

CHILDBEARING AND THE
CHANGING NATURE OF
PARENTHOOD: THE CONTEXTS,
ACTORS, AND EXPERIENCES OF
HAVING CHILDREN

CONTEMPORARY PERSPECTIVES IN FAMILY RESEARCH

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Childbearing and the Changing Nature of Parenthood: The Contexts, Actors, and Experiences of Having Children

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Hassan Raza is an Assistant Professor in the Department of Childhood Education and Family Studies at Missouri State University. His research is grounded in bio-ecological theory and social justice. The focus of his research is to examine the reciprocal relationships of working women with individuals in multiple ecological contexts, such as work, family, and community, to understand their experiences

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Samantha Reveley is currently undertaking a 1+3 ESRC-funded Doctorate at Newcastle University while lecturing at the University of Sunderland. She has a BSc in Criminology from the University of Sunderland and received her Master's in Sociology and Social Research from Newcastle University, which was funded as part of her ESRC studentship. Her current teaching foci are criminological and sociological theory, youth crime and criminology, social problems, and applied quantitative research methods. Her research interests lie in understanding the complex and multifaceted nature of identity formation and how an individual's identity comes to emerge through a series of interactional and relational practices. Her work focuses more specifically on exploring how assemblage theory can be used to explore the ephemeral, fluid nature of identity formation and how identity interplays within major life course transitions, such as first-time motherhood. There is a strong emphasis in her research on exploring the subjective lived experiences of those she studies in order to understand how they come to construct their identities and sense of selves through the situated practices and experiences in their everyday lives.

Zehra Zeynep Sadikoglu is a Ph.D. student in the Sociology Department at Istanbul University. Her doctoral research investigates how the social role of mother and the social perception of motherhood change in contemporary Turkish society. Theoretical conceptualizations such as post-industrial society, information society, consumption culture, reflexivity, risk society, and surveillance are addressed in the analysis of how the technological and cultural developments specific to late modern conditions affect the experience of mothering in Turkey.

She has been working as a Managing Editor for the *KADEM Journal of Women's Studies* since 2016, and she has been working as a Research Assistant at the Istanbul Medeniyet University Social Work Department since 2017. Also, she was a Visiting Researcher at the Center for Parenting Culture Studies, University of Kent, between April 1 and September 1, 2019.

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Christina L. Scott, Ph.D., earned her B.S. at Occidental College in 1996 as a double major in Social Psychology and Theater, and has continued her interdisciplinary love of learning ever since. Christina attended Kansas State University for graduate school and received her M.S. in 1998 and her Ph.D. in 2000. She developed her teaching experience through appointments with several colleges and universities across the nation but found her academic home with Whittier College, where she is currently an Associate Professor. Christina’s research focuses primarily on women’s sexual arousal and behavior. Each spring she interviews and selects two or three new undergraduate students to serve as research assistants for the upcoming academic year. The new research team members are mentored by the current team throughout the spring semester. All undergraduate research assistants are involved in every phase of academic research from the very earliest planning sessions and IRB submission to data collection and analysis. Each year, her research team presents the current project as a regional or national psychological conference marking the completion of a three-semester term of intensive research experience. Exemplary research assistants are invited to continue for an additional year as research associates and assume greater responsibility and leadership roles. Christina has published in a wide range of books and journals and she continues to speak nationally and internationally about her sexuality research. Beyond the Whittier College community, Christina is passionate about sex education and volunteers to speak with local high schools and LGBTQ youth groups about healthy relationships and safe sexual practices. She has enjoyed teaching summer courses in psychology in Shanghai, China, and looks forward to additional international teaching and research opportunities in the future.

Siri Wilder attained her B.A. at Whittier College in 2017, where she double majored in English and Psychology. She joined the Gender and Sexuality Laboratory as a Research Assistant in 2016, working under Dr. Christina Scott, and has co-presented research at the 97th and 98th Annual Western Psychological Association Conventions. Siri has continued to work with Dr. Scott following her graduation, focusing on women’s attitudes toward sexuality and reproductive decisions. She is also currently working as the Research Associate at a family and children’s services agency in Los Angeles, California, studying outcomes of at-risk youth following mental health treatment.

