

1

PARENTING LIFE NOW

LEARNING OBJECTIVES

- 1.1 Explain the childbearing trends in the United States, including why birth to unmarried parents is becoming more common.
- 1.2 Describe the emerging trends of teenage pregnancy and same-sex couples who raise children.
- 1.3 Discuss why parents today choose to have children, to delay childbearing, or to remain childfree by choice.
- 1.4 Outline the processes of adoption and the experiences of LGBTQ+ individuals who adopt.
- 1.5 Describe the concepts of motherhood and fatherhood, paying particular attention to the experiences of lesbian mothers and gay fathers.
- 1.6 Demonstrate knowledge of the pillars of the Family Science paradigm.

grit—noun: courage, bravery, determination, tenacity, fortitude, toughness, endurance, perseverance.

High school teachers, Nolan and Laura, named their son Grit because they believed in the power of perseverance. They didn't know at the time that their son would need each and every one of these characteristics—and more—to make it to his first birthday. Shortly before Christmas, the parents took their 3-month-old son, Grit, to the hospital due to dehydration and flu-like symptoms. After a battery of painful tests, Grit was diagnosed with embryonal rhabdomyosarcoma, a cancer of the soft tissue. Grit was only the second 3-month-old on record to ever be diagnosed with this tissue mass on the prostate, and he began 52 weeks of intensive chemotherapy treatments. At 22 months of age, a tumor was found in his lung, and despite surgery and chemotherapy treatments to destroy the new tumor, the mass continued to grow. Grit then began 20 rounds of radiation treatments. By the time he was two years old, Grit had been under anesthesia 25 to 30 times. Today, Grit is a spunky, eager, mischievous, chatty 3-year-old who is in remission. And while chemotherapy treatments are

a routine part of his life, and his bald head is as much a part of his personality as is his name, you would never know that this little guy has had to embody the meanings of his name to make it this far.

But Grit isn't the only one who has fought this horrific battle: His parents are every bit as much the warriors as their son. As Nolan's former professor and now colleague, I marvel at he and Laura's tenacity. Their endurance. Their toughness. Their perseverance. I am amazed at their ability to parent their older daughter while simultaneously confronting head-on their son's deadly cancer. When I watch Grit play and laugh and explore and question and wonder, I am awed at his healthy development, despite the tremendous obstacles he has encountered and overcome. I shake my head in disbelief. I cry in thankfulness and gratitude. How did they do it?

Source: Author's files.

Parenthood is fraught with ups and downs, choices and challenges, and elation and disappointment. But today parenting is more daunting and demanding than it ever has been before, with every day, common stressors such as single parents and couples meeting the financial demands in a flailing economy and unprecedented job loss in the United States, crisis home schooling amid the COVID-19 pandemic in 2020, concern for the well-being of older loved ones, working remotely from home while simultaneously engaging children in activities and maintaining their routines, and doing the best they can to meet the emotional needs of their children. Even without the unusual circumstances in 2020, for parents, a "good day" may have hinged on whether a child passed a spelling test or won a blue ribbon at the science fair, or whether a son or a daughter received a university scholarship. A bad day may have been one in which parents discovered that their child was victim of a school bully. Add to the common stressors the sudden hit from the unexpected: We have seen the hopeless, helpless, and lost looks on the faces of our friends as they confronted the sudden death of their 14-year-old son in a skiing accident. We have seen our friends confront and struggle with their young adult son's opioid addiction—and we were there holding and comforting them when he succumbed to that war. And for nearly three years, we witnessed the physical, emotional, mental, spiritual, and financial suffering of Nolan and Laura as they faced head-on Grit's illness, and the unfolding of his young life that they could never have imagined or prepared for. To be sure, with all of its joys and triumphs, parenting can be an intimidating task—and sometimes a frightening experience. Certainly, parenting requires *grit*.

Children have always been a part of the family structure. Across the pages of time and history, children were considered a vital, necessary segment of society because they were needed to ensure the survival of the culture or race—they were viewed as necessary economic assets for society's continuation and as the manual labor needed to bring about that continuation (Humphries, 2010). My husband's family is a prime example of this. When his grandfather was nine years old, he made passage by himself from the then Czechoslovakia to the United States where he labored in the fields until he earned enough money to bring his parents and siblings to this country. My husband's mother was one of nine children. Before the age of seven, every child had chores (which required strenuous physical labor) to do on the family farm. In the



Children have always been a part of a family's structure because there was a practical benefit to having children as free manual labor.

Source: Photo Courtesy of Kelly Welch.

19th and much of the 20th centuries, whether children worked on family farms or were used as indentured servants or apprentices, their presence in society was essential because they helped to bring about the society's future (Gunnarsson et al., 2006). Today, children the world over still represent their culture's future, and because of this, society expects parents to do a good job and create healthy, productive citizens (Lerner et al., 2004). Parenting a child in the 21st century is a monumental responsibility!

Throughout our course of study together, we'll explore what it means to be a mother or a father, or a parent, and what the parenting role requires at different stages of infant, child, and adolescent development. We also look at contemporary issues that today's parents face, such as teaching children about their racial/ethnic identities, high-risk families, and parenting sexual minority children and adolescents. As with any other human service field, knowing what to expect and equipping ourselves with knowledge and expertise prepares us to rise to the challenges. This book provides people in, or desiring to enter, the helping professions with information about effectively working with parents, be it in an early childhood setting, in healthcare, or in a therapeutic setting. It also assists prospective parents and those who are already parents in exploring the concepts of parenting so that they might develop the skills necessary for effectiveness in their roles.

People can grow their families in a number of ways. In this chapter, we begin our study of parenting life today by taking a look at current childbearing trends in the United States, which includes examining teen pregnancy and parenthood, as well as pathways to gay and lesbian

parenting. We look at how people decide to have children and how they determine their family sizes, and the distinctions between parenthood and parenting. We'll then explore the concept of parenting education by looking at past education efforts, assess the present, and look briefly at the challenges for the future. We'll conclude our discussion with gaining an understanding of how parenting and early childhood practitioners can foster healthy family formation.

CHILDBEARING TRENDS: WHO'S HAVING BABIES?

Parents and family life are the foundations that influence a child's development and well-being from birth into early adulthood; both play instrumental roles in stimulating and shaping a child's cognitive, social, and emotional development (Solomon-Fears, 2008). Because of the tremendous influences parents and the home environment exert on a child's development, we begin our study of the pathways to parenting by gaining an understanding of the childbearing trends in the United States today: Who's having babies, and how old are America's parents?



Each year in the United States, nearly four million babies are born. Today, about 40 percent of births are nonmarital, and the average age of childbearing has increased from a person's 20s to their 30s.

Source: iStock.com/DelmainDonsonPhotography.

Who Are America's Parents?

Each year, the population in the United States increases by the addition of slightly less than four million babies (CDC, 2019a). The **crude birth rate** is the number of childbirths per 1,000 women, per year. These figures are tracked worldwide; in general, the crude birth rate in economically disadvantaged countries is higher than in more economically advantaged countries. In less economically developed countries, such as Niger, Uganda, Kenya, and Pakistan, the crude birth rate is significantly higher than in richer countries. In 2018, the crude birth rate in the United States was 11.8 (per 1,000 women); this is in comparison with 14.2 in 2007 and 24 in 1960 (National Vital Statistics Reports, 2019).

The **total fertility rate** is the average number of live births per woman, in a given population, per year. The U.S. fertility rate in 2018 was 1.72, down from 1.76 in 2017 (National Vital Statistics Reports, 2019). Countries that are less economically advantaged tend to have higher fertility rates, just as they have higher crude birth rates. It is important to note, however, that fertility rates are also a reflection of a region's religious, cultural, and ethnic norms. For example, because of their collectivist cultural beliefs and their strong ties to families, Latinx cultures tend to have more children than individualistic cultures such as the United States and the United Kingdom. The one-child policy in China—a practice that encouraged late marriages and late childbirths, and mandated only one child per couples in urban areas—was a cultural norm that today accounts for China's and Taiwan's low fertility rates. In 2015, this policy was relaxed; under a new policy, families today are permitted to have two children. For any given country, a fertility rate of 2.1 is considered to be the **replacement fertility rate**. As you can see, the United States is currently below this replacement rate. By tracking the crude birth rate from year to year, as well as the fertility rates, demographers are able to see certain childbearing trends, such as the age of birth mother.

What is the current teen birth rate? Are women waiting until they are older to have children? Are there more babies born to single women than there are to married women? Answers to these questions can be found by looking at birth certificate data—the registered births. How many teens are giving birth?

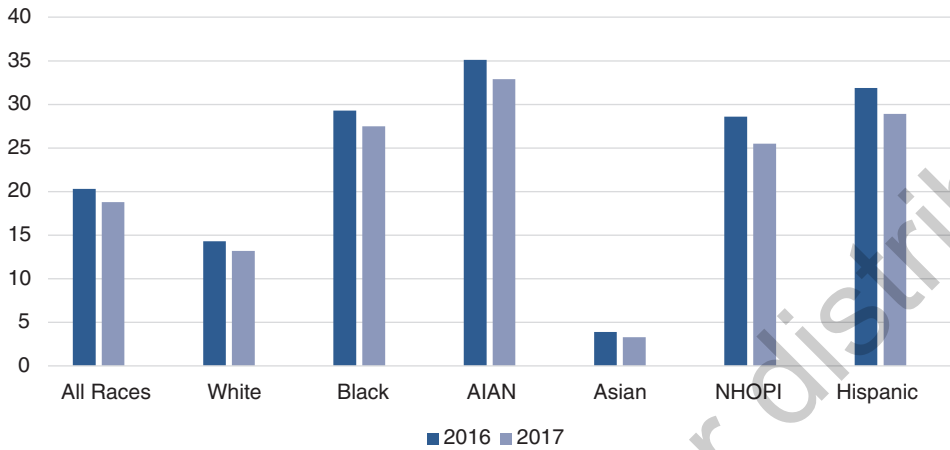
Trends Among Teenagers

In 2004, the birth rates for teenaged mothers reached a historic low, with a birth rate of 41.2 births per 1,000 women aged 15 to 19 (CDC, 2005). At the time, these trends were quite encouraging because in 1991 the birth rate for teen moms was nearly 62 per 1,000 women. In 2018, the birth rate for women aged 15 to 19 was 17.4 births per 1,000—an all-time low and a 55 percent decline since 2007 (National Vital Statistics Reports, 2019). It's still too early to know if this downward trend is permanent, but one thing is for certain: Today, teenaged sexual partners are either abstaining from sexual intercourse or they are practicing safer methods of sex and contraception. As you can see in Figure 1.1, the numbers of births among teen moms vary between races and ethnicities. Encouragingly, the birth rates have declined for all groups.

