Exploring influences impacting on Taiwanese women’s decision to have children: implications for nurses and midwives

A thesis submitted in fulfilment of the requirements for the degree of Doctor of Philosophy

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Declaration

I certify that except where due acknowledgement has been made, the work is that of the author alone; the work has not been submitted previously, in whole or in part, to qualify for any other academic award; the content of the thesis is the result of work which has been carried out since the official commencement date of the approved research program; any editorial work, paid or unpaid, carried out by a third party is acknowledged; and, ethics procedures and guidelines have been followed.

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Abstract

Background
Taiwan has one of lowest birth rates in the world which has impacted Taiwan’s society and is predicted to lead to ‘zero population growth’, or resulting in a ‘negative growth’ in the foreseeable future. Despite many incentives and policies have been implemented to encourage Taiwanese women to have a child, the birth rate still remains low. Taiwan was over-populated during the 1960s, so a family planning program was introduced in which midwives and nurses played an essential role in implementing. This had a strong influence on the declining birth rate.

Aim
This study aimed to gain a comprehensive understanding of the personal, social, and cultural factors influencing Taiwanese women’s motherhood decision-making. The secondary aim of the study describe and examine influences that encourage, facilitate, and pose barriers including personal values culture, the Taiwanese meaning of being a mother. This aim was also to provide knowledge about what factors enable or constrain Taiwanese women to have children, which may inform strategies for more fully informed decision-making in light of cultural and contemporary issues.

Methodology
Data saturation was achieved with 34 participants through theoretical sampling in one of general hospitals in Taipei, Taiwan in 2011. Open, axial and selective coding was applied in constant comparative analysis to formulate a substantive theory of Taiwanese women decision making to have children process.

Grounded theory was used to understand influencing factors when Taiwanese women make a decision to have a child. Semi-structured interviewing from first time mother and theoretical sampling were applied to recruit participants until data saturation was achieved with 34 participants in Taipei, Taiwan. Constant comparative analysis with open, axial, and selective coding was used to generate a substantive theory of decision making process Taiwanese women use to have children.
Findings

The findings indicate the factors influencing Taiwanese women’s decision to have children and the core categories, ‘balancing between having children and maintaining the quality of life’, integrates all categories and encloses the process of Taiwanese women’s decision making to have children. Cultural norms and being a woman were the causal conditions of phenomena related to decision-making. Living with invisible pressure to have children was the phenomenon resulting from cultural norms and being a woman in Taiwan. Childbearing and quality of life, and woman’s attitudes toward having children were the context in which decision-making and coping strategies developed. Weighing up the choices, a husband’s attitudes toward children, age and personal choices were the intervening conditions which have influenced their decision-making and coping strategies. The pathway to childbearing, making the alternative decision to have children and maintaining the quality of life were the strategies for decision-making and coping. Balancing between having children and maintaining the quality of life were the consequences of strategies for decision-making and coping.

Discussion

The process of ‘balancing between having children and maintaining the quality of life’ was comprised of participants’ actions, the consequences of those actions, and the various influences affecting participants’ decision making. The process of how women seek to balance between having children and maintaining their quality of life when making a decision to have children has not been previously addressed in Taiwan. The influences that were identified in this study were childbearing attitudes in contemporary Taiwan which included the persistent traditional role of being women and Confucian values of filial piety. This study also demonstrated that participants perceived various pressures from society, family, friends, and neighbours to have children once they became married. These pressures invisibly affected these women to make a decision to have children in order to respond to these social pressures. Moreover, the results indicate that women’s education attainment and career empowers them to be autonomous and postpone their childbearing. When they made a decision to have children, however, they choose to be a career women and seek out child care options to look after their child during the day time. Financial circumstance was identified in this study as being another one of the key factors to consider when making a decision to have children such as having enough money in order to provide housing, living expense, or
sustaining a pleasant lifestyle. Pursuing the better life was found to be a crucial factor for most participants in the current study when deciding to have children or their ideal number of children.

Culture is identified as one of key factors in relation to Taiwanese women decision making to have children. This confirms existing knowledge. In addition, women's autonomy regarding the best time to have the first child varied between individuals. This has added new knowledge about Taiwanese women's belief about the timing to have children. Understanding these factors will allow nurses/midwives to facilitate and support women in their pregnancy planning.

**Recommendations**

This study has confirmed, extended and added to knowledge regarding women’s decision making process to have children. For education, the optimal age to have children and the cultural perspectives that are relevant to motherhood decision-making should be emphasized in nursing curriculum in order that nurse midwife are able to facilitate this discussion with women. For clinical, understanding the determining factors to bear children will allow nurses/midwives to facilitate and support women in their preconceptual family planning and maternal nursing interventions. For policy making, women have become more career oriented at the present time in Taiwan. Thus, the government should reinforce the relevant policy or establish appropriate policy to meet women’s needs. This means that the maternity leave policy should be supported by the employer of women who facilitate women taking leave and then to continue their employment after becoming pregnant and having their baby.
Chapter One
Introduction

Introduction
This thesis reports on research undertaken which explored Taiwanese women’s decision making to have children and the implications for nurses and midwives. The intention was to focus on women’s perspectives on having a child and find out which core category is the most important to them in relation to their decision-making and to consequently formulate a relevant substantive theory using grounded theory methodology to explain these perspectives.

The first chapter will sequentially present the background and justification of the research question, aims and objectives of the research, significance of the research, definition of key terms, a brief introduction to the research design and an overview of each chapter of this thesis.

Research problem
Having children is a very significant event in a woman’s life. Taiwanese usually believe that to be a mother is the fulfilment of being a woman. Pregnancy means happiness (有喜, Youxi: having something is joyful). According to cultural traditions, the more children a woman has the happier she will be. During the 1960s, over-population in Taiwan caused the government to introduce a family planning program in which midwives and nurses played an essential role in reducing the fertility rate. Family planning in Taiwan was a crucial event which had a strong influence on declining birth rate during 1960s-1970s (Freedman & Takeshita, 1969). As a result, the size of Taiwan’s population dramatically declined.

Furthermore, over the past few decades, the birth rate in Taiwan has decreased every year due to changes in the structure of society, economic status and culture. The changing socio-economic and cultural context in Taiwan affected a woman’s attitudes towards and choice of having a baby in relation to the meaning of their life (Thornton & Lin, 1994). According to traditional Confucian norms in Chinese culture, however, a woman is expected to marry and have children; the aim of marriage is to produce
new life (S. H. Lee & Kuo, 2000). Childbearing, therefore, remains an important function of womanhood within the context of Chinese culture (Cheung, 2002a, 2002b; S. H. Lee & Kuo, 2000). Despite this strong cultural belief to have children, the birth rate has been steadily declining. According to the Department of Household Registration Affairs Ministry of the Interior (Department of Household Registration Affairs Ministry of the Interior, 2013) the average number of births per woman in Taiwan was 7.040 during the 1950s, 5.585 in the 1960s, 3.705 in the 1970s, 2.455 in the 1980s, 1.810 in the 1990s, 1.680 in the 2000s, 0.895 in 2010, and 1.065 in 2011. The Taiwanese Manpower Planning Department predicted that the birth rate would drop to 1.1 by 2026; however, the current birth rate has already declined to 1.050 per 1000 population (Department of Statistics Ministry of the Interior, 2008) indicating that the birth rate is falling much faster than previously forecast. This therefore means that Taiwan has one of the lowest birth rates in the world. A continued reduction in the Taiwanese birth rate will result in zero population growth with the birth rate below-replacement level, or may become negative growth in the foreseeable future. It is predicted that according to the Organisation for Economic Cooperation and Development (OECD, 2003) a replacement level of 2.1 children per woman is needed to maintain a population. Taiwan is falling far short of this which is of great concern. It is predicted that the population growth will be negative by 2025 (R. Chen, 2012).

In an attempt to rectify the falling birth rate, the Taiwanese government incorporated a maternity care policy under the Bureau of National Health Insurance (BNHI) program. This program was for universal health insurance coverage on March 1 1995 to encourage women to have children by decreasing the pregnancy expenses. For example, the BNHI program provides all eligible pregnant women with ten free prenatal care visits combined with comprehensive health examinations and a free birth service, examination and free treatment of pregnancy complications (Bureau of National Health Insurance, 2013). In addition, the Bureau of National Health Insurance developed several payment methods due to the rapid growth of medical expenses. For example, in 1995 vaginal birth and caesarean birth were included in the ‘case payment’ method that reimburses inpatient care. Therefore, pregnant women can receive better maternity care under this policy and facilitate the cost of prenatal checks and giving birth are substantially reduced.
As well as this, in response to the continued declining birth rate, the Taiwanese government has implemented additional incentives to encourage women to have children. For instance, parents can receive educational subsidies for their children. In addition, since 2002, children under the age of three years have received free medical care under Taiwan’s BNHI. Also, the government introduced maternity benefits for working women in 2002 which included eight weeks paid maternity leave, or up to two years unpaid maternity leave. Subsequently an additional incentive strategy has been introduced to include 60% paid leave for the first six months after gave birth (Feng & Han, 2010). Childbearing subsidies, educational subsidies, day-care facilities and other incentives have also more recently been made available in an attempt to encourage an increase in the population (Feng & Han, 2010). Moreover, the Mega Warmth Social Welfare Program (MWSWP) had been introduced in 2006 to encourage women to have children. This consists of maternity and parental leave benefits, a childcare subsidy system and early children education and care (W. I. Lin & Yang, 2009). Thus, the financial burden seems to have been fully eliminated for pregnant women. Despite all of these incentives, there has not been a positive change in the birth rate.

There are a number of reasons that may help to explain why the fertility rate remains low. This includes the fact that Taiwan is highly industrialised and modernised, so most women have considerable educational and employment opportunities. In addition, some studies in Taiwan have linked low birth rate with: marrying later, increased educational and employment opportunities for women (Cernada, Sun, Chang, & Tsai, 2007; Freedman, Chang, Sun, & Weinstein, 1994), and supply of contraceptive services by the government (Cernada et al., 2007). This socio-economic trend may also contribute to women not intending to marry or marrying later, or not intending to have children after they marry.

Another reason for the low fertility rate is that Taiwanese women have postponed their fertility age. The average age for first time pregnancy was 29.4 in 2011 while it was 26.4 in 2001 (Department of Household Registration Affairs Ministry of the Interior, 2012). An example of first time fertility age distribution in 2008 is shown in (see Figure 1.1). This figure shows that the majority of women (71.40%) who gave birth were aged between 25 to 34 years. In addition, the average age of the first birth above 35 was 17.7% of total fertility rate in 2011 whereas it was 11.2% of total
fertility rate in 2001 (Department of Household Registration Affairs Ministry of the Interior, 2012). Late fertility has increased and may increase the risks of complications for both the mother and foetus.

![Figure 1.1 Percentage of Births by age of parturient](image)

**Figure 1.1 Percentage of Births by age of parturient** (Adapted from Bureau of Health Promotion, Department of Health, Taiwan, 2009)

In Taiwan, in recent years, the low birth rate has become a national issue, which needs to be solved urgently. Despite many studies (Chen, 2008; Y. H. Chen, 2012; M. Lee, 2009; Tsai, 2007) having been conducted from different aspects such as socio-economic status, women’s education, child-rearing attitudes and so on, they have appeared to have had little impact on the current situation. A review of the literature indicates that there is little published research in relation to women’s decisions to have a child. Understanding women’s influencing factors in decision making to have a child will help to establish appropriate strategies to facilitate them through education or consultation, and to help the fertility rate. Nurses/midwives play a vital role in promoting women’s health from physical, psychological and social perspectives, including reproductive health and family planning. Therefore, it is essential to explore and describe the influences impacting a woman’s decision to have a child from nursing midwifery perspective.

Despite some studies (Chen, 2008; Y. H. Chen, 2012; M. Lee, 2009; Tsai, 2007) having been conducted on contributing variables such as socio-economic status, women’s education, child-rearing attitudes, most of these studies were undertaken some time ago, with little cultural specificity and seldom directly relevant to Taiwan. Moreover, the research was not extensive and has not focused on the complexity of
the maternal decision-making process. This research has also appeared to have had little impact on nursing and midwifery care delivery. Others have identified the need to undertake more research into women’s decisions to have children. For instance, Lin and Yang (2009) conducted a study relevant to this matter in Taiwan and suggested that it is important for more research to be conducted to find out why women decide to have children. When considering possible solutions for the low birth rate in Taiwan, it is not definitively known why contemporary women are choosing to have or not to have children, nor what influences the choice to bear children. The present study aimed to investigate the decisions women make to have children in order to recommend strategies that will facilitate increased fertility rate.

**Background (Context for the Research)**

This section presents and explains sequentially the context for the research and an overview of research site in Taiwan.

**Role of the nurse/midwife in supporting motherhood decision-making in Taiwan**

In Taiwan, the role of the midwife changed significantly after the industrialisation and modernisation era. This could possibly be due to the fact that larger numbers of Taiwanese women started giving birth in the hospitals with obstetricians in attendance (M. Y. Lin, 1987). Midwifery education as part of nursing education is provided in junior colleges of nursing. Formal hospital based midwifery education ceased in 1991 and was then upgraded to undergraduate level, but it is only provided through one course in one university. Masters level midwifery education was also available in only one university in 2000.