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FOREWORD

Rú yǐng suí xíng

As the shadow follows the body, the English translation of the Chinese idiom chosen as the motto for this Foreword, is metaphorical for this volume of *Contemporary Perspectives in Family Research* in many ways. Since the beginning of this editorial project, we envisaged the transitions into parenthood as something we knew was colorful, vivid, and dynamic, deeply intertwined in nature and culture, yet scientifically wrapped in many shadows. Some months ago, when we had to choose the title for the volume, the changing nature of parenting appeared to us as the most appropriate formulation to account for such an idea. Today, we can say that we have not deceived ourselves. In gathering and reading the manuscripts received through an international call, we dived into much differentiated, and sometimes contrasting, realities. Despite this, in all of them, we perceived the still-ever-profound changing nature of parenting and the progressive certainty of the importance of using the plural in the title. There is no transition but transitions into parenthood.

The birth of a child represents both the end of one experience, wherein parents have been preparing for the arrival of the child, and also the beginning of yet another experience, involving the rearing of the child. Entry into parenthood represents a fundamental shift in family structure and family dynamics, which practices and senses the recent changes in the family come into question. Transitions into parenthood continue to be a key issue in family research, yet incorporating the main themes and debates that today are placed to the contemporary family: the rising individualism and the (new) place of the child within the family and society, technological advances regarding ICTs, biomedicalization and reproductive technologies, the power and influence of social media into everyday life, the pressure exerted by the market economy and consumption society, the (new) role of the man in the family dynamics, the pluralization of family structures and non-traditional relations, as well as possibilities and constraints raised by issues regarding migration and transnational families.

From all this, it turns out that parenting is not just a matter that concerns only parents and children. It never was. As a cutting-edge topic in family research around the globe, parenting involves a wide range of actors, people from the nuclear and extended family, non-family members, peers, health and education professionals, institutions such as school, medical clinics and hospitals, and community-based organizations aiming to provide support and help. It crosses the physical space between states and continents, and relies upon different motivations, expectations, and values, some deeply rooted, others new and emerging. Furthermore, the decision to have a child has substantial bearing upon the larger

society, particularly in regard to broad population and policy issues. The two components of childbearing and childrearing vary considerably across cultures, over space and time, and each of these continues to change.

This multidisciplinary volume of *Contemporary Perspectives in Family Research* aims to contribute to our understanding of the varied and complex changing nature of becoming a parent. It brings together research projects from contributors around the globe, along with research designs which vary quite substantially from one another. The theoretical underpinnings are diverse and rooted in different disciplines. Within a quantitative, qualitative, mixed or multi method's framework, various methodologies for data collection and analysis were employed. Literature reviews, interviews, questionnaires, Likert scales or ethnography; statistical, content, biographical and interpretative phenomenological analysis was performed. Pilot, exploratory, descriptive or longitudinal studies used as the unit of analysis either survey datasets, documents or individuals, focusing in their experience *a solo*, as a couple or living in a three-generation family. Pluralization is not just in the title of what we intended to study. Ultimately, it lies in the result as this volume deconstructs monolithic views over transitions into parenthood by hearing the many voices and actions involved, whether by gender, race, education and economic status, family form, life cycle stage and phase in the parental trajectory or career.

This volume explores childbearing, its contexts, actors and experiences. In doing so, it explores issues regarding assisted reproduction, contraception, birth-preparation classes, the midwives' role and experiences toward medicalization of pregnancy and childbirth. In the chapter titled "Putting Gender on Ice: Preserving Motherhood in Media Coverage of Elective Egg and Sperm Freezing," Ashlyn M. Jaeger uses elective egg and sperm freezing as a case to compare representations of men and women as agents of biological reproduction. Aiming particularly to understand how gender and risk are co-produced in the context of new reproductive technologies, and departing from a content analysis of internationally renowned newspaper articles about egg and sperm freezing, Ashlyn interestingly traces how fertility risks facing men and women are differently portrayed in the media. Concerning freezing both egg and sperm, the research shows how the gendered construction of infertility risk reinforces normative expectations around childrearing and perpetuates gender inequity in parenting norms.

Transition into motherhood is presented as a major life-course event for most women, not infrequently fraught with difficulties, due to the uncertainty and instability which accompany it. Samantha Reveley departs from this idea for the chapter titled "Becoming Mum: Exploring the Emergence and Formulation of a Mother's Identity during the Transition into Motherhood." Theoretically, she uses assemblage theory assumptions and in the empirical work she draws on biographical narrative interviews with White British, heterosexual mothers from the North East of England, each at different stages in motherhood. The interviews focused on inducing uninterrupted narratives detailing the lived experiences of these women as they transitioned into and across motherhood. By the end, transitioning into motherhood proved to be a multifaceted process that comprised of numerous stages where a woman's identity and sense of self would become

destabilized and reformulated as a result of changes in her everyday lived experiences and routines.