Trends Among Unmarried Parents

Nonmarital births are widespread, and they touch families of all different races and ethnicities, income class, religious groups, and demographic areas. In 2018, slightly over 40 percent of all births in the United States were nonmarital births; this rate has remained relatively steady since 2014 (Centers for Disease Control and Prevention, 2019). Births to unmarried partners can be first births or subsequent births; they can occur to a person who has never been married, as well as to divorced or widowed individuals. Further, a woman with children may have had one or more within a marriage and other births outside of marriage. And, because prior to 2016, U.S. demographers did not consider gay or lesbian partnerships to be

FIGURE 1.1 ■ Birth Rates (per 1,000 Women) for Females Aged 15–19, by Race and Hispanic Origin of Mother: 2016 and 2017



Source: National Vital Statistics Reports (2021).

“marriages,” births to these couple were considered to be “nonmarital” births. Today, Black/Black Caribbean families are typically formed when an unmarried mother gives birth to a child; the recent data confirm that more than two-thirds (67 percent) of African American births were nonmarital births (National Vital Statistics Reports, 2017). By way of comparison, slightly more than one-half of births among American Indians/Native Alaskans were to unmarried women, and about one-fourth were to nonmarried white women (National Vital Statistics Reports, 2017).

A number of factors are associated with the unprecedented rates of births that occur outside of marriage (Solomon-Fears, 2008):

- Marriage postponement—there is an increase in the median age at first marriage
- Childfree movement—there is decreased childbearing among married couples
- Increased divorce rates
- Increased numbers of cohabiting couples
- Increased sexual activity outside of marriage
- Improper use/lack of use of contraceptive methods
- Participation in risky behaviors that often lead to sex, such as alcohol and drug use

When considering all of these factors, the trend of births to unmarried partners may very well continue and may even further increase. Certainly, these trends will continue to reshape the landscape of American family life and parenting experiences.

Pregnancy at Different Ages

In the past, women in their 20s were thought to be at the peak of their childbearing years and have historically accounted for the most births. What are today's trends? In 2017, among women aged 20 to 24, the birth rate was 71.0—down from 85.1 in 2008 (National Vital Statistics Reports, 2018; see Figure 1.2). In contemporary America, the primary childbearing years are now a person's early 30s. These data may reflect the overall trends of people who delay childbearing to pursue educational and professional endeavors, as well as an increase in cohabitation. Today, Millennial women account for the vast majority of births in the United States—82 percent (Pew Research Center, 2018a). However, they are delaying childbearing in comparison to Generation X people. For example, while today 48 percent of Millennial women are parents, when Gen X women were the same age, 57 percent of them were already moms (Pew Research Center, 2018b). These data support the idea that people are delaying childbearing today.

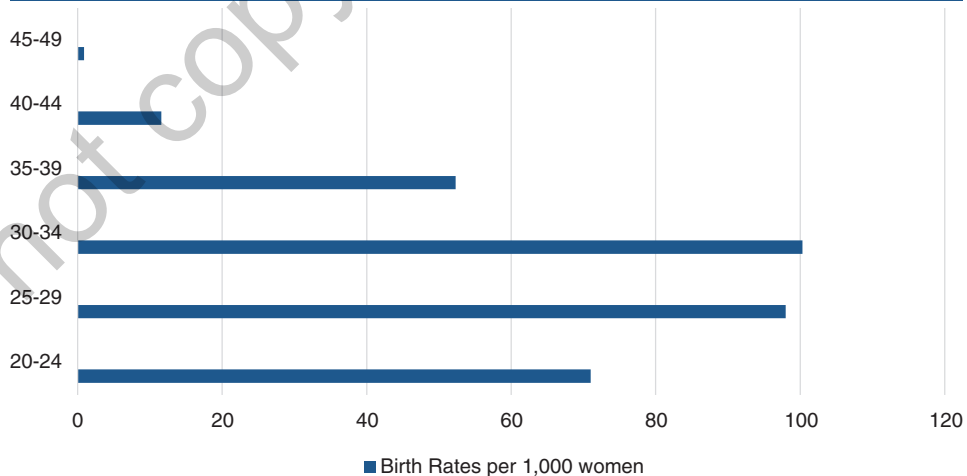
The United States is also seeing an increase in births among older women not traditionally thought of as in their “childbearing years.” As you can see in Table 1.1, birth rates are increasing among women between the ages of 40 and 49.

Childbearing trends evolved throughout the 20th and into the 21st centuries. As the data show, many people are delaying childbearing—perhaps due to education and career opportunities or perhaps due to relationship circumstances. Later we'll explore in depth why some individuals and couples delay—or defer all together—childbearing.

EMERGENT PARENTING TYPES

Now that you have a good understanding of the birth trends in the United States, let's take a more in-depth look at two groups of parents that have become an increasing focus of family and social scientists: Teenage mothers and gay and lesbian parents. Although we extensively

FIGURE 1.2 ■ Birth Rates Among All Age Groups, 2017



Source: National Vital Statistics Reports (2021).

TABLE 1.1 ■ Birth Rates Among Older Women, Ages 40–49: 2010–2017

Year	Age of Person Giving Birth	
	40–44	45–49
2010	10.2	0.7
2011	10.3	0.7
2012	10.4	0.7
2013	10.4	0.8
2014	10.6	0.8
2015	11.0	0.8
2016	11.4	0.9
2017	11.6	0.9

Source: National Vital Statistics Reports (2021).

explore these parenting groups in Chapters 2 and 7, here it's important to understand that these two, emerging parent–child structures are altering the ways in which parenting is understood. Indeed, there is no one-size-fits-all parent structure in our contemporary society.



Although teenage pregnancy carries with it many medical, psychological, and developmental obstacles, with educational, informational, and emotional support, young parents can overcome these difficulties.

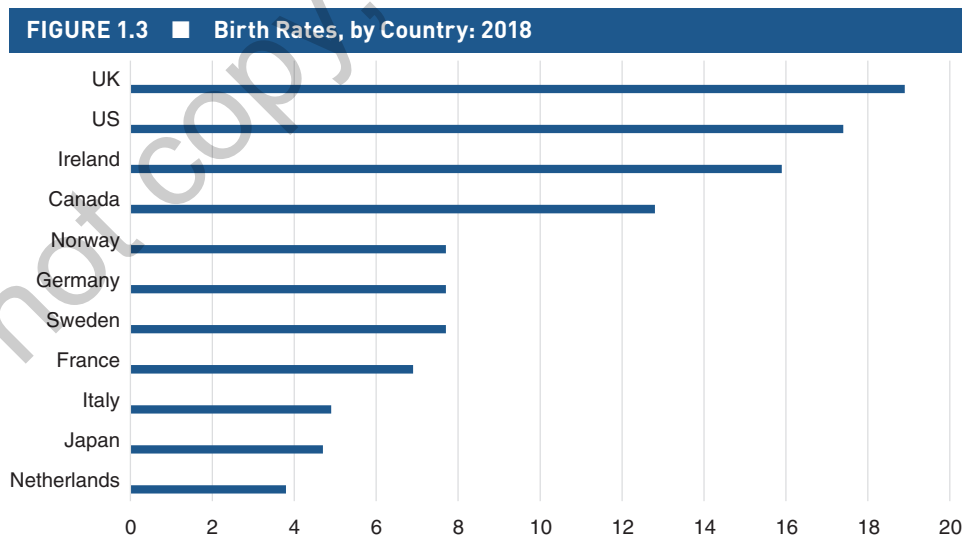
Source: Tina Stallard via Getty Images.

Teenage Parents

During the next 12 months, more than half a million teenagers will become pregnant and nearly 195,000 will give birth (The Alan Guttmacher Institute, 2018). In spite of the recent declines in teen birth rates to U.S. adolescent girls and young women, the teen pregnancy rate in the United States is substantially higher than in other Western industrialized nations. For example, in America, the teen pregnancy rate is 17.4, while Canada has a teen pregnancy rate of 12.8 (The Alan Guttmacher Institute, 2018). The Guttmacher Institute, a nonprofit organization that focuses on sexual and reproductive health research, notes that although the United States has seen substantial declines in teen pregnancy rates over the past 10 years, adolescent birth rates remain more than twice as high as those found in other countries. Figure 1.3 presents the birth rates of other Western countries.

In our study of parenting and working with parents, it is important to understand the incidence of teen pregnancy because births to teen moms are linked to a host of critical issues in our society today: Poverty, overall child health and well-being, births to unmarried women, responsible fatherhood, sexuality and health concerns, education/school failure, child abuse and neglect, and other risky behaviors, such as drug and alcohol use and abuse and crime (Power to Decide, 2019). There is no doubt that teen pregnancy and childbearing carry both social and economic impacts on the teen moms and their children. Without question, teen mothers face a range of developmental risks.

The National Organization on Adolescent Pregnancy, Parenting, and Prevention (2008) has stated, “[Given that] all children need healthy, nurturing, stable relationships and to experience the protective factors during early childhood...[and] given the competing dynamics of adolescence and the demands of parenthood, it is incumbent upon families, communities, and



Source: The Alan Guttmacher Institute (2018).

society to provide supportive [structures] to teen parents to ensure their children grow health and safe and reach school ready to learn.” To this end, a national campaign to reduce teen pregnancy should include the following:

- *Comprehensive school-based programs* designed to keep the pregnant and/or parenting adolescent in school and on track to complete her degree.
- *Comprehensive family support services* designed to help parents of the pregnant and/or parenting teen to develop parenting skills and coping skills.
- *Expansion of government programs* designed to improve the medical and psychosocial health and well-being of pregnant and parenting teens and their offspring. Youth-friendly contraceptive and reproduce health services should be included.
- *Comprehensive community programs* designed to enhance adolescents’ parenting skills and support the unique needs of teen mothers and fathers and to provide early education for at-risk infants and children.

In 2007, then-U.S. presidential candidate Senator Barack Obama (D-IL) introduced a bill to reduce teen pregnancies in minority communities. The Communities of Color Teen Pregnancy Prevention Act of 2007 sought to strengthen community-based intervention efforts for teen pregnancy services and to establish a comprehensive national database to provide culturally and linguistically sensitive information on teen pregnancy reduction. Senator Obama noted:

Teen pregnancy can derail the plans of students with dreams of achieving professional success, and it’s hitting minority communities particularly hard. Pregnancies in Black and Latino communities remain inexcusably high. We must develop innovative approaches to strengthen our community support networks and services to educate our teens about pregnancy and provide them with every chance to succeed in school and beyond (Congress, 2008).

LGBTQ+: Deciding to Have Children

How do sexual minorities become parents? What are the routes available to them to build families? Although the number of planned families by gay men and lesbian women has been steadily growing in recent years, little research has been undertaken to understand the motivations of gays and lesbians to become parents (Bos et al., 2004; Costa & Tasker, 2018; Goldberg et al., 2014). In Chapter 2, we’ll examine the parenting practices and styles of LGBTQ+ individuals and couples; here we take a brief look at this group’s motivation to become parents and their traditional routes to parenthood.

Today there are 705,000 same-sex couples (married and cohabiting) in the United States, and 68 percent are raising children (Goldberg & Conron, 2018). Female same-sex couples are more likely than male gay couples to parent children. In general, LGBTQ+ parents are more likely than opposite-sex couples to choose adoption and foster care as their preferred route to parenthood (Goldberg et al., 2009, 2012).