Currently in Taiwan nurses/midwives only facilitate 0.03% of births (Department of Health, 2009a). A total of 69.96% of babies are born in the hospitals setting, 29.89% in the clinics setting, and only 0.15% babies are born in a Midwife Unit, home of the parturient or others setting. In other words, 99.92% of women give birth assisted by obstetricians, and only 0.03% and 0.05% births were assisted by midwives and others (see Figure 1.2). This is evidence that most Taiwanese prefer to go to hospital when giving birth. Most women are cared for in hospitals by nurses or midwives with doctors then facilitating the birth (Department of Health, 2009d).
Taiwanese nurses/ midwives are professionally capable of providing patient education and counselling (Kuo, 2009; Lin, 1987). This is part of the role of the midwife. For example, when Taiwan was over-populated during the 1960s, nurse / midwives played a key role in Taiwanese women’s decision-making to have children or not through a successful family planning initiative (Freedman & Takeshita, 1969). Therefore, nurse/midwives are in a pivotal role in facilitating women’s decision-making to have children.

Currently in Taiwan nurses/midwives only facilitate 0.03% of births (Department of Health, 2009a). A total of 69.96% of babies are born in the hospitals setting, 29.89% in the clinics setting, and only 0.15% babies are born in a Midwife Unit, home of the parturient or others setting. In other words, 99.92% of women give birth assisted by obstetricians, and only 0.03% and 0.05% births were assisted by midwives and others (see Figure 1.2). This is evidence that most Taiwanese prefer to go to hospital when giving birth. Most women are cared for in hospitals by nurses or midwives with doctors then facilitating the birth (Department of Health, 2009d).

Making a decision to have children is a vital event in women’s life. Many concerns arise during the process of decision making. Understanding the influencing factors in regards to that decision will allow nurse/midwives to support women, and also will help to reduce difficult or unwanted pregnancies. In addition, most hospitals employ general nurses to provide antenatal, intra-partum and post-partum care in maternity care unit in Taiwan. In other words, nurse/midwives are in an excellent position to contribute their knowledge in order to promote women’s health particularly in regard
to reproductive health such as giving birth at the ideal age, family planning or self-determination in relation to whether she wants to have children or not.

**Study settings – Taipei, Taiwan**

Taiwan, officially known as Republic of China (ROC) is off the south-eastern coast of China (see Figure 1.3). In 2012, the population in Taiwan was estimated at 23,113,901: which included Taiwanese (including Hakka) 84%, indigenous 2%, and interestingly, only 14% mainland Chinese (The World Factbook, 2012). Most Taiwanese adhere to a mixture of Buddhist and Taoist beliefs (93%) but a few of them are Christian (4.5%) and other (2.5%) (The World Factbook, 2012).

This study was conducted within Taipei, a city which is located in the central basin of north Taiwan Island (see Figure 1.3). This is the capital of, and largest city in Taiwan. Taipei has over 2.5 million inhabitants with a density of 9,736 inhabitants per square kilometre; however, including suburbs and metropolitan area, the city is home to almost 5 million people. Taipei became the administrative, cultural and economic centre of Taiwan at the end of the 19th century when it gained economic importance because of the trade in tea (http://www.phpclasses.org/browse/country/tw/). Taipei is the most densely populated city in Taiwan with a greater degree of urbanisation than other areas. Women living in Taipei have a higher level of education, literacy, income and standard of living than women in other areas of Taiwan (Chinese Taipei). Although most studies have found that women with higher education and income will have fewer children than women with less education and income (Cernada et al., 2007; Chia, Allred, & Jerzak, 1997), there is a need (as explained in Chapter Two), to explore the meaning for these women to have children.

Mandarin Chinese is the official language. According to the Department of Statistics, Department of Statistics Ministry of the Interior (2014), the literacy level is 98.5% in those more than 15 years old in Taiwan. Most people speak and understand the official language. Many Taiwanese originally came from south of mainland China such as Fujian and Gaudong, so most Taiwanese can speak the Taiwanese/Fujianese dialect, and also Hakka dialects.
When accounting for the current residence of the parturient (defined as women who had birthed) there were 17,820 babies registered in Taipei City and 37,381 babies in Taipei County (see Figure 1.4). However, the statistics by birthplace show that 29,006 babies were born in Taipei City while 25,611 babies were born in Taipei County. This indicates that most women preferred to give birth in Taipei City rather than in Taipei County (renamed as New Taipei city in 2011), due to the greater availability of teaching hospitals located in Taipei City than other cities in Taiwan (Bureau of Health Promotion, Department of Health, Taiwan, 2009).
Figure 1.4 Births by current residence of the parturient and babies' birthplace (Adapted from Bureau of Health Promotion, Department of Health, Taiwan, 2009)

As previously stated, in Taiwan, most women choose to go to hospital when giving birth (see Figure 1.2). According to birth rate statistics (Department of Health, 2009c), 69.96% of babies were born in hospitals. Taipei, Keelung, Taichung, Tainan and Kaohsiung are the five largest cities in Taiwan. Housing and living costs are more expensive in urban areas when compared to rural areas. Therefore, as housing is very expensive in Taipei, most people whose work is bound to Taipei in some way, prefer to live near Taipei city (see Figure 1.3). Also there are more hospitals within the city than outside the city. The research setting was in a large General Hospital located at Sindin, Taipei County. Therefore, the research site is in the hospital that is located in Taipei County near Taipei city.

**Significance**

There is a need to find an explanation for the declining birth rate. This research will provide an opportunity to gain an enriched understanding of Taiwanese women’s views about motherhood and the meaning to their life of having children. Additionally, the study will provide knowledge about what factors enable or constrain Taiwanese women to have children, which may inform strategies for decision-making in light of cultural and contemporary issues. Moreover, the findings will have implications for nurses/midwives, prenatal pregnancy planning and maternal nursing interventions that facilitate Taiwanese maternal women’s decision making processes. In particular such information will provide a new role for the nurse/midwife to assess, promote and support decision-making within the context of a culturally relevant framework.
Further anticipated outcomes will be more culturally relevant nurses/midwives and post-graduate nurse education in order to undertake this role.

There will be no direct benefit to study participants; however, it is possible that through having an opportunity to recall their experiences about becoming a mother, participants may gain personal satisfaction and insight. Also, they may feel the altruistic benefit of contributing to potential long term benefits of health decision making and antenatal care to future generation of Taiwanese women.

**Definition of key terms**

Total Fertility Rate (TFR): it is the average number of children born per woman during their childbearing age.

Birth Rate: it is the number of births per 1,000 populations (Reeder, Martin, & Koniak-Griffin, 1997).

Bureau National Health Insurance (BNHI): On March 1 1995, the Taiwanese government instituted a national health insure program for universal health insurance coverage. For example: the BNHI programme provides all eligible pregnant women with ten free prenatal care visits combined with comprehensive health examination and a free birth service, examinations, and free treatment of pregnancy complications, nursing care and hospital rooms (Bureau of National Health Insurance, 2012).

**Research Question**

What factors influence Taiwanese women when deciding to have children?

**Aims**

This study aimed to gain a comprehensive understanding of the personal, social, and cultural factors influencing Taiwanese women’s decisions to have children in contemporary Taiwan and to examine the role of the nurse/midwives in this health decision-making process. The secondary aim is to identify, describe and critique factors that may inform strategies for nurses/midwives to promote and facilitate Taiwanese women’s motherhood decision-making.
Objectives
The objectives of this study, in respect to Taiwanese pregnant women, are to:

- describe and examine influences that encourage and facilitate the decision to have children, (including personal values, culture, familial, social, spirituality and the Taiwanese meaning of being a mother);
- describe and examine influences that pose barriers to the decision to have children, (including personal, familial, social, cultural spiritual, values and the Taiwanese meaning of being a mother);
- examine from the perspectives of the women how nurses/midwives could culturally and professionally contribute to the decision-making process.

Research design
In order to identify, examine and explore the influences on Taiwanese women’s decision to have children, a qualitative approach using grounded theory was employed. Qualitative research aims to explore and understand the meaning individuals or groups assign to a social or human problem (Creswell, 2007). Using qualitative research is the most useful where little is known about a topic or a phenomenon (Holloway & Todres, 2010). Moreover, grounded theory (GT) method was used in order to develop a theory or concept from the emerging data (Corbin & Strauss, 2008; Glaser & Strauss, 1967; Strauss & Corbin, 1990).

All pregnant women attending an antenatal clinic of the participating large metropolitan general hospital in Taipei, Taiwan, who met the criteria, were invited to participate in the study. The nurse midwife briefly explained the purpose of the study to eligible women and provided them with the contact details of the researcher if she wanted to participate in the study. The women contacted the researcher to arrange a time to be interviewed. Initially participants were selected from a purposive sample of first time mothers, with various education background and aged between 20 to 44 years old. Then theoretical sampling was applied and modified during the process of data collection (Draucker, Martsolf, Ross, & Rusk, 2007) in order for the concepts and categories to emerge during the constant comparative data analysis. Recruitment continued and interviews undertaken until data saturation had been achieved (Morse, 2000). A total of 34 women were interviewed in Mandarin by the researcher.

Participants undertook a semi structured face to face interview lasting 30 to 60 minutes in duration was audio tape recorded. In addition, the participants completed a
demographic survey sheet. The interviews were conducted in a private room in the hospital following signing a consent form. Questions for the interview guide were developed from the literature review and asked women what their decision making process involved before having this child and how nurse midwife could help with that decision.

Full ethics approval was obtained from RMIT University’s Human Research Ethics Committee (56/10) and Human Experiment and Ethics Committee from the hospital in Taipei, Taiwan (00-IRB-003_M). Prior to being interviewed each participant was given a plain language statement and consent form to read and sign. Transcripts were identified numerically and any identifying information removed to ensure confidentiality and anonymity. All National Health and Medical Research Council (NHMRC) ethical guidelines were adhered to.

Interviews were transcribed verbatim and checked with the recordings and then translated into English by the researcher. Constant comparative analysis was then used as an approach whereby every piece of data in the interview transcript was compared with others that may be similar or different from it in order to theorise all possible relationships between the data (Corbin & Strauss, 2008). Coding which included open, axial and selective in sequence in order to break down, conceptualise, and integrate the information in new ways, was the central process of data analysis (Corbin & Strauss, 2008).

Overview of chapters
This thesis has been divided into nine chapters. Chapter One introduces the research topic by providing a brief overview of the study by including the context, rationale and brief description of the study setting. This chapter also provides a definition of the terms used in this thesis and an overview of the methodology and methods used to undertake the study. Finally an overview of the thesis is provided in this chapter. Chapter Two offers insight into the background literature supporting the study through a review of the relevant literature for the topic of investigation. This review highlights the lack of literature on women’s decision making process to have a child in Taiwan. Justification for undertaking this research is provided in this chapter.
In **Chapter Three**, attention is given to discussing the methodology and the method used for the chosen research approach for this study. This chapter includes a discussion of the qualitative methodology of grounded theory and a discussion of the steps undertaken for the study. This includes the recruitment process, the sample size and selection, data collection, analysis, research rigor, validity and ethical considerations were included.

**Chapter Four** provides an outline of the method used for conducting the research. This chapter includes a discussion of the steps undertaken for the study, including the recruitment process, the sample size and selection, data collection, analysis, research rigor, validity and ethical considerations. Lastly an overview of the demographics of the participants is presented.

**Chapter Five and Six** discusses the analysis of the data obtained from the study participant’s semi structured interviews and presents the categories, subcategories and codes that came from the data. **Chapter Five** presents the categories, subcategories and codes for the cause and intervening conditions whereas **Chapter Six** presents the categories, subcategories and codes for the taking actions and the consequence of taking actions. **Chapter Seven** further discusses the analysed data and demonstrates the formulation of theory from this current study as ‘the process of ‘balancing between having children and maintaining the quality of life’.

**Chapter Eight** discusses the key findings of this study and explores them in relation to the literature. This exploration is in terms of whether the findings confirm or extend existing knowledge, or add new knowledge. **Chapter Nine** summarises by drawing conclusions, and providing broad recommendations for the implementation of Taiwanese government, and women’s health care services in relation to promote the optimal time to have children to reduce the risks of gestational complications or infertility in Taiwan, and outlines future research directions.

**Summary**
The causes of the Taiwanese low birth rate have been discussed by sociologists and economists; and identified factors such as economic reasons, later marriage, women’s education, and employment. However, the research is not extensive and has not focussed on women as multidimensional persons, as is usual for nursing and
midwifery research. There is a lack of research identifying, describing and exploring the meaning of and influences on Taiwanese women’s decision to have children.

Over recent years the Taiwanese Government has gradually introduced a number of incentives and established some policies in order to encourage Taiwanese women to have children. However, the birth rate is still decreasing. It is likely factors that influence Taiwanese women’s intention to have children remain largely unexplored and unexplained. Therefore, the motivation and reasons for deciding to have children are very important factors to be explored. Research of this focus is a logical and worthy first step in a nursing and midwifery program of research on this topic addressing the falling birth rate in Taiwan. This chapter provided an overview of the justification for undertaking this research and outline of the research context as well as an overview of the research design. Finally this chapter provided an overview of the thesis chapters. The next chapter will present a review of relevant literature.
Chapter Two
Literature Review

Introduction
In this chapter a review of relevant literature is presented in order to situate the study to present relevant knowledge regarding the research focus, and also to justify the study. The purpose of a literature review in grounded theory research is to assist in enriching comprehension of the area, provide research background for this study, and identify the gaps from present knowledge (Cutcliffe, 2000; Strauss & Corbin, 1998). A comprehensive literature review is therefore not undertaken in grounded theory so as to not affect the researcher’s conceptualisation of the phenomena under study.

