epistemological approach that embraces such ontological standpoint, among other approaches. Wagenaar (2011: 46) explains that to answer our questions about social phenomena, we need to make something stand out from the totality of details that make it up, which means that we need a perspective, a point of view. This point of view is shaped by our prior beliefs, understandings and even our interests. The preconceptions and beliefs that prior interests generate pre-structure the subject of our analysis, which is by itself full of details (ibid). In this sense, perception is active (ibid). Hence, identifying the meanings and analysing a social phenomenon implies that researchers bring their own interpretation to the field. The meaning of social phenomena is discovered, then, by confronting the researchers interpretation to those of the individuals being studied (ibid). “So, the meaning that a social phenomenon has for an individual relies on the meaning that the researchers bring to the research situation” (ibid).

To clarify: this approach assumes that a collective understanding of a social phenomenon, for example, parenthood and everything that comes associated with it, exists in the world, but such understanding might not be obvious to the outside observer. This collective understanding, or meaning, can be reconstructed by “gaining access to the multiple individual subjective meanings that make up the aggregate collective understanding” (ibid). Subjective meanings, in this context, represent the meanings given by the individual actors to specific circumstances. They belong to each person. This idea opposes the concept of objective meanings, which belong to the community, to the public. Objective meanings are, therefore, assumptions and conceptualizations that make a particular activity possible (ibid: 18), they are a common understanding of some specific social action. These objective meanings are presuppositions, or concepts that we think with (ibid). Finally, Wagenaar explains that “these presuppositions concepts are implicit; they lie under the surface of our conscious activities. Objective meanings do not explain an individual’s actions but rather the meaning that a pattern of activity has in and for the larger culture”.

This is what this thesis seeks to explain. It tries to find the objective meanings of fertility determinants through the analysis of the subjective meanings given by the actors.



## 3.2 Frame Analysis

Frame analysis is a framework of interpretation that derives from the concepts of interpretivism and intentionalism described above, having hermeneutical meaning as basis for its analysis. According to Donald A. Schön and Martin Rein (1994), it recognizes that the meanings that people give to social phenomena are shaped by preliminary assumptions, that is, values, benefits, procedures, habits of thought and a view of how society functions. Those are the frames that we think with, that we use to give *meaning* to events.

The frames that shape policies are usually tacit, which means that we tend to argue from our tacit frames to our explicit policy positions. Although frames exert a powerful influence on what we see and how we interpret what we see, they belong to the taken-for-granted world of policy making, and we are usually unaware of their role in organizing our actions, thoughts, and perceptions (Schön & Rein 1994: 34)

Each person's point of view in a situation conveys a different view of reality and represents a special way of seeing (ibid: 26). While experiencing a phenomenon, each person selects different features and gives different names to relations about such phenomenon, depending on his/her frame of mind. Hence, "each story constructs its view of social reality through a complementary process of naming and framing. Things are selected for attention and named in such a way as to fit the frame constructed for the situation" (Schön & Rein 1994: 26). Erving Goffman (1986:10) puts it in other words: "definitions of situations are built up in accordance with principles of organizations which govern events – at least social ones – and our subject involvement in them; frame is the word I use to refer to such of these basic elements as I am able to identify".

Hence, frame analysis is the identification of these features and names given to a circumstance, which are shaped by our beliefs, thought, valuation, action and moral imperative (Wagenaar 2011). Frame analysis refers, then, to the "examination in these terms of the organization of experience" (Goffman 1986: 10). In this sense, frame analysis provides a "guiding metaphor of how the world works which implies a general direction for intervention" (Wagenaar 2011: 26). It is important to mention, however, that it regards the organization of

experiences of an individual actor, and not the organization of society as a whole (Goffman 1986: 10).

According to Goffman (1986: 21), some frames are a system of entities, postulates and rules; while others might be simply a perspective, an approach with no articulated shape (ibid: 21). Schön and Rein (1994: 29) explain further that the interests of the actors are shaped by their frames, while frames may also be used to promote interests. Frames can also be “sponsored” by institutions, or actors, in a conflicting situation (ibid).

According to such approach, we grasp reality through the categories of understanding that we impose, which depend upon our purposes and values (Rein 1983a in Wagenaar 2011: 83). Thus, an interpretive approach based on frame analysis assumes that the analysis of social phenomena is only one of the possible interpretations of such phenomena, one that is based on the researcher’s purposes and values. Within this framework, causal relations are not deduced from the data; they are “imposed upon them beforehand through the guiding force of an a priori interpretive frame (Wagenaar 2011: 83). To extract those meanings from events, one must reflect on his/her own frames, which means that s/he must construct them (Wagenaar 2011: 26).

Critical frame analysis suits the study of the different meanings of parenthood especially because this theoretical framework and method of data analysis seeks to understand the different ways in which one issue is framed (Verloo 2008: 37). This approach also gives the possibility to understand the nuances and different dimensions within a frame, which was quite useful for my identification of the specific influencing factors of fertility for Brazil.

One could point out, however, that this approach is not very useful for “understanding why the existing frames have emerged in the form in which they appear to the researcher” (ibid: 40). This limitation is valid, although I tried to understand the formation of the frames for parenthood. I was able to identify one change over time in frames that might provide some explanation on the formation of the others. This is discussed more detailed in chapter 5.

The next chapter presents the methodology for data collection, coding and analysis. The analysis of the frames shall follow in chapter 5.

## 4. Methodology

To understand how people perceive and frame motherhood and fatherhood, and to consequently comprehend the fertility transition in Brazil during the last 50 years, I conducted in-depth interviews with 15 people. This method of data collection is explained in this chapter, along with ethical considerations and reflexivity issues. The analysis of this data is presented in the following chapter.

### 4.1 In-depth interviews

Interviews seem appropriate for this study because qualitative interviews allow each respondent to speak freely about his/her own life and experiences, producing accounts that can later be assembled by the researcher (Maggioni 2004: 96). I conducted semi-structured interviews in the pursuit of a flexible and non-standard conversation with each respondent (ibid). According to Maggioni (2004: 96) "usually the interview focuses on particular events seen as important by the researcher, as, for example, the birth of the last child or parents perception of their early parenting experiences". To avoid such bias, I tried to allow the respondents to tell their cases, and expand their views and values as they wished, probing for events that they considered important in their parenthood experience, such as a tragic miscarriage or a child born with special needs. The semi-structured interview was especially useful in this regard, because I, as interviewer, could find ways to persuade the respondents to talk about their experience in the way that they wanted. Such strategy allows the respondent to draw on concepts that have personal meaning, producing data that is locally relevant (Yoder 2001: 8; DiCicco-Bloom & Crabtree 2006: 314).

Qualitative interviews seem the most appropriate method for this study considering that the goal is to frame personal experiences on a delicate subject. As stated by DiCicco-Bloom and Crabtree (2006: 315) individual in-depth interviews allow the researchers to "co-create meaning with interviewees by reconstructing perceptions of events

and experiences”. Ethnographic fieldwork would not be suitable here as I am researching about peoples' experiences in the past and their current perceptions. The children of whom we discussed are now grown up, and have children of their own. As the subject are those who were in fertile age between 1964 and 2005 (which indicates the beginning of the fertility transition in Brazil and it reached the replacement rate respectively), it would not be useful to do field work with families with young children in the present. Action Research, similarly, would also not seem very fruitful, as such perceptions that I am interested in capturing happen throughout time, in the long run, as parents plan, have and raise their children.

Focus groups are generally applied in qualitative studies as well, and have even been conducted by Maggioni, who I quote throughout this thesis. However, they do not fit the purpose here as the goal of the study was not to learn about the interactions between the respondents, but on their personal views of previous experiences. Focus groups are quite useful for gathering different opinions (Yoder 2001: 9), but my focus here is on framing their individual experiences. Besides, as this is such a personal topic, I did not want to put social pressure on the participants. Group interviews were not chosen for a similar reason; they might be interesting to get a wider range of experience, but “prevents delving as deeply into the individual” (DiCicco-Bloom & Crabtree 2006: 315).

The interviews were conducted between 29th of April and 08th of May 2014 in Belo Horizonte, the capital of Minas Gerais state in Brazil and in two other towns nearby, Santa Luzia and Sete Lagoas, located 20 km and 75 km away from Belo Horizonte respectively. As I am from this city it was convenient for me to arrange respondents with more ease and less costs as I could get recommendations from my personal contacts. Hence, my interviewees were chosen based on *convenience sampling*. This sampling is done locating any convenient cases that meet the required criteria (i.e. having been in reproductive age between 1964 and 2005) and then interviewing them on a first-come first serve basis until the quota is full (Robinson 2014: 32).

Furthermore, Belo Horizonte is a large and important industrial city, which attracts workers from all over the country. Interestingly, I was able to interview parents not only from such city and towns, but also those born in cities from other states, such as Rio de Janeiro, Vitória and Recife (located 500 km, 524 km and 2000 km away from Belo Horizonte respectively).

The reason for conducting the interviews in different locations was to try to reach not only people in an urban setting, but those brought

up in the countryside. I had hopes to broaden the social classes of my respondents by talking to people away from the settings in which I was brought up, so that my respondent's sample would not be so biased. The table below shows the characteristic of my interviewees.