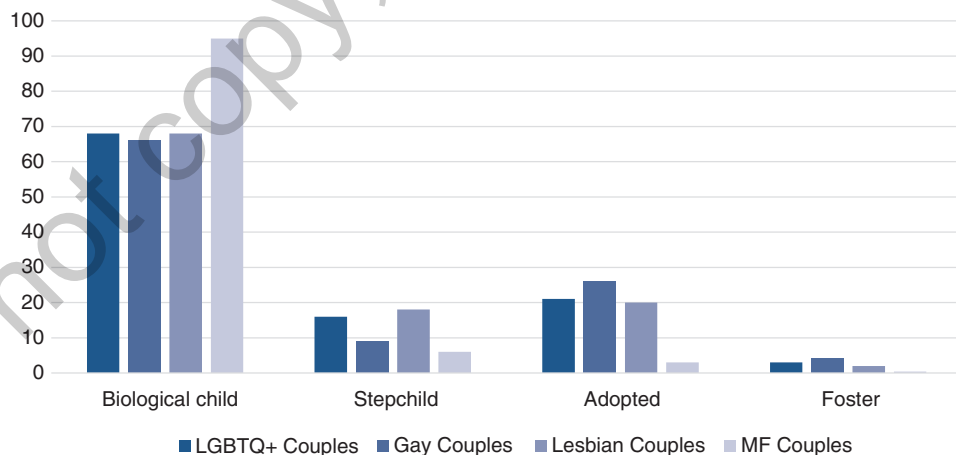
While only 2 percent of different-sex couples adopt children, 21 percent of LGBTQ+ parents adopt their children (Goldberg & Conron, 2018). Of course, some LGBTQ+ parents raise their biological children. Figure 1.4 shows us the percentages of U.S. coupled households in which there are children and the relationship of the child to the parent.

In a study of 366 prospective LGBTQ+ adopters of children, the researcher wanted to determine the reasons why same-sex couples wanted children, specifically, their motivations for adoption (Costa & Tasker, 2018). The study found these overarching themes among LGBTQ+ parents:

- **Seeking permanency:** “We wanted a forever family” (p. 4165).
- **Altruistic/moral motivation:** Couples wanted to provide a permanent home for a child in need.
- **Individualistic/intrinsic motivation:** “I thought that sharing the adoptive experience with my trans partner would be more equitable than being the biological parent in our partnership” (p. 4168).
- **Motivated reasoning:** Although some potential parents had hoped to have a biological child, ultimately their desire for being a parent was more important than how the child came to their family.

The emergence of planned gay fatherhood and lesbian motherhood is indicative of broad social change that is taking place in our society and societies around the world. Regardless of

FIGURE 1.4 ■ Households Raising Children Among Coupled Households With Children by Couple Type and Relationship to Child



Source: Goldberg, S. K., & Conron, K. J. (2018). *How many same-sex couples are raising children in the United States?* Williams Institute. <https://williamsinstitute.law.ucla.edu/publications/same-sex-parents-us/>

their sexual orientation, people are questioning existing parenting norms and are finding ways to create families (Berkowitz & Marsiglio, 2007). Examining the experiences of gay men and lesbians gives us an important opportunity to accept them into the parenting mainstream. In Chapter 4, we'll take an extensive look at the parenting experiences of LGBTQ+ people, as well as their experiences with the transition to parenthood.



While LGBTQ+ couples may go the “traditional” route of having children, these couples are far more likely than straight couples to foster and adopt children.

Source: FatCamera via Getty Images.

HAVING CHILDREN: NOW, LATER, OR NEVER?

Do you want children? At what age did you come to your decision—have you wanted to have children/not have children for as long as you can remember, or have you only recently come to this decision, as you have acquired more relationship and life experiences? And when is the “right time” to have children?

Why Do People Want Children?

The decision to become a parent is a very complex issue because it includes a number of inter-related components. For instance, do we have a child because of the subjective value societies place on them or because of personal, intrinsic reasons—or both? Do we have children because society *expects* us to?

Since the 1970s, researchers have attempted to document the various needs that children fulfill for adults; they have also tried to better understand how adults perceive the value of children (see Hoffman & Hoffman, 1973). Over the past four decades, researchers have discovered that people most often desire to have children because of the psychological and emotional satisfaction they offer to parents, the social ties children offer as adults age, and their economic value (such as tax breaks; for a complete review, see Lawson, 2004). On the other hand, the lack of desire to become a parent has been associated with adults who place a greater importance on self-fulfillment, leisure time, relationship quality, career advancement, and greater financial freedom (Seccombe, 1991).

Two main approaches have been taken by social science researchers to understand the attitudes and motivations associated with becoming a parent: The perceived value of children and the appeal of parenthood.

The Perceived Value of Children

Most studies and theories about the motivation to become a parent center on the perspective that there are perceived rewards and costs associated with parenthood (Lawson, 2004). Many of us engage in a cost–benefit analysis when we choose our life partners; we also do the same when we decide whether to have children. For example, some research suggests that one of the rewards of having children is that they meet some of our basic psychological needs (such as love and affection), and this is what motivates peoples’ desires to have children (Al-Fadhli & Smith, 1996; Yamaguchi & Fergusson, 1995). Some adults may evaluate the costs (such as substantial decreases in personal time and freedom and substantial increases in financial responsibilities) and decide against having children. If prospective parents believe that the net value of having children is greater than the costs associated with having children, they will be motivated to have children (Lawson, 2004). On the other hand, if they judge that the costs outweigh the benefits, they will forgo the Mommy/Daddy track and seek other sources to meet their needs, such as turning to nieces and nephews for psychological need fulfillment not met by having their own children.

Table 1.2 shows the Perceptions of Parenting Inventory, which helps people determine the rewards and costs they associate with having children (Lawson, 2004). As you can see, this inventory assesses the rewards of parenting, which include *enrichment* and *continuity*, as well as the costs, which include *isolation*, *instrumental costs*, and *commitment*. As you look through the table, with which items do you most strongly agree? Most strongly disagree with? It’s important to note that your answers may change over time. For example, you may not want to have a child at this time because of the financial and emotional costs; however, when your circumstances change, you might decide that the benefits of having children outweigh these particular costs.

The Appeal of Parenthood

Probably all of us have seen children having a temper tantrum at the grocery store or Target and go limp as a wet noodle when an exasperated parent tries to pick the child up to get him or her out of the store as fast as possible. And under our breath (or out loud), we have probably said, “I will *never* have children!” Certainly, there are times when having children doesn’t seem like a

TABLE 1.2 ■ Perceptions of Parenting Inventory: Factors People Consider Before Becoming Parents**Enrichment**

Caring for the child would bring me happiness.
 Parenting the child would be rewarding.
 My spouse/partner and I would grow closer together through the experience.
 Parenting the child would make me a better person.

Isolation

I would have less time to spend doing what I enjoy.
 Caring for the child would interfere with the time I want to spend with my spouse.

Commitment

Parenting the child would be a never-ending responsibility.
 The child would be dependent on me.

Instrumental Costs

Raising the child would be financially expensive.
 Parenting the child would be emotionally exhausting.
 Caring for the child would be physically exhausting.

Continuity

I would look forward to being a grandparent in the future.
 Our relationship would change over the years from parent to friend.
 The child would carry on my family name.

Perceived Support

My friends and family would help me care for the child.
 My family and friends would provide social support.

Source: Based on Lawson (2004).

very appealing thought—even after we’ve had them! Despite the fact that all of us have probably not wanted children at one time or another, there is some evidence that there are certain psychological factors that are related to the appeal of parenting, particularly that of early childhood experiences.

A number of studies have attempted to show that our early experiences with our parents, such as parental nurturance, discipline, and attention, are significantly related to the motivation to parent. For example, some research has demonstrated that bad memories of our childhood experiences have accounted for unique variances in why some people choose to have children and others do not (Gerson, 1980, 1985, 1986). These experiences underlie what is known as the **family projection process** (Bowen, 1966). This process stresses that the appeal of having children is the result of finding a way to satisfy our individual unmet needs from childhood. Stated another way, people who become parents do so because they feel that they were not given enough love, attention, or support as a child. Their own children, then, serve to enact their internalized unsatisfactory childhood experiences—parents have children to give them what they themselves never had as a child. It’s important to note, however, that other research has shown that as individuals enter their 30s, they feel less dependent on childhood memories in making important life choices, such as having children (Gerson et al., 1991).

The decision to have a child or forgo childbearing is a crucial—and irrevocable—decision that warrants careful and thoughtful attention. And, although many of you may know that you

desire to have children, the timing of parenthood is also an issue that needs to be considered. Just when is the “right time” to have children in the lifespan of a couple’s relationship?

Ready or Not? The “Right Time” to Have Children

Families experience a common lifecourse pattern, referred to as the *Family Life Cycle*, and for many families, this lifecourse includes having children (Duvall, 1977; McGoldrick & Carter, 1982; Rankin, 2000; Rodgers & White, 1993; Russell, 1993). Within psychology and family studies/family sciences, a *life transition* (such as the decision to become a parent) is considered to be a point at which people take on new roles and obligations (Hagestad & Call, 2007). A **turning point** is a transition that entails a permanent, lasting shift in the direction of the lifecourse of a person’s relationship. Often, this term is used in connection with the transition to parenthood (Hagestad & Call, 2007). **Timing** refers to the age at which a transition takes place. Thus, when considering the decision to become a parent, the timing of parenthood is given much attention because it speaks to the significance of this transition/turning point in a person’s life.

Across life, the majority of individuals follow and relatively adhere to socially approved and shaped pathways, such as the “right” time to get married and the “right” time to have children. These proper times are referred to as **age-related norms**—and these norms are culturally specific. In the United States, for example, the age-related norm of a woman giving birth for the first time is 26 years old, and for fathers, it’s 31 (CDC, 2018). By way of comparison, in Switzerland, Japan, Spain, Italy, and South Korea, the age-related norm for women to give birth for the first time is 31. As sociologists Gunhild Hagestad and Vaughn Call (2007) observe, unlike men who can produce children well into old age, “biology presents a woman with nonnegotiable deadlines [for becoming pregnant],” because after a certain point in her lifespan, she no longer has the ability to produce eggs (p. 1342). Thus, a woman’s “window of opportunity” to become pregnant is essentially limited to her teens, 20s, and 30s. Women who pass these age norms are often subjected to informal chastising with comments such as, “Having a baby at *your* age?” (Hagestad & Call, 2007). Society also structures the sequence of life transitions. For instance, many societies condone childbearing only after a couple is married. However, as you saw earlier, a significant number of childbirths in this country are to unmarried women; it is clear the childbearing sequence is undergoing change in our society and in other Western societies, as well.

So, when is the “right” time to have children? There is no research that helps us to understand parenthood timing from a practical viewpoint, but there are a number of questions a woman, birthing person, or a couple might ask themselves before becoming pregnant or deciding to bring a child into the relationship through adoption:

- **Do I have the parenting skills necessary to raise a child?** Parenting skills include things such as patience; being able to stay calm in the midst of turmoil; being able to control your anger; understanding how to effectively discipline a child in age-appropriate ways; being able to communicate expectations, warmth, and nurturance; and being an effective role model.
- **How strong is your relationship?** The way a couple treats each other teaches children about love, intimacy, communication, relationships, trust, and respect. Do you have a solid foundation on which to raise a family?