Firstly presented is the strategy applied in searching for pertinent literature. The following presents in sequential sections, a critical review of existing literature in regard to this study: having children and Chinese culture, having children in Taiwanese culture, Taiwanese culture and the gaps in empirical data regarding this study.

Search strategy
To facilitate a review of literature pertinent to this research, appropriate literature was identified from multiple sources, including searching electronic databases, and relevant reference lists. Electronic databases accessed were: Scopus, Web of Science, Jstor, ProQuest Social Science and Humanities, PsycCritiques (Ovid), Pub Med, CINAHL, Medline, Google Scholar, Electronic Thesis and Dissertation System and the Chinese periodic index in the National Central Library catalogue in Taiwan, Taiwanese government publications, Ministry of the Interior of Taiwan, RMIT and La Trobe University Library catalogue during 2010 to 2013. The keywords used were: Taiwan birth rate statistics, childbearing, childbirth, the meaning of childrearing/childbirth, childbearing experience, childbearing decision, motherhood, childbirth perception, childbirth expectation, culture, Chinese culture, social, Taiwan, Taiwanese culture, women and motherhood, parenting, family planning, maternity care, fertility rate, economic and childbearing, women and childbearing, women and
education, best age to have children, decision-making, maternity leave in Taiwan, national health insurance in Taiwan.

Reference lists of retrieved papers were manually scanned to identify other pertinent literature not located in initial electronic searches, and these articles were retrieved and accessed for currency and pertinence to study interests. All currently available research literature pertaining to a woman’s decision to have children, becoming a mother and motherhood has been reviewed, but most of references were published between the 1970s and 1990s.

Taiwanese culture
Taiwanese culture contains Aborigines (13 tribes), Dutch, Spanish, Japanese, and mainly Han-Chinese (98% population) with traditional customs from mainland China, Western, and new ones created in Taiwan (Davison & Reed, 1998). However, Taiwan still retains much of the traditional Chinese culture which has the strongest influence in Taiwanese society. In order to better understand the cultural transformation in Taiwan, it is essential to trace this from its historical context.

Historical context of Taiwanese culture
As previously stated, Taiwan had been colonized by the Dutch, Spanish and Japanese, and had been influenced by Western culture, mainly from America, and also the Aboriginal culture of the Pacific islands. The island of Taiwan was once called ‘Formosa’ which means ‘Beautiful island’ in Portuguese during the period of Spanish colonization. The Spanish were then driven out by the Dutch in 1642 (Copper, 2007). In fact, Taiwanese Aborigines inhabited the island of Taiwan before being colonized by the Dutch and Spanish Empire in the 17th century (Copper, 2007). The first Han Chinese polity on Taiwan began when Koxinga, a former general in the Ming dynasty led his troops to defeat the Dutch forces and establish the Kingdom of Tungning (Copper, 2007).

In 1683, the Qing Empire ruled over Taiwan. Emperor Kangxi and leading officials took charge of the frontier territory of Taiwan. Then by the 1720s, Han Chinese had migrated to Taiwan. In 1895, the Qing Empire lost the war with Japan and Taiwan was handed over to Japan. Taiwan remained under Japanese colonial rule until the end
of World War II (T. C. Kuo & Myers, 2012). A new educational and public health system was established during this time. These new systems lead to gradual change in Taiwanese society; for instance: women had a chance to go to school, something they could not do traditionally before, thus changing their status.

Then in 1942, the Republic of China (ROC) was established in mainland China and governed varying amounts of the mainland until 1949. In 1949 the Chinese Communist Party (CCP) captured the Chinese mainland and forced its rival Nationalist party, Guomindang (GMD) to retreat to Taiwan (So, 2001). With American military backing, the ROC government was able to survive and build up the Taiwanese state (So, 2001).

When China was split into mainland China and Taiwan in 1949, both nations had established different political systems, one as a communist country and the other a democratic country. Taiwan was a poor, agriculturally based island society. At that time, the Nationalist Government had strong ties with the United States of America (USA), thus the national policy was to use America as a model (Chia et al., 1997). Consequently, Taiwan’s society moved rapidly during the past five decades from an agricultural society to an industrialised society and toward modernisation, democratisation and capitalism (Chia et al., 1997). This also led the society toward Western culture mainly from America.

Chinese culture in Taiwan and mainland China differs in some aspects, despite the fact that Taiwan and China originally shared the same culture. The greatest factor contributing to this difference was the Cultural Revolution in China between 1966 and 1976. As a result, traditional cultural elements were removed from mainland Chinese society whereas Taiwan maintained them. Taiwanese culture is used in this thesis in order to distinguish traditional Chinese culture in mainland China.

Women's role in Taiwan

The role of women has changed greatly in Taiwan, because of cultural, social and economic changes. These factors are interrelated and have greatly impacted women’s status. This section discusses the traditional, social, economic and educational perspectives on women’s roles.
Traditionally in Taiwan, women stayed at home and took care of the family, undertaking the housework and caring for the children. On the other hand, men took economic responsibility to support their family (Cai, 1990; Davison & Reed, 1998; Freedman & Takeshita, 1969; Gao, 1990). However, this belief has been shaped further during 1960s to 1980s, because of economic and social changes. Zhang (1983) stated that Taiwan’s women started to seek employment in order to supplement the family income and have money for their children’s education. Childbearing was one of the major reasons why women resigned from their jobs (Gao & Shen, 1983). Even though most women have received an education, this belief of staying home to care for children does not seem to have changed (Cai, 1990).

Similarly, another study examined attitudes of married and employed female intellectuals to family and career in Taiwan (Gao, 1990). This study concluded that when women had to choose between work and child care, they would give the priority to the role of mother. Taking care of children was the main reason for employed women resigning from their job in the 1990s. However this study is over 20 years old and much has changed since them.

These changes in society have resulted in the transformation of the economic and social systems and also in social values such as attitudes toward women and equalised gender roles. Traditionally, Chinese society is male-dominant (Chia et al., 1997), suggesting that this social revolution was influenced by concurrent shifts in Taiwanese culture from traditional to the modern and changes in western culture.

A study of women within Chinese culture in China and Taiwan found that Taiwanese women, in contrast to women in China, have been influenced by western industrialisation, democratisation and modernisation, and they have more liberal attitudes (Chia et al., 1997). More recently Taiwanese women have a more liberal and egalitarian attitude than men in relation to gender roles, education, work, family and marriage roles (Chia et al., 1997). As a result, women in Taiwan have increased opportunities for higher education and employment, which have contributed to the rapid decline in the total fertility rate and childbearing later in life (Cernada et al., 2007; Thornton & Lin, 1994).
Social and education changes on women’s role

Family is the most important social unit in traditional Chinese society. Traditional family structure is living in an extended familial household; married women live with the husband’s parents and the married brothers of husband (Freedman & Takeshita, 1969). However, Taiwan is a prototypical Chinese society with Confucian family tradition and is undergoing dramatic societal modernisation, extensive urbanisation and family nuclearisation (L. Lu, 2006). This has contributed to a break down of traditional culture and family forms which are changing rapidly. It is therefore, not easy to learn parenting through modelling (L. Lu, 2006).

Historically, the division of gender roles has been clearly defined as men supporting the family whereas women take care of family (Gao, 1990). So men and women received extremely different nurturing and training in the traditional culture norms. Women will be housewives, so they do not need to have too much education (Cai, 1990). This idea has been rooted in people’s minds. Women were taught in schools. However, women’s roles have gradually changed since Japanese colonial times. Women had educational opportunities (Cai, 1990). Women were permitted access to the full range of education from elementary to the university level after the Republican revolution of 1911 (Rubinstein, 2007). Women have equal educational rights with men and this is protected by the law in Taiwan (Cai, 1990). This also applies to employment.

Education is now a key value in Taiwanese society and it is a method to change social status and wealth (Davison & Reed, 1998). This belief has lead many people to pursue higher education and career and to postpone marriage and having children. Married and employed women with higher education have a less traditional sex role attitude and a stronger career attitude (Gao & Shen, 1983). Therefore, taking care of family or rearing children has no longer become the main content of women’s life.

Having children

The decision to have a child is one of the biggest life changing moments a couple can make. Pregnancy is an important event in most cultures (Reeder et al., 1997). It is also important however, to take into account the social context regarding the concept of pregnancy. For instance, pregnancy has been viewed as two extremely different views
in American culture that is, as crisis situation and as a normal role transition experience (Reeder et al., 1997). Furthermore, while Western scientific belief is that pregnancy is a complex biological system (Kang-Wang, 1980), Taiwanese culture views pregnancy through their ancestral gods and effigies (Kang-Wang, 1980). It is also believed that a pregnant woman is considered more emotional and vulnerable to evil spirits than a non-pregnant woman (Kang-Wang, 1980).

The meaning of having children

The meaning of having children can be linked to the concept of ‘meaning of life’, which has been defined as “the cognizance of order, coherence, and purpose in one’s existence, the pursuit and attainment of worthwhile goals, and an accompanying sense of fulfilment” (Reker & Wong, 1988, p. 221). The meaning of life also incorporates what makes life worth living. In other words, what components of an individual’s experience make life meaningful (Debats, Drost, & Hansen, 1995). In addition, meaning in life “involves the intentions underlying behaviour, that is, the reason or the ‘why’ for behaviour” (Mascaro, Rosen, & Morey, 2004, p. 845).

Historically having a child was an outcome that rested in the lap of the gods (Bergum, 1997). Moreover, to be a mother has been seen as a woman’s biological destiny and an essential part of being female (Ganley, 2004; Gittins, 1985; Richardson, 1993). For example, motherhood is viewed by Mormon women as one of the most significant life roles (L.C Callister, Semenic, & Foster, 1999). In decades past, people did not consider whether they wanted to have children or not; however, in modern times the idea of parenting has become a choice, mostly due to development of the contraceptive pill in the mid-twentieth century (Ganley, 2004). The contraceptive pill, therefore, has empowered people to decide when they want to have children and has also enabled them to determine how many children they will have.

Another important factor defining the meaning of having children is religion. Much research indicates that religious faith or spirituality leads perspectives to the meaning of significant life experiences. For example, Orthodox Jewish and Mormon women express personal connectedness with others and with God, where obedience to religious law is of a primary importance to bearing children (L.C Callister et al., 1999;
L. C. Callister, Vehvilainen-Julkunen, & Lauri, 2001). This belief helps them define the meaning of childbirth and may provide coping mechanisms for the intensity of giving birth that may be related to an increase in a sense of well-being, personal happiness, and life satisfaction.

Religion may have different meanings of having children. A descriptive and ethnographic study about the cultural and religious meaning of childbirth for Muslim women living in Jordan was conducted by Khalaf and Callister (1997). They interviewed 32 childbearing women in the early postpartum weeks and found that their motivation to have children was to fulfil their destined role as women, to create a family, to continue Arab blood lines, to provide their future economic and emotional security, and to provide them with security against divorce (Khalaf & Callister, 1997).

The meaning of motherhood

Motherhood is a complex mixture of positive or negative emotional experience of a woman’s life (Price, 1988). Being a mother has also been seen as the most important and meaningful role in womanhood (L.C Callister et al., 1999). Marriage and motherhood are usually central to a woman’s life and identity in order to become a ‘real woman’ (Richardson, 1993; Semenic, Callister, & Feldman, 2004). That a woman should have babies is related to ‘what a woman does’ as ‘natural’ and ‘normal’ in society (Richardson, 1993). This supports the notion that society is a very important mediator in the family. For instance, Japanese women bear children as a social responsibility in order to contribute to future society and strengthen family bonds (Joulivet, 1997). In contrast, parenting has become more a lifestyle choice in most wealthy nations of the world (Ganley, 2004).

‘Motherhood is not a universal experience’ (Richardson, 1993, p. 144). There are many different factors such as religion (Khalaf & Callister, 1997) and culture (Cheung, 2002b) that influence a woman’s decision to have or not have children. It not only depends on social and economic conditions, but also on beliefs about childbearing (Richardson, 1993). A woman’s choice of becoming a mother may depend on the meaning of having children to them. A meaningful life may include having something important that they can and want to do with their life.
Women do not usually embark on motherhood simply to attain, or add, another role to their lives; rather, motherhood incorporates the woman’s sense of self and is a synthesis of a woman’s identity (Mercer, 2004; Sawyer, 1999). Mothering has been considered as transformation, choice, love and pain, and responsibility (Bergum, 1997). For example, a study of the transition to motherhood of a group of African-American women used grounded theory to elicit their experiences of pregnancy and motherhood (Sawyer, 1999). Sawyer interviewed 17 first-time mothers, who were mostly married, employed, middle-income, college educated, and receiving adequate prenatal care. The meaning of becoming a mother to the women in this study was to always be there for the child, and understand and protect them.

The meaning of childbearing for women is one of the most important determining factors as to whether they decide to have children or not. If women see having a child as signifying their development to a new, more adult, more mature stage of life (Richardson, 1993) or if they regard motherhood as their most important adult role in life (Khalaf & Callister, 1997), they may decide to bear children.

Many cultures have succeeded in convincing women that motherhood represents being a real woman (Richardson, 1993). On the other hand, Kirkley (2000) conducted a feminist exploration about the purpose and effects of mothering and the effects of mothering on women from the historical perspective. As a result, some women with subfertilities or infertilities will seek reproductive technology assistance to be pregnant. This may expose them to a potential risk for their own health, financial and emotional well-being. It also means that women often have to reappraise what being a real women means to them.