In “Contextual Influences on Contraception Use Among Poor Women in Pakistan,” Hassan Raza, Brad van Eeden-Moorefield, Soyoung Lee, and Lisa Lieberman use bioecological theory and logistic regression over cross-sectional datasets taken from the Pakistan Demographic and Health Surveys to examine the effects of different contextual factors such as husbands’ desire for children, visit by a family planning worker, media messages and province level on women’s use of contraception in Pakistan. The results discuss significant predictors of women’s use of contraception across time, raising important issues about fewer studied topics, such as the (non)coincidence among partners of the desire for having (more) children.

Marion Müller, Nicole Zillien, and Julia Gerstewitz coauthor the chapter “Doing Becoming a Mother: The Gendering of Parenthood in Birth-preparation Classes in Germany.” While advocating that German birth-preparation classes have received little attention in sociological research thus far, the authors present results from a current study examining the role of birth-preparation classes in the extensive gendering during the transition into parenthood, in Germany. Methodologically, ethnography of birth-preparation classes was combined with a content analysis of text material made available by professional associations of midwives. By focusing on female corporeality in birth preparation courses, the authors draw the attention on how birth-preparation classes introduce a gendered distribution of labor as early as in the antenatal phase and, thereby, function as institutions promoting a process of re-gendering and re-traditionalization of child care and labor, and legitimize these differences through naturalization.

“Midwives in Ontario Hospitals: The Mainstreaming of ‘Alternative’ Childbearing,” by Melodie Cardin, makes use of semi-structured interviews with midwives throughout the province to interrogate the progressive integration of Ontario midwives into the hospital system. The author uses the lens of Michel Foucault’s concept of power/knowledge to identify the ways in which medicalized norms have been privileged in Ontario birth care, and to demonstrate how pregnant women and midwives have struggled against the power/knowledge of hospital environments. This chapter offers an “alternative” to medicalized childbirth, which recognizes that a birth caregiver’s role is both the physical care of mothers and babies, and broad guidance for families during a liminal experience.

In “The Medicalization of Pregnancy and Childbirth in Contemporary Turkey: The Effect of Risk Discourses for Turkish Women’s Experiences,” Zehra Zeynep Sadıkoğlu aims to describe how Turkish mothers experience the medicalization of pregnancy and birth within the contemporary social and cultural structure. The study was designed as a phenomenological research, and highly educated mothers in the middle and upper-income groups living in cities with small children were interviewed about their expectations and experiences about pregnancy and childbirth. Specifically, the paper focuses on expert knowledge and risk discourses. Zehra cannot fail to notice the power of such discourses,

as even in cases when the participants were opposed to the technological and medicalized conceptualization of pregnancy and childbirth, and objected to some aspects, the hierarchical superiority of the doctor and the fact that the expert knowledge was socially approved, did not allow the participants to challenge the validity of it, and they behave cooperative.

Christina Scott, Siri Wilder, and Justine Bennett write together the chapter “Going It Alone: A Multigenerational Investigation of Women’s Perceptions of Single Mothers by Choice Versus Circumstance.” The study explores attitudes toward single mothers and personal willingness to become single parents in the future. Interrogating choice versus circumstance, the paper discusses the (still) prevalence of negative stereotypes of single parents despite the rising number of unmarried and/or divorced parents. Using Likert’s scales and open-ended questions, the authors explore West Coast American female respondents’ attitudes toward fictitious single mothers, advantages/challenges faced by each mother and willingness to become a single mother by choice. Entering into the millennials’ mind and attitudes, comparing and contrasting it with adults, is quite interesting as it simultaneously allows us to find old persistence and new trends regarding (un)willingness and (dis)advantages of being/becoming single mothers either by choice or circumstance.

In “Building a Family within a Non-Heterosexual Couple: Struggles, Fears, Representations and Practices,” Filomena Santos and Rita Dias aim to deepen the knowledge of the family dynamics of non-heterosexual people, specifically as far as the process of transition into parenting is concerned. The chapter interrogates what it means to the men, and women interviewed, to be a father and to be a mother in a same-sex couple and how they project themselves as fathers and mothers. Based on in-depth interviews with Portuguese young adults’ women and men who have a same-sex relationship and a project of parenting in mind, the authors discuss issues related to the challenge of heteronormativity, equality within the couple, projects and gender representations of parenthood.