- **Do you and your partner have similar beliefs?** It is imperative that parents in relationships share similar beliefs about discipline, education, child care, and what child behaviors are or are not acceptable. This is especially important if you have an interracial or interfaith relationship.
- **Where are you financially?** Not only must you be able to provide for your child's basic needs (food, shelter, and clothing) but you also need to consider saving for their future education needs, as well as your own.
- **When do you want children?** Rarely does a child bring a couple closer together? Be sure to examine the true motivations for wanting a child.

As most parents will attest, children are wonderful and worth the sleep deprivation, arguments how to/not to raise them, and overdue credit card bills. But in each family, there are many personal factors involved in deciding when to have children. It's not a simple decision because having children *will* change your life. Are you up to the challenge?



The “no kids, no thanks” movement is rapidly growing in the United States. Many couples in their 30s, like Laura and Kyle, decided that they would rather travel the world than have the costs and responsibilities associated with raising children. Where do you stand on the kids/no kids issue? Is there anything that would change your mind?

Source: The Good Brigade via Getty Images.

Childfree by Choice

Never married, Ricky Gervais, the co-creator of the television series *The Office*, has been with his partner, Jane Fallon, for more than 30 years, and they remain childless. As Gervais said,

“We never wanted to be parents, with all that entails: The loss of freedom, total dependency.” The **childfree-by-choice** trend is certainly nothing new as a number of A-list celebrities, such as Oprah Winfrey, have opted to remain childfree. Even Dr. Seuss, the infamous children’s book author, was childfree by choice. But the “no kids, no thanks” trend is moving beyond the borders of Hollywood and extending to mainstream United States. Today, 4 in 10 (37 percent) of adults over the age of 50 say they don’t ever expect to become parents; among adults under age 50, about one-fourth say they just don’t want kids (Pew Research Center, 2018a).

Voluntarily childlessness is an emerging field of empirical research in family studies, sociology, and psychology; however, there are studies that help us understand why people opt to remain childfree. For example, one landmark study found that there are certain categories or groups among those who elect not to become parents. These groups include those who are certain they do not want children, those who are certain they do not want children at this point in their lives, those who are ambivalent about having children, and those who feel the decision was made for them due to health reasons or lack of a partner (Cartwright, 1999). In a 2019 study of 322 that examined attitudes toward voluntary childlessness, the researchers discovered that study participants with higher education levels and lower levels of sexism (i.e., adherence to “traditional” gender roles and norms) held positive attitudes toward childlessness; study participants in their 20s and 30s were also more likely to endorse childlessness (Bahtiyar-Saygan & Sakalli-Ugurly, 2019). Conversely, those who possessed traditional gender roles and norms perceived children as necessary to form a family, and as such, provided less support for childlessness.

The reasons people remain childfree are as many and varying as the reasons people opt to become parents. Rathus and Nevid (1992) found in their landmark study of hundreds of couples that there are various reasons why individuals and couples opt for the no-kids track: More time with one another, freedom from the responsibility of raising children, financial freedom, able to devote more time to careers, and concerns about worldwide overpopulation. More recent research seems to confirm these findings. For example, one study posits that there is a value shift taking place in Western cultures, and because of this, people place higher priority on individualization and secularization, a disconnection from the era-old importance placed on religious and spiritual concerns (Lesthaeghe, 2014).

This newer field of research has also revealed some contributing individual factors—*micro-factors*—to the childfree-by-choice patterns seen today:

- **Urbanization:** There are few economic rewards for parents to have many children (Brewster & Rindfuss, 2000; Longman, 2004; van Doorne-Huiskes & Doorten, 2011).
- **Women’s professional opportunities:** Increasingly, women have more opportunities to pursue professional and career opportunities (Abma & Martinez, 2006; Agrillo & Nelini, 2008; Koropecj-Cox & Pendell, 2007; Tanturri & Mencarini, 2008). Some women do not have a longing to have children (Morison, 2013; Peterson & Engwall, 2013).
- **Lack of maternal feelings:** Some people indicate that they lacked a “maternal instinct” or they are generally uninterested in children. Men, more than women, believe that parenting

required too many sacrifices, including great financial expense. Both men and women indicate that they felt their personalities are not suited to parenting (Park, 2005).

- **Economic downturn:** The perceived ability to provide for children is a significant influencer of childbearing decisions, particularly for women (Brewster & Rindfuss, 2000; Longman, 2004; van Doorne-Huiskes & Doorten, 2011).
- **Stable partner relationship:** Those who have stable relationships (and thus, the presence of a co-parent) are more likely to have children than those who do not (Tanturri & Mencarini, 2008).

Macrofactors—those influencers seen at the societal level—also affect childbearing decisions. Changing social values, decreasing importance of religion, access to legal abortion, and effective contraceptives also alter childbearing. Those who choose to be childless do so because of their dislike of children, choice of lifestyle, lack of interest in children and parenting, or a belief that the world is too dangerous for children. For instance, in 2019, American politician Alexandria Ocasio-Cortez (D-NY) raised the issue of whether adults should continue to have children, given the environmental impact of doing so and given the impact of climate change. Although no empirical studies to date have addressed this topic, an online poll of Business Insider (2019) readers found that 38 percent of Americans aged 18 to 29 who responded to the survey believe that climate change should be considered when deciding to have children (Irfan, 2019).

Although to some it may appear that people remain childfree for selfish reasons, this is not necessarily the case. Couples must be honest when assessing whether or not to become parents. Some people feel that their lives are complete and full without children. Others choose to be childfree because of unfortunate circumstances, and in these instances, the decision can be a painful one. For example, a close friend of mine desperately desired to be a mother but because she is a genetic carrier of an always-fatal type of muscular dystrophy, she opted to remain childless. Other couples may not consciously decide not to have children—they simply fall into childlessness.

Delayed Childbearing

While some couples remain childfree by choice and other couples are childless for medical or physiological reasons that prohibit them from becoming pregnant, some couples have perhaps every intention of becoming parents but for one reason or another parenthood eludes them. As Megan, a colleague of mine, explains:

Before we became engaged, Kale and I knew we wanted children—it was something we held in common. He comes from a very large family, and I come from a family with three other siblings. Our plan was to have our first child by the age of 35, but our business was really taking off and we thought we had plenty of time. We began trying to conceive at about the age of 35 or so and found out we had infertility problems. We tried fertility treatments for a few years with no success...so now we find ourselves in our mid-40s without children. Totally not planned. Or wanted. But even though it's

not what we planned, after the grief passed for the family we had hoped for, we're very content with our lives right now.

Sociology professor Jean Veevers (1980) wanted to better understand how couples like Megan and Kale become a childless couple. This study defined four specific stages involved in delayed childbearing decision-making:

1. **Postponing childbearing for a definite period of time:** Couples in this first stage intentionally delay childbearing in order to achieve certain goals they have set for themselves, such as meeting educational goals. Like Megan and Kale, perhaps they want to devote their attention to their careers or give their new business time to get established.
2. **Postponing childbearing for an indefinite period of time:** “We'll eventually get around to having children.” In this stage of decision-making, couples' reasons for not having children become more and more unclear and perhaps indefinable even to themselves. For whatever reasons, they feel that the timing is “just not right.”
3. **Weighing the pros and cons of being parents:** During this stage of decision-making, couples deliberate the costs and benefits associated with parenthood.
4. **Coming to terms with being childless:** It is at this point that couples realize they have become childless by default. Like Megan and Kale, many couples may have intended to become parents, but numerous postponements in their decision-making essentially made the decision for them.

The reasons women delay childbearing are similar to the reasons they choose to be child-free: educational, professional, and career opportunities and stressors; economic considerations; and the stability of an interpersonal relationship (Fitzpatrick et al., 2017; Mills et al., 2011). A study in 2019 of 326 women determined some common reasons women delay childbearing (Molina-Garcia et al., 2019). The study's findings are presented in Table 1.3.

Reasons for Delaying Parenthood	Percentage (%)
Personal	64
Employment (balancing work and family)	15
Medical/health concerns	9.8
Financial considerations	3
Other	4.6

Source: Molina-Garcia et al. (2019).

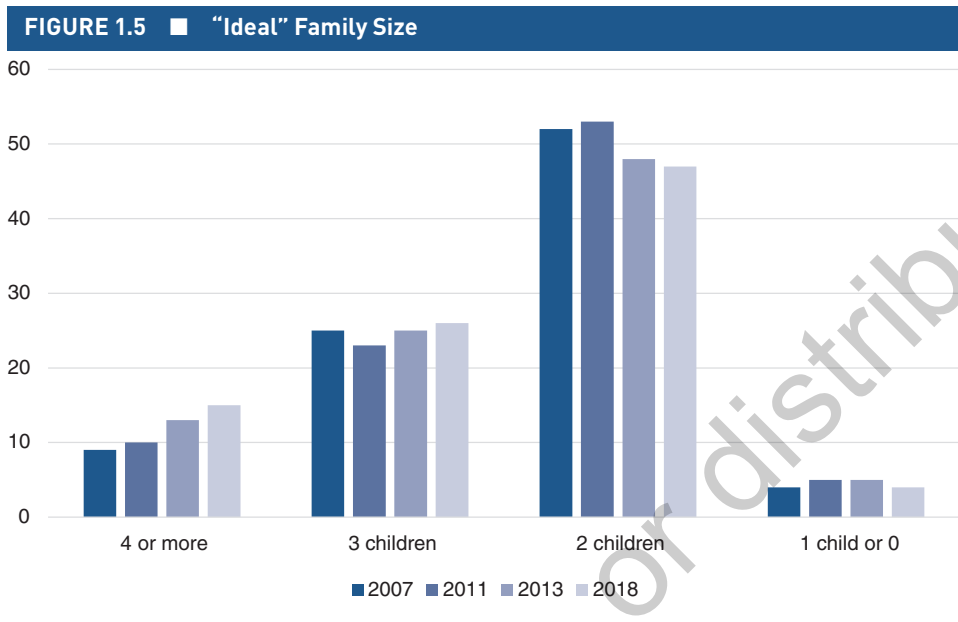
Even though subsequent infertility and significantly increased risks of negative outcomes for the baby are associated with delayed childbearing in biological women, there are several bodies of empirical evidence that suggest childbearing among older parents is advantageous to children. For example, University of Maryland sociology professor Steve Martin (2002) found through his review of the literature that both economic and psychosocial (social and emotional) benefits for the child are associated with delayed childbearing. He cites a number of studies that indicate that the older a woman is when she has her first child, the greater the economic benefit to both herself and her baby. Findings further indicate that women who postpone childbearing are more likely to stay in the workforce throughout retirement eligibility, and, as a result, they have distinctively higher earning potential than early child bearers. Women who postpone childbearing are also better able to find quality child care because of their earnings. Quality child care, in turn, increases the woman's work productivity, and her earnings potential greatly reduces "lost career time." In addition to being born into a higher income bracket, children born to older parents have better access to education opportunities. Children of older parents also suffer fewer financial consequences if their parents divorce.