**The reasons for having children**

The value of having children has changed rapidly. It can be said that “Children become a consumer good rather than a producer good” (Gunning, 2007, p. 25). According to Gittin (1985), in the past and still for some in the present, women chose to marry mostly for economic survival, and having children was a price to pay for that economic security. Also, in the poorest sectors of modern society or Third World countries, children have been useful economically because children often started
contributing to household finances from even the age of 3 or 4 years old. Consequently children had been an important source of labour power (Gittins, 1985).

Furthermore, in some cultures marriage and children may be the only way for the women to achieve status, power and security. In addition, having children creates new power relationships between mother and child, between father and child, and between mother and father as well as between siblings (Gittins, 1985). That is, not only can having children bring social status in some societies but it is a way in which a woman can become socially recognised as being a real woman who has fulfilled her true destiny and role in life (Cheung, 2002b; Gittins, 1985; Khalaf & Callister, 1997).

Moreover, the creation of a new family is the universal societal hallmark of maturity and self-fulfilment (L. C. Callister et al., 2001; Jordan, 1993; Semenic et al., 2004). Also, children are believed to give purpose and stability to women and to heterosexual relationships (Gittins, 1985; Khalaf & Callister, 1997).

The differences in how various cultures view the meaning of childbearing was seen in a comparison study undertaken by Cheung (2002b). This study was undertaken in Scotland and explored the cultural and social meanings of childbearing for Chinese and Scottish women. Data from 10 Chinese and Scottish women were collected by semi-structured interviews in their own language and unstructured interviews with 45 health workers, women’s relatives and their friends. ‘Having children’ was found to be a social transition. For Chinese women, the meaning of having a baby and being a mother was a part of womanhood, providing a compulsory heir to a lineage, and fulfilment of a marriage. Furthermore, having a son immediately elevated herself image and also her social image within the community and family, in accordance with Chinese culture (Cheung, 2002b). However, the meaning of motherhood for Scottish women was a significant step for a marriage, but not the fulfilment of a marriage. Also, the majority of Scottish women preferred having a girl because it was felt that a daughter would likely be sympathetic to her mother’s situation and take care of both parents when they became old (Cheung, 2002b).

From this study then both Chinese and Scottish women expressed a preference for having a baby of a particular sex, partly due to being taken care of in their old age.
Sons are obligated to care for elderly parents within the Chinese social context (Weinstein, Sun, Chang, & Freedman, 1990), but in Scottish culture, it is the daughter who is most likely to do so. In addition, most of the Scottish and Chinese women similarly experienced childbearing as a feeling of satisfaction, maturity and completeness in their life (Cheung, 2002b).

In addition, having children may be seen as providing an insurance policy against a lonely old age (L.C Callister & Vega, 1998; Cheung, 2002b; Gallagher, 2001; Gittins, 1985; Richardson, 1993) and also a way of reliving people lives and their childhood (Richardson, 1993). Gittins (1985) stated that in many parts of the world, people may prefer to have daughters because daughters will take care of them when they become elderly. In contrast, taking care of elderly parents is a son’s responsibility in Chinese society (Weinstein et al., 1990). However, the initiation of welfare benefits and pensions has influenced people to have more children as insurance against loneliness or lack of support in old age (Gittins, 1985).

Furthermore, having children can represent economic security because children can care for their elderly parents (L.C Callister & Vega, 1998; Cheung, 2002b; Gallagher, 2001; Gittins, 1985; Weinstein et al., 1990). Gender differences in the valuing of children are different in some cultures or societies. For example, sons are more valued than daughters in Chinese cultures (Cheung, 2002b; Gallagher, 2001) and Muslim society (Lassister, 1995). In contrast, daughters may be more important to mothers than sons, as identified in the Scottish culture (Cheung, 2002b).

Decision to have children

Decision-making to having children is a crucial event in women’s life. Culture (Cheung, 2002b; Hung, 2006; Price, 1988; Yieh, Tsai, & Kuo, 2004), religion (Khalaf & Callister, 1997), socio-economic status (Ganley, 2004; L. Lu, 2001, 2006; L. Lu & Lin, 1998), beliefs about childbearing (Richardson, 1993), and the meaning of having children (Khalaf & Callister, 1997; Richardson, 1993) are all factors that influence when women make a decision to have or not to have children.

There are many reasons why some people do not want to marry or do not want to have children, such as economic burden, women remaining independent or disliking
babies and children (Gittins, 1985). However, Nelson (2003) identified that a woman’s decision to have a child is a major transformative theme of maternal transition. Being a mother requires a great commitment for the women in relation to the care of a child (Mercer, 2004).

Women’s decision making processes and reasons for having a child has been found to vary. This process was explored by Cohan, Dunkel-Schetter and Lydon (1993) who conducted a longitudinal study in the United States about pregnancy decision making. This study started when the women were undertaking pregnancy confirmation testing and then followed those women who had tested positive for pregnancy. These authors collected data three times: before pregnancy testing, a day after receiving a positive test results, and after four weeks. The sample size was 121 and participants completed an affect questionnaire and were interviewed with closed-ended questions about their thoughts, feelings, and behaviours in relation to their decision to continue or abort their pregnancies. Pregnancy decision-making among the pregnant women was assessed in four ways: stress of making a decision about the outcome of their pregnancy, positive and negative effects, and satisfaction with their decision. The majority of women decided to continue their pregnancy and demonstrated a high degree of behavioural commitment to their decision. Cohan and colleagues found that when women decided to continue with their pregnancy, they had less stress, less negative effects and more positive affects compared to women who decided to have an abortion. However, regardless of whether women chose to continue the pregnancy or have an abortion they stated that they were satisfied with their decision. The limitation of this study was that most women had already decided whether they would continue with the pregnancy or seek an abortion, so there was only a few women who were actually undecided.

In contrast, a retrospective design study in the United States regarding the pregnancy decision-making process and reactions was conducted by Bracken, Klerman and Bracken (1978). This study included a sample of lower-income black women who either decided to continue or to abort their pregnancy. An interview and questionnaire were applied on their first visit for prenatal care if they were going to continue the pregnancy or a few days before having an abortion. Bracken and colleagues found that more than 75% of both groups of women made their decision after the first to
fourth weeks of suspecting a pregnancy. This result is potentially useful in order to understand pregnancy decision making. The research only studied one ethnic group, however, which was not representative of women generally in that society.

Similarly, a study was conducted by Lydon, Dunkel-Schetter, Cohan and Pierce (1996) of the value-laden basis for commitment to goals and the behavioural and affective sequelae of commitment in context of a stressful life event in Canada. These authors interviewed 57 women who were visiting a clinic for pregnancy testing. If they had a positive test result, they were invited to participate in a second interview 2 days later and the third time a month later. The study found that if women decided to continue the pregnancy, they tended to be more committed to their pregnancy, had more positive emotional responses to the possibility of being pregnant and also to confirmation of being pregnant than those who terminated the pregnancy.

Childbearing motivation, desires, and intention has also been investigated by Miller (1995). Firstly, she conceptualized childbearing motivation from reviewing some different approaches within social and behavioural science, and then she used a theoretical framework. This framework established a four-step psychological sequence: “the formation of trait, the activation of traits into desires, the translation of desires into intentions, and the implementation of intention in the form of behaviour” (p.235). The sample size was 401 married couples and measurement of childbearing motivation was used in order to find out childbearing intention. The results indicated that childbearing motivation was one of important determining factors on intention and indirectly effected childbearing desire. Furthermore, spouse, parents, and friends were found to play an important role in the translation of childbearing desires into intentions. In addition, major life events, social support, and the presence of barriers/facilitators were all found to be important factors in the intention to behaviour. Therefore, childbearing motivation was found to be influenced by desire, family and friends as well as social support which all directly affected the intention and transferred to behaviour.

**Having children and Chinese culture**

The decision to have children is not only about personal choice, but also involves other factors. For example, the culture and the time in which people live may greatly
influence that decision (Price, 1988). There is a Chinese expression that states becoming pregnant is akin to ‘happiness in the body’ (L.C Callister, 1995). Happiness is a psychological state, which follows the gratification of some important human needs or desires (Diener, 1984; Veenhoven, 1984). Having children to continue family linkage is the most important thing regarding to filial piety (Sun, 2012). Also emphasised in Chinese culture is that ‘birth is the meaning of human existence and the aim of marriage is to produce new life’ (S. H. Lee & Kuo, 2000, p. 54). Having a baby is viewed as a major transition in women’s lives as they learn to become mothers. These are prime Chinese cultural beliefs and values associated with childbearing and therefore potentially influence the decision.

Having a female or male baby is different happiness in different cultures. Traditional Chinese folk beliefs and values associated with women are “when a girl is born it is a ‘small happiness’; but when a boy is born, it is a ‘big happiness’ ” (Gallagher, 2001, p. 93). Chinese people may also say that ‘girls are goods on whom one loses money’, or ‘girls are like maggots in the rice’ (Gallagher, 2001, p. 93). This is because, traditionally, after girls marry and move from the original family to their husband’s family, her family will lose her labour; so having a daughter is thereby seen as a bad investment, whereas sons will stay at home, work the family land, and continue the family line and are thus viewed inestimably greater in value (Gallagher, 2001).

**Having children in Taiwanese culture**

Confucianism, Taoism and Buddhism are embedded in Taiwanese culture as essential philosophical thinking. On the other hand, Christianity imported within Westernized culture, has had some impact on the value of people in Taiwan (Davison & Reed, 1998). In Taiwan, most people believe in a mixture of Buddhism, Taoism, and Confucianism, which includes ancestor worship, and a few of them are Christian (Cernada et al., 2007). In fact, Buddhism, Taoism and Confucianism are totally different, and even have contradictory philosophy; however, Buddhism has integrated many Chinese philosophical thoughts and cultural traditions since being introduced from India (L. Lu, 2001). These have been merged, utilised and reinterpreted, to be called Chinese utilitarianism (Quah, 1995) that can be applied in different living circumstances and to promote a good life. For example, people may act in accordance with Taoism in relation to aspects of nature, while Buddhism is more associated with
past lives. For instance, having done good in the past may result in a better life in the present or greater wealth, greater happiness or karma (L. Lu, 2001). Confucianism encourages having sons (Cernada et al., 2007).

In addition, within Chinese culture there is widespread and strong belief in the Chinese animal zodiac, which has been used to record the birthing year from ancient times. Most Taiwanese people know their birthing year within the animal zodiac. For example, in this 12 animal zodiac, the dragon is regarded as a fair animal and may influence the timing of a pregnancy. Dragons have been part of Chinese culture as long as this culture has existed, and can be traced back at least six thousand years (Giskin, 2001). So, according to traditional Chinese custom, a baby born in the year of the Dragon is very fortunate with a successful and bright future, while a baby born in the year of the Tiger is unfortunate and will have a difficult life. For instance, Taiwanese is still believed that if a female baby is born in the year of the Tiger, she will find it difficult to marry (Yue & Lan, 2003).

Some studies have also identified that traditional culture contributes to fertility behaviour in Taiwan. For example: Nair and Chow (1980) conducted a longitudinal study from 1975 to 1977 on fertility intentions and behaviour. Data provided evidence that the year 1976 was a Dragon year and resulted in a higher fertility rate. In addition, 1988 was a Dragon year and also had a higher birth rate (Freedman et al., 1994). These authors found that many Taiwanese couples tried to have a child in the year of the Dragon because of the strength of this belief that such a child would then be very fortunate and have a bright future.

Similar findings was found by Huang (2006), who studied the influence of education on females and the Chinese animal zodiac on fertility rates in Taiwan. This study considered factors determined by the Dragon and Tiger Years that might influence fertility behaviour. Data was collected yearly from 1952 to 2005 by the Taiwan government and indicated that the fertility rate rapidly increased in the year of the Dragon, but decreased in the year of the Tiger. The results indicate that Taiwanese traditional customs have a significant effect on fertility behaviour. According to statistics, therefore, the fertility rate dramatically increased in the year of 2000 and 2012 which was the Dragon year, but declined in the year of Tiger (Yue & Lan, 2003).
This indicates that Chinese animal zodiac belief has very much contributed to Taiwanese fertility behaviour when to have children.

**Parenting in a Taiwanese cultural context**

The nature of parenting has changed radically in many parts of the world, with probably the greatest change being in the past generation. Primarily parenting has become no longer about providing food and shelter (Ganley, 2004). This author identified that parenting has become more child-centred; for instance, when parents spend time with their children, it is no longer just supervision, it is about ‘playing’ and ‘teaching’. This has led to it being more difficult to be a parent, as tasks have increased. In addition, raising children can often be financially draining; therefore, many couples may decide to remain childless (Ganley, 2004).

Becoming a parent is a creative experience of marital bonding in most Western cultures (Asis, 1986), whereas childbearing is a strong social value and desired personal role in Asian culture (L. Lu, 2006). For example, in a [Taiwanese] Chinese cultural context since ancient times, becoming a parent is to fulfil an essential social duty and obligation (L. Lu, 2001). Similarly, Lu and Lin (1998) investigated [Taiwanese] Chinese men and women in Taiwan to ascertain what the most important role is for an adult. These authors found that the most important roles identified were spousal role, parental role, filial role and worker role in Taiwan. As a result, worker role is necessary to work to provide for the family and was the most important role to parents with young children, adolescent children, as well as after children are grown-up. These authors also found that the worker role is “an escape from the stress of managing a young family for women with young children” (L. Lu & Lin, 1998, p. 202).