Table 2: Demographics of respondents

<b>Mothers</b>				
<i>Abbreviation</i>	<i>Current Age</i>	<i>Year of Marriage</i>	<i>Number of children</i>	<i>Work</i>
M1	73	1968	4	Flexible working hours
M2	67	1978	2	Work outside
M3	67	1965	3	Flexible working hours
M4	66	1973	2	Work at home
M5	62	1976	2	Work at home
M6	58	1978	2	No
M7	53	1982	3	No
M8	47	1983	1	Flexible working hours
M9	46	1994	2	Flexible working hours
M10	41	1995	2	No
NM	57	n/a	0	Work outside
<b>Fathers</b>				
<i>Abbreviation</i>	<i>Current Age</i>	<i>Year of Marriage</i>	<i>Number of children</i>	<i>Work</i>
F1	73	1965	5	Work outside
F2	48	2001	1	Work outside
F3	44	1994	2	Work outside
F4	38	1998	1	Work outside

Women are overrepresented on my sample for a simple reason: the moment I mentioned the interview was about having children, I was immediately recommended to talk to mothers. It seems that women are more willing to spend a few hours talking about their marriage and children. Although I tried to reach more fathers, mothers demanded less convincing to answer the questions. Moreover, the mothers gave a more detailed account on the delivery, the breastfeeding and details about their careers. As some of the main determinants in the literature for declining fertility rates are the insertion of women in the workforce, their empowerment and other changes related to women, it makes sense to understand mothers' experiences on all those circumstances.

As shown in the above table, one of my interviewees did not have any children, nor had adopted any. Her views were particularly interesting for this study and are described in more detail during my analysis. All the other respondents had children within marriage, although one is currently divorced and another has gotten divorced and remarried two more times.

I did not ask any questions on income or expenditure not to intimidate them, as such questions can harm rapport. But based on the descriptions of their lifestyle, I am placing them into these classes, as shown in table 3.

Table 3: Income Level of Respondents

Socio-economic situation	Number of respondents
Low income	1
Lower-middle income	4
Upper-middle income	2
High income	8
<i>Total</i>	<i>15</i>

I believe I managed to reach respondents from varied social classes, although the number of interviewees that live with a high income are overrepresented on my sample. This could have an impact on the results, especially in regards to how my respondents see *the other*, as will be shown on chapter 5. It is also important to clarify that the ultimate upper class and the lowest of the classes, the extremely poor, are not represented in my sample.

When selecting the number of interviewees I thought of a number that would be ideal and practical, as suggested by Robinson (2014: 26). My goal was to interview 12 parents and I ended up interviewing 15. This number, albeit not representative of the whole Brazilian population, helps to explore this subject while considering that my goal is not to confirm a theory, but to find alternative hypothesis on this subject matter. After all, “replicability and generalizability are not goals of qualitative research” (Harwell 2011: 149).

While conducting the interview I tried to create an informal environment seeking for a conversation with a purpose. I started by asking them to tell me their life stories and let them take it from there. The idea was to begin with a broad open-ended question that reflects the nature of the research, but that also does not “threat” the respondent (DiCicco-Bloom & Crabtree 2006: 316). In almost all interviews the respondents told me anecdotes or curious events from their lives and I encouraged them during their narrative as matter of politeness and to build rapport (ibid). I asked questions about their marriage, children, methods of delivery, how the children were raised, etc. to understand their experiences better. I asked what their reasons were to have the first child, and then the second, and so on. I also listed a few factors, which are described on my literature as determinants of fertility, to have their view on whether those influenced or not on their decision of having children (see

Questionnaire on Appendix I). It is important to acknowledge that I probed for more complete answers than just *yes* or *no* when mentioning those influencing factors. I did so, firstly, to understand how those factors did or did not influence their decision. Secondly, I wanted to avoid the mistake of assuming that the questions were clear (Geest 1998: 41), as they could have interpreted the questions differently from what I wanted. Lastly, the question could be dealing with a delicate subject which people would not want to discuss (*ibid*). Hence, I probed for more complete answers while trying to build confidence in the respondent so they would feel safe to share information with me.

I also asked why they think people nowadays have fewer children than our ancestors. And finally I asked what they would do differently in their life if they would have the chance. The idea was to finish with a wishful question to make them reflect on their whole story and tell me about their regrets and/or wishes, as it could provide useful insights.

Whenever the respondents mentioned a feeling or some motivation for having children, I tried to use the technique of prompting by using the same word used by him/her, which signals that I want more clarification, without leading the interviewee (DiCicco-Bloom & Crabtree 2006: 316).

All interviews were transcribed verbatim and are presented in the next chapter in its English translation, which was done by me. I tried to keep the translation to the letter as much as possible, although when necessary I adapted expressions to an equivalent one in English to keep its main sense. In some occasions I added small inserts in brackets to make sure the flow of the conversation is understandable. I coded the interviews using the software MAXQDA11 through a deductive process with an attempt to keep it exploratory.

## 4.2 Ethical Considerations

I approached respondents through different means such as asking recommendations from an Evangelist church minister and from a member of a Catholic Church group, totalling four respondents. Other four respondents are my father's colleagues at a health clinic and other three are my great-aunt's colleagues at a volunteer community work. Lastly, three respondents are acquaintances from family friends and one respondent I met randomly in a doctor's

waiting room. To maintain their anonymity I will not mention their hometowns, or the place and settings in which I conducted the interviews from now on, for they might be able to recognize each other. None of them are my personal friends, or my family's personal friends. I did not interview people whose children I know personally, with one exception, because I was concerned that those that I know would not be so honest about their feelings and experiences. Surprisingly, this exception turned out to be very valuable, as this mother opened-up to me and explained the events her life in detail, including her feelings towards each one of her three children.

One could feel intimidated to give honest answers if s/he knows that his/her partner will answer the same questions. For this reason, I did not interview two members of a couple; I only talked to one of the parents. Nor children, nor the partners, were present during the interviews.

From now on I shall refer to my respondents by the abbreviations M1, M2, M3, ..., M10, where M stands for 'Mother'. The interviewed fathers, consequently, are referred here as F1, F2, F3 and F4. The numbers are given based on the order of their ages, so that the reader can place them in context in an easier way. The oldest mother, who is 73 years old, is referred as M1, while the youngest mother is referred as M10. The same is valid for the fathers. The oldest father is 73 years old, named F1. The youngest one is named F4 and he is 38 years old. The interviewee that does not have children is referred as NM (Not a Mother). I choose NM without judgment, to make it easier for the reader to understand who the respondent is.

DiCicco-Bloom and Crabtree (2006: 319) alert for *unintended consequences* while conducting interviews. I briefly experienced that when two mothers told me about their loss of twin babies in their first pregnancies. Because of my questions they recollected those painful memories and narrated their feelings at that time. While doing so, they became emotional for a few moments, creating a delicate situation to for me to deal with.

### 4.3 Reflexivity Issues

Building rapport is an important part of the qualitative interview process as it may influence the quality of the data collected (DiCicco-Bloom & Crabtree 2006: 316). I tried to make my respondents comfortable while trying to get comfortable with them as well. In the



beginning of each interview I explained my study and how I would handle the information collected. I asked them to sign an informed consent with information about my research, my contact details and one clause about anonymity and confidentiality (see English translation of Informed Consents in Appendix II). This consent gave them assurance that neither would I misuse their information, nor disclose their identity.

I cannot say if my white skin colour and my way of behaving and dressing, which resembles of higher classes, had any influence in acquiring trust and honest answers from my respondents. But I do believe that the fact that I study a Master's programme at a European university might have helped to build up their trust that this is a serious study. As some interviews were conducted inside the respondents' homes, and because we were talking about private issues, I think it might have helped that I am a white middle-class woman. Were it a black younger man, the data collection could have been different. Most importantly, as most of my respondents were recommended to me, there is this one middle person between the respondent and me, which I believe might have helped to build the trust.

I assume that if I were a mother, the data collected could also have been different, as respondents might have related to me and felt better in sharing their experiences, because I could maybe understand them better. Or maybe it was good that I am not a mother yet, so they could explain in detail each event associated with having children, as happened in some cases.

It is important to acknowledge that these results are my views on the subject, based on this literature, on the data I collected and on my perceptions. Such interpretation is, by its turn, subject to my place in society - my white skin, my social class, my upbringing in Belo Horizonte, and passion for academic studies. As explained by Yoder (2001: 4) "The data collected and the patterns identified are considered as part of a process of discovery; the results are not separated from their construction". All this leaves us to conclude that this is a partial view of this whole subject, there could be many other interpretation for the same issues.

At the same time, this could be a limitation for the collection and analysis of data, as I have my own frames of reference about parenthood in Brazil. On the other hand, being a Brazilian could have been beneficial for this research. Yoder (ibid: 5) points out that local knowledge helps on the identification of the terms, concepts and logic that individuals use in talking about specific subjects matter. This was

especially relevant in my case as I could understand regional proverbs from that specific accent in Portuguese, as I am local, and find a suitable English translation. Furthermore, I could relate to my respondents' metaphors, which helped to understand their frames of reference.

## 5. Frame Analysis

This chapter discusses the main *meanings* given to the determinants of fertility, based on the experiences of my 15 respondents. My goal is to offer a complementary account from the rationality-ontology studies in previous sections, by offering a discursive analysis through the identification of frames. Hence, I explore how my interviewees frame parenthood and which factors influenced fertility for them by comparing their experiences with the determinants discussed in Chapter 2. Subsequently I discuss other influencing factors for fertility that apply to the Brazilian context and are not commonly mentioned in the literature.

