

**How Many Children?  
Dilemmas of Family Planning**

Amy Avgar



## **THE WILLIAM PETSCHKE NATIONAL JEWISH FAMILY CENTER**

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The William Petschke National Jewish Family Center was created by the American Jewish Committee in 1979 as an expression of its commitment to the family as the indispensable social institution for maintaining and enhancing Jewish identity, communal stability and human fulfillment. Its goal is to promote research on family problems, help clarify family values and stimulate the development of innovative programs to help meet the needs of parents, would-be parents and their children. It also strives to encourage an awareness and responsiveness to those needs in the Jewish and general communities.

# How Many Children?

## Dilemmas of Family Planning

Amy Avgar

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This publication was made possible by a special grant from the Esther Rosenbaum Fund.

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## FOREWORD

Current demographic assessments predict a potential population erosion in Western countries, mainly as a result of dwindling birth-rates. With an overall fertility rate of 1.8 children per couple, lower than the 2.1 needed for self-replacement, Americans are not reproducing themselves in sufficient numbers, and it seems highly unlikely that immigration to this country will compensate for the losses. In his new book, bleakly entitled The Birth Dearth, political scientist Ben Wattenberg warns that if the negative trend persists, the United States may no longer be capable of defending democratic values and of fulfilling its international obligations in the free world.

The Jewish community has long been concerned over its own shrinking numbers, as Jewish fertility remains even lower than that of the general population. In November 1983 the William Petschek National Jewish Family Center called a two-day Conference on Jewish Population Growth to study the problem and find ways of dealing with it. The conference recommended communal strategies aimed at strengthening Jewish norms and values to motivate young American Jews to want to raise larger families. At the very least, the participants underscored, couples should become fully aware of the demographic realities they have to face when making their decisions about fertility.

As a follow-up to the conference, the Cleveland and Atlanta chapters of the American Jewish Committee established "focus groups" of young couples to explore the personal factors that motivated them in their childbearing decisions. The results of these discussions are presented here, together with suggested policy implications for communal deliberation.

In line with hypotheses borne out by recent social-science research, the couples in the focus groups reported that their decisions about how many children to have generally evolved sequentially, depending on their specific experiences with the first child, and then with each additional child. This "take one at a time" approach may challenge the claims advanced by some demographers who do not believe the Jewish community will ultimately incur population losses. Their somewhat

optimistic projections are based on the statements of childless couples, even of unmarried individuals, who say they expect to have two children.

The couples in the focus groups mentioned several obstacles and inducements to raising a family. Parents of only one child cited economic factors and career-development costs as the main deterrents, while those who had more than one child stressed the sense of joy and fulfillment, as well as the importance of Jewish values, as their primary considerations. It is not unlikely, in fact, that the perception of those who brought up economic considerations derived from what these young Jews gain from the popular culture, which often highlights the high costs of rearing children. However, demographic studies have shown that middle-class Jewish couples can generally afford to have children.

For the Jewish community, therefore, the policy implications are clear. Strengthening positive incentives through widespread education, by stressing the advantages of children for the family and for society at large, will make the cultural climate more conducive to having and raising children. By the same token, where needed, measures should be initiated to minimize the professional sacrifices of dual-career couples who want children.

We wish to thank Kay Chavinson of Cleveland and Mindy Wertheimer of Atlanta for conducting the focus groups in their respective cities and for submitting their initial findings. Professional staff in the two AJC chapters, Martin Plax and Ellen Vendeland in Cleveland, and Sherry Frank and Ronnie Henderson in Atlanta, assisted the project through its various stages.

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## INTRODUCTION

Recent research suggests that women in their childbearing years experience difficulty and conflict in making decisions about parenthood. Many women now in their 20s and 30s were raised according to traditional norms and values that emphasized motherhood as the primary role in a woman's life and her ultimate source of fulfillment. Yet they are living at a time when role expectations and lifestyles are changing. Women are aspiring to higher educational and occupational levels; they are finding themselves in roles which offer fulfilling alternatives to motherhood; and they are encountering greater social acceptance of "deviant" lifestyles.