Parenthood transition in a Chinese [Taiwanese] cultural context has also been examined (L. Lu, 2006). The setting was two major metropolitan cities in Taiwan: the capital city Taipei (north) and Tainan (south). The sample size was 364 (201 females, 163 males). A structured questionnaire was used twice, the first time 6 weeks before the child was born and the second time 6 weeks postpartum. Results from the cross-section analysis indicated that stress associated with parenting had negative effects on their mental health and marital satisfaction. From prospective analyses, stress also had
negative effects on mental health or marital satisfaction after controlling for prenatal baseline levels. Social support and marital congruence was found to have had positive effects on parenthood adjustment. Overall women had higher stress, more psychological symptoms, and lower marital satisfaction than men, but men received more social support. Lu (2006) also discussed that Taiwan, which is a prototypical Chinese society with Confucian family tradition, is undergoing dramatic societal modernisation, extensive urbanisation and family nuclearisation. This has contributed to a breakdown of traditional culture and family forms are changing rapidly, so it is not easy to learn parenting through modelling (L. Lu, 2006).

**The reasons for having children in Taiwan**

Chinese culture has greatly impacted on Confucianism, specially, filial piety and three obedience. For example, Confucianism values the important of family such as respect for elders and filial piety (Sun, 2012). Traditional Taiwanese culture contains a deep vein of filial piety (*Hsiao*). Filial piety is a complex of rites and relations that calls for a lifelong indebtedness on the part of the children (primarily the sons) to their parents and ancestors (Cernada et al., 2007; Hsiung, 2004). In contrast, daughters have been considered in the past as of no economic value. Instead daughters were seen to be wasting the rice by their natal families in Taiwanese society, because she could not continue her father’s family line. Both sons and daughters have equal rights in inheritance by Taiwanese law, however. At the present time (A. Lee, 2004), it is the Taiwanese custom to grant inheritance rights to male children only.

The filial piety and family values of continuing family line are still emphasized in Taiwan’s society (Yieh et al., 2004). This can clearly be seen from the sex ratio in Taiwan. The sex ratio is a measurement that indicates the balance between male and female genders. The normal range for the sex ratio is between 102 and 107 males for every 100 females. In Taiwan, the sex ratio of the first and second child is within the normal range; however, the sex ratio of the third and fourth child indicates that there are more male babies born compared to female babies between the years 2004 to 2009.

In 2008, the total live births were 196,373 babies, with 52.30% (102,700) of these being male and 47.70% (93,673) female (Bureau of Health Promotion, Department of Health, Taiwan, 2009) (see Figure 2.1). Moreover, 102,854 babies were first child;
71,565 were second child; 17,396 were third child and 4,558 were fourth or above child. This figure indicated that there are more male babies than female babies, especially for the third and fourth child. In other words, couples have a tendency to continue to get pregnant until they have a male child. This is evidence that the belief of emphasizing men over than women (重男輕女: zhongnan qingnu) and continuing the family line (傳宗接代: chuanzong jiedai) still exists in Taiwanese society. Despite this fact, the fertility rate remains low.

Moreover, Confucianism beliefs on the role of women, wives and mother are “the virtue of a women lies in the three obedience: obedience to the father, husband, and son” (Chia et al., 1997, p. 138). A woman is expected to marry and have children; the aim of marriage “is to produce new life” (Lee & Kuo, 2000, p. 54). Childbearing still remains an important function of womanhood within the context of Chinese culture (Cheung, 2002a, 2002b; S. H. Lee & Kuo, 2000). In order to understand how Taiwanese women’s role changed regarding the decision to having children, it is important to trace back the Taiwanese culture.

The gaps in empirical data regarding this study

Number of gaps have been identified from the literature. Firstly, Dunn (2003) conducted a cross-sectional study of 29 member countries of the Organisation for Economic Cooperation and Development (OECD) about the effect of subsidies and tax incentives policy on the decision to have children. This was because declining birth rates had become a major problem in most industrialized countries. These
countries contain a wide range of cultural and religious values, different percentages of population between urban and rural areas, and a variety of factors that might be predicted to influence family-size decision. Culture, religion, the urban/rural distribution of populations, the role of women in the labour force, and the availability of day care were found to be important factors in influencing the decision to have a child.

Another gap was identified in a study of young adults’ attitudes toward marriage and child-bearing by using telephone surveys conducted by Bureau of Health Promotion, Department of Health, Taiwan in 2004 (Chuang, Lin, Hurng, & Hsu, 2005). The sample size was 2546 and the target population were 20-39 years old, never married male and female, and married males and females. This study found that most people have positive thoughts related to the value of children, so 68.9% people thought that the ideal number of children was two, 16.3% people preferred more than two children. The results indicated that 65.2% people thought that a child is an essential element of a complete family, and 70.9% people believed that a child can strengthen a couple’s relationship. However, only 28.2% people believed that a child can provide companionship and support when they are in old age while 67.7% people did not. Furthermore, only 16.4% people agreed that a son is necessary within a family to carry on their family line, while 48.4% people disagreed. The results also indicated then that 51.0% people did not want to have second child, due to economic pressure. The author concluded that economic status, child-bearing and children’s education all attributed to the low birth rate. This study only examined young adults’ child-bearing attitudes via telephone surveys, and indicated single as well as married people. There is a need to explore and investigate the relationship between demographic factors and influencing factors in relation to a woman’s decision to have a child. Despite this result, pregnancy decision making is a significant life event in womanhood (Lydon et al., 1996) and it is a lived experience, which needs to be examined deeply.

In the literature reviewed there is evidence of culture and religion contributing to the women’s decision to have children. Economic status and the cost of child rearing was also found to be a factor. However, many of the studies reviewed were conducted some time ago and only few are directly relevant to Taiwan.
Taiwan has one of the lowest birth rates in the world, so the Taiwanese government has implemented incentives to have children since 2002 in accordance to these studies, as mentioned previously. For example, parents can receive educational, child-rearing subsidies, day-care facilities and other incentives for their children, but these have not impacted positively on the birth rate. Furthermore, the Taiwanese government introduced in 2006 the Mega Warmth Social Welfare Program (MWSWP) in order to encourage women to have children (Lin & Yang, 2009). Taiwanese women’s intention to have children was found as a key factor to determine the birth rate; however, there is a paucity of published research that explores women’s decision making related to having children.

Associated demographic factors, culture, religion, the role of women in the labour force, and the availability of day care were found to be important factors which have an influence on Taiwan women’s decision to have children in contemporary Taiwan. Despite many studies exploring different aspects of childbearing decision such as socio-economic status, women’s education, and so on, they appeared to have had little impact on current situation. These studies have been predominantly empirical research telling women what the influences are to the decision making process. This thesis sets about asking women what are the main influences on their decision making from a qualitative perspective.

Summary
In the literature reviewed, culture, religion, social, economic status and the cost of child rearing inform a women’s/families decision to have children. Even though the Taiwanese government has gradually introduced a number of incentives and established some policies in order to encourage Taiwanese women to have a child or more than one child, the birth rate is still decreasing. Therefore, the cultural motivation and personal and social reasons for deciding to have children are very important factors to be explored. Establishing baseline research on this issue is a fundamental first step developing a nursing and midwifery program of research on motherhood decision making in contemporary Taiwan. The methodology employed to undertake this study will be described in detail in the next chapter.
Chapter Three
Methodology

Introduction
In the previous chapter the literature review was presented which justified the significance of this study. The aim of this chapter is to present the methodology employed for this research. This chapter will describe the grounded theory methodology used in this study, as well as the role of previous literature in grounded theory, theoretical sensibility, sampling method, data analysis, memos and diagrams, and trustworthiness. The rationale and justification for the use of this design is also critiqued in the chapter.

Methodology
Qualitative methodology was selected as the preferred method, instead of a quantitative method, because a qualitative method provides both depth and detail of what the participants reveal (Patton, 2002). This is achieved in qualitative research by producing a wealth of detailed information with increased depth of understanding around a smaller cohort (Merriam, 2014). In contrast, quantitative research offers a broader generalized set of statistical findings presented in a concise mode (Patton, 2002). Furthermore, qualitative research is an inductive process, believed to be important in that it adds to theory development with themes or categories, whereas quantitative research is a deductive process of hypotheses and testing of already known concepts (Merriam, 2014). Findings in qualitative research are not arrived at by means of statistical procedures or quantification of data (Corbin & Strauss, 2008). Traditional use of qualitative methods arose as a direct consequence of quantitative methods not always being able to describe aspects of human values, culture and relationship (Streubert-Speziale & Carpenter, 2003). It could be said that qualitative research is a well-positioned activity that locates the observer in the world and that qualitative researchers study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of meanings people bring to them (Denzin & Lincoln, 2008). Furthermore, qualitative research can be described as an umbrella term covering an array of interpretive techniques which seek to describe, decode, translate, and otherwise come to terms with the meaning, not the frequency, of certain
more or less naturally occurring phenomena in the social world (Van Maanen, 1979). In other words, many researchers are interested in how people make sense of their world and how they construct meaning for themselves. Qualitative research provides the means to achieve this.

In order to identify, examine and explore the influences on Taiwanese women’s decision to have children, a qualitative approach using grounded theory was employed. Qualitative research aims to explore and understand the meaning individuals or groups assign to a social or human problem (Creswell, 2013). Using qualitative research is the most useful where little is known about a topic or a phenomenon (Holloway & Todres, 2010). Moreover, grounded theory (GT) method was used in order to develop a theory or concept from the emerging data (Corbin & Strauss, 2008; Glaser & Strauss, 1967; Strauss & Corbin, 1990). In addition, grounded theory provides a theory developed to explain human action and interaction in social, psycho-social or spiritual dimension of life (Annels, 2003). Therefore, grounded theory was suitable to explore the Taiwanese women’s decision-making process to have children.

**Grounded theory methodology**

Grounded theory is a method of conducting qualitative research which “uses a systematic set of procedures to develop an inductively derived grounded theory about a phenomenon” (Strauss & Corbin, 1990, p. 24). In other words, grounded theory is a systematic inductive strategy which guides data collection and analysis in order to formulate a theoretical framework for explaining the collected data (Charmaz, 2000, 2011). The data collection, analysis and theory development are in fact explicitly linked together in a reciprocal relationship according to Strauss and Corbin (1985). The ultimate aim of grounded theory is in fact to develop a theory (Strauss & Corbin, 1990) for exploration and understanding of the meaning individuals or groups assign to a social or human problem (Creswell, 2007).

After undertaking research using grounded theory, Strauss and Corbin (1998) further refined the definition of grounded theory as:

> a set of well-developed categories that are systematically interrelated through statements of a relationship to form a theoretical framework that explains some relevant social, psychological, educational, nursing, or other phenomenon”, therefore, “once concepts are related through statements of relationship into an explanatory theoretical framework, the research findings move beyond conceptual ordering to theory (p. 22).
**The origins of Grounded Theory**

Grounded theory was initially developed and published by Glaser and Strauss in their book of “The Discovery of Grounded Theory” (Glaser & Strauss, 1967), and further discussed and developed by Glaser (Glaser, 1978, 1999), and Corbin and Strauss (Corbin & Strauss, 2008). Glaser and Strauss were trained from different backgrounds which have influenced the formulation of grounded theory method. Glaser’s education at the Columbia University added positivistic methodology in quantitative research to the development of qualitative analysis, and applied “epistemological assumptions, methodological terms, inductive logic, and systematic approach” to grounded theory (Charmaz, 2000, p. 253). Strauss was a field researcher and undertook symbolic interactionism training with Herbert Blumer and Robert Park at the University of Chicago. Strauss, therefore, brought the “pragmatist philosophical study of process, action, and meaning into empirical inquiry through grounded theory” (Charmaz, 2000, pp. 253-254). Grounded theory method, therefore, was derived from these ideas.

In order to explain how grounded theory method had substantially advanced, Glaser (1978) wrote a book titled “Theoretical Sensitivity”. Many readers, however, found it difficult to understand the abstract terms and dense writing from this work (Charmaz, 2000). Strauss (1987), therefore, published a book “Qualitative Analysis for Social Scientists” to illustrate grounded theory methods. This writing was more approachable, but it was more theoretically diffuse than the earlier methods text (Charmaz, 2000). Moreover, Strauss and Corbin (1990) wrote “Basics of Qualitative Research: Grounded Theory Procedures and Techniques” book which aimed to specify and develop grounded theory methodology. This book was critiqued by Glaser (1992) who commented that the writing had lost the sense of emergence of the data to develop the theory. This was because Strauss and Corbin (1990) explained the grounded theory method with the analytic steps and data collection in a more structured way with examples, which “stirs a new technical armamentarium into the mix” (Charmaz, 2000, p. 255). Consequently, Strauss and Corbin (1998) revised the book in order to be less prescriptive. This is the second edition of “Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory” (Strauss & Corbin, 1998).
As a result of this history, grounded theory had, therefore, been divided into two modes: Classic mode (or ‘Glaserian’) which was introduced in 1967 by Glaser and Strauss (1967) and Strauss and Corbin’s mode (or ‘Straussian’) which was reformulated by Strauss and Corbin (Annells, 2003; Stern, 1994; Strauss & Corbin, 1990; Walker & Myrick, 2006). These two versions of grounded theory are different in regards to philosophical perspectives (Charmaz, 2000), and data analysis processes and procedures (Glaser, 1978, 1992; Strauss, 1987; Strauss & Corbin, 1990; Walker & Myrick, 2006). Each of these will be discussed in more detail.