Lastly, I identify the different factors within those frames that my respondents assign to *the other*. This chapter is followed by the conclusion.

### 5.1 Framing Parenthood

Three main frames were identified from the interviews: Balance Frame, Construction Frame and Self-realization Frame. They represent the *meaning* given to parenthood by the respondents and are discussed in detail below. These frames overlap each other in many instances as they are based on a similar set of beliefs, thoughts, valuation, action and moral behavior given by fathers and mothers in Brazil. So one factor can be part of two or even three frames. That means that the frames represent complementary *meanings*. I justify the frames identified with quotes from my interviews.

#### 5.1.1 Balance Frame

The most important meaning that respondents give to the experience of having children and rearing them is that of *balance*. It was

mentioned and exemplified clearly by thirteen respondents, although in different instances.

The first instance is the balance between work or study and family. Whether they have children as their own choice or not, they recognize that rearing children means responsibility, which demands organization skills and even sacrifices. Although four of my respondents (M2, M5, M9 and NM) mention that other women nowadays have chosen work over family, what I interpret from my interviews is that my respondents have not done so. They choose to have a family and also work, therefore they adapt their lifestyle as much as possible to *balance* these two elements. In fact, it seems that they adapt their work to the family needs. For instance, when asked about the reasons for people to have fewer children nowadays, one mother, who is a doctor, answered<sup>1</sup>:

I think that it's a financial issue. I think that nowadays the woman has much more choice opportunities. Many women make a professional choice that does not allow her to... there is a restriction... in my case, I made a professional choice that could theoretically limit me. But I tried to adapt my work in favour of my family. So I used to bring them [her two children] here [clinic where she works]; they did their homework here, they studied here. I used to leave one room empty for them. So that made it easier for me. I transformed my work place in a place to which my children had free access; and I could, in a certain way, accompany them and supervise them. But not all women have such possibility; that makes it harder in a certain way. If she doesn't have a mother, a mother in law, a close person, she will sometimes be limited (M9).

When asked if her work influenced her decision to have children, this academic researcher, who has four children, replied: “It did influence because I realized that I could do it. It influenced like 'I have conditions to be able to take care of my children’” (M1).

From all the female interviewees, only one mother (M2) used to work outside full time with strict working hours. The only other female respondent (NM) who used to work in the same conditions was the one who does not have any children. All male respondents still

---

<sup>1</sup> The quotations from my transcriptions follow these rules: a) ... indicates a pause in the respondents' speech, and b) (...) indicates that the interviewee said something between the two sentences presented in that quotation.

work outside of the home. All the other mothers (M1; M3-10) had working conditions that allowed them to take care of their children, with one difference: two of them (M5, M4) worked from home, while four of them (M1, M3, M8 and M9) worked outside with flexible working hours, like the one quoted above. The other three mothers did not work or study while rearing their children.

From my interviews no conclusion can be drawn from the age difference or the year of birth of their first children in the matter of their occupation. Their work preferences seem to matter mostly in regard to their personal preferences (whether they wanted to work or not) and their financial needs. All three mothers that did not work or study while rearing their children had a reasonable standard of living from my point of view. An analysis of whether their work was specialized work (such as a doctor, a psychologist, an academic researcher), that required years of study, in comparison to those who worked out of need in unspecialized areas (such as sewing or at a beauty parlour) also did not bring an interesting conclusion with my sample.

This *balance* seems to be a personal choice of each woman: they chose if they want to work to earn a higher income and consequently bring more comfort to their children, if they want to follow a career or if they want to be housewives. One of the mothers interviewed used to work when she got pregnant for the first time, but she lost the twin babies in a miscarriage. She had two children, two and three years later respectively, and decided to be a housewife. This is her response when asked if her work influenced her decision to have children: "No, I think that for having children I would have given up anything at all; if there was a work impeding me, I would have quit it" (M10).

In this sense, the mothers seem to choose the lifestyle that better fits their preferences. To some there are sacrifices, such as giving up the career or giving up their personal independency.

I think people are getting egocentric. A child requires you to give up on many things. And the one who has to give up more is the woman. Because she is the one who breastfeeds and who knows better how to handle kids. And women don't want to do it anymore (M7).

So parenthood is seen not simply as a sacrifice that women are subjected to, but as a choice. Twelve respondents linked parenthood to *choice*, including the older ones. Some women choose to sacrifice their career, or their independency, or even their extra income, but such sacrifice is their choice, it is not something imposed on them as

one might expect. In this sense, their choices are made thinking of the lifestyle they want to follow.

Such inference is mentioned by Maggioni when he explains the 'reflectively organised biography'. This means that women nowadays understand that they do not necessarily have to become mothers, but those who chose to do so, firstly reflect about their roles as mothers and weigh that against their personal aspirations. To become mothers, then, they have to restructure life priorities to be able to accommodate the family (Maggioni 2004: 94). Thinking about the future is the prerogative to living in balance with what is important for them. In this sense, this *balance* overlaps with the next frame.

### 5.1.2 Construction Frame

One of my respondents mentioned that her religion influenced her decision to have children, in the sense that:

It is in our values, in that moment that you make the vowels. When we were dating there was always a conversation about children, you know? 'Are we going to have children? Shall we have two?' We had already picked the names... if it's a girl, we'll call her *bird* [meaning a random name], if it's a boy we'll call him... So this was all part of it. It was not a thing like 'oh, I'm going to have a child now'. It was a construction... the child was a construction (M9).

The term *construction* as a meaning for parenthood was suggested by this mother and it applies well to the experiences of the others respondents. All fourteen of them mentioned circumstances that lead to the conclusion that parenthood is a construction. I considered 'construction frame' as the circumstances in which the respondents said that they planned at least one of their children and explained how they conducted this plan. For example, one mother gave birth to a baby boy and eight months later she returned to the gynecologist to decide which birth control method she would take. The doctor then told her that she was in the beginning of her ovulation period, which is the right period for conceiving a female baby. With this new information that she was in this period, she decided not to take contraceptives in order to try to have a baby girl, as she really wanted a daughter (M10). Her plan was successful as she got pregnant with

her daughter exactly during this time. One father also explained all the steps taken for conceiving his daughter:

She [wife] used to take birth control pills. We defined when she [daughter] would be born... in fact she had to be born until May so she could start studying [on the right time of the year]... we even thought of that. That's why my daughter today is 7 years old and she's on third grade. She didn't miss it [a school year]. The whole thing was well planned (F2).

Children who were not planned, or who were planned for some time later and happened by chance, do not apply to this construction frame.

Parenthood as a construction implies more than simply taking birth control pills. It implies that parents consider many factors before stopping the birth control method. Some factors mentioned are right timing and financial stability. The right timing may not only be related to the *right age* but also to the *right time in life*, or *right time in the relationship*, meaning that the relationship is stable, or even that *it's time for the next step*. One of the mothers exemplified this by stating that her first child came due to her desire to become a mother at that time: “I thought that something was missing in our relationship; we had been dating for three or four years, had been married for three years... so I thought that it... it was time” (M9). Similarly, that father quoted above explained that he had his daughter when he was 42 and it was an age of maturing, the *right age*, according to him (F2). Another mother had her first child at 25 and said “I think I had at the right time, the timing that I wanted” (M10). Hence, the *right timing* is not related to the parents' age, but to *where they are in life*. The parents who had unplanned children did not mention the right timing at any moment.

As mentioned by at least six parents, the right timing is also associated to planning for the future. In that sense, couples now plan their children together. One mother exemplified this by stating “I think that nowadays the woman asks herself what does she want. So does the man. The couple asks itself, they plan things, they don't just do things without thinking, isn't it?” (M8).

Financial stability seems to be another important factor to be achieved before parenthood. That is not surprising, considering that 14 of the 15 respondents framed rearing children as something *expensive*. According to one of the interviewees, nowadays the couple evaluates

its own financial situation extensively before making the decision of having children (M2). As exemplified by another mother:

And there is one more thing, people are waiting a lot now to have children, because they want to get themselves organized financially... [they want to organize] everything... everything... their whole lives... they want a very good apartment, the definitive apartment. It's not like us, in our generation, that moved from here to there and then got our lives improved. We would jump gradually with the children. So, it's obvious that children generate expenses (M5).

Such factors are explicitly brought up to the conversation during the discussion about the reasons for people to have fewer children today than in earlier generations. In fact, there is a visible trend of change over time in this frame - in previous generations children were a vital part of marriage; it was taken for granted that marriage means, among other things, having children. Children were expected in all marriages. Some even say that in those days, people got married in order to have children, but nowadays it is not like that anymore (M3).

A 73 year-old mother of four children illustrated this change by comparing her life with her parents' lives:

Look, I think that today the men and the women have... in regards to children... they... there is a balance in terms... of their rights and duties with the children... I'm generalizing. Beforetime, there was not much... I'm saying this thinking of my parents... they didn't have the conditions to think "Am I going to have a child? How many will I have?" Why? They used to live in the countryside...(M1).