Coupled with these changes are the technological advances in contraceptive methods and their widespread availability, giving women the freedom and the ability to choose, plan and control family formation. Before contraceptive means became so readily accessible, the number of children a woman bore had little to do with personal preference. Today, however, actual family size is closely related to desired family size. Women can now determine the timing and spacing of childbearing, even as they concentrate their energies and resources on other pursuits.

With freedom of choice, however, comes the burden of decision-making. The potential for confusion and conflict is compounded by the novelty of the situation. As families experiment with new patterns, established norms are weakened and previously well-defined roles become blurred.

Jewish women have not been immune to the conflicts and ambivalences resulting from rapidly changing social conditions. In fact, as a minority with a distinct religious and cultural legacy, they may even be subjected to greater pressures and more difficult choices than their non-Jewish counterparts. Their relatively high educational attainments give Jewish women access to well-paying and interesting occupational opportunities, which are likely to create strong incentives to work outside the home. And Jewish tradition itself upholds the value of work

and independent achievement. But at the same time the family has a special status for Jews as one of the primary transmitters of the religious and cultural legacy and as a bulwark against assimilation. Thus, a high priority is placed on family life and childbearing.

The decreasing birthrate among American Jews, which today stands below replacement level, has been characterized by some as even more dangerous to group survival than anti-Semitism and assimilation. Concern over the potential implications of this decline for the Jewish community has led Jewish demographers to explore the broad social factors that affect fertility rates in general and Jewish fertility rates in particular. Somewhat less attention has been paid to the personal, subjective factors affecting decisions regarding childbearing at the individual family level.

It was precisely in order to learn more about the nature of these subjective factors that the AJC's William Petschek National Jewish Family Center launched its Family Planning Decision-Making Project. This pilot venture featured two "focus groups" involving young Jewish families in Atlanta and in Cleveland who discussed their dilemmas under the guidance of a trained facilitator. A special effort was made to recruit couples who had consciously departed from accepted norms for family size either by having an only child or more than two children. A total of 34 parents participated in the two groups.

Much of the literature on fertility and family planning focuses on women, presumably because they bear children; the attitudes and preferences of men in determining family size have rarely been taken into account. The focus-group experiment reported here was unique in that it represented a modest beginning at bringing fathers into the picture. The results, as discussed below, shed some light on the dynamics of decision-making, and on the relative power of husband and wife in the process.

Given the nature of the project and the small numbers involved, it ought to be viewed as exploratory and the results as tentative. Its aim was to identify factors that seem to have promise of explaining and predicting differences in family size and, in particular, to explore the influence of Jewish values and Jewish tradition on attitudes toward childbearing.

The findings in this report are presented in the context of a general theoretical and conceptual framework, and contain scientific as well as practical and policy implications. It is hoped that its contribution to the existing body of knowledge on the subject of family planning will be a basis for further research and promote creative communal strategies to strengthen the American Jewish family.

## LITERATURE REVIEW

### Conceptual Models

Demographic Variables: Demographers have studied a broad range of social factors assumed to influence fertility directly or indirectly. Such factors include social structural variables (social class, race, religion, ethnicity), cohort variables (age, age at marriage, etc.), ecological variables (community type, size, geographic location), cultural variables (norms and value orientations), and social psychological variables (attitudes, personality, etc.).

It is generally agreed that social factors such as race, education and religion are closely associated with variations in fertility and family size. But the chain of causality is by no means clear. Some would argue (e.g., Blake and Davis 1956) that such variables affect fertility through their influence on other, intermediate, variables. For example, one's level of education affects age at first intercourse, age at first marriage and use of contraceptive methods; these, in turn, affect family size. Similarly, religious affiliation has been found to influence age at first marriage, the likelihood of divorce and remarriage, and thus the length of time spent in marriage, which, of course, influences family size. Social factors are also related to value orientations determining a broad range of choices in the life course of the individual, including, for example, a woman's participation in the labor force.