Glaserian mode
Glaserian mode is rooted in the positivism paradigm (Charmaz, 2006; Glaser, 1978, 1992) while Straussian moves to postpositivism (Charmaz, 2000; Strauss & Corbin, 1998). Positivism can be defined as:

an epistemology that subscribes to a unitary scientific method consisting of objective systematic observation and experimentation in an external world. The goal of positivist inquiry is to discover and to establish general laws that explain the studied phenomena and from which predictions can be made. Subsequently, experimentation and prediction can lead to scientific control over the studied phenomena. (Bryant & Charmaz, 2010, p. 609)

Positivism means therefore, that an objective account of the real world can be given. In contrast, postpositivism refers to the fact that partially objective accounts of the world can only be produced because all of the methods are flawed (Charmaz, 2011, p. 15). In addition, postpositivism represents the thinking about what is inquiry after positivism, challenging the traditional notion of the absolute truth of knowledge (Phillips & Burbules, 2000). A further explanation of the meaning of postpositivism can be obtained by breaking the word down to the individual components, therefore:

The prefix “post” suggests, it is a position that arose historically after positivism was and why it was (and deserved to be) replaced. “Postpositivism” is not a happy label (it is never a good idea to use a label that incorporates an older and defective view-point) but it does mark the fact that out of the ruins of the collapsed positivistic approach, a new (if diverse and less unified) approach has developed. (Phillips & Burbules, 2000, p. 4)

In other words, postpositivism represents the thinking about what is inquiry after positivism, challenging the traditional notion of the absolute truth of knowledge (Phillips & Burbules, 2000). Postpositivists retain a deterministic philosophy in which causes probably determine effects or outcomes, so that the problems studied by postpositivists “reflect the need to identify and assess the causes that influence outcomes” (Creswell, 2009, p. 6).
Straussian mode

Strauss and Corbin’s mode (or ‘Straussian’) is applied in this study, because it focuses on the meaning, action, and process, which is consistent with its origin in pragmatism and symbolic interactionism (Charmaz, 2008). Also, this mode of grounded theory has a more structured approach to data collection and analytic procedures which are planned in order to give rigor to a study (Strauss & Corbin, 1990). This mode is also recommended for the novice researcher and doctoral students because it has a more structured approach (Melia, 1996).

Philosophical perspective

There are a number of paradigms associated with qualitative research, including critical social, naturalistic and interpretive. Grounded theory has been classified as belonging to the interpretative paradigm (Lowenberg, 1993). As previously stated, grounded theory aims to formulate a theory grounded from data which is obtained from the social settings from which the research is undertaken (Robrecht, 1995). The root of grounded theory is in the philosophy of pragmatism which is an American philosophical tradition viewing reality as categorised by “indeterminacy and fluidity”. This view of reality can be open to many interpretations. In addition:

Pragmatism assumes that people are active and creative. In pragmatist philosophy, meanings emerge through practical actions to solve problems and through actions people come to know the world. Pragmatists see facts and values as linked rather than separate and truth as relativistic and provisional. (Bryant & Charmaz, 2010, p. 609)

Symbolic interactionism is generally traced back to the work of George Herbert Mead (1863-1931), who was a professor of philosophy associated with the school known as pragmatism at the University of Chicago. (Charon, 1985, p. 23). Symbolic interactionism is a theory about human behaviour and has been described by a number of authors including Mead (1964) and Blumer (1969). Human society is to be seen as comprising of their actions; therefore, human society is viewed as symbolic interaction (Blumer, 1972). In other words, symbolic interactionism can be defined as:

a theoretical perspective derived from pragmatism that assumes that people construct selves, society, and reality through interaction. Because this perspective focuses on dynamic relationship between meaning and actions, it addresses the active processes through which people create and mediate meanings. Meanings arise out of actions, and in turn influence actions. This perspective assumes that individuals are active, creative, and reflective and that social life consists of processes (Bryant & Charmaz, 2010, p. 610)
Furthermore, symbolic interactionism can be described as comprising three premises according to Blumer (1969). The first of these premises is that people act toward something because of the meaning that this may have for them. Blumer’s second premise is that the meaning is derived from, or arises out of, one person’s social interaction with another. The final premise described by Blumer is that these meanings are filtered and modified through an interpretive process undertaken by the person as part of handling any encounters. In other words, symbolic interactionism is about the meanings that people attribute to events and how they convey that meaning through symbols (Baker, Wuest, & Stern, 1992, p. 1356) and following on, how they act in relation to their beliefs (Chenitz & Swanson, 1986, p. 4). Symbolic interactionism is, therefore, about human actions and interactions. Grounded theory then is derived from the analysis of data collected from these actions and interactions. Further, Charon (1985) argues that symbolic interactionism emphasises the nature of interaction, which includes four central ideas. Firstly, interaction assumes that humans interact with, and consider each other. Secondly it includes the ideas that the human’s present acting behaviour is affected not only by what happened in the past, but also by what is happening now. The third central idea described by Charon is that interaction involves both what is happening between people and what is happening within the individual. Finally, symbolic interactionism characterises the human being as one who tends to be more unpredictable and active in his or her world than other perspectives (Charon, 1985).

**Creativity in grounded theory**

Creativity is a crucial component in grounded theory method when the researcher analyses the data (Strauss & Corbin, 1990, 1998). This is because the researcher’s creativity plays an integral part in the grounded theory inductive process (Cutcliffe, 2000). Stern (1994, p. 217) pointed out that “the creativity in the act that brings the real truth of a social situation into being, and following grounded theory techniques is one way to approach this creative process”. Findings from the research involve the interplay between the research and the data, therefore, the researcher needs to be creative during the analytic procedure (Strauss & Corbin, 1990). Creativity can be inspired by writing memos and doing diagrams (Strauss & Corbin, 1990).
Role of previous literature in grounded theory
Reviewing the literature is a vital resource for providing relevant information from existing knowledge regarding the research. Literature reviews can provide and identify the gaps in current knowledge and also provide the background, significance, and a guide to formulating the methods for a study (Cutcliffe, 2000). The literature review in quantitative research is undertaken in order to provide a foundation from previous knowledge about a research problem. This is usually, therefore, conducted well before commencing data collection (Polit & Beck, 2008). Likewise, for most qualitative research, the literature review provides a foundation from previous knowledge to situate the research problem. Some methodologies, such as grounded theory method, however, have different viewpoints as to the amount of literature that is reviewed prior to undertaking the study. In the case of grounded theory minimal literature review is undertaken (Polit & Beck, 2008).

Another aspect regarding the literature review in grounded theory studies, is that there are different opinions regarding when to start to review the related literature. Some authors (Polit & Beck, 2008; Strauss & Corbin, 1994) suggest that reviewing literature should commence after data collection and analysis. This is because the emergent theory will be generated from the data. In addition, previous studies may affect the researcher’s conceptualization of the phenomena under study (Polit & Beck, 2008).

Hutchinson (1993), however, recommends that the researchers should consult the literature review before collecting and analysing data, as this will allow the researcher to identify the gaps in existing knowledge. Likewise, Strauss and Corbin (1998) pointed out that it is impossible to find gaps in present knowledge without reviewing the relevant literature. Strauss and Corbin (1998) therefore, suggest that it is unnecessary to review all the literature in the early stage of ground theory research, only a preliminary review of the literature would enhance theoretical sensitivity. For doctoral candidates, they must review literature in order to write a research proposal and apply for human research ethics committee approval (HREC) (Charmaz, 2011), if they do not already have knowledge in their research field (Charmaz, 2006). For the purpose of this study, an initial brief review of the literature was undertaken.
Theoretical sensibility
Theoretical sensibility is one of the crucial elements in formulating a theory from data (Strauss & Corbin, 1990). This is defined as “having insight, the ability to give meaning to data, the capacity to understand, and capacity to separate the pertinent from that which isn’t” (Strauss & Corbin, 1990, p. 42). In other words, the researcher has insight in relation to the meaning to be found in the data when reviewing it with analytic depth. This is because data analysis is the interaction between the researcher and the data.

There are a few ways to gain theoretical sensibility, including literature, professional and personal experience (Strauss & Corbin, 1990). For example, theoretical sensibility will be enhanced by reviewing relevant literature (Pandit, 1996). Furthermore, Strauss and Corbin (1990, 1998) suggest that researchers use the techniques of asking questions and making comparisons to enhance their theoretical sensitivity when they conduct a grounded theory based study. On the other hand, “theoretical sensitivity is also acquired during the research process through continual interactions with the data – through your data collection and analyses of the data” (Strauss & Corbin, 1990, p. 47).

Sampling
There are two viewpoints to determine the sample size. Firstly, in qualitative research, the ‘richness’ of data collected is more important than the number of participants (Whitehead & Annells, 2008). It is the breadth and depth of narrative data gathered from participants that is important, rather than the number of participants (Strauss & Corbin, 1998). The size of the sample for qualitative research therefore cannot be determined before conducting the research. This is because sampling will need to continue until data saturation is achieved. This means that the number of participants will be determined by the point reached when no new or relevant data seems to emerge regarding interpreted categories (Liamputtong, 2009). Data saturation is considered as the golden principle in qualitative research and is when the sampling ceases (Morse, 2010). Data saturation means that no new information can be obtained and redundancy is achieved (Polit & Beck, 2008). Theoretical saturation in grounded theory refers to the fact that no additional data was found to generate further properties of the category (Glaser & Strauss, 1967).
Grounded theory; however, determines the sample size differently to saturation. The purpose of grounded theory is to select informants who can best contribute to the evolving theory; therefore, the sample size in grounded theory was suggested to be about 20 to 30 participants by using theoretical sampling (Polit & Beck, 2008). In grounded theory research, sampling, data collection, data analysis, and theory construction occur concurrently, and so study participants are selected serially and contingently (Polit & Beck, 2008, p. 358). There are two types of sampling technique used that is purposeful and theoretical sampling.

Qualitative samples tend to be ‘purposive’ (Kuzel, 1992; Morse, 1989). Purposive sampling is the selection of individuals because they are thought to typify (or have central information about) particular characteristics of interest to the researcher (Lorraine, 1994). This sampling method can provide information-rich cases for in-depth study as the researcher chooses participants who have the required status, experience or special knowledge to provide the researcher with the vital information they seek (Whitehead & Annells, 2008). Purposive sampling is essentially strategic and entails an attempt to establish good correspondence between research questions and sampling. That is, the researcher samples on the basis of wanting to interview people who are relevant to the research question (Bryman, 2008).

Grounded theory uses the inductive method to analyse and synthesise the phenomena (Corbin & Strauss, 2008). The sample might include a variety of participants, with concepts emerging from the very beginning in the inductive phase (Holloway & Todres, 2010). Inductive reasoning refers to the procedure of formulating generalization from specific observations with theories being constructed inductively from observations (Polit & Beck, 2008). Initially, purposeful sampling is employed and analysis of data from selected cases is undertaken in order to develop the explainable theory (Pandit, 1996). The aim of purposeful sampling is to discover a preliminary structure of categories, sub-categories and variables from open coding.

In the grounded theory method, theoretical sampling is one of the critical processes in the development of a theory (Hood, 2007). The main purpose of using theoretical sampling in grounded theory method is to generate theory from data and it is to be employed during the ongoing joint data collection (Glaser & Strauss, 1967).
Furthermore, theoretical sampling involves the purposeful selection of a sample for the initial stage of a study (I. T. Coyne, 1997, p. 625). Theoretical sampling then is conducted after the initial collection and analysis. Through this process different participants are searched for in relation to the data connection. In other words, the researcher collects, codes and analyses the data and then decides what data needs to be collected next, sources the appropriate participant accordingly in order to develop the theory (Glaser, 1978, p. 36). Sampling data through appropriate participants is therefore required in order to fulfil the properties of an emergent conceptual category. This process then continues until additional cases no longer add any new information (Charmaz, 2011; Green & Thorogood, 2004; McCann & Clark, 2003a). Theoretical sampling does not require any criteria which are based on the theoretical relevance of each additional slice of data. The researcher should, however, select a participant according to the needs of the study (Glaser, 1978; Glaser & Strauss, 1967, p. 48).

Purposive sampling in grounded theory research helps the researcher to discover participants lived experience of the phenomena and can give the richest insight into the experience (Milne & Oberle, 2005). Theoretical sampling then is applied and modified during the process of data collection (Draucker et al., 2007) in order for the concepts and categories to emerge during the constant comparative data analysis. Similarly, constant comparative data analysis from theoretical sampling is an integral part of the process of the grounded theory approach (Cutcliffe, 2000). Both theoretical sampling and constant comparative data analysis are undertaken alternatively in collecting data.

Data analysis

The analysis of qualitative data can be defined as a “… process of fitting data together, of making the invisible obvious, of linking and attributing consequences to antecedents” (Morse & Field, 1995, p. 126). In addition, data analysis “is a process of conjecture and verification, of correction and modification, of suggestion and defence” (Morse & Field, 1995, p. 126). The aim of the data analysis is to organise, provide structure to, and elicit meaning from data (Polit & Beck, 2008).

