

Single mothers by choice? Trends in single mothers' socio-economic profiles and mode of conception in Belgium, 1991-2020

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Short abstract

The increasing socioeconomic stratification of single motherhood has been an important topic in family research. In particular, single motherhood at birth is seen as a situation related to disadvantage. Recently, a relatively new form of single motherhood has emerged: mothers who are single and decide to become a parent through assisted reproduction. Such 'Single Mothers by Choice' are argued to be often highly educated, in well paid jobs, and well-abled to provide both financial and social support to their children. This development might change the profile, and possibly views, related to single motherhood. However, detailed investigations on the changing trends in the socio-economic characteristics of single mothers at birth are missing. In this paper, we will fill this gap by using Belgian population data (population registers, birth certificates, census) that includes information on the living arrangement of the mother, the biological father, and the mode of conception. Unpartnered women have in Belgium easy access to fertility treatments. First, we will identify single mothers at birth; then, we reconstruct the mothers' partnership trajectory around childbirth. Subsequently, we use information on the 'mode of conception' to distinguish different single mother types. Estimating multinomial regression models, we will include interactions of childbirth year and a) income or b) mothers' educational level to evaluate changes of single mothers' socio-economic profiles over time.

Extended abstract

Introduction

The increasing socioeconomic stratification of single motherhood has been an important topic in both demography and social stratification (McLanahan & Percheski, 2008; Härkönen, 2017). Single mothers often accumulate disadvantages across domains by simultaneously having low education, earnings and employment capacity. In particular, single motherhood at birth is seen as a situation related to disadvantage (Edin & Kafalas, 2011) and driven by a lack of opportunities to form a stable parent-dyad. Recently, a relatively new form of single motherhood has emerged: mothers who are single and decide to become a parent through assisted reproduction. Such 'Single Mothers by Choice' are argued to be often highly educated, in well paid jobs, and well-abled to provide both financial and social support to their children (Hayford & Guzzo, 2015). This development might change the profile, and possibly views, related to single motherhood over time. However, detailed investigations on the changing trends in the socio-economic characteristics of single mothers at birth are missing. In this paper, we will fill this gap by using Belgian population data that includes information on the living arrangement of the mother, the biological father, and the mode of conception.

Background

In the past decades, the prevalence of single motherhood has rapidly grown in most Western countries. Most of this increase can be attributed to the higher prevalence of union dissolution among parents. In consequence, recent research on single parenthood has mainly studied single parenthood as a consequence of union dissolution. Family contexts that include single mothers at birth have received little attention in Europe. But, although in many rich countries the proportions of childbirths to single women have not experienced a substantial change in the last decades, their characteristics are likely to have changed. A recent trend – due to the availability of modern assisted reproductive technologies (ART) – seems to be the increase in “single mothers by choice” (SMC), women who decide to have one or more children without a partner (Hertz 2006). Unlike mothers who remained single after experiencing a union dissolution, SMC intentionally choose to have a child by their own. Studies that try to quantify the phenomenon of single motherhood by choice are very rare and face problems to distinguish between different reasons why single women become mothers. The lack of this information leads to an oversimplification of the meaning of single motherhood and its experience (Letablier & Wall, 2018).

So far, most studies found that mothers who are single at the time of childbirth are likely to be young and low educated, indicating a disadvantageous life path (e.g. Andersson & Jalovaara, 2018). The emergence of SMC points to the need to reconsider the traditional idea of socioeconomically disadvantaged single mothers. The educational and socio-economic composition of different single mothers’ groups might have been changing: usually, single mothers are described as low educated, inactive or unemployed (Hübgen, 2018). On the contrary, SMC are argued to be high educated, in well-paid jobs, and able to provide both the financial and social support to their children (Mannis, 1999). In turn, this could mean that the selectivity of mothers with a non-union birth has changed. This study aims to push forward the existing literature on single motherhood in various ways: first, we will document changing trends in the types of single mothers at birth in view of the increasing complexity of contemporary forms of lone parenthood, drawing on rich Belgian population data covering the period 1991-2019. SMC is a rare phenomenon and thus difficult to study with survey data (Hayford & Guzzo, 2015). Using census and register data covering the complete Belgian population, we are able to document the prevalence of single mothers by choice in an institutional context that allows this type of parenthood. Second, we will describe single mothers’ heterogeneity in terms of their socioeconomic characteristics (educational level, income, age). This analysis will therewith provide important insights into the extent to which SMC might change the profile and experience of single motherhood.