Models of Individual Choice: The claim that fertility is "socially motivated behavior" has gained widespread acceptance among demographers and sociologists alike. Implicit, as Kenneth Kammeyer (1976) observes, is the notion that fertility behavior is controlled by the individual actors. In other words, the partners in a marriage are not simply responding to external, coercive forces, but play an active part in deciding how many children they want. Recognition of this fact has led to a recent burgeoning of conceptual models aimed at understanding the components of fertility decisions among young couples.

Models of fertility decision-making have generally been based on rational paradigms of choice and exchange. The principal elements of these models are the rewards and costs of having and raising children, measured against alternative sources of satisfaction. In accordance with the basic notion that individual behavior is purposive, rational, and instrumental, it is assumed that married couples make fertility choices aimed at maximizing rewards and minimizing costs and that they have an implicit understanding of the tradeoffs.

There is little empirical evidence for the hypothesis that couples first decide upon a certain number of children and then act to meet that goal. Increasingly, researchers have begun to argue for a model that sees the addition of a child to the family and its timing, rather than ultimate family size, as the decision problem (Westoff et al. 1961; Hofferth 1983; Callan 1985). Such a model assumes that the birth of each child alters family circumstances as well as subjective perceptions, so that the chain of effects is sequential. Outcomes associated with each birth appear as causal factors at the next decision point. The question, therefore, becomes: What factors determine whether a couple at a given parity will go on to have another child?

### **Situational Factors**

Three situational factors are commonly addressed in the literature on family planning: normative, economic, and social-psychological.

Normative Factors: In keeping with the model of individual choice described above, it is assumed that couples seek alternatives that will result in social approval and avoid those that may result in negative sanctions. There is considerable evidence of a "social norm" or expectation that applies to family size -- two children being the lower limit and four the upper limit (Griffith 1973). Yet, while conforming to the social norm may be a motivating factor in the decision to have a certain number of children, it does not account for differences in compliance with social expectations. Why do some couples deviate from the normative limits? Here, other intervening situational factors can be expected to modify initial expectations.

Economic Factors: An important research tradition has explored the effect of money costs, income, and time costs, in terms of both direct and indirect expenditures, as well as forfeited opportunities such as labor-force participation (Becker 1960; Willis 1973). Within this tradition, an attempt is made to specify not only the anticipated cost of childbearing generally, but also the marginal impact of each additional child (Espenshade 1977; Lindert 1978). However, despite the pervasiveness of this microeconomic decision framework, it has rarely been used to test explicit sequential models of fertility decision-making (Hout 1978; Rosenzweig 1976; Hofferth 1983).

Social-Psychological Factors: Social psychologists have focused on

the impact of present and expected marital satisfaction, attitudes toward children, feelings about oneself, and personality variables (Fishbein and Jaccard 1973; Daniluk and Herman 1984). In terms of the sequential model, the birth of each child may be seen as producing various psychological motivations or deterrents for having an additional child. These include the extent to which each child fulfills the parents' needs for love, companionship, general pleasure, nurturing, identity and self-expression through one's children. Significant as well are the positive or negative experiences associated with a previous childbirth or child, and their impact on the marital relationship.

A recent study of mothers who chose to have only one child and those desiring another revealed some interesting psychological differences (Callan 1985). Mothers of a single child were less femininely sex-typed, felt less strongly about the benefits children would bring to their marriage, self-esteem or personal fulfillment, and were more likely to express feelings of boredom, incompetence and loneliness or isolation with the first child. These mothers were also more likely to report that working was more important to them than motherhood.

In response to the dilemmas of family planning facing many women in their childbearing years, mental health professionals have initiated programs and workshops to assist couples in clarifying their positions on parenting. An evaluation of one such program (Daniluk and Herman 1984) bears out the notion that personality variables may play a role in determining reproductive choices. Its authors found an interaction between autonomy, affiliation and nurturance variables in predicting the decisions of women in the program. Noteworthy also is the fact that a vast majority of the participants reportedly felt better equipped to cope with future decisions and established better communication with spouse and friends as a result of the program.