As mentioned in the previous section, twelve of the fifteen respondents mentioned circumstances that lead to seeing parenthood nowadays as a choice. Another respondent, who is 67 years old and mother of two children, clarified that couples nowadays prioritize other achievements over having children, such as professional realization and financial stability. She told me that her generation was not like that: "Do the math. In my generation it was not like that. Just as you asked, it was the role that we had. You got married, you got children. That's it. It was something more or less like a sequence" (M2). One of the respondents is a 73 year-old father who got married three times, having three children with the first wife, none with the



second, and two adopted girls with the third wife. He clarifies that "we... I got married already thinking about having children" (F1).

This is quite an interesting change: throughout these four or five decades the *meaning* of parenthood transformed from a *norm*, in the sense the children are a sequence of marital life, to a *choice*, or a *construction*.

Some people get married and have children right away. I think that we must live our lives and also have children. We're not supposed to get married in order to have children, no. I kept going on with my life, going out, travelling... Then came a time when we wanted to have a child (M8).

However, it is important to clarify that all respondents associate children to marriage. While ten of them clearly mentioned such correlation, none of them ever mentioned the possibility of conceiving a baby as a single parent. Hence, marriage is undoubtedly the most essential factor for parenthood. For instance, a 46 year-old woman, mother of two sons, explained that: "I never thought that I had the obligation to be a provider, a breeder. No, I never thought of that. I thought that it was part of marriage. It was interesting for the marriage. It was my wish" (M9). From the fifteen respondents, fourteen have children within the marriage only; two of those have gotten divorced, and one of these divorcees has gotten married two more times later on. The other divorcee currently has a girlfriend and would like to have a baby with her, but says that they need to get married first (F4). The remaining respondent is a 57 year-old woman who clearly indicates that she does not have children because she never got married (NM).

The frame *construction* could be noticed in almost all respondents' life story. However, I did not find any correlation between their ages and construction, meaning that mothers and fathers from all ages (38 to 73 years old) mentioned circumstances that indicated *construction*. In some cases it was a construction of the mother only, and in others of both partners.

The idea of parenthood as a construction and consequently as a choice, fits well with what Maggioni (2004) calls *reflectively organized biography*. This author mentions that before having children, nowadays a couple wants to achieve certain conditions in life, which are: right age, financial security, desire for parenthood and the perception of being able to accommodate a third person (Maggioni 2004: 94f). Such conditions are exactly the ones mentioned by my respondents, as explained above. Indeed, one of the mothers

elucidates this idea: "The financial situation influenced the timing. We thought about what was the best moment for having children. We realized that that moment was calm, so it was the ideal time" (M9). This specific factor, the couple's income, is also mentioned in the neoclassical microeconomic theory, as explained by Mason (1997: 444). The *construction frame* is also related to the ideational theory as it describes *new social norms about birth control* as a determinant of fertility (Mason 1997: 444). Merrick (2009) also acknowledges the importance of contraceptives for family planning (2004: 42). As contraceptives became more and more present in women's lives, changing from a tabu to an ordinary behavior, it became the main tool for "constructing" parenthood within the right circumstances.

### 5.1.3 Self-realization Frame

Perhaps the most important factor appointed by my respondents for having children is their own will. Ten respondents answered the question "what was the reason for you to have your first child" by saying "it was my will", "I really wanted it", or "I wanted to be a mother". In fact, while all mothers answered in such notes, only two fathers, F2 and F3, did so. One father was evasive in this regard saying that he got married already thinking of having children (F1). The other one answered that he did not decide on being a father because his daughter "came by accident" (F4). He was supposed to get married but as his fiancée got pregnant, they had to prepone the wedding in several months. As they were just starting their lives as couple at the age of 22, they did not have a stable financial condition, and had to live at his father's house for two years after the wedding (F4). I asked follow-up questions to get a better idea about his desire to have children:

*Me - When you got married, when you were 22, how many children did the two of you think of having? Did you talk about his? Before getting married, did you plan it? How many did you want to have?*

F4 - No... we did not talk much about that, no. It was a maximum of one or two even in the most vague conversations.

*Me - But how about your wish, when you were young?*

F4 - I don't remember having had such wish like that.

After more follow-up questions he answered:

It was a small quantity like that... but we also never talked about having many. If we ever talked about it... “we will have a maximum of 2”. If we touched on the subject, that was it. It was not much different from that (F4).

Such answer seems quite evasive in comparison to what the women replied. When asked about “how many children you wanted to have when you got married or when you were single”, one father did not give a specific number; he replied that he wanted several sons and daughters, as he got married already thinking of having children (F1). Another father replied that he wanted at least two but a maximum of three (F3). The remaining father replied that he wanted one son, although he ended up having one daughter only (F2).

In comparison, the responses from the mothers seemed more precise. All mothers gave a precise answer to this question, except for one. She is a mother of two children and she said she wanted more, but at the age of 32 she had to have her uterus removed due to an uterine fibroid (M4). All the other mothers seemed to have thought about their desired number of children before. For instance, one of the mothers illustrated it by saying: “Actually, when I thought about it, I wanted to have four children. I wanted four children. But I didn't have four...” (M9). Another said that when she was single, she thought of having two children (M3). The mother who has only one child also clarified: “I wanted to have only few children. Only one” (M8). Even the interviewee who did not have any children replied that she would have liked to have two (NM). According to my interviews, it seems that women think of the number of children they want to have early in life. They seem to actively want to have children. That is why having children for them is a *self-realization*, an achievement.

One of the mothers gave an answer that illustrates this idea well. I asked her if her work had influenced her decision to have children and she answered:

My work? I think it influenced in a way because I'm an obstetrician and I conduct deliveries and more deliveries. I bring people to the world, participating of gestations with pregnant women... the womb... living all that, giving advice... so I thought my moment had arrived, for me to execute that as well. It was my moment as a woman. Maternity would complement me in this aspect... professional.... of self-realization. Professionally I

was already in a good place, I was well installed, I already had a profession, a work place... I think that [maternity] was what was missing (M9).

This statement gives the impression that what was missing for her self-realization, then, was motherhood. However the idea of self-realization does not seem that strongly connected to men, according to my interviews. Three of the mothers interviewed (M3, M5 and M1) mentioned that their husband did not talk much about their wish to have children, leaving the decision to them [mothers] on when to have children and how many. Two respondents (M2 and M10) mentioned that their husbands' wish was to have a son. The other five mothers mentioned that their husbands also wanted children, just like them.

Parental intentions, or demand for children, are mentioned by demographers and economists as an important influence on fertility (Sinding 2009: 3025; Mason 1997: 444). These authors say that parents weigh their wish for children with the costs of rearing them upon deciding on whether to have children or not, and how many to have. Other theories of fertility transition recognize the changes in values towards individualism and self-fulfillment as a result of secularization and enrichment (Mason 1997: 444). Maggioni (2004), however, provides a more insightful interpretation in the regard of desire for parenthood. As mentioned before, he says that the choices of having babies are conditioned by, among other factors, individualisation and destandardisation. He explains that the identity of women is no longer linked to being a mother only, but also in achieving other personal aspiration, as exemplified by my respondents above. This change is the destandardization, and it happens due to this individualisation, or this change in women's mentalities. Individualization is conditioned by self-responsibility and self-determination (Maggioni 2004: 91f), which is closely linked to the self-realization frame and even to the construction frame.

Hence, motherhood as a way for a woman to achieve self-fulfillment/self-realization, seems deeply connected to her identity. Seven out of the ten mothers I interviewed described situations that I interpreted as a link between parenthood, identity and self-realization. None of fathers did so. For instance, when I asked about the reason for having her first child, this mother answered: "My passion was to be a mother. What happened is that besides them [her two children] I raised all my siblings, because my mother died when she was 49 years old. I'm the oldest one, I'm 66 now" (M4). This mother had 13 siblings and she is proud to say that she raised all of them and made them all study. After raising all of them, she still wanted to be a mother. Her

passion, which I interpret here as her *deepest desire* was to be a mother. As explained in a few paragraphs above, she had two children, but she wanted to have more. She could not do it, though, as she had uterine fibroid later on.

Another mother had her first baby when she was 18 years old and her second baby one year and nine months later. Her third baby came 10 years after the second. She explained that life was hard when she moved to the state capital from the countryside as she had to work a lot. She used to work, sew, and take care of the house, among other tasks. But far from complaining, she says “but that’s how life has always been. I think I was born to be a mother”. She then complements: “When I had the second baby I asked myself ‘was I born only to have children’? Because I thought it would take long before I would have another child. I wanted them both, but not so fast” (M3). Another respondent is even more explicit by saying that she always dreamed of getting married and being a mother (M7). One of the respondents had lost twins in the first pregnancy, due to a medical error, so she said that she got so traumatized with the loss of her twins that she took care and raised her children by herself, without the help of a maid, like a “super-mom” (M5).

In that sense, it seems that motherhood complements them, allowing them to completely fulfill their wishes and become what they think they are supposed to be. It fulfills their identity, or what they want their identity to be. Looking at their answer about their regrets, or what they would do differently had they got the chance to go back in time, none of them answered that they would change an unwanted pregnancy. Only one mentioned that maybe she would have waited a few years more to have the first child, even though that child was planned. However, she also said that she would have had the child sooner or later and that she would have liked to have at least five children (she has three) (M7). Another mother said that if she could go back in time, she would have had a third child (M9); now she has already done tubal ligation. All the other answers about changing something in life were related whether to career choices, or unspecified mistakes when rearing the children. None of the regrets were about having children.