Children of older parents also experience psychosocial benefits. For instance, older parents have stronger and more reliable social support networks than younger parents, providing more stability for the entire family to cope with the inevitable stressors that accompany childrearing (Martin, 2002). The quality of the mother–child relationship is higher compared with mother–child relationships of younger mothers. For example, older mothers tend to be more positive about parenting and show less anger and frustration in parenting, while older fathers tend to be very involved in their children's lives, although they are not as physically active in play as are younger fathers. Older fathers are also more likely than younger fathers to share household tasks following the birth of a baby. And finally, because they have already experienced many significant life experiences, older parents are less likely than younger parents to experience depression, loss of self-esteem, or feelings of incompetence in parenting. Martin concludes that although older parents may experience fatigue and a lack of energy, their increased maturity seems to outweigh these negative psychosocial outcomes.

Family Size: Lots of Tots?

So, you've made the decision to have children. The next question is, how many children do you desire to have? A Gallup Poll (2018) of 1,000 U.S. adults revealed that slightly less than one-half of those surveyed indicated that two children are the "ideal" family size; about one-fourth said that three children were ideal (see Figure 1.5). The ideal family size trends change over time and reflect cultural and societal changes. For instance, there is a sharp decline in the perceptions of ideal family size between the 1960s and 1970s. This trend may reflect the advent of the birth control pill in the 1960s, which gave women more control over their fertility; this increased control may have, in turn, shaped attitudes about ideal family size.

In many ways, the United States is considered to be a pronatalist society. **Pronatalism, or natalism**, is an ideology that embraces childbearing. Pronatalist attitudes and beliefs are prevalent in the United States (Watkins, 2008). For instance, when a woman or a couple gives birth to just one child and says, "no more," or when she or they decide to forgo having children



Source: Gallup (2018).

altogether, sometimes people aren't sure how to respond. Is she infertile? Do they feel overwhelmed as parents? Are they selfish? **Antinatalist** countries discourage childbearing. China's recently abolished one-child-per-family policy is an example of this.

Do parents have only so much to give to their kids? One theory maintains that some parents' resources are limited and become depleted when additional children are added to the family.

Draining Mom and Dad: The Resource Dilution Hypothesis

Parental time, energy, and resources are limited, and the **resource dilution hypothesis** contends that parents' finite resources become diluted when spread over a larger number of children (Blake, 1981). A number of studies in the 1980s and 1990s seemed to support this theory when the researchers discovered that a child in a large household receives less attention than a child in a smaller household, and this lack of attention later affected the educational level the child attained (see Strohschein et al., 2008, for a complete review). Other studies have similarly shown that maternal attention is greatest for firstborn children and less for subsequent siblings, and that mothers reduce positive interactions with their older children following the birth of another. With these results in mind, you may be thinking, “Wow, family size *does* matter—I'm only going to have one child!” But newer research may contradict these prior findings.

Researchers from Canada surveyed more than 13,000 parents and found that, because the relationship of a parent to each child is unique, effects of family size need to be studied differently than they were in the past (Strohschein et al., 2008). In their study, the investigators looked at two different areas of parenting: positive interaction (the extent to which parents are responsive to their children's needs) and consistent parenting (the frequency with which parents

set boundaries and establish standards for appropriate behavior). Using these two factors, they wanted to determine how parenting practices change when new children are added to the family system. In their long-term study, the researchers discovered that “parents do not so much *dilute* their resources when a new child is added...[rather,] they act to deploy their resources differently” (p. 681). This body of research indicates that instead of draining resources away from other children, as prior studies suggested, when new siblings are added to the family, parents employ a “managerial approach” to parenting—they shift, reallocate, and reorganize their resources to ensure that every family member’s needs are met.

It is always important, however, that as consumers of science and empirical studies, we keep at the forefront that all research must be considered in its full context. In this case, we need to fully consider how the “economic development, SES, increasing incomes [today]” as well as our abilities to time fertility, all play key roles in how our parenting resources are allocated across generations (Riswick & Engelen, 2018, p. 521). Although prior evidence does suggest potential negative outcomes for children who are members of large families, “negative [outcomes] are not present in all populations, for all outcomes or in all time periods” (Riswick & Engelen, 2018, p. 521).

It’s impossible to determine the “ideal” family size because it is a uniquely personal decision that is affected by many factors. Today, there is an emerging trend that needs to be addressed when discussing family size: the Quiverfull movement.



Although some may disagree with couples’ choices to have large numbers of children, these families are yet another type of diverse family form in the United States.

Source: Dennis MacDonald / Alamy Stock Photo.

The Quiverfull Movement: “Don’t You Know What Causes That?”

Large families are considered unusual in the United States (Arnold, 2005). Although rather common in the past, families with more than six children are so rare today that the census no longer tracks these data (Hartill, 2001). But with the Quiverfull movement, today an increasing number of parents are having as many as 20 children.

The **Quiverfull (QF) movement**, which began in the 1980s, is a pronatalist belief that is practiced among some evangelical Protestant Christian couples in the United States, as well as some Catholics and Mormons, and also has some adherents in Canada, Australia, New Zealand, and England. Forgoing all forms of birth control as a matter of principle and personal choice, a “Quiverfull” couple is motivated to have many children because of a desire to be obedient to what they believe are spiritual commands and mandates. Citing biblical passages such as “be fruitful and multiply” and “blessed is the person who has a quiver full of children,” adherents to the Quiverfull movement maintain an “open willingness” to joyfully receive and not thwart however many children are bestowed upon them (Campbell, 2003).

But how does religion affect a person’s fertility? Some earlier research suggested that there are three conditions that produce religious effects on fertility: (1) the religion promotes norms about fertility-related behaviors, such as the use of birth control; (2) the organization is able to enforce conformity to these norms (either through social influence or through sanctions); and (3) the religion is a very important part of a person’s individual identity (McQuillan, 2004). A study of 7,600 nationally representative subjects to identify what determines differences in rates of fertility among some religious groups confirms the earlier research (Hayford & Morgan, 2008). The researchers found that women for whom religion is an important facet in daily life have higher fertility intentions, compared with nonreligious women. As sociologists Jennifer McMorris and Jennifer Glass (2018) observe, “religious messages, mores [norms], and laws profoundly shape the gendered lives of men and women.” (p. 433). The Pew Research Center’s (2017) investigation into the relationship between religiosity and fertility supports the idea that women who practice their religious beliefs have more children than those who state they are unaffiliated with a religion. This demographic examination looked specifically at Christian and Muslim fertility:

- **Globally:** On average, women who are affiliated with religiosity have 2.5 children; those who are not have 1.6.
- **Christian:** Between 2010 and 2015, 33 percent of all births worldwide were to Christians.
- **Muslim:** Between 2010 and 2015, 31 percent of all births worldwide were to Muslims.
- **Unaffiliated:** Between 2010 and 2015, 10 percent of all births worldwide were to those unaffiliated with a religious belief or practice.

It is projected that by 2060, 36 percent of all births globally will be to Muslims, and 35 percent will be to Christians; 9 percent of births will be to the religiously unaffiliated. This

information is important because it helps us to see that for some people and their partners, religious affiliation appears to impact childbearing attitudes, beliefs, and behaviors. Without question, further study needs to be undertaken to better understand this intersection of gender expectations and religion.

Although some may disagree with couples' choices to have large numbers of children, it is important to consider whether they—just as other diverse family forms—should be afforded the same social support as other families are.

ADOPTION: BY CIRCUMSTANCE OR CHOICE

Having a baby is something that seems so easy. But each year, more than six million couples in the United States face difficulties becoming pregnant; hundreds of others desire to become parents, but for numerous reasons, they wish to adopt rather than to become pregnant. In general, there are three main types of adoption (Davenport, 2018):

1. **Domestic infant adoptions:** Annually, there are about 18,000 such adoptions in the United States. This type of adoption comprises only about 0.5 percent of all live births in the United States and only about 1 percent of births to single parents.
2. **International adoptions to the United States:** There are roughly 20,000 international adoptions each year in the United States. The countries children are adopted from include China, Ukraine, India, Haiti, Ethiopia, Uganda, and the Philippines.
3. **Foster care adoptions:** Annually, about 57,000 children are adopted from foster care. On average, about one-fourth of children who enter foster care are adopted, and about one-half go back to their families. The remaining children remain in foster care.

Once a family decides to grow their family through adoption, a standard process is put into place.

The Adoption Process

Each adoption agency may have its own policies and procedures, but generally there are five steps to adoption. The process may take months, or a few years, depending on whether the couple or individual desires to adopt a newborn baby or if they are waiting for a specific race/ethnicity.

Step 1—Initial Information: To begin, each prospective adoptive parent must select an agency or a private organization through which to adopt. Couples may choose to adopt domestically (from the United States) or internationally (from abroad). Many people believe that international adoptions cost far less than domestic adoptions, but this is not the case. For example, the average cost to adopt a baby within the United States is \$38,000; the average cost to adopt a child

from China is \$36,000 (Davenport, 2018). Wait times also vary, depending on the country from which a couple adopts. In the United States, the average wait time is about one to two years; the average wait time for a child from China is six months to a year (Davenport, 2018).

Step 2—Preparation: To be eligible for adoption, prospective parents must undergo a home study. The home study helps to ensure that the child is going to be placed in a loving, caring, nurturing home. During the study, an adoption specialist social worker interviews the couple and assesses such things as their relationship stability, their feelings about and readiness for becoming parents, and aspects about their daily lives. The social worker also checks the parents' health and income status; parents undergo a background check as well. Many adoption agencies and placement agencies assign an adoption specialist social worker to parents who helps them through each stage of the adoption process.

Step 3—The family in waiting: After the adoptive family has successfully completed all required documentation and the home study, they are considered to be a family in waiting—they enter a waiting period of somewhat unknown length, until a match occurs that results in a successful adoptive placement. This time frame varies for every adoptive family.

Step 4—The placement: After the couple is matched with a birth mother/couple, the adoptive couple works with the specialist until the baby is born; if a birth mother is not located, adoptive parents may choose to work with the adoption specialist until an older child is found. Placement typically occurs immediately after all the paperwork is completed and filed. Perhaps one of the most intensely felt fears of adopt parents is that the birth mother will change her mind; in reality, however, very few birth mothers decide to raise their babies after initiating the adoption process, but it is their right to do so. It is very important that a birth mom is not forced into her decision by others. Women who do change their minds about relinquishing their children for adoption are typically under the age of 17, have no plans for the future, live with their parents, and have mothers who oppose the adoption (Adamec, 2004).

Step 5—It's final! After the specified time frame has passed (this varies from state to state), and all of the documentation has been completed and filed with the court, a final court hearing is held and the adoption decree is awarded to the parents.

Gay and Lesbian Adoption

As we previously discussed, same-sex couples are much more likely than different-sex couples to rear adopted children, and the number of available children who need to be adopted far exceeds the number of heterosexual adoptive parents (Gates, 2013). The landscape of gay and lesbian adoption continues to undergo rapid change. As of this writing in 2020, rampant discrimination in adoption policies exists in the United States: Five states prohibit adoption discrimination based on sexual orientation and gender identity; four states prohibit discrimination based on



Sexual orientation and/or identity have nothing to do with the quality of parenting, caregiving, nurturing, and love provided to children.