## METHODOLOGY

### The Focus-Group Technique

The main objective of the Family Center project was to explore the decision-making process in family planning. Focus-group discussions were designed to enable a comparison between Jewish families who deliberately chose to have only one child and those with three or more children.

The focus-group technique refers to an informal discussion in which a small number of participants (usually six to ten), led by a trained facilitator, exchange views on topics related to a particular study. The informal setting is intended to encourage participants to elaborate on behavior and opinions to a greater extent than they might in a more formalized and individual interview situation. The goal is to provide qualitative information revealing attitudes, opinions and behavior patterns, rather than statistically generalizable quantitative data. In successful focus groups, interaction among the participants stimulates discussion, as one person reacts to comments made by another. It is this group dynamic that distinguishes focus-group sessions from more conventional interview techniques.

The technique has been widely used in private industry and marketing research. Its use in social research has been limited, although some efforts have been made to employ focus groups to aid in family planning programs (see Studies in Family Planning, vol. 12, December 1981).

### Recruitment of Participants

Participants for the focus groups in both Atlanta and Cleveland were enlisted through ads in the local Jewish press and by communal institutions. Couples who responded to the call for participants were screened by AJC staff to insure that they met the criteria established for the study -- i.e., young, Jewish intact families who chose to have either an only child or three or more children.

One-child families were more difficult to find than large families, particularly in Cleveland, despite repeated advertisements. As the facilitator in Atlanta explained it, parents of only one child might have been uncomfortable about having to defend their choice, and fearful about being labeled as "selfish." The Jewish component of the project probably intensified the discomfort over a choice that might be seen as incompatible with the concern for Jewish group survival.

The final size of the groups in each location was as follows:

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	Atlanta		Cleveland		Total	
	<u>Couples</u>	<u>N</u>	<u>Couples</u>	<u>N</u>	<u>Couples</u>	<u>N</u>
One child	4	(8)	2	(4)	6	(12)
Three or more	5	(10)	6	(12)	11	(22)
<u>Total</u>	<u>9</u>	<u>(18)</u>	<u>8</u>	<u>(16)</u>	<u>17</u>	<u>(34)</u>

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A total of 17 couples (34 parents) participated in the two focus groups. A trained social worker was hired in each city to serve as facilitator. Both professionals submitted written protocols of the sessions and summaries describing their own impressions. This paper draws upon their written reports and the screening questionnaires administered prior to the informal discussions.

### Profile of the Participants

The participants in the project represented a young, well-educated, and upwardly mobile group of Jewish parents. With the exception of a few, most were in their early to late 30s and had been married for over five years. None had previously been divorced.

All of the couples reported an annual family income of over \$40,000, with a majority earning over \$60,000. Six of the 17 women described themselves as housewives, the others worked in predominantly professional fields, as did their husbands.

The occupational status of the participants reflected their higher educational attainments: with one exception, all had at least a B.A. degree and over half held professional or graduate degrees. Generally, the men in the group described their career status as "climbing," although a few saw themselves at or near "the top." The women overwhelmingly viewed their careers as "deferred" or "transitional."

No important differences were observed between the Cleveland and Atlanta groups with respect to age, income, education, or career status.

However, many of the Atlanta couples had been married more recently than those in Cleveland, despite the fact that the latter included a greater number of large families. Also, all but one of the Cleveland couples reportedly had some supportive extended family in the area. In Atlanta, almost all of the couples lived far away from any extended family. An interesting distinction emerged with respect to the dominant method of contraception. The Cleveland couples reportedly used sterilization or the pill, whereas in Atlanta there was extensive use of methods that are considered far less "safe," including condoms and "rhythm" methods. No one in Cleveland reported using sterilization as a method of birth control.

As might be expected, couples with three or more children were older, had been married longer, and had higher family incomes than those with a single child. They were also more advanced in their career paths. In Cleveland, all of the women who were not employed outside the home had three or more children. In Atlanta, however, two of the three housewives had only one child.