Sheresa Boone Blanchard and Tacy Rae LeBaron explore implications for how race might impact the variability across families in their study, “A Qualitative Inquiry: Reflections on Pregnancy, Birth, and Transition to Parenthood Experiences of African-American Couples with a Toddler Son.” The authors interviewed African American, heterosexual couples with a toddler son in a southeastern US county about their beliefs, practices and challenges in their lives right before and during the pregnancy, delivery and right after the birth of their son. The qualitative thematic analysis showed that most parents shared similar experiences of planning the pregnancy, breastfeeding from birth and both being involved in care giving. However, variability in preparation, emotions and adjustment existed during this period. Although differential pregnancy outcomes could be race-related (i.e. gestational period length and preterm delivery), other aspects of this universal experience were similar to the average couple in the US.

With the research included herein, this volume of *Contemporary Perspectives in Family Research* resulted in an extraordinarily rich collection. Being informed for such different disciplines, theoretical frameworks and research designs, it offers a multitude of studies on the multiple and multiplex dimensions of the transitions

of parenthood both across space, time, and culture. Moreover, bringing together contributions from PhD students, early-career and established researchers, either in single or co-authorship, this volume also provides the attentive reader an interesting insight behind the scenes of the research, showing how the distinctive hands who write and the distinct stages in which writing occurs shape the research' scope and depth.

For this wonderful outcome, we are deeply grateful to the authors who provided important contributions to the volume, the members of the editorial board, the external reviewers and the magnificent staff at Emerald Publishing, for their outstanding assistance in bringing this book to print. Our task was greatly facilitated by the generosity of their collaboration and dedication to this project.

As we finish writing the foreword, we firmly believe that the most interesting contribution of this volume is yet to come. Today, these chapters offer an insightful look into transitions into parenthood, around the globe. Tomorrow, they can be a fruitful tool into new and different ways of studying it. Definitely, the great benefit of this volume is not for the contributors, nor for editors, but for all the potential readers, who certainly will find here many inspiring motives to pursue further research with the aim of bringing scientific informed light into contemporary family's shadow fields.

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CHAPTER 1

PUTTING GENDER ON ICE: PRESERVING MOTHERHOOD IN MEDIA COVERAGE OF ELECTIVE EGG AND SPERM FREEZING

Ashlyn M. Jaeger

ABSTRACT

Purpose – Using elective egg and sperm freezing as a case to compare representations of men and women as agents of biological reproduction, this chapter aims to understand how gender and risk are co-produced in the context of new reproductive technologies (NRTs).

Methodology – Through a content analysis of newspaper articles published between 1980 and 2016 about egg and sperm freezing, the author traces how fertility risks facing men and women are portrayed in the media.

Findings – Candidates for egg freezing were portrayed in one of the three ways: as cancer patients, career women, or single and waiting for a partner. The ideal users of sperm freezing are depicted in primarily two ways: as cancer patients and as employees in professions with hazardous working conditions. Threats to future fertility for women pursuing careers uninterrupted by pregnancy and child-rearing and women seeking romantic partners are largely portrayed as the result of internal risks. However, threats to future fertility for men working in dangerous professions are largely portrayed as external to them.

Research Limitations – Race and class did not emerge as dominant themes in these data; given the lack of accessibility to NRTs by class and race, this silence must be interrogated by further research.

Value – By comparing the constructions of at-risk groups, the author argues the medicalization of reproduction is gendered as fertility risks portrayed in the media take on a different character between men and women. This research shows how the gendered construction of infertility risk reinforces normative expectations around child-rearing and perpetuates gender inequity in parenting norms.

Keywords: New reproductive technologies; risk; medicalization; gender; parenting; media analysis

INTRODUCTION

Arising from IVF research and intersecting with many other parts of the fertility industry, techniques in egg and sperm freezing and storage (formally referred to as gamete cryopreservation) have piqued public interest and concern over the past several years. In 2012, the American Society for Reproductive Medicine (ASRM) reclassified elective egg freezing as a non-experimental medical procedure, prompting reactions in many adjacent fields. Insurance companies and many corporations reevaluated coverage of gamete cryopreservation, media coverage began debating its pros and cons, and women began utilizing the services at growing rates ([Barclay, 2015](#); [Bewley, Davies, & Braude, 2005](#); [Robertson, 2014](#); [SART, 2016](#)). The confluence of these events has led to a growing discourse regarding egg freezing as a treatment for what [Martin \(2010\)](#) identifies as “anticipated infertility.” As a sociological descriptor and not a medical diagnosis, anticipated infertility captures the state of believing one will be infertile in the future ([Martin, 2010](#)). This belief may be informed by a number of social forces, including medical advice, environmental factors, and media representations ([Baldwin, Culley, Hudson, & Mitchell, 2014](#); [Martin, 2010](#)).