Source: Adam Hester via Getty Images.

sexual orientation only; and 41 states remain silent on the issue altogether. It's important to note that 10 states permit state-licensed child welfare agencies to refuse to place children with LGBTQ+ people and same-sex couples, if doing so goes against their religious beliefs. These states are primarily situated in the Midwest and the South (i.e., Texas and Florida).

Generally, when considering any gay/lesbian adoption, today's courts are primarily focused on the "best interest of the child," and beliefs that lesbian and gay adults are not fit parents have no empirical foundation (among many others, Anderssen et al., 2002; Patterson, 2000; Perrin, 2002). As such, a person's sexual orientation should not be used as a factor in determining whether an LGBTQ+ individual or couple can adopt or foster parent a child. The American Civil Liberties Union, a nonprofit, nonpartisan group that monitors the individual civil liberties of Americans spelled out in the Constitution, maintains that where same-sex parenting is prohibited, it is because these states adhere to "stereotypical" views that gays and lesbians are unfit to be parents.

Those opposed to the concept of same-sex adoption may believe that a female role model and a male role model are necessary in children's lives. Others claim that children who are reared by gay or lesbian parents might themselves grow up to be LGBTQ+. Others are concerned that children of gay and lesbian parents will be teased ruthlessly and relentlessly by their classmates. Issues at the forefront of this discussion address gender identify and sexual orientation, as well as children's overall well-being:

- **Gender identity:** In response to whether children need both a mother and a father in order to establish a solid gender identity, studies show that few differences in gender identity exist between children reared by same-sex parents and heterosexual parents (for a review, see Bos et al., 2018).
- **Sexual orientation:** Empirical studies reveal that being raised by LGBTQ+ parents does not increase the likelihood that the child will be gay or lesbian. Notes one body of research, “sexual identities (including gender identity, gender role behavior, and sexual orientation) develop in much the same ways among children of lesbian mothers as they do among children of heterosexual parents” (American Psychological Association, 2004).
- **Children’s well-being:** Having gay or lesbian parents is less an indicator of the quality of the parent–child relationship than are parenting styles. Ultimately, it is the quality of parenting, not sexual orientation, that determines how children of same-sex parents fare (Bos et al., 2016, 2018; Gartrell et al., 2018).
- **Shared parenting:** Lesbian and gay parents tend to divide child care tasks and responsibilities relatively evenly, and they report higher levels of satisfaction in their couple relationship than heterosexual couples do (Bos et al., 2004; Ciano-Boyce & Shelley-Sireci, 2002; Johnson & O’Conner, 2002).
- **Parenting:** Gay and lesbian parents possess strong parenting skills; this is reportedly due to greater levels of parent–child interaction and lower levels of physical punishment (Goldberg et al., 2014; Goldberg & Smith, 2014). Perhaps Sara Bonkowski (2003) best sums up the experience of same-sex adoption when she explains:

Remember that a child needs the love and support of both parents. If [parents are] gay or lesbian, in time the child will know and come to understand. Many of the concerns and worries that may be raised about LGBTQ+ individuals are concerns of adults; the concerns of a child are much simpler. If a gay or lesbian parent forms a caring paternal or maternal bond with his or her young child, by the time the child is old enough to understand LGBTQ+ relationships, the child will know the parent and appreciate that Mom or Dad is, in every respect, a good parent.

In other words, if states are truly making decisions in the best interest of the children, the verdict is in: Children don’t care. And they thrive.

CHANGE OVER TIME: PARENTING IS A PROCESS

For those who are to become parents, there are no words to convey the excitement they will feel the first time they hear the baby’s heartbeat or hear their baby’s first cries and first words. When a parent sees a baby’s first smile, the sense of love, responsibility, and commitment is palpable. But the thrills move beyond infancy. Watching children grow, learn, and discover and

uncover this world at every stage of their development is both entertaining and exciting (except for driver's education and dating—those fall into the “frightening and scary” category!). To watch them move from the rambunctious, rough-and-tumble years of childhood to the young adults they become fills parents with a sense of pride, and at times apprehension, as they enter the real world on their own. But that growth from infancy to manhood or womanhood involves a tremendous process of not only individual growth and change but also growth and change in the parents and in their relationship.

Today, most parents in the United States state that being a mother or a father is central to their overall identity (Pew Research Center, 2015). Interestingly, parenting being an important contributor to identity doesn't vary much by generation. The percentages of respondents who indicated being a mother/father is important to their identity were as follows:

- Aged 56–76: 51 percent
- Aged 22–38: 60 percent
- Under aged 22: 58 percent

Also, 9 in 10 parents today say that being a parent is a rewarding experience for them (Pew Research Center, 2015). Of course, the age of the children influences parents' satisfaction with raising children: Those who have younger children (under age six) are more likely to indicate that parenting is rewarding than parents who have older children. Both mothers (54 percent) and fathers (56 percent) say that at times, parenting is tiring (Pew Research Center, 2015).

Richard Lerner and his colleagues (1995) suggest that parenting is a *process*, a course of events that evolve and change over time. As you saw in the previous chapter, the early days of parenting bring new challenges, experiences, and trials into the family system. As children grow, parents grow, too. This parenting process meets both the biological needs of the children and, at the same time, the needs of the society in which children are socialized. Indeed, two of the base goals of parenting are to meet the **survival needs** of infants, which include the provision of food, shelter, safety, security, and love, and to meet the **socialization needs** of children, which encompasses ensuring they become productive, contributing members to society. Parent educator and author Chris Theisen (2004) notes that there are eight essential parenting responsibilities:

1. Providing a safe environment
2. Providing basic needs
3. Providing self-esteem
4. Teaching children morals and values
5. Developing mutual respect
6. Providing effective and age-appropriate discipline
7. Being involved in the child's education
8. Knowing the child by communicating with him or her

Given the sheer importance of parenting, there is little wonder that so much attention has been focused on this area of family life and intimate relationships. Family practitioner Virginia Satir (1972) once observed, “Parents teach in the toughest school in the world—*the school for making people.*”



What is motherhood? In the four years since I’ve been a mom, I have become a rock holder: My pockets are heavy with rocks. Rocks sag in my backpack. They clunk in my coat. My son finds rocks and urges me to have them, and sweetens the deal with crumbling leaves, an array of sticks, and wildflowers. He is giving me the world. Or tries to.

Source: Maggie Downs (2019); iStock.com/AmazingNaturePhotography.

Motherhood

In societies across the globe, women are expected to become mothers by certain culturally determined ages, and this expectation creates pressures for them to bear children. Thus, becoming a mother is considered to be a normative developmental stage for women in all cultures. In the broadest sense, **mothering** is defined as a process whereby someone performs the relational and logistical work of caring for others (Arendell, 2000). With this definition, we can see how someone—a woman or a man—could “mother” someone who is not a child, such as an aging parent or a sibling who has a disability; we can also “mother” a friend or a loved one who is in need. However, in most societies, women are expected not only to be the bearers of children but also to nurture, care for, and socialize them as well—mothers are expected to “mother” the children in society (Arendell, 2000).

Girls and boys are socialized to fulfill roles that are determined and defined by their cultures; although each society’s roles are unique, motherhood is one of the few roles

assigned to women that appears to be universal, and the experience of motherhood today remains a central part of many women's identities (Arendell, 2000). For example, in a study of 1,200 parents, women identified themselves as mothers more often than they identified themselves by their occupation or career or their marital status; on the other hand, fathers identified themselves by their occupation and not by their status as fathers (Rogers & White, 1998). Even though today women fill multiple roles, such as provider and caregiver to aging parents, they are also expected to simultaneously “nurture, schedule, taxi, and feed their families”—and to do it all well (Medina & Magnuson, 2009). Because of these multiple demands and expectations, some researchers believe that the standards for “good mothering” are escalating (Douglas & Michaels, 2004, cited in Medina & Magnuson, 2009). Today, 60 percent of full-time working moms indicate that they have little free time to engage with hobbies and friends, in comparison with mothers who work part-time (48 percent) and mothers who are not employed outside of the home (47 percent; Pew Research Center, 2015).

Professor of sociology and women's and gender studies Sharon Hays (1996) examined the social construction of motherhood in the latter part of the 20th century. From her scholarly works, she coined the term *intensive mothering* to reflect the mothering roles and expectations that have been evolving since the 1980s, when women flooded the workplace. **Intensive mothering ideology** is the Western cultural belief that a mother should give of herself unconditionally and focus all of her time, energy, money, love, support, and every other resource she has on raising her children. If she works outside of the home, she is expected to make up the time with her children that is “lost” at work. Furthermore, intensive mothering is expected of mothers even if a father is present in the home, if he is employed, and if they share equally in household and childrearing tasks. As this ideology shows us, the cultural expectation of mothers today is clear: The well-being of children is the responsibility of the mother, and she is to respond to their needs before those of her own or of her husband or partner. Of course, this means that women who fall short of this cultural ideal do not fit today's social construction of “good mothers” (Medina & Magnuson, 2009).

The transition to motherhood is a major developmental life event for most women because it requires women to restructure their goals, behaviors, and responsibilities (Mercer, 2004). The theory of **Maternal Role Attainment (MRA)** speaks to the fluid, continual, fluctuating processes associated with becoming a mother (Rubin, 1967). According to this theory, women actually begin adopting roles associated with motherhood during their pregnancies, such as bonding emotionally with the growing fetus. While pregnant, a woman also begins to observe the behaviors of mother models she has in her environment (such as her own mother, grandmothers, and friends); as her pregnancy continues, she adopts those behaviors she believes would be ideal for her and her child, and she rejects behaviors she judges as inappropriate for herself. Through pregnancy, and after the birth of her child, she continues to construct an “ideal” image of herself as mother; she then adopts roles that support this ideal image.

There are a number of factors that influence MRA (Mercer, 1986):

- Age of the mother
- Socioeconomic background
- Social stress and support
- Temperament
- Self-concept
- Childrearing beliefs and attitudes
- Role strain
- Perception of the infant

Particularly important to MRA is the woman's relationship with her own mother. For example, one body of research demonstrated that young mothers' current relationships with their mothers were recreated in their relationships with their infants (Kretchmar & Jacobvitz, 2002). Other research found that pregnant mothers' attitudes and memories about their mothers influenced their prenatal attachment to their babies, and that young mothers' memories of how accepting or rejecting their own mothers were also influenced their ability to adopt motherhood roles (Crockenberg & Leerkes, 2003; Priel & Besser, 2001).

"Motherhood" is a developmental process that is influenced by many factors and is one that unfolds over time—the new mother affects and is affected by her child, by her spouse or partner, by her past experiences in her own childhood, and by her relationship with her mother.

"Remember that a child needs the love and support of both parents..." Empirical evidence suggests that, as long as parents are warm, responsive, and communicative, parents' sexual orientations are not a factor in the healthy development of children.