## FINDINGS

The focus-group discussions lend support to the theories of fertility decision based on rational paradigms of choice and exchange discussed previously. In other words, for virtually all of the participants, the changes in family circumstances and perceptions associated with earlier births acted as causal factors affecting subsequent or sequential decisions about whether to have another child. In addition, it seems that the couples in the two groups made fertility choices aimed at maximizing rewards and minimizing costs, and had an implicit understanding of the relevant tradeoffs.

What, then, were these tradeoffs and the factors that determined whether a couple at a given parity would go on to have another child?

### One-Child Families

Before describing the factors affecting a couple's decision to have no more than a single child, it is worth noting that wives, more than husbands, seem to have had the final say in the matter. It is perhaps a sign of the times that women appear to determine when to start a family -- and when to stop -- on the explicit understanding that it is she who must bear the child and that her life is most dramatically affected by the change in the family system.

The experience of pregnancy and childbirth affected the decision process in a number of ways. First, new mothers -- and fathers -- were exposed to the realities and requirements of child-rearing. They had an opportunity to gauge how well suited they were for parenthood, and the costs and benefits involved. Finally, the child's particular temperament and personality acted as factors that altered perceptions concerning desired family size.

When asked whether "parenting was what [they] had expected it to be," mothers of a single child, in particular, responded that the undertaking was harder than they had anticipated. As one mother of a

three-year-old girl in Cleveland observed,

the child's demands can be very draining, the lack of freedom has been difficult for me, and trying to achieve a balance of responsibilities between my husband and myself has been very stressful.

The mother of a seven-month-old girl responded:

It is much harder than I expected. I never know if I'm doing it right and it never ends. I am not sure what I expected. Probably a cuddly little baby who sleeps most of the time.

In contrast, her husband remarked:

It's hard to remember life before being a parent. It really hasn't changed my life the way it has for my wife. I still go to work at about the same hours and have continued my career without parenthood affecting it.

Interestingly, both positive and negative experiences with the first pregnancy or child seemed to inhibit the desire to have additional children. One couple in Atlanta had wanted two children, but changed their minds after the first. Their colicky daughter had been an "overwhelming responsibility" for the first five months. J., a speech pathologist, went back to work at the end of that period, but found it difficult to accept that "someone else would be raising the child." Nevertheless, with her husband in law school and working full-time, with no family nearby, and with no desire "to be a superwoman," J. decided that "a choice needed to be made." She opted in favor of "a career over another child."

In contrast, the parents of a six-year-old son were very satisfied with their first experience. They had waited nine years before starting a family and were accustomed to their adult lifestyle as well as to one another. They were pleased with their "one terrific child" who, they felt, "complemented" and fit into their family system and satisfied their parenting needs. They decided to "quit while ahead," because "there was no guarantee of getting another terrific kid."

When asked about the primary reasons for having children, parents in the single-child group responded that this was part of being married, being a family, or being an adult. A few saw childbearing as an obligation and viewed it as satisfying an inherent need for love, self-fulfillment or self-perpetuation. These motivations are instructive and, as will be seen, quite different from those reported by the couples with three children.

Economics was at the top of the list of reasons for not having more than one child. Many parents expressed the feeling that they could give more advantages to an only child, such as a private or a Jewish educa-

tion. D., a pre-school teacher in Atlanta, said she had totally devoted herself to her seven-year-old daughter and would not want to share her attention with another child. Buying things for her daughter and sending her to private school were very important. In her report the facilitator observed that D. feels she has to be a "perfect mother" who would not be able to live up to her standards with a second child.

Career objectives were another important factor. Mothers who chose to have only one child often saw childbearing as interrupting a well-planned blueprint for career growth or as something other than a primary obligation.

Besides economic and occupational factors, parents of a single child cited their desire for time together as a couple. In fact, in the Atlanta group, time devoted to the child conflicted more often with time for each other than with career or job commitments (the reverse was true for the Cleveland couples).