Thirteen respondents gave answers that indicate parenthood as self-realization. Only two of them did not mention circumstances in this regard, and one of them is the woman who does not have children. The other one is the 73 year-old father of five children, who said that he got married already thinking of having children (F4). The mother who lost her twins on the first pregnancy, and now has two children,

puts it like this "Having children is very good. It's very rewarding. It's very good" (M5). Even those parents who had children at the *wrong timing* still mentioned that they wanted children anyway, as put by this father "We both [he and his wife] wanted it [children]. Even if not at that time... but at some point it would happen" (F4).

This analysis suggests a change in the mentality of women and man, which lead to a change in their behavior as well. The recognition of individual freedom empowered women to plan and decide on their future. That brought an important change of the *self-realization frame*: for previous generations self-realization was being a mother; but for those who had children during this fast decline in fertility rates in Brazil, self-realization means becoming a mother, but also achieving other goals, such as having a profession, getting married, enjoying life, among others. Self-realization nowadays is deeply connected to finding balance as the woman has the choice to construct her own future. Hence, the three frames that give meaning to parenthood - balance, construction and self-realization - overlap each other.

I like enjoying life, I like wandering around, I like travelling. I wanted to have a son as well to... after... that's why I traveled a lot, and only after nine years [since marriage] that we decided to have a child. (...) Some people get married and have children right away. I think that we must live our lives and also have children. We're not supposed to get married in order to have children, no. I kept going on with my life, going out, travelling... Then came a time that we wanted to have a child... but I didn't think that I would like to have another one. No. I think for him [son] it was a loss, you know? He asked for it. I told him "Son, I am not going to have another son for you. I must want it. For you like this... to be your brother... I have to want it too, it must pass through a mother's desire" (M8).

This mentality relates to the idea of sacrifices described in the section *Balance Frame*. As women have more freedom to build their own lives and satisfy themselves as they want, they are not ready to sacrifice that much anymore. They weight and sacrifice what they want to.

## 5.2 Influencing factors

Apart from the factors discussed above, which helped me to identify the frames, the respondents mentioned many common elements that influenced their decision of having children and when to have them. The ones described by many respondents, or that seemed to be very important to the respondents are: expenses (especially in regards to education), quality of life, fear and doctor's opinion. Each factor is described in detail in the section below.

### 5.2.1 Expenses

Fourteen respondents mentioned circumstances that imply that in their view raising children is expensive. Such circumstances are mostly related to two factors: education and life quality. Providing a quality education seems to be the priority for all parents interviewed. One mother of three children, for instance, said that she got tubal ligation because it would be hard to pay for education to yet another child, considering that her financial situation was not so good (M3). Another mother said that she thought that two [children] was a good number, to be able to raise them well, and to pay for school (M6). One of the factors mentioned by a mother of four, of why people have fewer children now than in previous generations, was:

It's that desire to give them [her children] the best... and I always worried about the studies issue. You know? I was always concerned about it. There was a time when my husband said "let's put the kids in a public school." I didn't accept it. I said "no way". Everybody studied in the school that, at that time, I considered best for them. My husband insisted, but I said "no way, I can save on other things". I was the one who paid for it. I paid for everything (M1).

Studies are the priority, the most important attribute that parents want to provide for their children. They are considered a particular expense because public education in Brazil is considered of bad quality; hence, parents prefer to pay for private schooling until high school. For instance, according to a public opinion poll conducted by the Brazilian Senate, 19% of Brazilians consider the public education in the country as terrible, 18% think it is bad, 44% consider it regular, while 15% say

it is good and only 3% say it is great (Senado Federal: 2011). Five of my respondents explicitly mentioned expenses on education as a reason for people having fewer children today in comparison to previous generations.

When parents decide on having children, they think firstly that paying for school will be a large expense, which might require sacrifices in other instances, as exemplified in the latest quote. However, money does seem to influence on whether or not to have children. My respondents answered that they would have children anyway; but the financial situation influences on *when* to have children. One could think that the financial situation would influence on *how many* children a couple wants to have, but none of the respondents said that they had less children than desired due to financial issues. So it seems that education is an influencing factor in regards to balance, but it is not the determining factor - self-realization is.

Besides expenses on education for children, parents also mentioned that it can be expensive to pay for extra-curricular activities such as language courses, guitar classes, football classes, ballet, among others (M7, M5 and M10). Other costs are those related to health services, such as the pre-natal care, or health treatments. The mother who lost her twins because they had heart problems, for instance, said that she returned to her hometown after burying her babies completely “broke”, as she had to pay for the cardiologist's fee every other day for a month (M5).

Quality of life is yet another large expense, mentioned by so many respondents that shall be explained below.

### **5.2.2 Life Quality**

Providing a good quality of life seems to be another important influencing factor for my respondents. Eight of them mentioned life quality, or comfort, as one of the main determinants for the number of children they have. I asked "Why do you think people have fewer children nowadays than in previous generations?" and this father, who has a 7-year-old daughter, answered:

I think that it's a financial matter, a studies issue. Let me give you an example... a common example... I want to give everything to my daughter. I give everything to my daughter. So, the option of having one child is because of that. If I had two [children] I would also give [everything].



But if I had three or four, maybe I wouldn't be able to... I wouldn't have conditions to give to three or four children what I can give to one or two. So my option of having one child is that I would like to, and I will, give her the best of everything, things that I didn't have when I was a child (F2).

Another illustrative response is from this mother, who is a member of the apostolate to families, a Catholic Church group through which I got in touch with her. She answered that her financial situation did not influence on her decision to have children at first, but then she corrected herself:

When I say that it did not influence... it's not like these people you see around that have child after child and do not care... There is a saying that goes like this: "God gives you what you need". No, He doesn't. We never thought "God gives". My husband worked really hard for them [her three children] to have a good quality of life (M3).

It is also interesting to notice something suggested by one respondent. She said that parents nowadays have fewer children due to financial costs because they want a better quality of life for *themselves* (M8): "If I have many children I'll have stop traveling, stop doing certain things, isn't it? People think it's important to have a certain quality of life... and beforetime they didn't think so, they just did things. People were subjects to circumstances, to everything" (M8). What was thought-provoking in this quote is that other three mothers also mentioned issues related to *their own* quality of lives, although they put it in other words. For example, one mother of two children mentioned that parents nowadays worry too much about their space; the space of leisure and of independence (M5). Such space is connected to the quality of life that parents seek for themselves. She completes: "A lot of people that I know have only one child. They say 'I don't want any more children, I want to work, I want to enjoy life, I want to go out'. I know many young people like that" (M5).

### **5.2.3 Fear**

Fear of crimes/violence, drugs, alcohol and negative influences are another important determinant to fertility, mentioned by six respondents. It is a determinant in the sense that parents are scared of having yet another child who could be exposed to all this. Five of

those mentioned fear as one of the main reasons why people have fewer children today in comparison to previous generations. For example:

Besides everything being more expensive and complicated today, I think that violence influences it. I think that the fear that people feel today influences it. With two children I'm already terrified... My boy comes walking from the bus stop until here, and I already want to go pick him up in the corner because I'm afraid he'll be mugged on the way. The other day a man passed by here on my street holding a woman... it was actually a rapist with a girl... so... with two children I'm satisfied. I think we are very scared of how we live today (M10).

Another parent, a father a 16-year-old girl gave me a similar answer, by explaining that information reaches everyone very easily today, so he is scared that bad influences might reach his daughter (F4).

#### **5.2.4 Doctor's Opinion**

The recommendations from doctors, whether they are gynecologists or obstetricians, seem to have a very high influence on a couple's choices about fertility. Eight of the fifteen respondents described situation in which their doctor's opinion affected their decision on whether to have, or not to have more children.

One of the mothers lost her twins who were born with cardiac problems, to which she attributes a medical error. Later on she had two children and expressed a desire to have one more. However, her doctor discouraged her saying that if she got pregnant again, she could look for another doctor, as he would not accompany her pregnancy. He said the risk was too high considering that she had already had three caesarean operations, and the pregnancy with the twins had expanded her uterus (M5). One other respondent mentioned that the reason for them to have a tubal ligation was due to caesarean section (M7). Deliveries by caesarean section are quite common in Brazil, reaching up to 50% of all deliveries (UNICEF 2014). This percentage exceeds the recommendation from the World Health Organization (WHO), which is estimated between 10% and 15% of caesarean sections out of all deliveries (Gibbons 2010: 4).

Three other respondents mentioned that they did tubal ligation due to a doctor's advice. Such advice was not entirely related to health

concerns, but on the doctor's opinion on the ideal number of children (M3, M7 and M1).

However, doctors give recommendations that foster fertility as well. This one mother, for instance, said that she went to the doctor for having tubal ligation, after having given birth to two children, but the doctor did not want to operate her yet. He said that she was still young (she was not even 30 years old yet) and she might want it later on, in case something happened to her husband or children. So she decided to have one more child even though her youngest one was already 10 years old (M3). The gynecologist of the interviewee who does not have children also motivated her to have a child before operating her uterine fibroids. When she was around 35 years old, her gynecologist found a small uterine fibroid on her womb. As it was still small, he recommended her to have a child, and then he would operate her. She kept returning to the doctor for four years for follow-up exams, but as she never got married, she did not have the child (NM).