Background Belgium

In European comparison, Belgium can be characterized by a quite liberal attitude regarding the desire to have children. Homosexual couples and unpartnered women have easy access to fertility treatments. Belgium practiced medical assisted reproductive technologies without a legal framework defining the guidelines of its use until 2003. In 2003, a legislation was introduced aimed at decreasing multiple pregnancies and the associated perinatal costs. It regulated the reimbursement of the laboratory

costs of 6 in-vitro fertilization (IVF) cycles for Belgian women under the age of 43, independent of their union status. This strategy was linked to a restriction of the number of transferable embryos, depending on the female age and the cycle ranking. In 2007, a legislation limited the offer of assisted reproductive technologies to accredited fertility centers, accessible to women up to the age of 47. This law explicitly allows unpartnered women to conceive a child using ART. Furthermore, non-anonymous donation of gametes is possible if it is based on the consent of the donor and woman, referring to a situation in which the woman knows a donor and brings him to the fertility center. It is also allowed to have post-mortem fertilization carried out with frozen germ cells. Fertility treatment centers can define own criteria for treatment, for example a minimum age for single women. So far, there are no statistics available in Belgium on the prevalence of unpartnered women who received ART treatment; since recently there is however information on the mode of conception that led to live births available in the register data (see Data section). Survey estimates for Belgium (Generations and Gender Survey) indicate that in child cohorts born in the early 2000s, about 5% were to lone mothers, defined here as those without any (resident) partner. This proportion is comparable to many other European countries, and close to the European average (Andersson et al. 2017).

Data

This study relies on DEMOBEL data, covering the entire population of Belgium for the period 1991-2020 (https://statbel.fgov.be/sites/default/files/files/documents/bevolking/Demobel_EN.pdf). The data are the result of the coupling of the population censuses of 2001 and 2011 and the National Registers from 1991 to 2020 provided by Statbel (Direction générale Statistique - Statistics Belgium). Census data include information on the educational attainment. Information on income (deciles) comes from tax data. *Identification of biological parents is made through the birth register data and population registers:* If a mother is single at the time of childbirth and no father is indicated, only maternal filiation is known. If the father recognized the child, paternal affiliation is known even if the mother is living alone at the time of birth. There is no specific information on sperm donation since it is anonymous; in this case, only maternal filiation is known. Birth register data in Belgium include since 2010 information on the mode of conception (spontaneous, hormonal treatment, ICSI, IVF, unknown). *Identification of the partnership situation of the mother:* Reconstructing partnership biographies based on residential information from the register and the birth registers, we know whether and when the mother was in a residential partnership with the father/co-parent of her child.

Note: The information on biological parents and mode of conception is only recently made available. We have requested the individual-level data from Statistics Belgium and expect them in late 2021. The Center for Demographic Research at Université Catholique de Louvain has longstanding expertise in working with Belgian census and register data. The project NMCD – “Non-marital childbearing dynamics” will focus on the family situation around the time of childbearing and in the first years thereafter. There is still a gap of knowledge concerning the situation of non-marital young families, which can be attributed to the high diversity of situations. Under the label “non-marital childbearing” are grouped situations in which non-married mothers are single (without a partner), with a non-resident partner or with a resident partner (cohabitation). The partner can be the father or coparent of the child but also another person. The family

situation has strong impacts on the future life perspectives of children and is therefore important to research.

Analytical strategy

In a first step of the analysis, we will identify single mothers at birth: We consider the mother's partnership context at the time of childbirth (concentrating on first-time mothers). Mothers are defined as single if they did not live with the child's father/coparent nor do they live in marriage or cohabitation with any other person. In a second step, we reconstruct the mothers' partnership trajectory to evaluate the partnership context at the time of conception, during pregnancy and in the first year after childbirth. For the time being, we exclude mothers who repartnered during pregnancy (we will conduct comparisons in a later step). Subsequently, we create a variable indicating 'the mode of conception' distinguishing between spontaneous and medically induced pregnancies. Following from this, we identify four groups of single mothers: (1) traditional single mothers (as a consequence of divorce/separation during pregnancy), (2) "accidental" single mothers (women that were single at the time of conception, conceived their child naturally, and did not move together with the father after birth), (3) single mothers "by choice" (women that were single at the time of conception and conceived with the help of ART, and where the father is unknown) (4) mothers in a living-apart-together partnership (father is known and the parents move together after childbirth). Displaying these categories across years will give an indication of how the prevalence of various types of single motherhood changed over time. Subsequently, we estimate multinomial logistic regressions to estimate how mothers' socioeconomic profiles (age, education and income) relate to single mother type and how it has changed across time.