It is noteworthy that couples who deliberately chose to have only one child generally claimed that, prior to marriage, they had had no strong desire to become parents. Many had not expected they would ever be parents. This tendency confirms the research findings that mothers of one child by choice are less femininely sex-typed and feel less strongly about the benefits of children than those who want another (Callan 1985).

The picture of one-child families, as it emerges from the discussions, suggests that the husband often comes to accept the wife's view that one child is "all they can handle." In many cases, a husband's attitude toward children and his reasons for having them do not constitute a powerful enough motivating force. Rather, the marriage relationship, the wife's temperament and her attitude toward motherhood appear to be determining factors in the ultimate decision.

In keeping with the sequential model, to the extent that the first child satisfied the parents' needs for love, companionship, general pleasure, nurturing and vicarious fulfillment, there appears to have been less willingness to sacrifice career or time together in favor of having another child.

### **Three-Child Families**

The focus-group discussions point to a number of interesting psychological, motivational and ideological differences between one-child and three-child families. They also suggest significant differences in the process of family planning.

To begin with, both men and women in the larger families expressed strong parental drives, and the fathers appeared to be more assertive in determining fertility choices than their counterparts in the single-

child families. Given their overwhelming, a priori desire for children, other factors become less significant in terms of the values assigned to the tradeoffs.

Also, in striking contrast to the one-child families, many of the couples in the three-child group reportedly went on to have a second or third child, despite -- and often as a result of -- tremendous difficulties experienced with the earlier births. Thus, for example, an attorney and a part-time audiologist in Atlanta had twin sons, one of them born with a serious chronic illness. Yet both wanted a third child. For the mother the sex of the twins operated as the major factor in her decision; for the father it was the belief that children make life "fuller and more enjoyable."

In another case, G. had great difficulty conceiving. The first child, born seven years into the marriage, developed a cataract and glaucoma in one eye. Multiple operations were unsuccessful in correcting the situation. Nonetheless, the couple decided on a second child. "The knowledge gained from the first," the mother said, "made it easier to go on to the next." Parenting became "like another career." After having a second daughter, the couple wanted a son. With the birth of the last child, their ideal family size shifted from three to three-plus. Both expressed the belief that "children are one of the greatest pleasures in life." G. has been content staying home with the children.

The overall joy of having children was expressed by another Atlanta attorney and his wife as the overriding factor in their family planning. During the first year of marriage, their apartment burned down, they had problems at work and A. unexpectedly became pregnant. Yet, their positive experience with their first baby, whom they described as "a blessing," again made it easy to have another two years later. A. deferred her career so that she could "bring up her children according to her own values." If the couple finds they can handle another, they may go on to have yet a third child.

One gains a sense from the discussions that mothers of only one child saw themselves as less capable of coping with parenting responsibilities, were less confident in their role, and set higher standards for themselves than either their spouses or the mothers of three or more children. Their husbands often confirmed this assessment. Given that these wives had more of a say in planning the family, their personalities, temperaments and coping abilities appear to have been significant factors in the ultimate decision.

The explicit reasons for having several children differ dramatically from those cited by parents who chose to have only one child. High on the list is the transmission of values, particularly Jewish values, and concerns about Jewish survival. Significantly, it was the men in both groups who were the most outspoken on these issues. To the question about the primary reason for having children, a 33-year-old lawyer from Cleveland responded "the perpetuation of mankind and, more specifically,

the perpetuation of Judaism." Others mentioned the Holocaust and the need to bring more Jews into the world.

In contrast to the desire to be loved by one's child or to fulfill oneself through the child -- the most frequent reasons given by the single-child couples -- parents of three children expressed a need to give love and to rise to the personal challenge of child-rearing. Almost all of the parents in this group, mothers and fathers alike, cited the desire to love and nurture offspring of their own as a primary motive for having children. As a homemaker from Cleveland, who had "deferred" her own career, said: "I wanted children of my own to love and raise into responsible, independent human beings."

Mothers in the larger families saw child-rearing as their primary responsibility; for mothers, who had chosen to have but one child it was often a secondary pursuit.