Relatedly, biomedical research on male fertility and aging began to link sperm produced at an older age to an increase in genetic disorders in offspring ([Kong et al., 2012](#); [Smith, 2014](#)). Sociological research on reproduction has begun to shift analyses to include more experiences of men, yet men remain understudied in research on new reproductive technologies (NRTs; [Almeling, 2015](#)). By bringing men into the analysis, gendered differences and inequalities in the construction of reproductive technologies are illuminated. Furthermore, the beginning and end of one’s reproductive age has become more flexible with the advent of many NRTs. Focusing on NRTs that aid in preserving fertility in the face of aging allows for the examination of the representations and expectations of aging reproductive bodies in US society. I use content analysis to address two key questions: What are the characteristics of an ideal consumer of elective egg and sperm freezing services? How do cultural representations of infertility risk challenge or reinforce dominant narratives of gender and family in the US?

Scholars of reproductive technology have considered the role of risk in shaping medical treatment. [Mamo \(2007\)](#) highlights how lesbian couples select “less

risky” sperm for IVF treatments to control some of the uncertainties of reproduction, and [Becker \(2000\)](#) shows how women tend to take more risks than men during IVF treatments. However, there is less exploration of the ways in which risk is constructed or represented during fertility treatment. Using elective egg and sperm freezing as a case to compare representations of men and women as agents of biological reproduction, this chapter shows how gender and risk are co-produced in the context of NRTs ([Jasanoff, 2000](#)). As egg and sperm freezing technologies are debated in the media, dominant narratives about appropriate consumers emerge relative to the construction of differing infertility risks.

New technologies, such as NRTs, make new social relationships possible ([Mamo, 2007](#); [Myers, 2017](#); [Teman, 2010](#); [Thompson, 2005](#)). However, these are also embedded in larger non-technical shifts in the social structure. In the case of fertility preservation, NRT use is shaped by women’s increased access to education and employment, increased access to and reliability of contraceptives, changes in dating norms, and a trend toward later childbearing and marriage ([Callahan, 2009](#); [Mills et al., 2011](#); [Tough et al., 2002](#)). These transformations in social norms allow new risks to be defined, perceived, and managed. Comparing infertility risks represented in the media highlights the medicalization of all reproductive bodies. The process of medicalization is motivated by an underlying concern for policing social behavior ([Conrad, 1992](#); Zola, 1972). Gender norms shape what is identified as a risk but defining and managing risk can also police gender roles and hierarchies. I argue media representations emphasize a particular kind of risk to the social order – a risk to motherhood. Although gamete cryopreservation has the potential to challenge patterns of childbearing that reinforce gender inequality, this study shows that cultural narratives about NRTs also serve to perpetuate patterns of inequity. As we consider the construction of responsible parenthood in the context of fertility preservation, similar questions of risk, responsibility, and choice should be considered for other technologies. While this study focuses on egg and sperm freezing technologies, these findings may be applied to other NRTs promising social and medical progress, such as genetic editing, cloning, or cryonics. In particular, the proliferation of frozen gametes may likely in tandem lead to a rise in genetic testing or editing. These technologies must be considered as a matrix of new reproductive possibilities and choices for prospective parents.

THEORIZING RISK AND REPRODUCTIVE TECHNOLOGIES

Conceptually distinct from danger or threat, risk is the chance of benefit or harm to something of value that may be under threat in the future ([Giddens, 2002](#)). In the case of biological reproduction and fertility, risk indicates the probability of health, illness, or injury in the future. Genes, hormones levels, gamete reserves, population demographics, behaviors, and geographic location often influence risk predictions in the context of health and biological reproduction. Constructing risk is not a neutral or objective process. In the context of reproduction, risk plays many roles – identifying and managing risk serves to keep some bodies healthy by recognizing hazards in processes of fertility management, pregnancy, labor,

and birth. However, risks are also shaped by dominant social norms and ideals – ideal bodies, behaviors, resources, and roles – that may reinforce the social order (Douglas, 1966, 1992).