### 5.2.5 Other Influences

Two fathers mentioned *culture* or *context* of the time as reasons for people to have less children nowadays than in previous generations. That means that the mentality towards parenthood has changed. One of those respondents clarifies: "the change in women's mentality, isn't it? There are a lot of women who don't even want to have any children" (F3). The other father completes by saying that the decrease in fertility has to do with culture, not with financial resources; after all, in less developed countries the number of children per women is not that much more alarming, such as 17 or 18 children. So he thinks it's a cultural issue, independent of the socio-economic level (F1).

As Brazil is considered the country with the largest catholic population in the world (Pew Research Center 2013), one might wonder about the influence of religion on fertility rates. According to most of my respondents, their religion did not influence their decision to have children. Only two of them answered otherwise. One of them has been quoted above, in the section about *construction frame*. She says:

I think that when one gets married, that you make your vowels... that moment... you are making vowels for a series of things. And in that moment, besides the vowels for fidelity and all the others that you follow on the catholic ritual, one also makes vowels for having children. So if one is

inserted in a religion... if s/he went there and got married in the church, made the vows, promised to be faithful, promise to receive the children... that was a promise made at that moment. So in a way, it did influence. It influenced not directly, but in an indirect way (M9).

The other respondent that mentioned religion said that as she had to do a treatment for having children (she had a problem in her ovary) it took her five years after her marriage to have the first child. She said she prayed a lot to get pregnant; she asked God for it (M1). And when she had her fourth child she was already 41 years old. She said that people told her to do health examinations to see if this baby would be born healthy, but she refused because she considered herself a strong woman, who had already had three children and who did everything for her baby to be born in good health. "I had faith that there would be no problem" (M1).

Seven of my respondents called themselves Catholics, two are spiritists, other two follow evangelism and the remaining four did not mention their religious affiliation. Both respondents that I contacted through the Catholic church group said that religion did not influence their decision (M7 and M10). One of them, actually, became more active in her church after her kids were teenagers already (M10). The two interviewees with whom I got in touch through the evangelist minister gave interesting responses. One of them is the respondent who does not have children. She did not mention directly that her religion influenced her decision, but she mentioned that she did not have children because she was not married (NM)<sup>2</sup>. The same situation can be interpreted in a statement by the father who follows evangelism. He says his religion did not influence his decision to have his two sons with his ex-wife, but he also said that he did not have a child with his new girlfriend because they are not married yet (F3). He says he does not agree with single parenting because it goes against the principles of the gospel and his family values. "This is how I was raised", he explained (F3). Hence, religion is a difficult factor to evaluate. One cannot make assumptions based solely on religious choices. One's religion may not influence directly, but maybe it does

---

<sup>2</sup> It is important to clarify here the connection between marriage and religion in Brazil. I did not ask my respondents directly if their marriage was only in court or if it included a church sacrament, but it is customary in Brazil to get married in both ways. When someone does not get the church sacrament, they specifically say so. Hence, in this thesis the term *marriage* already implies that the church sacrament was performed, and indicates the underlying value systems that the respondents identify themselves with.

through its values and principles. I believe there is an overlap of frames related to family and religion making it hard to distinguish social norms, values and principles from religion, in any community. In fact, the answers from these two respondents (NM and F3) illustrate that they see marriage as a norm that allows people to have children in a commonly accepted situation. Hence, parenthood and marriage are connected and, as specified by these two interviewees, single parenting is not an option for them.

Lastly, four respondents mentioned that the gender of the child matters. Three mothers stated that their husbands wanted to have boys (M3, M6 and M10) and so did one father (F4). One of these mothers, in fact, planned her second pregnancy carefully in order to have a baby girl, as she already had had a boy (F10).

Based on literature specified in Chapter 2, I thought that more people would mention the availability of contraceptives as determinant for lower fertility, but only two mothers did so. One said that they were not available for her mother's generation (M8). The other respondent is 67 years old and was born and raised in the countryside. She said that contraceptives were starting to get distributed in her town when she got married and it was hard to get it, since a prescription was required (M1).

### 5.3 Framing *The Other*

The frames identified on the sections above represent the way people give *meaning* to parenthood based on their experiences as parents. In a few occasions, my respondents mentioned motives and circumstances in which *other* people have children, which according to their answers do not apply to themselves. This section discusses those factors that influence the fertility of *the other*, excluding the ones discussed previously in this chapter. Therefore, the factors mentioned here are influences for *the other* but not to my respondents. *The others* are Brazilians that my respondents do not identify themselves with; there is some characteristic that places them in another category. It is a similar concept to that presented by Ania Loomba (2005: 91-153) which states that different perceptions of culture, race, religion create different images of the *self* and the *other*. However, while Loomba discusses such idea in regards to the European, who is the *self*, in contrast to the colonized, who is the *other*, this thesis discusses *the*

*other* in terms of differences on a national level within Brazil, or within the same state. So the characteristics that differentiate the *self* and the *other*, are not necessarily culture, race and religion, but other circumstances that are identified on the analysis below.

Four respondents mentioned that people from low-income classes have more children in comparison to those from higher-income classes. When asked about the reasons for people to have fewer children today, they made a clear distinction saying that simpler people, as they define it, still have many children. For example, this mother, who is an obstetrician, explained that contraceptives are available everywhere now, for free. So the number of children women have nowadays is not influenced by the availability of birth control. She said that “if you analyze the low-income class, then it [high fertility] is a cultural, economic issue... even a mentality issue” (M9). She distinguishes herself, who chose to have only two children, to those from low-income classes, who have many children. Another mother mentioned that people have two children in a certain class, because the *other people* still have three or four (M3). Hence, fewer children can also be connected to social status. It seems that the respondents do not want to be associated with *the other*, who has many children.

The mother that mentioned that people nowadays evaluate their financial conditions before having children made a clear distinction of classes saying that this evaluation is not done by people from all classes (M2). One father even mentioned that people in the northeast of Brazil, which he recognizes as a place of extreme poverty, have more children to be entitled to receive a higher pension from the government (F7). The respondent who I classified as closer to the lower class did not make such distinction about *the other*. She answered that nowadays people have less children because after getting married women want to continue working (NM). She also mentioned the influence of drugs and the high expenses required for rearing children.

While the distinction towards *the other* is quite clear, it is unclear if those respondents think that high fertility among the poorer is a norm or a result of other circumstances. Two respondents mention issues related to the latter, as if *the others* were a victim of an uncontrollable situation. In such matter, both respondents use the term *unstructured family*. The father who is an evangelist, for example, was explaining that single parenting is against his principles. He says that the society today is very messy, and that is why we see 13, 14 and 15 year old girls getting pregnant (F3). "They are all unstructured... they

are children who need care... they are children messing up with children... they should be playing with their dolls instead of playing with their own children" (F3). A mother also explained that only *structured families* are having fewer children nowadays: "where there is no structure, they have a lot of children. People who are financially [disadvantaged] are more unstructured. The girls start [having children] when they are 14 years old. Over there [at the spiritist center] where we deal with people, we notice that they don't have structure. The parents don't have structure to teach anything to their children" (M3).

## 6. Concluding Remarks

The academic discussion on demographic transition acknowledges the main role played by the TFR. While most studies emphasize the determinants of fertility as an economically rational choice, this thesis introduced a new perspective for the dispositions for having children.

Fifteen mothers and fathers, aged between 73 and 38 years, shared their experiences and perceptions about motivations for having children. With their contributions three main frames for parenthood were identified: Balance Frame, Construction Frame and Self-realization Frame.

According to my respondents, parenting means *balancing*. This indicates that parents think of what their yearnings are (such as career, travel, independency, good quality of life) and what is their family needs to define their priorities in life. Thus, they recognize that some circumstances require sacrifice, although they try to make the best of out of it according to their plans for the future. For example, some mothers adapt their lifestyle by working in flexible working hours to be able to raise their children.

My interviewees suggested that when making decisions on their wishes and plans for the future, parents in Brazil are in fact *constructing* parenthood. They do so by planning the timing for them to have children, after considering their age and their financial condition; and they use contraceptives as the main tool for avoiding unintended pregnancies. As specified by Mason (1997: 444f), the neoclassical microeconomic theory of fertility acknowledges that a couple considers their income and their preference for children in comparison to other forms of consumption. He points out that ideational theory also acknowledges the role of new norms about birth control (ibid: 445), which is a common behavior conducted by my respondents, as most of them, or their wives, have made use of birth control methods. However, one main motivation that is not specified in the literature, but which was identified in this study, is the timing regarding their relationship with their husbands/wives. That means that they consider the best time in their life story as a couple to have children. I use the term husband and wife, and not partner, because as shown in the previous sections, Brazilians commonly still connect



parenthood to marriage, barely considering the option of single parenting.

Finally, parenthood is also understood as *self-realization*. That means that becoming a parent is one of the aspirations demonstrated by Brazilians. Although recognized in the theories of demographic transitions as a shift in values towards self-fulfillment (Mason 1997: 444f), this term is explored more in detail in this thesis. Mothers seem more emphatic than fathers in demonstrating their wish to have children, and in planning the number of desired children. More than just a self-fulfillment, motherhood is recognized as part of a woman's identity.

