

Peak fertility versus career: Inconvenient truths you must face

Soon it will be easier for women to freeze their eggs. But before delaying baby to do your adulting, be better informed about the medical risks.

Tan Poh Lin

Most Singaporean young women hoping to be a mum are aware of the risks of delaying childbirth. Still, they might cling to the uplifting portrayals of celebrity mothers attaining motherhood in their 40s and 50s, and this might make them take an optimistic view.

After all, why worry about something so uncertain, far off into the future and disagreeable as infertility or congenital disorders, which are, to a large degree, out of our control?

The reality is that women's peak reproductive years overlap almost exactly with crucial developmental stages of their careers. To avoid the motherhood penalty (*The Straits Times*, April 18, 2021, "Hard choice between career and motherhood"), the most common solution has been to postpone marriage and childbearing to a later, more financially stable time of life.

On the one hand, such a strategy supports women's educational and economic achievements and reduces earnings gaps within households. On the other hand, the shift of fertility timing towards the 35 to 39 age window also means that a large proportion of mothers will face substantially higher chances of having difficulty conceiving and medical complications within

the pregnancy, as well as post-pregnancy health issues for both mother and child.

Indeed, many hospitals and clinics routinely categorise pregnancies to women aged 35 and above as high-risk, due to the well-established links between advanced age and negative fertility outcomes in clinical settings.

However, a recent policy shift in which elective egg freezing is now legalised for women aged 21 to 37 might cause some to be complacent about issues of fertility and timing their family-to-be. They might think: "I have banked my eggs, I can just put it off."

This is a simplistic view, and women need to be more fully informed about the ramifications of egg freezing and, overall, delaying having children.

TREND TOWARDS OLDER MOTHERS

Singapore's birth rates fell to a new low in 2022, while the median age of childbearing has continued its inexorable rise from 30.6 in 2018 to 31.9. Visitors to maternity wards are now more likely to see mothers aged 35 to 39 than those aged 25 to 29.

Just two decades ago, the opposite would have been true: you would have been more than twice as likely to encounter mothers in their late 20s than those in their late 30s.

The change in childbearing age

patterns reflects a steep decline in childbearing among younger women: Fertility rates plummeted from 91.6 to just 48.8 per 1,000 women aged 25 to 29 between 2002 and 2022, even as those for women aged 35 to 39 have gone up from 38.2 to 49.4.

For more and more young Singaporean women, childbearing sits firmly in the "for later" category as the more immediate challenges of postgraduate studies, early career progression and finding a compatible partner take precedence.

Yet, having access to accurate information about declining natural conception with age, the success rates of in-vitro fertilisation (IVF) procedures and the financial and non-financial costs involved, and support to help manage these costs is more important than ever for fertility decision-making among women in their 20s and early 30s.

How much difference can accurate information really make? To investigate this, my colleagues Jessica Pan, Professor of Economics at the National University of Singapore (NUS), and Xia Xing, Assistant Professor of Economics at Yale-NUS College, conducted a trial involving 1,000 local undergraduates at NUS in 2021.

The students were asked about their educational and fertility plans, and randomly assigned to one of three groups. The first received information about age-related fertility decline and IVF procedures. The second was given information about fertility-related policies. The third group, which acted as the control group, learnt about diabetes-related policies. The students were then asked again about their educational and



A nursery at Mount Alvernia Hospital. If there were more accurate assessments of the risks of infertility, and the health risks in delayed childbearing to both mother and child which can offset much of the advantage from financial stability, we may start seeing fewer women opting to give birth in their late 30s or even later, says the writer. ST FILE PHOTO

fertility plans, to allow for changes to their original answers.

Our study found that students in the first group reduced their ideal age at first childbirth and increased their expectations of being married before age 30 after the intervention, without revising their educational plans.

In addition, female students in the group increased their expectations of undergoing elective egg-freezing. In contrast, the second and third groups did not adjust any of their answers after the intervention.

Students in the first group also found the information they received more stressful than students assigned to other groups.

MAKING THE RISKS CLEAR

Although the results show adjustments in self-reported fertility plans, we cannot be sure these changes will persist, much less translate into behavioural change. Still, the results suggest that when the risks of delaying childbirth are made clear, young Singaporeans are willing to adjust their plans to make more room for family formation.

It is important to note that the students found the information stress-inducing, which may make

it less palatable. But it is precisely because the information is off-putting that knowledge gaps are likely to exist. The stress is also likely to be more manageable when younger, when there is some way to go on the ever-ticking biological clock.

Amid the whirlwind of life-changing events in young adulthood, the consequences of delayed childbearing may appear less relevant, but the risks to health, personal fulfilment and well-being are just as real. Many Singaporeans postpone having children precisely because they want to create the best possible conditions to give the best start to their little ones.

If there were more accurate assessments of the risks of infertility, and the health risks in delayed childbearing to both mother and child which can offset much of the advantage from financial stability, we may start seeing fewer women opting to give birth in their late 30s or even later, and more women doing so at biologically optimal ages.

With the availability of elective egg freezing, a stronger grasp of the declining likelihood of conceiving naturally can also mean healthier mothers and

babies at advanced age.

The issue is less about birth statistics, and more about ensuring that our young women and men have the best opportunities to succeed in all areas of life, and that means helping to keep their eyes wide open to the most pertinent facts relevant to major life decisions, however unappealing the information might be.

To make the information not only pertinent, but realistic to act on, young women need visible role models who prove that career success is possible without incurring the cost of delaying childbearing.

Mentorships and special career networking events, similar to efforts put into promoting the rise of top female business leaders, scientists and politicians, are needed to combat workplace discrimination against women who marry and give birth at younger ages.

If we don't do this, later and fewer births will continue to dominate national fertility statistics.

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