Further articulating the relationship between risk and social control, governmentality studies show how risk is used to shape and control populations and govern societies. Governmentality refers to the apparatuses of power based on expert knowledge that are used to generate observations, measurements, calculations, and predictions about the population (Foucault, 1991). From this perspective, risk is no longer handled at the individual level but is, instead, managed at a population level through the construction of “at-risk” groups (Foucault, 1991). The biological reproduction of the population is a central imperative of governance – consequently, techniques of governmentality regulate who, where, when, and how one reproduces. Within the context of this research, governmentality enables us to understand how fertility and reproductive technologies are always infused with power. Power operates through a multiplicity of disciplinary mechanisms, such as discourses that promote personal fulfillment through acceptable modes of conduct encouraging self-regulation and self-surveillance (Foucault, 1991; Rose, 2007). These messages are disseminated through a variety of institutions, such as schools, medical providers, or in the case of this analysis, the media. Thinking about egg freezing through this lens, narratives of ticking biological clocks serve to construct an at-risk group of aging people who are encouraged to seek personal fulfillment by either having children now or preserving their fertility.

Relatedly, changes in medicine described by sociologists and anthropologists of medicalization and biomedicalization also point to the use of *medical risk*, in particular, as a form of social control (Clarke, Shim, Mamo, & Fosket, 2003; Conrad, 1992; Rose, 2007; Zola, 1972). The management of health and illness has transformed into an individual moral obligation achieved through “improved access to knowledge, self-surveillance, prevention, risk assessment, the treatment of risk, and the consumption of appropriate self-help/biomedical goods and services” (Clarke et al., 2003, p. 162). People can invest in freezing their gametes in an effort to reduce the uncertainty around future fertility and to focus their childbearing years on education, work, and other forms of personal and social fulfillment.

Research on egg freezing points to both empowering (Brown & Patrick, 2018; Goold & Savulescu, 2009; Robertson, 2014) and exploitative (Harwood, 2009; Smajdor, 2009) features of fertility preservation. Extant research documents the shifting meaning of fertility and infertility and surveys the field of motivations, obstacles, and implications experienced by women preserving their fertility. Martin’s (2010) comparison of the experiences of professional women and women undergoing cancer treatment who used egg freezing shows a move toward a medicalized understanding of fertility. Fertility, she argues, is no longer the ability to spontaneously conceive and carry a pregnancy; instead, fertility is redefined by the imperative to transmit one’s genetic material to future generations (Martin, 2010, p. 533). Threats to fertility are diverse, ranging from cancer treatment, to sexually transmitted infections, environmental toxins, and aging. Further, fertility and time are split between biological and social expectations.

Age-related infertility is identified as a risk facing women who couple later in life (Martin, 2010; Waldby, 2015). Brown and Patrick (2018) find that to contend with a disconnect between the normative time for coupling and the ideal time for childbearing, women use egg freezing to temporarily disentangle these timelines in their life courses.

Reasons for freezing range from changing patterns in coupling (Baldwin, Culley, Hudson, Mitchell, & Lavery, 2015; Hodes-Wertz, Druckenmiller, Smith & Noyes, 2013; Greenwood, Pasch, & Huddleston, 2017; Seyhan, Dundar, Urman, & Yakin, 2017; Stoop, Nekkebroeck & Devroey, 2011) to pressures on women to reproduce strategies of intensive mothering (Myers, 2017). Conceptually, the choice to freeze is framed as a strategy of managing infertility risk – anticipating infertility by preserving their chance of genetic motherhood in the face of uncertain coupling allows women to be responsible reproductive citizens (Carroll & Kroløkke, 2017; Martin, 2010). The implications of this technology are wide-ranging as its proliferation has prompted ethical debates in medical fields (Baldwin, 2017), the possibility of new kinship structures (Schuman et al., 2013), means of controlling or manipulating time in the life course (Brown & Patrick, 2018), and the medicalization of fertility (Martin, 2010).