Lesbian Co-motherhood

In 2018, nearly 90,000 lesbian mothers were raising children in the United States (Goldberg & Conron, 2018). Like their heterosexual counterparts, most lesbian-mother couples were raising their biological children (68 percent), but today, lesbian couples are significantly more likely to adopt or foster children than different-sex couples (Goldberg & Conron, 2018). Do lesbian mothers attain motherhood roles differently than heterosexual mothers? A substantial body of research suggests that regardless of sexual orientation, becoming parents for the first time is challenging for most couples because of the renegotiation of roles and identities that must take place to incorporate the role of "parent" (Cao et al., 2016). But sexual minority female parents encounter additional role/identity stressors in the transition to parenthood because they are required to balance the heteronormative ideals of "mother" (Cao et al., 2016). It is indisputable that when it comes to mothering, our culture "often fails to acknowledge that there are families with other types of arrangements" (Walker, 2017, p. 2).



Photograph courtesy of Nancy L. Forsyth and Eli Ingraham.

Perhaps the greatest difference between heterosexual and lesbian motherhood is the uniqueness of the couple relationship. With heterosexual couples, each partner enters parenthood with clearly defined “mother” and “father” templates (Walker, 2017). Conversely, with same-sex mothers, the mothering role is shared—this is referred to as **lesbian co-mothering (LCM)**. Birth nurse practitioner Katherine Walker (2017) works closely with LCM couples and describes the specific challenges these mothers face:

Ambiguous roles—beyond the mother/father binary: What is the role of the mother who does not give birth? As Walker has discovered in working with LCMs, lesbian co-mothers often find it difficult to identify with the role of mother or father. As one of her clients stated, “[When we went to our childbirth classes] I dreaded the prospect of potentially being the only woman in a group of ‘dads’. It felt strange at times to be part of this group because there was an assumption that I would simply take on the role of a ‘dad’ during my partner’s

pregnancy [and birth experience].” Walker’s research also discovered that the nonbirth LCM often feels invisible and insecure due to the maternal gatekeeping of the birth LCM.

Bonding and breastfeeding: A common fear among lesbian co-mothers is that a baby will form a stronger emotional and physical bond with the breastfeeding birth mother than with the co-mother, particularly because breastfeeding is known to enhance the development of maternal identity (Zizzo, 2009). It is not uncommon for LCMs to experience jealousy; this is also common among heterosexual fathers. Walker notes that some lesbian mothers have successfully established co-breastfeeding or shared feeding. Other lesbian mothers enjoy nonnutritive breastfeeding, where babies suckle at the breast without receiving milk.

Emotional support: Lack of emotional support following birth is known to increase the likelihood of postnatal depression (PND; Hatloy, 2013). Today, scant literature exists that addresses PND among lesbian co-mothers, but Walker’s (2017) review of the literature suggests that LCMs are at greater risk because they do not have the cultural and community support that heterosexual couples do following the birth of a baby.

As with every other area of couple relationships and family life, it’s important to understand that there is great diversity in the experiences of motherhood. As Walker (2017) concludes, “LCMs are not fathers! [In childbirth and parenting classes] LCM may not want to be grouped with fathers...and they may not feel like mothers yet either.”

Fatherhood

Like motherhood, the social construction of fatherhood continues to change over time. Among America’s first families in Colonial Williamsburg in the 17th century, for example, British immigrants brought the traditional patriarchal family structure to Virginia. The **patriarchal family structure** included the father figure, who was considered to be the authority over his entire household—wife, children, dependent kin, servants, slaves, and apprentices. This family structure served to preserve the wealth and power of the patriarch’s household and the family’s lineage. When fathers died, they willed their land and property to their sons, ensuring that the family’s wealth remained within the family. Daughters typically inherited servants and livestock, rather than land or money. Within this family structure, fathers were all-powerful and served as the unquestioned, oftentimes uncaring, ruler (Lamb, 1987). In this era, men were charged with the responsibility of their children’s moral and spiritual development, and because of this, discipline was their responsibility. The early father–child relationship was typically emotionally distant and correctional; it also lacked warmth, nurturing, and affection because these behaviors were associated with parental indulgence that was thought to ruin the character of the children (Pleck & Pleck, 1997). Patriarchal parenting continued in the United States until the mid-18th century.

With the rise of industrialism and urbanization in Western cultures, the social construction of fatherhood began to change. As fathers moved their work into factories and away from the home, mothers’ roles expanded to include moral teacher and disciplinarian (Pleck & Pleck, 1997).

Historians note that the separation of the workplace from the home life created two opposing trends that are still in existence today: *father-absence* and *father-involvement* (Rotundo, 1993). Some men, for instance, withdraw emotionally, psychologically, and physically from their children because their work requires that they are absent from their families; on the other hand, the decline of patriarchy has given men “permission” to display more warmth, nurturing, and intimacy with their children, allowing them to be more involved.

Today, modern fathers tend to fall somewhere between these two opposing fatherhood types, and researchers are suggesting that a “new fatherhood” is emerging in our culture (Yogman & Garfield, 2016). **Father involvement** is defined as the time a father and his child(ren) spend together (Gauthier et al., 2004). With this new model of father involvement, fathers are expected to be both the provider of the family’s needs and also actively engage in the everyday caring of their children (Barbera & Cano, 2017). The importance of fathers’ involvement in the lives of their children cannot be overstated. One newer body of research suggests that father involvement is essential for two primary reasons (for a complete review, see Cano et al., 2018):

1. Father involvement increases gender equality within families.
2. Father involvement is associated with positive child development.

Among contemporary parenting, involved fathering is a distinguishing feature of parents from fathers in the historical past. There are racial and ethnic differences in fathering experiences, and we’ll discuss those in just a bit. Still today, however, the vast majority of mothers are more involved in the daily care and routines of their children than fathers are (Cano et al., 2018; Craig, 2006).

Whether people are discussing divorce laws in suburbia or crime rates in the inner city, the issue of fathering takes an active, often political, role in the ongoing dialogue over the status of the American family. There is a wide spectrum of thought concerning the importance of fathers in the United States. For some, fathers are merely a perk for children, adding interesting yet nonessential elements to a child’s development. To others, the mere presence of a father is enough to cure all of society’s ills. Politics aside, the research does seem to suggest that fathers are a valuable part of a child’s healthy upbringing (we explore the consequences of absent fathers at length in Chapter 9).

Dads as Playmates

In one study of cognitive development in children, the intellectual and social development a child gains through the mother’s verbal expressions and educational activities are also learned and reinforced through physical play with the father. Mothers do play with their kids, but children generally respond more to play with their fathers. Fathers are usually more lenient with children when it comes to exploration and adventure, which helps develop cognitive skills and encourages independence.



The importance of quality, involved fathering cannot be overstated. An abundance of research suggests that children experience better physical, educational, and social-emotional outcomes.

Source: iStock.com/nensuria.

Decreased Behavioral Problems

As fathers take a more active role in the lives of their children, behavioral issues are positively affected. Eating meals at the table, helping with homework, working on projects together, and informal, spontaneous moments are linked to fewer behavioral issues with children. Children show greater prowess at school when both parents are actively involved, but the level of *fatherly* involvement has been shown to be a more important predictor of scholarly success.

If we use a family systems approach to understanding parenting, we can see that mothers and fathers together create a subsystem in the family—the parent subsystem. Every day, parents are faced with decisions and challenges about how to bring up their children and how to most effectively parent them. When fathers and mothers share parenting responsibilities and when they agree on parenting decisions—when they co-parent—all family members benefit.

Gay Fatherhood

We discuss LGBTQ+ parenting and family experiences at length in Chapter 9. Here, it is important to understand sexual minorities' desires to become parents. Within the last decade, substantial progress has been made toward better understanding parenthood aspirations among gay men. **Parenthood aspirations**—the desire, hope, or want to become a parent—include three factors (Gato et al., 2016; Tate & Patterson, 2019):

1. *Parenthood desires*: How strongly a person wants to become a parent
2. *Parenthood expectations*: A person's realistic belief about the probability of becoming a parent
3. *Parenthood intentions*: How likely a person is to pursue parenthood options

Empirical science has well established that gay men report lower desires to become parents than do straight men (among many, Jeffries et al., 2019; Leal et al., 2019; Shenkman et al., 2019; Tate et al., 2019), and they also report lower parental aspirations (desires, expectations, and intentions) than do heterosexual men (Tate & Patterson, 2019). It's important to note, however, that lower parenthood aspirations may be because that, still today, LGBTQ+ persons face more obstacles to the routes to parenthood than do heterosexuals, such as socio-economic barriers that prevent them from accessing adoption resources or using the assistance of an unrelated pregnancy carrier (Blake et al., 2017; Leal et al., 2019; Perrin et al., 2019; Scandurra et al., 2019). There also appear to be inconsistencies in the desire to become a parent and actually pursuing parenthood. For example, one study found that while 20 percent of gay study participants wanted to become parents, they had no intentions of pursuing fatherhood; 5 percent of heterosexual men reported the same (Riskin & Tornello, 2017). A similar study of gay men in Israel found that over two-thirds (68 percent) of the study respondents reported a strong desire for parenthood, but only about one-third (31 percent) expected to fulfill their parenthood aspirations (Shenkman, 2012).

In what ways does sexual orientation affect expectations for family formation for gay men? In a study that included 156 gays and 60 cisgender heterosexual men, the researchers discovered a stark finding: Sexual minority men were more likely than their straight counterparts to want a family and children, but they did not expect that their desires and aspirations would be achieved—gay men “[envisioned] a hoped-for future that is out of reach” (Tate & Patterson, 2019, p. 2679).

When gay men do become parents, though, they face societal stigma in several aspects of their lives. In a study of 732 men in 47 states, the researchers found (Perrin et al., 2019):

- 40 percent of gay men faced social barriers when they attempted to adopt a child
- 63 percent of survey respondents reported that they faced stigma (particularly fewer legal and societal protections) because of their gay fatherhood status
- 50 percent of gay fathers avoided social situations out of fear of stigma for themselves and their children
- Nearly one-third (over 30 percent) reported stigma in religious environments
- One-fourth experienced stigma from family members, neighbors, gay friends, and people in the community (i.e., waiters, salespeople, teachers, and physicians)

What is particularly disconcerting about these study findings is that the very sources that are to be supportive and nurturing—families, friends, teachers, religious institutions, and physicians—are those that hold belief patterns that present barriers to gay fathers. The implications

of this study are clear: Parent educators and others who work with and care for these families must understand the unique challenges and obstacles LGBTQ+ parents face so that their needs can be met and their families better served. Regardless of family structure, the ultimate goal should be helping children to grow into healthy, mentally/emotionally strong adults.

Consider the interaction and relational patterns between you and your parent(s) or primary caregiver. Did these experiences allow you to feel that you were worthy of affection and love? Or instead, did your early parent–child experiences cause you to feel shame, guilt, and doubt, resulting in fear of intimacy, fear of abandonment, betrayal, and rejection in your adult relationships? As we are growing up, our parent and family interactions convey to us our worth—our purpose—as individuals, and this perception influences our ability to relate to others on an intimate level the remainder of our lifespan.