The main change over time recognized through the respondents' answers was in regard to the construction frame and the self-realization frame. While in previous generations having children was considered continuity, a sequence in the course of life in a marriage, younger generations consider it a choice. For older generations, the feeling of self-realization was more connected to that of becoming a mother. Therefore, the role of a married woman was to have children and raise them. As explained above, for the younger generations motherhood has become one of the instances for making a woman feel self-realized. Hence, as explained by Maggioni (2004: 91-4), there is a shift in the identity of the woman from *mother*, to *mother among other things*, and in what she considers as self-realization.

The respondents' answers suggest that they experience and recognize some of the determinants discussed by the economists and demographers as explained above. Nevertheless, by identifying these frames, this research also identified emotional factors, such as the "passion" for becoming a parent. Besides, four main influencing factors were identified in this research, which had not been mentioned in detail in the literature. They are:

- 1) Expenses, specially the costs of education;
- 2) Life Quality, as parents want to provide a good quality of life for their children and for themselves;
- 3) Fear of violence, drugs and other negative influences;
- 4) Doctor's opinion, which seems to affect women's decision on the number of children they shall have.

It is important to notice, however, that the identification of frames in itself is an act of interpretation, which means that it is not a frame-neutral analysis (Schön & Rein 1994: 36). This means that I, a woman born and raised in Brazil, already have a mind-set, or frames that construct my reality and my own idea of parenthood. As a researcher, I tried to avoid bringing my own perceptions and life story to the

analysis, to not bias the study. But it has to be recognized that if this research was done by a citizen of another country, by a man, by a researcher who has children, or even by another research with similar characteristics to mine, the results might have come out differently. Therefore, I suggest that more researches should be conducted on this subject to bring complementary readings to the fertility transition in Brazil.

The analysis of how my respondents see *the other* highlights that there are cultural and social differences in regards to fertility frames in Brazil. *The other*, associated by the participants mostly as people from low-income classes, has been framed mostly as *victims*. For my respondents, those who are placed in this category behave according to their cultural settings, as they have no *structure* (emotional, educational and economic) to evaluate their lives and decide on having children or not. Hence, *the other* is seen as someone who has more children per woman than the *self*. My respondents see *the other* as a victim of *norms*, in the sense that the later just acts as expected of him/her, but they do not consider *themselves* as part of this category. It would be interesting to further this analysis in the future with a study with parents from lower classes, those that my respondents called *the other*. Such study would be very beneficial for understating the experiences of the poor as parents and the relation to fertility rates.

The new factors and frames identified bring about new perspectives for the discussion on fertility. The demographic theories revised fall short in that they identify a few determinants and try to create causal relations while excluding other motivations. The analysis, presented within the self-realization frame, has a more emotional tone, and is deeply connected to identity and personal desires. The *demand for children* has indeed been mentioned as a determinant of fertility rate, but I argue that *demand* and *desire/wish* are two different concepts, that connote different motivations for having children. Therefore, parenting is not only an economic and rational choice, but a highly emotionally charged choice.

This realization is important because policy makers have to plan economic and social policies according to the estimative population sizes, which in turn, can be forecasted according to the fertility rates. Understanding how the people think, frame and give meaning to an event helps to create more meaningful and effective public policies. For instance, investing in a good public education for children would not only bring economic returns for the country as it would prevent parents on spending so much on public schools, which would allow families to have more income for themselves and potentially bring a

higher quality of life. In regards to the balance frame, a lot could also be eased out, allowing women not to have to sacrifice so much in order to take care of their children. A longer maternity and paternity leave, for example, which are currently 3 months and 5 days respectively, would improve a lot the quality of life and the choice opportunities of the parents. As Merrick points out (2002: 45) "while fertility decisions are a private matter, there is a role for public policy".

With this research only it is not possible to infer how fertility rates in Brazil would be if it was not for the costs for private education, high crime rates, etc. But improving in such aspects would certainly improve the quality of life, creating more freedom of choice as well. Such conditions are noticed by my respondents in Brazil, but parents from other countries or from different regions and different socio-economic classes within Brazil, might feel different, might have different motivations. More qualitative studies are needed, thus, to complement the theories from the literature and the frames identified in this thesis. Subsequent studies with respondents separated by social class, gender, regions and other demographic characteristics are suggested for a deeper understanding of the fertility transition in Brazil and other countries.

This study also brings potential ramifications on the micro-level. Seeing these social changes in the role and identity of women, the new generations of girls grow up with a different mindset in comparison to their mother or grandmother. The consequences of such changes are yet to be seen, especially now that new ideas, new social norms and public policies on gender equality are arising.

# References

- Alves, J. E. D., 2011. A transição da fecundidade no Brasil entre 1960 e 2012. *Aparte Inclusão em Debate*. Nov 2011: 1-4. [Eletronic] [http://www.ie.ufrj.br/aparte/pdfs/art\\_100\\_a\\_transicao\\_da\\_fecundidade\\_no\\_brasil\\_1960\\_2010\\_21nov11.pdf](http://www.ie.ufrj.br/aparte/pdfs/art_100_a_transicao_da_fecundidade_no_brasil_1960_2010_21nov11.pdf) Download date: 09-02-2014.
- Arman, M. & Davidson, K., 2013. “A typology to position population within sustainability discourse”. *The International Journal of Justice and Sustainability* 19(4): 433-448.
- Bevir, M. & Rhodes, R.A.W., 2004. Interpretive Theory. In: Marsh, D. Stoker, G. *Theory and Methods in Political Science*. London: Palgrave MacMillan.
- Bongaarts, J. & Watkins, S. C., 1996. “Social Interactions and Contemporary Fertility Transitions”. *Population and Development Review* 22(4): 639-682.
- Costa, R. C., 2007. A Terceira Idade Hoje: Sob a ótica do serviço social. Canoas: Ed. ULBRA.
- Cox, P. R., 1976. *Demography*. Cambridge: Cambridge University Press.
- DiCicco-Bloom, B. and Crabtree, B., 2006. “The qualitative Research Interview”. *Medical Education* 40: 314-321.
- Gapminder Foundation, 2014. *Gapminder World* [Eletronic] [www.bit.ly/V27Vht](http://www.bit.ly/V27Vht) Download date: 02-04-2014.
- Geest, S. V. D., 1998. Participant observation in demographic research: Fieldwork experiences in a Ghanaian community. In: A.M. Basu & P. Aaby (eds), 1998. *The Methods and Uses of Anthropological Demography*. Liège: IUSSP.
- Gibbons, L., Belizán, J. M., Lauer, J. A., Betrán, A. P., Merialdi, M., Althabe, F., 2010. “The Global Numbers and Costs of Additionally Needed and Unnecessary Caesarean Sections Performed per Year: overuse as a barrier to universal coverage”. *World Health Report*. [Electronic] <http://www.who.int/healthsystems/topics/financing/healthreport/30C-sectioncosts.pdf> Download date: 29-07-2014.
- Goffman, E., 1986. *Frame Analysis: An Essay on the Organization of Experience*. Boston: Northeastern University Press.

- Harwell, M. R., 2011. Research Design In Qualitative/Quantitative Mixed Methods. In: Conrad, C. F. & Serlin, R. C. (eds), 2011. *The SAGE Handbook for Research in Education*. Thousand Oaks: Sage Publications.
- Instituto Brasileiro de Geografia e Estatística (IBGE), 2012. Censo Demográfico 2010. Rio de Janeiro: IBGE. [Eletronic] [http://biblioteca.ibge.gov.br/visualizacao/periodicos/98/cd\\_2010\\_nupcialidade\\_fecundidade\\_migracao\\_amostra.pdf](http://biblioteca.ibge.gov.br/visualizacao/periodicos/98/cd_2010_nupcialidade_fecundidade_migracao_amostra.pdf) Download date: 05-08-2014.
- Kaplan, H.S. & Bock, J.A. 2001b. Fertility Theory: Caldwell's theory of intergenerational wealth flows. In J.M. Hoem (ed) *International Encyclopedia of the Social and Behavioral Sciences*, volume on Demography. New York: Elsevier Science.
- Loomba, A., 2005. *Colonialism/Postcolonialism*. Oxon: Routledge.
- Maggioni, G. 2004. "Becoming Parents: a qualitative analysis of fertility choices". *Genus* 60(1): 89-109.
- Malthus, T., 1976. *An Essay on the Principle of Population*. New York: W.W. Norton.
- Mason, K. O., 1997. "Explaining Fertility Transitions". *Demography* 34(4): 443-454.
- Merrick T. W., 2002. "Population and Poverty: New Views on an Old Controversy". *Population and Poverty* 28(1): 41-46.
- Nevera, S., 1997. *Guide to Methods for Students of Political Science*. New York: Cornell University Press.
- Notestein, F. W., 1960. Mortality, Fertility, the Size-Age Distribution, and the Growth Rate. In: Universities National Bureau, 1960. *Demographic and Economic Change in Developed Countries*. New York: Columbia University Press.
- Oliver C. R., 2014. "Sampling in Interview-Based Qualitative Research: A Theoretical and Practical Guide". *Qualitative Research in Psychology* 11(1): 25-41.
- Oucho, J. O. & Gould, W. T. S., 1993. Internal Migration, Urbanization and Population Distribution. In: Foote, K. A; Hill, K. H and Martin, L. G. (eds), 1993. *Demographic Change in Sub-Saharan Africa*. Washington D.C.: National Academy Press.
- Pimentel, D., Cooperstein, S., Randell, H., Filiberto, D., Sorrentino, S. Kaye, B., Nickin, C., Yagi, J., Brian, J. O'Hern, J., Habas, A., Weinstein, C., 2007. "Ecology of Increasing Diseases: Population Growth and Environmental Degradation". *Human Ecology* 35: 535-668.
- Pew Research Center (2013). Global Christianity: A Report on the size and distribution of the world's Christian population.