Research in medical sociology and anthropology has been tracking the move toward women's bodies being medicalized and problematized as at-risk before, during, and after pregnancy (Armstrong, 2008; Jaeger, 2019; Rapp, 1999; Waggoner, 2017). Waggoner's (2017) work on the "zero trimester" identifies a shift toward reproductive risk management for pregnancy before the pregnancy has even begun. The construction of a zero trimester aims to prevent birth defects in fetuses by encouraging women to behave as if they are pregnant throughout all of their reproductive years, lest they feel guilty if in the future their fetus develops a birth defect (Waggoner, 2017). Recommendations for women to freeze their eggs as young as possible also follow this trend toward framing women as potentially pregnant, but instead they are framed as potentially infertile. Similar to the zero trimester, far before women have even decided if they want genetically related children, they are encouraged to take action to protect their pregnancies or preserve their fertility.

Beyond Waggoner's (2017) research, there has been limited analysis of NRTs from the sociology of risk perspective. Mamo (2007) highlights how biomedicine is used as a way to control the uncertainties of reproduction as lesbian couples opt to choose "less risky" sperm by carefully selecting sperm from attractive, tall men whose family histories are free from mental and physical illness. In her analysis of men and women's experiences with IVF, Becker (2000) argues that women tend to take more risks than men, continuing fertility treatment long past comfortable limits. This extant scholarship on reproductive technologies covers the role of risk in shaping medical treatment, but less research on assisted reproduction explores the ways in which risk is constructed or represented.

Following sociocultural approaches, I analyze risks as culturally given and focus on risk perception as a relational process. Sociocultural theorists highlight the situatedness of risk in a given time, place, and dynamic social context (Tulloch & Lupton, 2003). Following this logic, I argue that biological risks are the result of a relational process, because risk perception and experiences vary across

race, class, gender, and sexual identity, among other social positions (Mitchell et al., 2001; Tulloch & Lupton, 2003). Gender ideologies are both infused into constructions of risk and shape perceptions and experiences of risk and uncertainty. However, perceptions and experiences of risk are entangled with not only identities, but also political processes. The knowledge underpinning understandings of risk is historical, local, and constantly in flux relative to power struggles over the meaning of risks and who should be held accountable for addressing potential dangers. Ultimately, motivations portrayed in my data for developing and consuming egg and sperm freezing services stand at the nexus gender, power, and risk.

Using risk and uncertainty as key analytic categories, we can learn more about the relationship between risk and gender in the context of egg and sperm banking. In this study, differing definitions of risk are used to describe the motive and necessity of gamete cryopreservation. This analysis supports Martin's (2010) findings regarding the medicalization of fertility; however, I argue the risks to infertility takes on a different character for men and women. Risks to fertility are characterized as internal or external – some are individualized while others are accepted as beyond human control. This study elucidates how the similarities and divergences between these characterizations of risks frame social expectations for men and women as potential parents. Ultimately, I find that while on the surface scientific and media narratives frame cryopreservation as a technology that may lead to greater liberation for women, the cultural framing of fertility risk reinforces gender difference and inequity. As reproductive risks are portrayed as internal and individualized for women, responsibility for managing reproductive risk and parenting remain defining features of womanhood and motherhood.

METHODS

The media analysis presented in this chapter is one part of a larger multimethod study on the development and use of elective egg and sperm freezing technologies that includes content analysis of biomedical journal articles and interviews with consumers of elective egg and sperm freezing services. Newspaper coverage provides a unique window into the production of social meaning for two key reasons. First, analyzing press coverage provides us with insights into the motivations and actions of elite actors (DiMaggio, Nag, & Blei, 2013). Covering topics that institutional actors are attentive to, journalists are in a position to disseminate the narratives of those in positions of power. Extending the reach of biomedical expertise, articles often include direct quotes from authorities in the fertility industry, like doctors and researchers, framing the issues at hand for the public. This practice is especially relevant to the second key feature of press coverage – its influence over the reading public. While news reporting frames issues for the public it has the capacity to influence the views and actions of its readership and their networks (DiMaggio et al., 2013).

In the context of analyzing developments in science and technology, media outlets are also a powerful tool for disseminating scientific and medical

research, as well as for building cultural narratives framing research findings. As Oudshoorn (2003) argues regarding coverage of the male birth control pill, while science depends on the replication of experiments to provide scientific claims with legitimacy, media has control over literary replication. In other words, media also shapes scientific claims through replication. Drawing on this perspective, I conducted a content analysis of newspaper coverage of elective egg and sperm freezing focused on addressing the following research questions: What are the characteristics of an ideal consumer of elective egg or sperm freezing services? What risks to fertility are identified for these ideal consumers? How do these representations of infertility risk relate to dominant narratives of gender and family?