Given the ups and downs of parenting and the inherent adjustments that must be made as a result of children’s demands, given its uncertainty, given the fact that no two children are alike, and given the fact that no two people (or parent) experience parenting in the same way, is it really possible to prepare for what one developmentalist (Carter & McGoldrick, 1999) describes as “one of the most definitive stages of life”? Probably not. Nevertheless, we can address those contemporary issues that affect parenting and the stressors associated with the transition into parenthood and parenting. Although the experience of parenthood is without a doubt unpredictable, many parents (though not all) find it to be the most rewarding life experience.

PARENT EDUCATION: THE STUDY OF PARENTING THROUGH AN APPLIED LENS

The central concept of this book is to examine parenting and working with parents by utilizing the Family Life Education (FLE) approach as a central theme. Borrowing and adapting theoretical frameworks from the fields of sociology and psychology, the **Family Life Education** perspective unveils the inadequacies families feel when they are faced with change, and then provides organized, programmatic education to help strengthen families. Some approaches (such as family therapy) first look to *intervention* instead of education; however, this text’s approach acknowledges that intervention often comes too late to be effective in fully developing the potential of individuals and families. FLE is a tool used to explore parenting, but it is not a “theory.” Instead, it is a *lens* through which we can study and understand parenting and parent–child relationships.

Understanding Families’ Needs and Developing Their Potentials

The concept of parent education has existed in this country as early as the 1920s. The term **parent education** is used to include a variety of experiences to assist persons who are already parents to be more effective in their roles, as well as to educate individuals who desire to work as a helping professional with parents and their families. In the 1960s, when U.S. culture experienced much social upheaval, people who had concerns for the “staggering list of social ills” that had an impact on family life began to conceive and organize education for family living (Smith, 1968). With young adults’ newfound emphasis on sex, drugs, and rock and roll, the country was ripe for a family education concept. These early efforts to educate families

centered on a **dealing-with-problems focus** (Arcus et al., 1993). Society was rapidly changing. The Vietnam War provoked cries from young adults against the “establishment”—those who promoted long-held, established societal beliefs and norms about marriage, sexuality, gender roles, childbearing, childrearing, and politics.

A concept that went hand in hand with the dealing-with-problems focus to educate parents and families was the **preventing-the-problems focus**. FLE professor and parent educator Richard Kerckhoff (1964) maintained that families faced with radical societal changes only needed to be shown how to do the correct things. According to Kerckhoff, if families could somehow be pointed in the right direction, then “the divorce rate would drop, children would be reared properly, and the institution of family would be saved” (p. 898). Problem prevention remains a prevalent theme in FLE today. As renowned family life educator and professor of human sciences Carol Darling noted, efforts to educate families in family living is “the foremost preventive measure for the avoidance of family problems” (1987, p. 816). The **developing-family-potentials focus** also arose out of the societal turmoil of the 1960s. Promoting goals ranging from building on family strengths to developing healthy, fulfilling, and responsible interpersonal relationships, FLE efforts were—and still are today—intended to build on positive aspects of family life and bring about human capabilities that improve and enhance personal life and family living (Arcus et al., 1993).

The definitions of **parent education** have changed and progressed over time (Arcus, 1993):

Early 1960s: Education was primarily found in public schools, where educators taught students to be effective present and future family members. Traditional gender and parenting roles were reinforced.

Mid-1960s: Coinciding with the Civil Rights Movement in 1964, parent and family education efforts involved teaching students and parents facts, attitudes, and skills associated with relationships. Relationships between parent–child and husband–wife were emphasized.

Late 1960s: Scholars began to study parents’ and family members’ behaviors, functioning, values, and attitudes. Education was a planned and programmed learning within the community, geared toward developing people’s parenting potentials.

Early 1970s: Programs centered on interactions between family members, individual characteristics, and imparting information about parenting and family relationships so that people gained a greater understanding of how they affect and are affected by their families. Programming is taught in schools, religious settings, colleges, and within the community.

Mid-1970s: Educational programming centered its focus on providing instruction for parents and families so they could understand the physical, mental, emotional, social, and economic aspects of parenting life.

Early 1980s: Planned and programmatic information about parenting and other relationship issues was offered to individuals of all ages.

Late 1980s: Parenting and FLE became concerned with preserving and improving the quality of human life by studying individuals and families as they interacted with their many environments.

1990s–Current: Education efforts enable adults to reach their full personal potentials in daily living, relating to others, parenting, and coping with life’s events.

While the focus of parent and FLE has changed over time in response to the needs of society, what remains today in educational programming is the emphasis of considering both *individual development* and the *environment of the family*, and how children’s development, health, and well-being are impacted and shaped within the context of family living. Of significant importance to the developing child is the parent–child relationship (Bornstein, 2002). So, as we work our way through our course of study, we will focus on individual development as we examine the parenting experience. This *applied* framework provides us an understanding of how parent education positively impacts parent–child interactions and how these experiences, in turn, lead to healthier child outcomes, such as is the case with Nolan and Laura in the opening vignette of this chapter (Brooks-Gunn & Markman, 2005; Karoly et al., 2005; Knitzer & Lefkowitz, 2006; Powell, 2005). Finally, this applied parent education perspective provides to helping professionals an understanding of family-oriented services and government policies that strengthen families and family living, and as such (Arcus et al., 1993; Weiss, 1990).



Nolan, Laura, Ella, and the mighty warrior, Grit. “We can overcome because we were given the tools as parents to not only fight for our son, but also for our marriage and family...I’ll never stop fighting.”

Source: Photo courtesy of Nolan and Laura Henderson.

The Pillars of Parent Education

Traditionally, parenting education textbooks and courses adopt a developmental approach, a lens that emphasizes a child's development from birth through adolescence. While knowledge and understanding of child and adolescent development is an integral part of being an effective parent educator, this approach falls short of educating and training helping professionals to apply and use this knowledge while working with parents. Traditional textbooks also often neglect the study of how development is influenced by the multiple processes that occur within the family system. By using a **family science** lens to understand today's couples and families, *Parenting Life Now* meets the needs of today's professionals by employing the scientific study of children, families, and parenting to gain a comprehensive understanding of the diversity of parenting life today. In addition to social science research and theories, we will explore and apply the pillars of family science. The family science parenting education approach is:

Relationship-focused: An emphasis is placed on forming, strengthening, and maintaining healthy interpersonal relationships across the lifespan.

Multidisciplinary: There are many theoretical strengths and concepts found in other disciplines. All key aspects of the social sciences are drawn upon in a family science approach, and our study provides an exploration and investigation of major theoretical concepts.

Evidence-based: Family science professionals access research findings to develop and implement effective programs aimed at educating and working with parents.

Strengths-oriented: The core belief of family science is that all families have strengths. All parents have strengths. With this belief at the forefront, programs are designed and implemented that enable individuals, parents, and families to become self-sufficient. During our study together, you will come to understand that *all* families have strengths, *all* families experience struggles, and that *all* families can learn to struggle well and to “do” family living to their best capabilities.

Preventive: Rather than intervene after problems and difficulties crop up, the family science approach seeks to prevent problems, through educational programs, with individuals, couples, parents, and families before they occur. We will engage in a robust discussion about government policies that affect parents and their children.

Applied: Professionals trained in the family science paradigm possess the knowledge and skills to apply research findings to effectively service all couples, parents, and families in today's diverse and global society.

Now, armed with an understanding of the landscape of who's having children, it's time to roll up our sleeves and begin our exploration of contemporary parenting life. Although each of us accomplishes many milestones in our individual lifespan development, we do so within the context of family living. Every phase of our individual development across our human life cycle

TABLE 1.4 ■ Key Content Areas in Family Life Education

- **Families in society** includes varying family forms; cross-cultural and diverse families and family values; and social and cultural variations (ethnicity, race, and religion).
- **Family processes** focuses on family communication patterns, conflict resolution, coping strategies, families in crisis/stress and distress/and families with special needs (military, step-foster, adoptive families, etc.).
- **Human growth and development** explores human development across our lifespan.
- **Human sexuality** presents sexual anatomy and physiology, reproduction, the emotional aspects of sexuality, sexual response and dysfunction, and our sexual values.
- **Interpersonal relationships** focuses on love, human intimacy, and relational skills, such as communication.
- **Family resource management** focuses on family financial goals and planning, and money decisions.
- **Parent education** looks at the choice and challenges of parenthood, including the rights and responsibilities of parents, parental roles, and variations in parenting practices, and styles.
- **Family law and public policy** focuses on laws relating to marriage, divorce, cohabitation, child custody, child protection and the rights of children, and public policy (civil rights, social security) as it affects the family.
- **Ethics** concerns the diversity of human values and the complexity of how values are shaped in contemporary society.

Source S.R. Czaplowski and S.R. Jorgensen, Copyright 1993 by SAGE Publications Inc Books.

intersects with the development of the family throughout its developmental cycle, ultimately shaping who we are as relational people. The next step, then, is to help you gain an appreciation of America's family living arrangements and the cultural contexts, influences, and differences that affect parenting and parenting life.

PARENTING LIFE EDUCATION: FOSTERING HEALTHY FAMILY FORMATION

We've covered a lot in this introductory chapter, from gaining an understanding of the current trends in childbearing to the factors that go into the decision to have children and to the concepts of "motherhood" and "fatherhood" in our culture today. All of these are critically important to a fundamental understanding of the choices and challenges people encounter as they begin their journey into parenthood, and as parent educators and helping professionals, it is of the utmost importance that this transition to parenthood is used to enhance, nurture, and fortify couple and family relationships so individuals are better equipped to handle the stressors associated with parenthood.

In our study of parenting life today, you will come to learn that, through quality educational programming, parent educators' efforts for individuals and couples considering parenthood or who are transitioning to parenthood are centered on fostering healthy family formation

and maintaining healthy families. By promoting strong communication skills and other interpersonal relationship skills, as well as empirically based best parenting practices, this preventive approach helps individuals and couples to “do” parenting to their best abilities and capabilities.

It’s been said before that you can’t really understand the changes in your life that children will bring until you’ve actually become a parent. Expectant and adoptive parents spend many months preparing for the arrival of their baby or the child they’ve adopted. By the time they bring their child home, they’ve probably taken birth classes, attended a few parenting classes, and read articles about what to expect. But even with all of this preparation, the reality is, many parents don’t know just how much their day-to-day lives are about to change: The transition to parenthood is one of the greatest stressors a couple or an individual will encounter. To survive and to thrive, preparation needs to go beyond welcoming the baby or the child home. As parent educators, it is our responsibility—and *privilege*—to guide, encourage, and support parents in their endeavors to “make people” (Satir, 1972), no matter the challenges they encounter along the way.

At the beginning of this chapter, we posed the question: How did Nolan and Laura transverse that jagged, unpredictable, uncertain path of their son’s cancer? How did they make it? Nolan, a human growth and development high school teacher, explains:

We can overcome because we were given the tools as parents to not only fight for our son, but also for our marriage and for our family. This is why what we teach is so important. This is why we do what we do. And I’ll never stop.

That’s grit.