Data analysis in grounded theory research is often termed as coding. Coding qualitative data can be defined as “the process of transforming raw data into
standardized form for data processing and analysis” (Polit & Beck, 2008, p. 749). Furthermore, coding means “data are broken down, conceptualized, and put back together in new ways” which is “the central process by which theories are built from data” (Strauss & Corbin, 1990, p. 57). In grounded theory, coding is used not only to extract a few themes, but also to formulate a descriptive theoretical framework which underpinning the concepts (Strauss & Corbin, 1990). The purpose of coding, therefore, is to transform data and develop the categories from which a grounded theory will be constructed (Holloway & Wheeler, 2002). Strauss and Corbin (1990, p. 57) stated that the analytic processes of grounded theory is designed to include the following four steps:

1. Build rather than only test theory;
2. Give the research process the rigor necessary to make the theory “good” science;
3. Help the analyst to break through the biases and assumptions brought to, and that can develop during, the research process;
4. Provide the grounding, build the density, and develop the sensitivity and integration needed to generate a rich, tightly woven, explanatory theory that closely approximates the reality it represents (Strauss & Corbin, 1990, p. 57).

The researcher’s capacity of creativity, rigor, persistence and theoretical sensitivity during analytic process is, therefore, required to maintain a balance among these attributes (Strauss & Corbin, 1990).

Moreover, coding is the fundamental step towards formulating a theory. The coding process in grounded theory includes open coding, axial coding and selective coding in sequence in order to break down, conceptualise, and integrate the information in new ways (Corbin & Strauss, 2008; Strauss & Corbin, 1990, 1998). The final analytic tool in grounded theory is conditional matrix. This integrates all of the analysis in the framework and “is in effect an analytical framework for grounded theory” (Strauss & Corbin, 1990, p. 56).

Furthermore, Strauss and Corbin (1990) point out that analysing data is the process of making interpretation. These authors also recommended that the ‘asking of questions’ is an essential technique in all coding procedure which will facilitate the researcher’s flexibility using those procedure. Data collection and data analysis are closely interwoven in grounded theory method, therefore, they must be undertaken alternately, because the analysis guides the sampling of data (Strauss & Corbin, 1990).
Microanalysis

Strauss and Corbin (1990, p. 29) claimed that “theory uses concepts” by grouping similar data and giving conceptual labels, and also linking relevant concepts. Microanalysis involves the line-by-line analysis which is applied in grounded theory method. In other words, the researcher analysis texts or transcripts words by words, line by line, and sentences by sentences to formulate initial categories with their properties and dimensions in early stage of data analysis and to find out the linkage among concepts (Strauss & Corbin, 1990).

In addition, Strauss and Corbin (1990, p. 58) emphasis that “analysis is not a structured, static or rigid process”. Analysis is instead a free-flowing and creative one in which analysis move quickly back and forth between types of coding, using analytic techniques and procedures freely and in response to the analytic task before analysts (Strauss & Corbin, 1990, p. 58).

Making theoretical comparisons is an important analytic tool to generate questions and discover the properties and dimensions within data, as well as enhance the researcher’s theoretical sensibility (Strauss & Corbin, 1990). These steps in analysis include open and axial coding (Strauss & Corbin, 1990).

Open coding

The coding process commences with open coding to analyse data. Open coding uses line-by-line, sentence by sentence analysis through the texts or transcripts to search for ideas and is the procedure to break down, examine, compare, conceptualize and categorise data (Strauss & Corbin, 1990). Indeed, line-by-line analysis in early stages of data analysis was recommended by Strauss and Corbin (1990), because this type of analysis will allow the researcher to generate the categories earlier and it is the basis for theoretical sampling. Coding is a cyclical process. Even though open coding is the first step to data analysis, it can be returned to at any point when the data analysis becomes stuck (Green & Thorogood, 2004).

Concepts are the basic units of analysis in a grounded theory approach, and therefore conceptualising the raw data from the texts or transcripts through noting and labelling phenomena into concepts is the first step to generate a theory (Strauss & Corbin, 1990). Strauss and Corbin (1990, p. 63) suggested that the researcher should ask
questions of the data, such as: “What is this? What does it represent?” and then compare incident with incident, after that grouping the similar phenomena together with same given name during labelling phenomena. In other words, a concept is equal to a labelled phenomenon.

To be a creative, the researcher must ask questions through ongoing process (Strauss & Corbin, 1990). The use of questioning during analytic procedure aims to stimulate the researcher to “think of potential categories, their properties and dimensions” and to open up the data (Strauss & Corbin, 1990, p. 77). Asking questions about data such as why, what, how, where, who, how much and when and so on will enhance researcher’s sensitivity to search for the potential categories and their properties and dimension, and also ideas for theoretical sampling (Pandit, 1996; Strauss & Corbin, 1990, 1998). Asking these questions will enable the researcher to closely identify the theoretical issues lying behind the text and enhance theoretical sensitivity using comparisons (Gibbs, 2002).

After that, these conceptual labels will be grouped together with the similar ideas or incidents which is the process of categorizing to form categories (Strauss & Corbin, 1990). In addition, developing a category is required so that its properties can be identified and then be dimensionalised (Strauss & Corbin, 1990). Identifying the properties which also can be dimensionalised is the first step in forming a category. Properties can be defined as the attributes or characteristics of a category with “dimensions represent locations of a property along a continuum” (Strauss & Corbin, 1990). Properties and dimension are essential foundation to form the linkage between categories and subcategories. This process then allows the researcher to break data down the data into discrete parts, closely examine every piece, make comparisons regarding the similarity and differences between different pieces of data, and ask questions about the phenomena as reflected in the data (Strauss & Corbin, 1990).

Asking questions and making comparisons are two of the analytic process which are the fundamental steps in coding process in grounded theory in order to avoid bias and overcome analytic blocks (Strauss & Corbin, 1990). In addition, these two analytic procedures are essential tools to make the connection and generation of categories (Strauss & Corbin, 1990).
Making comparisons about similarities and differences from each incident, event, and other instances of phenomena will identify and develop their properties and dimensions (Strauss & Corbin, 1990). This step helps to identify concepts and their properties and dimension of data, and to generate as many potential codes as possible (Green & Thorogood, 2004; Strauss & Corbin, 1998). Making comparisons among incidents in the data means to think comparatively, which will enable the researcher to “stay grounded in them” during data analysis (Strauss & Corbin, 1998, p. 43). It is vital to identify and categorise concepts for further analysis during open coding (Strauss & Corbin, 1990). This step will force and inspire the researcher to think at a property and dimensional level to increase their perspective when examining a piece of data and inspire thinking at a property and dimensional level (Strauss & Corbin, 1998). Furthermore, Strauss and Corbin (1998) suggested three techniques for further analysis through comparisons to facilitate the researcher’s creativity, and enhance theoretical sensitivity in order to open up the data. These techniques include flip-flop technique, systematic comparison of two or more phenomena, and waving the red flag.

First of all, flip-flop technique means to turn a concept ‘inside out’ or ‘upside down’ to get a ‘different perspective on the event, object, or action/interaction’ (Strauss & Corbin, 1998, p. 94). This step will enable the researcher to think analytically, formulate provisional categories with the properties and dimensions. Secondly, systematic comparison of two or more phenomena refers to making comparisons on one “incident in the data to one recalled from experience or form the literature” (Strauss & Corbin, 1998). This technique aims to stimulate the researcher’s sensibility to identify the properties and dimensions in the data. Lastly, waving the red flag indicates the researcher is sensitive to “recognize when either the [our] researcher’ own or the respondents’ biases, assumptions, or beliefs are intruding into the analysis” (Strauss & Corbin, 1998). Therefore, the researcher needs to be sensitive to phrases like ‘Never’, ‘Always’, ‘It could not possibly be that way’ and to look more closely. The researcher needs to find out what would happen if that situation actually did occur (Strauss & Corbin, 1998, p. 97).
Axial coding

Axial coding is the second step of coding and aims to look for relationships between categories and clarify the emergent thoughts (Kelle, 2005). This is undertaken after a provisional coding scheme has been developed (Green & Thorogood, 2004). The researcher starts to put identified categories and their properties, and dimensions in new ways through making a linkage between a category and its sub-category (Strauss & Corbin, 1990). This process involves making comparisons and asking questions with inductive and deductive thinking during open coding (Strauss & Corbin, 1990). Axial coding means:

a set of procedures whereby data are put back together in new ways after open coding, by making connections between categories. This is done by utilising a coding paradigm involving conditions, context, action / interactional strategies and consequences (Strauss & Corbin, 1990, p. 96).

The coding paradigm used in axial coding is a model to link the connections between categories and subcategories. This includes causal conditions, phenomenon, context, intervening conditions, action-interactions (coping mechanisms), and consequences to guide the researcher in theoretical sampling (Strauss & Corbin, 1990). First of all, causal condition relates to an event, an incident or a happening which leads to the occurrence or formulation of a phenomenon (Strauss & Corbin, 1990). Secondly, phenomena refer to “the central idea, event, happening, incident about which a set of actions or interactions are directed at managing, handling, or to which the set of actions is related” (Strauss & Corbin, 1990, p. 96). In order to identify phenomena in the data, the use of questioning includes “What is this data referring to? What is the action/interaction all about?” (Strauss & Corbin, 1990, p. 100).

Thirdly, context “represents the particular set of conditions within which the action/interactional strategies are taken” (Strauss & Corbin, 1990, p. 96). The context, therefore, represents the properties that are relevant to a phenomenon (Strauss & Corbin, 1990, p. 101). Fourthly, intervening conditions “act to either facilitate or constrain the action/interactional strategies taken within a specific context” which must be managed” (Strauss & Corbin, 1990, p. 103). The purpose of these actions/interactions is in response to, or to manage a phenomenon (Strauss & Corbin, 1990) and thereby develop the theory. Finally, consequences indicate that “action and
interaction taken in response to, or to manage, a phenomenon have certain outcomes or consequences” (Strauss & Corbin, 1990, p. 106).

The conditional/consequential matrix
Understanding phenomenon is one of the important steps undertaken when a researcher wants to develop a theory (Strauss & Corbin, 1998). Strauss and Corbin (1990, p. 175) developed a conditional matrix which “is a powerful analytic tool for capturing the many conditions and consequences bearing upon a given phenomenon”, the purpose of conditional matrix is to form an explanatory framework. According to Strauss and Corbin (1998, p. 181) this conditional/consequential matrix is a useful analytic tool to “stimulate analysts’ thinking about the relationship between macro and micro conditions/consequences both to each other and to process” for grounded theory. Strauss and Corbin also emphases four important analytic points that are needed: macro and micro conditions/consequences should be part of the analysis; macro conditions may intersect and interact with micro conditions; these conditions become part of situational context through direct or indirect ways; these conditions, subsequent actions/interactions and consequences can be traced through on the paths of connectivity.

In addition, Strauss and Corbin (1998, p. 190) pointed out that the matrix can be used to direct theoretical sampling, as this helps the researcher determine which threads are important to pursue in the data and how the events in the data might be linked. Conditional/consequential matrix is, therefore, “a coding device to show the intersections of micro and macro conditional/consequences on actions and to clarify the connections between them” (Bryant & Charmaz, 2010, p. 607).

Selective coding
Selective coding is the final step of analysing the data. The purpose of selective coding is to move towards more abstract and analytical theoretically informed concepts (Green & Thorogood, 2004). Selective coding can be defined as “the process of selecting the core category, systematically relating it to other categories, validating those relationships, and filling in categories that need further refinement and development” (Strauss & Corbin, 1990, p. 116). Furthermore, the core category represents the central phenomenon from the data around which incorporates all the
other categories from the data (Strauss & Corbin, 1990, p. 116). The core category is therefore the essence of the data. The term of ‘process’ in grounded theory method refers to linking of sequences of action/interaction relevant to the management of, control over, or response to, a phenomenon (Strauss & Corbin, 1990, p. 143). Indeed, process plays a vital role to examine and incorporate the changed action/interaction into analysis in response to change in conditions (Strauss & Corbin, 1990).

Strauss and Corbin (1990) outlined the steps necessary for the researcher to follow that enables them to formulate the selective coding. These steps includes: developing the story line which is the first step to illustrate the core category. Causal conditions, context, strategies, and consequences in paradigm model are all part of the second step. The third step is to make the connection between dimension level and categories, after that using the data to validate the linkage among these categories. The final step according to Strauss and Corbin in formulating the selective code is filling in the categories.

Writing the story line is the essential first step in order to achieve integration in selecting coding using the fundamental techniques of making comparisons and asking questions about the data (Strauss & Corbin, 1990). This is the process to conceptualizing the main phenomenon of the study to a descriptive story (Strauss & Corbin, 1990). In addition, the story should indicate its properties. The researcher then should connect the other categories to these identified properties (Strauss & Corbin, 1990).

The core category has the ability to explain the variations, and the main point of the data, as well as inspire changing conditions. Through the help of the following techniques, the researchers can identify their core category in grounded theory approach and integrate all the concepts from their data:

- It must be central in being able to connect with other categories.
- It must be frequently seen in the data, and as an indicator be associated with all cases.
- It can easily be related to other categories with logic and consistency, without being forced.
- The name of core category should be more abstract than other categories, being able to be used for other substantive study area, and to a guide to developing a more general theory than has appeared, so far in the study.
- As the core category is analytically refined by integrating with other categories, the theory will exhibit in-depth and explanatory power (Strauss & Corbin, 1998, p. 147).
**Constant comparative analysis**

In grounded theory studies, data collection and data analysis usually occur concurrently (Polit & Beck, 2008). The central core of grounded theory method is this method of constant comparative analysis, which aims to generate a theory (Glaser & Strauss, 1967; A.L. Strauss & Corbin, 1994). Constant comparison involves comparing codes to interpret the data (Green & Thorogood, 2004) and comparing data with data, data with category, and category with category (Charmaz, 2008). Furthermore, this is an approach whereby every piece of data, such as sections of an interview transcript, is compared with other data, which may be different or similar from it, in order to theorise all possible relations among data (Corbin & Strauss, 2008; Glaser, 1978, 1992; Glaser & Strauss, 1967).