Preliminary findings

Statistics Belgium kindly provided aggregated statistics on latest trends in ART (from birth registers), reproduced in Figure 1 and Figure 2. Figure 1 shows for the period 2010 to 2019 the increasing proportion of children per birth year conceived with the help of assisted reproductive technologies (hormonal treatment, ICSI or IVF). In recent years, more than 6 out of 100 newborns were conceived after an ART treatment. Figure 2 shows the proportion of single mothers among all mothers in the same childbirth year by mode of conception. We define single mothers as not living with a (marital or non-marital) partner (of different or same sex) at the time of childbirth. The proportion of single mothers increased since 2016 and reached about 15% among mothers who conceived naturally (spontaneously) and 10% among mothers who conceived with the help of ART. These numbers are higher than those reported in survey-based statistics. For the latter, the partnership context at the time of childbirth was reconstructed based on retrospective childbearing and partnership histories which could have led to underestimations of single motherhood. In birth registers, mothers self-declare their union status. By combining birth register information with those from population registers (household composition, registered parenthood), we will be able in this study to correct this information and provide precise estimates of mother's union status at childbirth.

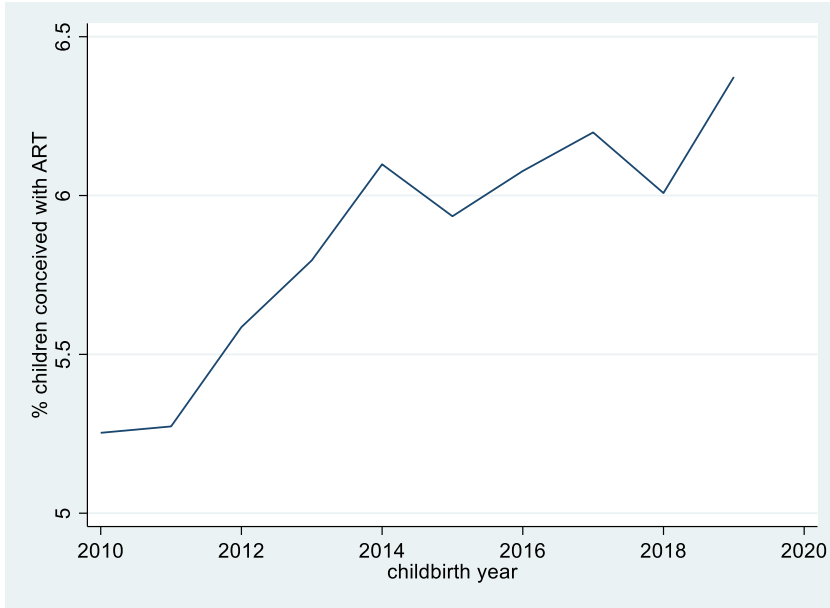


Figure 1: Proportion of children per birth year conceived with ART

Source: Calculation based on aggregated statistics from Belgian birth certificates, provided by Statbel (Direction générale Statistique - Statistics Belgium)

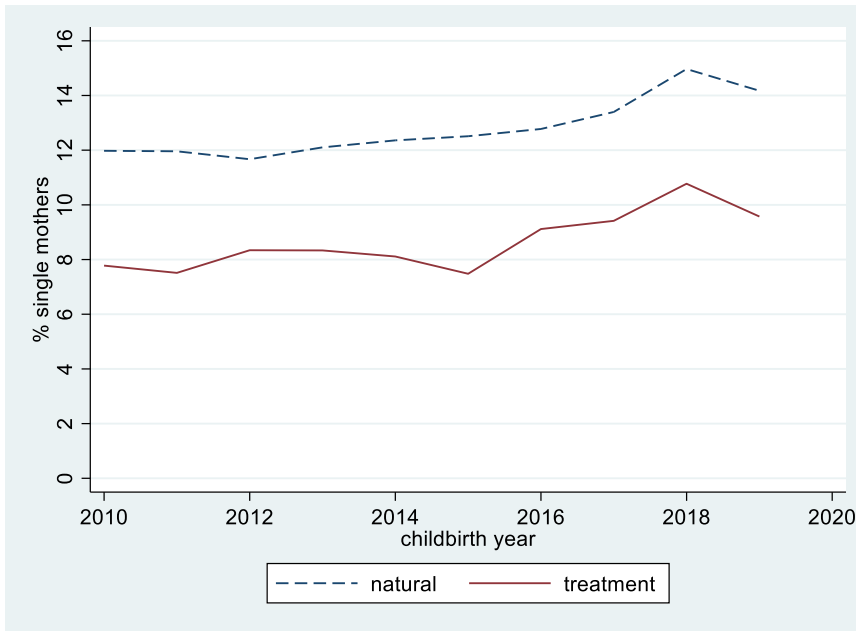


Figure 2: Proportion single mothers among all mothers in same childbirth year by mode of conception

Source: Calculations based on aggregated data on Belgian birth certificates, provided by Statbel (Direction générale Statistique - Statistics Belgium)

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