- [Electronic] <http://www.pewforum.org/files/2011/12/Christianity-fullreport-web.pdf> Download date: 29-07-2014
- Population Action International (2011). Why Population Matters to Poverty Reduction. [Electronic] <http://populationaction.org/wp-content/uploads/2012/04/PAI-1293-POVERTY-4PG.pdf> Download date: 05-08-2014.
- Randall, S. & Koppenhaver, T., 2004. “Qualitative Data in Demography: The sound of silence and other problems”. *Demographic Research* (11): 57-94.
- Robinson, O. C., 2013. “Sampling in Interview-Based Qualitative Research: A Theoretical and Practical Guide”. *Qualitative Research in Psychology* 11(1): 25-41
- Schön, D. A. & Rein, M., 1995. *Frame Reflection: Toward the Resolution of Intractable Policy controversies*. New York: Basic Books.
- Senado Federal, 2011. Educação pública no Brasil: Pesquisa de opinião pública nacional. [Eletronic] <http://www.senado.gov.br/noticias/DataSenado/pdf/datasenado/DataSenado-Pesquisa-Educacao-publica-no-Brasil.pdf> Download date: 28-07-2014.
- Silva, N. V., Henriques, M. H. F. T, Souza, A. 1990. “An Analysis of Reproductive Behavior in Brazil”. *Demographic and Health Surveys Further Analysis Series* 6: 1-53.
- Silva, B. N., Silva, S. B. M, Coelho, A. S & Silva, M. P., 2007. “Estruturas Estárias da População do Brasil e dos Estados Brasileiros”. *Revista de Desenvolvimento Econômico*, IX (16), December 2007, pp. 93-97.
- Sinding, S. W., 2009. “Population, Poverty and Economic Development”. *Philosophical Transactions of the Royal Society B* 364: 3023-3030.
- Therborn, G., 2004. *Between Sex and Power: family in the world, 1990-2000*. Oxon: Routledge
- United Nations, Department of Economic and Social Affairs, Population Division, 2013a. *World Contraceptive Patterns*. [Electronic] <http://www.un.org/en/development/desa/population/publications/pdf/family/worldContraceptivePatternsWallChart2013.pdf> Download date: 28-07-2014.
- United Nations, Department of Economic and Social Affairs, Population Division, 2013b. *World Fertility Report 2012*. [Electronic] <https://www.un.org/en/development/desa/population/publications/>

- dataset/fertility/wfr2012/MainFrame.html Download date: 25-02-2014
- United Nations, Department of Economic and Social Affairs, Population Division, 2013c. *World Population Prospects: The 2012 Revision*. [Electronic] [http://esa.un.org/unpd/wpp/Documentation/pdf/WPP2012\\_Volume-I\\_Comprehensive-Tables.pdf](http://esa.un.org/unpd/wpp/Documentation/pdf/WPP2012_Volume-I_Comprehensive-Tables.pdf) Download date: 05-082014.
- UNICEF, 2014. State of the World's Children 2014 In Numbers: Every Child Counts. Revealing disparities, advancing children's rights. [Electronic] [http://www.unicef.org/sowc2014/numbers/documents/english/SOWC2014\\_In%20Numbers\\_28%20Jan.pdf](http://www.unicef.org/sowc2014/numbers/documents/english/SOWC2014_In%20Numbers_28%20Jan.pdf) Download at: 29-07-2014
- Ven, R. & Smits, J., 2011. The Demographic Window of Opportunity: age structure and sub-national economic growth in developing countries. NiCE Working Paper 11-102. April 2011. [Electronic] <http://www.ru.nl/economie/onderzoek/nice-working-papers/> Download date: 26-08-2013.
- Veras, R. P., Ramos, L. R., Kalache, A., 1987. "Crescimento da População Idosa no Brasil: Transformações e Conseqüências na Sociedade". *Revista Saúde Pública* 21(3): 225-33.
- Verloo, M., 2007. *Multiple Meanings of Gender Equality: A Critical Frame Analysis of Gender Policies in Europe*. New York: CEU Press.
- Wagenaar, H., 2011. *Meaning in Action: Interpretation and Dialogue in Policy Analysis*. New York: M. E. Sharpe Inc.
- Wong, L. R. & Carvalho, J. A., 2006. "O Rápido Processo de Envelhecimento Populacional do Brasil: sérios desafios para as políticas públicas". *Revista Brasileira de Estudos de População* 23(1): 5-26.
- Yoder, P. S., 2001. *Conducting Qualitative Research on Demographic Issues*. Maryland: Macro International Inc.

# Appendix I

## Questionnaire

1. Could you please tell me about your life story, in particular about the time you had your children?  
Probe: - number of children  
- children within/outside marriage  
- how many marriages/divorces  
- events that preceded the pregnancies
2. How old were you when you got married?
3. How old were you when you had your first child? And the second? Etc.  
Probe: - time gap between each child
4. Why did you have your first child? And the second? Etc. And the third? Or why didn't you have children?
5. How many children did you want to have when you were younger and didn't have any children yet?
6. Did you plan all your pregnancies? Or did any of them happen by chance?
7. How did you plan these pregnancies?  
Probe: - contraceptives use
8. Did you work when you got pregnant for the first time? And for the second time? Etc.  
Probe: - the partner's work.
9. Who was involved in bringing up your children?  
Probe: - parents  
- mother or father in law  
- siblings, etc.
10. I am going to mention a few factors now. I would like you to tell me if they influenced on your decision to have children. You can tell me for example how much they influenced, from nothing to a lot, and how they influenced/did not influence.
  - Partner's wish
  - Financial situation at the time of each pregnancies
  - Your job
  - Family pressure
  - Your religion / beliefs
  - Your role as a wife/ husband
  - Your own wish/desire
  - Your age at that time



- The amount of children you had before
- The gender of your previous children
- The availability of contraceptives

11. Why do you think nowadays people have fewer children than in previous generations?

12. If you could go back in time and change something, what would you do differently in your life?

# Appendix II

## *Informed Consent*

### **Qualitative Study about Fertility Determinants in Brazil**

#### **Purpose of the Interview**

The data collected during the interview will be used for the development of my master thesis, part of the programme Master of Science in Development Studies with Political Science Major at Lund University, in Sweden.

The purpose of this study is to investigate people's perceptions about the determinants of fertility, which means the reasons why people have children.

The respondents are people that were in fertile age between the 1960's and 2005, period in which there was a fast decline in the total fertility rate in Brazil, from an average of 6 children per women to 2 children per women.

#### **Details about the Interview**

The interview takes about one hour and will be semi-structured. That means that I will have an interview guide with some questions, but the interview is flexible, allowing the interviewee to talk freely about the topics of this research.

The interview will be recorded and later transcribed by me. As a researcher, I declare that I respect the codes of ethic and conduct of interviews and, therefore, guarantee that no other person will have access to the recording and transcription of the interview. After collecting the data, I will change the name of the respondents so that s/he is maintained as anonymous in respect to his/her privacy and confidentiality.

I also guarantee your right to:

- Refuse to answer any question that you are not comfortable to answer, or that invades your privacy
- Remove your data, in case you want to take out any information that you do not want to be used on the research, or that you believe that is private, irrelevant, incorrect or imprecise
- Have access to the audio of the interview (in Portuguese), to the transcription of the interview (in English) and to the thesis, when it is ready

**Details of the researcher**

Fernanda Drumond

E-mail: fecaroldrumond@yahoo.com.br

Telephone: +31 9635-9360

In accepting to participate of this interview, I would like you to sign the Informed Consent below.

**Informed Consent**

I, \_\_\_\_\_ accept to participate by my own will in the study conducted by Fernanda Drumond (student of Lund University, Sweden) as part of her Master Thesis for the programme Master of Science in Development Studies with Political Sciences major.

I also declare that:

7. I read and understood the information above and had the opportunity to clarify doubts before the interview.
8. I understand that my participation is voluntary and that I have the right to withdraw from the interview at any moment, without having to give reasons for doing so and knowing that this decision will bring me no harm or loss.
9. I authorize this interview to be recorded.
10. I reserve the right to refuse to answer any questions that I do not feel comfortable with, without having to give reasons for doing so and knowing that this decision will bring me no harm or loss.
11. I am aware that no one, apart from the researcher, has access to the recorded interview or to its transcription.
12. I understand that all information gathered in this study will be strictly confidential; that I will be referred by a pseudonym and that my identity will never be revealed in any report or publication, or to any person not directly related to this study, unless I give written authorization for that.
13. If I want, I will have access to the audio of the interview (in Portuguese), to the transcription (in English) and to the master thesis (in English), when it is ready.

I agree to participate in this interview and in this study.

\_\_\_\_\_  
Name of respondent      Date      Signature

\_\_\_\_\_  
Researcher      Date      Signature