The decision when to have a baby was determined in large part by the ages of the other children in the family, the mother's age and the father's career path rather than by the mother's job situation. One of the few differences that emerged between Atlanta and Cleveland couples was that the latter showed a greater tendency to respond to peer pressure with respect to the timing and spacing of childbearing, and presumably, family size as well. This may reflect the fact that the Atlanta families were far removed (geographically) from their extended families and former peers, and thus less subject to social pressure.

One Atlanta mother, a speech pathologist with a single eight-year-old daughter, gave expression to the ambivalence she felt in regard to social expectations:

Adults are not prepared for the responsibility [of child-rearing], nor is our society accepting of the "working" mother or "new" father. We are told it is wonderful to have children, but we are not told why.

### CONCLUSIONS AND RECOMMENDATIONS

The Atlanta and Cleveland focus-group discussions showed that family-planning decisions appear to be sequential and based on rational assessments of the costs and benefits associated with each additional child. On the positive side, parenthood confers challenge, intimacy with another human being, vicarious achievement, personal fulfillment and individual identity. On the negative side, there are tradeoffs in terms of sacrificed opportunities, financial expenses and the depletion of other personal resources, such as time (for self, spouse and other children), energy, love and commitment. Parents of more than one child tend to view those personal resources as expandable rather than finite. What explains this difference in orientation?

At least two other antecedent factors emerge from the focus-group discussions that may account for differences in the decision process of family planning: personality, and ideology or value orientation.

The facilitator in Cleveland highlights the importance of the psychological makeup of the women in her group:

The amount of physical energy, emotional stability, need for control, tolerance for overload, sense of self-esteem and feminine sex-typing all seem to play a major role in family-planning decision-making. They determine how much childbearing a woman can handle.

She also points to the influence of a priori attitudes toward children and parenting determining the weight assigned to other factors, such as time, money, household help, and support systems.

The Atlanta facilitator arrived at similar conclusions. She writes:

It appears that the deliberate choice to have one child or more is a value decision. Personal values become the pivotal factor for the affluent and well-educated Jewish couple. For men and women who have strong parental drives and who value children as an end rather than a means, other factors such as career and

lifestyle are "deferred" and carry less weight. When paternal and maternal drives are weaker, the benefits of having children are not sufficient to outweigh other cost factors.

These conclusions have implications not only for further research, but also for Jewish communal policy and programming. Adult value orientations can be traced back to socialization processes in childhood: children internalize the attitudes, preferences and norms of their families of origin. The role of the nuclear family becomes even more significant among mobile social groups because they often live far away from their families of origin. If children are to be valued as ends rather than means, if they are to be viewed as providing joy, fulfillment and challenge, as Jewish tradition upholds, these perceptions must be shaped, first and foremost, by the family in the very process of socialization.

The Jewish community has a major responsibility to support -- and to supplement -- the nuclear family as transmitter of personal and Jewish values. As the focus groups suggest, the personal values and identifications, more than any other factor, ultimately determine fertility choices. Programs aimed at developing uniquely Jewish values, at educating parents on how to raise their children Jewishly, and at providing information to help Jewish parents make rational choices among competing options should be encouraged.

Young Jewish couples face difficult choices with respect to marriage, family formation and career objectives, often with little experience or concrete information to guide them. They may be unprepared for the challenges associated with new and uncharted social roles. The Jewish community ought to recognize the ambivalences and doubts associated with these increasing options and offer a variety of creative programs for pre-adolescents, adolescents and young parents in order to:

1. foster a favorable climate for marriage and family formation;
2. provide information and referral services;
3. offer individual family counseling and family education in a Jewish framework;
4. provide opportunities for developing parenting skills; and
5. provide opportunities to explore Jewish values and learn about Jewish rituals and customs in order to enhance Jewish family life and enrich the parenting experience.

Jewish educational and religious institutions, communal and social services, Jewish journals, films and other media can all play supportive roles in nurturing a positive climate for the choices young Jewish couples make in regard to family formation. It is the quality of Jewish life that will ultimately affect the quantitative strength of the Jewish community, thus insuring its continuity and vitality.

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