To collect newspaper articles, I searched the lay terms “egg freezing” and “sperm freezing” in LexisNexis, narrowing my results to newspaper articles published between 1980 and 2016. While semen cryopreservation was developed before the 1980s, studies on human populations and the considerations of non-medical uses did not move into mainstream discourse until the 1980s and 1990s. The first successful pregnancy resulting from frozen human sperm was in 1956; however, sperm banks did not become popularized and institutionalized until the ’70s (Sherman, 1964; Swanson, 2012). On the other hand, egg freezing was not developed until nearly 30 years later, with first successful pregnancy in 1986 (Chen, 1986).

Ultimately, I analyzed 314 articles covering egg freezing and 106 regarding sperm freezing. Open and iterative coding allowed for dominant themes to emerge inductively from the data. I first determined the dominant themes related to gender and risk from a preliminary analysis of the data. Then, I coded the articles in Microsoft Excel to identify manifest themes regarding who should use cryopreservation, when they should use it, what institutions are involved in providing fertility services, and what resources consumers will require to access it. Furthermore, I tracked latent themes, including the motivations for using gamete cryopreservation, the risks to fertility identified, the conceptualizations of time, and the ethical dilemmas associated with cryopreservation. The unit of analysis was each newspaper article and overall patterns, including the ideal types described below, were identified through a frequency analysis.

ANALYSIS

Through my analysis, several ideal typical representations of candidates for egg and sperm freezing emerged. Ultimately, candidates for egg freezing were portrayed in one of three ways, as (1) cancer patients, (2) empowered/selfish “career women,” or (3) single and waiting to find a partner. Martin (2010) similarly finds that cancer patients and healthy young women are depicted as the ideal candidates for egg freezing in her analysis of media articles, scientific studies, and marketing materials from fertility clinics. The analysis in this chapter extends to compare these representations of women to the portrayals of ideal typical candidates for sperm freezing. Ideal users of sperm freezing are depicted in primarily two ways:

(1) also as cancer patients and (2) as employees in professions with hazardous working conditions (e.g., soldiers). With the exception of patients undergoing cancer treatment, each of these constructions of ideal patients is tied to differing risks. Some infertility risks are framed as internal to each person while others are external and beyond individual control. In both cases, these representations create the basis for at-risk groups of men and women whose anticipated infertility is framed as a social problem.

Single and Aging

The ideal typical representation of single women as egg freezers draws on several assumptions about women. Single women are portrayed as unable to find partners – they are often desperate, overly picky, and running out of options. These assumptions underlie two of the characters most often referenced in discussions of single women – Mr. Right and Bridget Jones.

Single women freezing their eggs are often referred to in the media as members of the “Bridget Jones Generation”:

The study was conducted by Albany Medical College in New York, and suggested that women are on a lookout for their prospective partner and this keeps them to hold making their own families. The fictional character Bridget Jones who pursues a search for her Mr. Right is the poster woman for every thirty-something, childless woman.¹

Or look in any newspaper, at the relentless coverage of what has become the burning social phenomenon of our time: the single woman in her thirties, caught between her body clock and her career; her desire for independence and her desire to have a child. This is the territory of Helen Fielding's famous creation, Bridget Jones, forever worrying about her job, her restless love life and her ambivalence about relationships.²

An early 30s urbanite trying to gain control over her life, Bridget Jones is portrayed as the epitome of the ideal egg freezer. The same underlying concerns about desperation or loneliness that motivate the Bridget Jones character are identified as the reasons that women should be anticipating infertility. Further, the majority of articles about egg freezers that focused on women as single and seeking romantic partners call upon the proverbial “Mr. Right.” Evident in titles like, “Single women would rather freeze eggs than hunt for Mr. Right”³ and “Freezing eggs till Mr. Right comes along”⁴ – a partner is an elusive figure that women cannot procure. The reasons for women's singlehood fall along two lines – either they have resigned to be single or they simply need to be more open-minded. Women are consistently portrayed as waiting passively for a partner to arrive:

Without this technology, my options would have been sitting, waiting and hoping for the best ... As you get a bit older, you start wondering if you are going to have kids. I'm still waiting and the clock is ticking.⁵

“You will never regret having frozen eggs, but you could seriously regret not having preserved them when you had the chance.” Amanda, 39, finance executive, San Francisco: “Doing this gave me the courage to wait for true love.”⁶

She froze her eggs saying that she was not ready to compromise in marriage due to age and would rather wait for a good match than marry the wrong person.⁷