The process of constant comparison starts after the first data is collected and guides the theoretical sampling throughout data collection (Robert & Taylor, 2002). Constant comparison analysis is applied to identify variations within and between new and existing data to add renewed insights and perspectives (Payne, 2007). This process continues until the theory is fully developed (McCann & Clark, 2003).

**Memos and diagrams**

In grounded theory, memos and diagrams are two forms of written records which are used to record the researcher’s thoughts during the process of data analysis. Memos are the researcher’s abstract thinking about data. On the other hand, diagrams are visual images or graphic representations of the relationships between concepts (Strauss & Corbin, 1990). Writing memos and diagrams are two essential steps in the analytic process, which starts “at the inception of a research project and continues until the final writing” (Strauss & Corbin, 1990, p. 198).

In contrast, coding is the process of breaking down the data and memoing is synthesising of the data in an analytic procedure. Writing memos is vital procedural step of data analysis and has been emphasised as the ‘bedrock of grounded theory’ (Glaser, 1978, p. 83). Memos are “records of analysis, thoughts, interpretations, questions and directions for further data collection” (Corbin & Strauss, 2008, p. 11). Memo writing occurs constantly throughout the data collection process (Dick, 2010). This means that the analytical process can and should be interrupted at any point for
the purpose of recording and elaborating thoughts, reflections and ideas that occur to the researcher (Jeon, 2004). These ideas and categories will become more theoretical in the analytic process (Corbin & Strauss, 2008).

Memos contain code notes such as conceptual labels, paradigm features, and indications of process, operational notes about data collection, theoretical notes as the development of analytical ideas about “relevant and potentially relevant categories, their properties, dimensions, relationships, variations, processes, and conditional matrix” (Strauss & Corbin, 1990, p. 197).

**Evaluative criteria for judging adequacy**

Grounded theory method is a systematic technique to enhance scientific knowledge (Gortner & Schultz, 1988) and procedures of analysis to formulate a substantive theory. In order to evaluate the theory – generating research, Strauss and Corbin (1998) also suggested that seven criteria be used to judge a grounded theory (see Table 3.1) and eight criteria for evaluating the empirical grounding of a study (see Table 3.2). These criteria were used to evaluate the credibility of descriptive findings or theory constructed in order to enhance rigor during the research process for the current study.

<table>
<thead>
<tr>
<th>Number</th>
<th>The Evaluative Criterion</th>
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<tbody>
<tr>
<td>Criteria 1</td>
<td>• How was the original sample selected? On what grounds?</td>
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<tr>
<td>Criteria 2</td>
<td>• What major categories emerged?</td>
</tr>
<tr>
<td>Criteria 3</td>
<td>• What were some of the events, incidents, or actions (indicators) that pointed to some of these major categories?</td>
</tr>
<tr>
<td>Criteria 4</td>
<td>• On the basis of what categories did theoretical sampling proceed? That is, how did theoretical formulations guide some of the data collection? After the theoretical sampling was done, how representative of the data did the categories prove to be?</td>
</tr>
<tr>
<td>Criteria 5</td>
<td>• What were some of the hypotheses pertaining to conceptual relations (i.e., among categories), and on what grounds were they formulated and validated?</td>
</tr>
<tr>
<td>Criteria 6</td>
<td>• Were there instances in which hypotheses did not explain what was happening in the data? How were these discrepancies accounted for? Were hypotheses modified?</td>
</tr>
<tr>
<td>Criteria 7</td>
<td>• How and why was the core category selected? Was this collection sudden or gradual, and was it difficult or easy? On what grounds were the final analytic decisions made?</td>
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Table 3.1 Seven Evaluative Criteria for Judging the Adequacy of the Research Process (Strauss & Corbin, 1998, p. 269).
Table 3.2 Eight Criteria for Evaluating the Empirical Grounding of a study (Strauss & Corbin, 1998, pp. 270-272).

<table>
<thead>
<tr>
<th>Number</th>
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<td>Criteria 1</td>
<td>• Are concepts generated?</td>
</tr>
<tr>
<td>Criteria 2</td>
<td>• Are the concepts systematically related?</td>
</tr>
<tr>
<td>Criteria 3</td>
<td>• Are there many conceptual linkages, and are the categories well developed?</td>
</tr>
<tr>
<td>Criteria 4</td>
<td>• Are categories have conceptual density?</td>
</tr>
<tr>
<td>Criteria 5</td>
<td>• Is variation built into the theory?</td>
</tr>
<tr>
<td>Criteria 6</td>
<td>• Has the conditions under which variation can be found built into the study explained?</td>
</tr>
<tr>
<td>Criteria 7</td>
<td>• Do the theoretical findings seem significant, and to what extent?</td>
</tr>
<tr>
<td>Criteria 8</td>
<td>• Does the theory stand the test of time and become part of the discussions and ideas exchanged among relevant social and professional groups?</td>
</tr>
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</table>

Seven Evaluative Criteria for Judging the Adequacy of the Research Process

The following lists the criteria which are used to evaluate this research process according to the seven criteria for judging the adequacy of the research process. These criteria are presented in question form, their answer function as evaluative criteria (Strauss & Corbin, 1990, 1998).

Criteria 1: How was the original sample selected? On what grounds?

The aim of this study was to develop a substantive theory with the particular situational context being pregnant women attending an antenatal clinic in one of general hospitals in Taipei, Taiwan. Those women, who met the criteria for participation over the recruitment period, were invited to participate in this study. Participants for the first round of recruitment were selected from a purposive range of ages (under 30 or over 35), different educational background, and economic status and so on at early stage of collecting data.

Criteria 2: What major categories emerged?

Eight categories emerged from the data which included cultural norms, being a woman, living with invisible pressure to have children, childbearing and quality of life, woman’s attitudes toward having children, weighing up the choices, path to childbearing, making the alternative decision to have children, maintaining the quality of life, and balancing between having children and maintaining the quality of life.

Criteria 3: What were some of the events, incidents, or actions (indicators) that pointed to some of these major categories?
Cultural norms and being a woman were the causal conditions of phenomena related to decision-making. Living with invisible pressure to have children was the phenomenon resulting from cultural norms and being a woman in Taiwan. Childbearing and quality of life, and woman’s attitudes toward having children were the context in which decision making and coping strategies developed. Weighing up the choices, husband’s attitudes toward children, women’s age and personal choices were the intervening conditions which influenced their decision making and coping strategies. Path to childbearing, making the alternative decision to have children and maintaining the quality of life were the strategies for decision making and coping. Balancing between having children and maintaining the quality of life was the consequences of strategies for decision making and coping.

Criteria 4: On the basis of what categories did theoretical sampling proceed? That is, how did theoretical formulations guide some of the data collection? After the theoretical sampling was done, how representative of the data did the categories prove to be?

Theoretical sampling in this study was established from the results of open coding, axial coding and selective coding. Data collection through interviews was followed by analysing data with constant comparative comparison. After the first four interviews, emerging concepts directed additional sampling. Axial coding tested the relation between and within categories and their sub-categories along the lines of their properties and dimensions.

Criteria 5: What were some of the hypotheses pertaining to conceptual relations (i.e., among categories), and on what grounds were they formulated and validated?

Some of the initial hypothesis was that the cultural aspects were the main contributing factors. After returning to the data, it was clear that this was not the case and that there was more to this decision making process for women.

Criteria 6: Were there instances in which hypotheses did not explain what was happening in the data? How were these discrepancies accounted for? Were hypotheses modified?
There were no instances where hypotheses did not explain what was happening in the data. With any concern the researcher went back to the data to determine the correct core category for this study.

Criteria 7: How and why was the core category selected? Was this collection sudden or gradual, and was it difficult or easy? On what grounds were the final analytic decisions made?
The researcher used analytic techniques such as writing storyline, establishing paradigm model, diagramming to integrate the relation between categories in order to identify the core category. The major sets of categories were constructed in preliminary diagrams and developed further from this.

_Eight Criteria for Evaluating the Empirical Grounding of a study_
The following lists the criteria which are used to evaluate in this research process according to the eight criteria for evaluating the empirical grounding of the study (Strauss & Corbin, 1998, p.270-272).

Criteria 1: Are concepts generated?
Concepts of this study were generated from the collected data through coding procedure and constant comparative comparison analysis. The process of conceptualising then occurred with the development of categories.

Criteria 2: Are the concepts systematically related?
The systematic conceptualization is the result of generating a substantive theory. The detail of linkage between concepts is presented throughout the findings chapters of this thesis, in Chapters Five and Six.

Criteria 3: Are there many conceptual linkages, and are the categories well developed? Do categories have conceptual density?
Categories and their sub-categories, and also between categories in the ultimate integration were linked closely. The detail of categories, conceptual linkages and conceptual density are presented as a paradigm model including conditions, context, action/interaction strategies, and consequences. Categories should be tightly linked with each other. This pertains both to individual categories and the larger core
category. Categories should also be theoretically dense, that is, have many properties that are dimensionalized. It is the tight linkages and density of the categories (many properties and dimensional variation) that give a theory its specificity and explanatory power (Chapter Five and Six).

Criteria 4: Is variation built into the theory?
The range of variations including some conditions, actions/interactions and consequences were generated in this study (Chapter Five and Six).

Criteria 5: Are the conditions under which variation can be found built into the study and explained?
The explanatory conditions can be found in the analysis chapters (Chapter Five and Six).

Criteria 6: Has process been taken into account?
See Chapter Four for details on the research process involved with this study.

Criteria 7: Do the theoretical findings seem significant, and to what extent?
The consequent substantive theory provides new knowledge that can guide nursing/midwifery practice, education, policy development and further research (see Chapter Nine). Therefore, the results are significant and can provide broad recommendations for the implementation of strategies for the Taiwanese government, women’s health care services in relation to promoting the optimal time to have children to reduce the risks of gestational complications or infertility in Taiwan, and outlines future research directions.

Criteria 8: Does the theory stand the test of time and become part of the discussions and ideas exchanged among relevant social and professional groups?
This substantive theory has confirmed with existing knowledge from literature, as well as extended and added new knowledge from literature. The research was conducted in Taiwan. Therefore, it will contribute in helping Taiwanese women’s decision making to have children and has implications for nurses and midwives.
Summary
The value of using qualitative research is that it is suited to identifying, exploring and understanding the intentions of individuals who decide to have children. As such, this chapter has illustrated the grounded theory methodology that was undertaken to identify and explore the various associated factors which influence Taiwanese women’s decision to have children. The next chapter will discuss the methods used in the application of grounded theory methodology for this study.
Chapter Four
Method

Introduction
The previous chapter described the grounded theory methodology that was undertaken to identify and explore the various associated factors influencing women’s decision making regarding having children. The aim of this chapter is to present the methodology employed for this research. This chapter will describe the methods that were used in this study to formulate a substantive theory. This chapter commences with the aims and objectives of the study, the research setting, data collection and analysis, rigor of the study, and the findings regarding the demographics of the participants.

Research question, aims and objectives
What factors influence Taiwanese women when deciding to have children?

Aims
This study aimed to determine and examine the personal, social, and cultural factors influencing Taiwanese women’s decisions to have children in contemporary Taiwan and to examine the role of the nurse/midwife in this health decision-making process. The secondary aim was to identify, describe and critique factors that may inform strategies for nurses/midwives to promote and facilitate Taiwanese women’s motherhood decision-making.

Objectives
The objectives of this study, in respect to Taiwanese pregnant women, were to:

- describe and examine influences that encourage and facilitate the decision to have children, (including personal values, culture, familial, social, spirituality and the Taiwanese meaning of being a mother);
- describe and examine influences that pose barriers to the decision to have children, (including personal, familial, social, cultural spiritual, values and the Taiwanese meaning of being a mother);
• examine from the perspectives of the women how nurses/midwives could culturally and professionally contribute to the decision-making process.

**Research Setting**
In order to identify the factors that contribute to Taiwanese women’s decision to have children, this study was conducted in Taiwan. The research setting was in Tzu Chi General Hospital, Taipei which is a large-scale hospital and located at Sindin, Taipei County. Taipei (described in Chapter 1, p.7) is one of largest cities in Taiwan. Housing and living cost are more expensive in urban areas compared to rural areas. As housing is very expensive in Taipei, therefore, most people whose work is bound to Taipei in some way, prefer to live near Taipei city in Taipei County. The number of births at Tzu Chi General Hospital ranges from 3,600 to 3,800 babies per year or 300 to 330 per month; and approximately 14% to 15% of babies are born to mothers who live in Taipei County {Department of Health, 2009 #188}.

**Sampling**
The study involved data collection through in-depth semi-structured individual interviews of a purposive, theoretical sample of nulliparous women in Taipei, Taiwan. Initially, purposeful sampling strategy was employed to ensure maximum variation in sampling and to gain insights into the range and complexity of the phenomenon for this research. Participants were selected according to the criteria established from a purposive sample of first time mothers, with various educational backgrounds, and aged between 20 and 44 years old who attended the antenatal clinic.

**Theoretical sampling**
As data collection and analysis progressed, theoretical sampling was conducted in order to provide data needed to describe the categories thoroughly. For example, early participants were all reporting that ‘economic pressure’ was one of essential factors when they made a decision to have children. It was, therefore, decided to recruit some participants with a different economic status. This theoretical sampling was conducted after data from the first group of individual interviews had been analysed. Subsequently, the theoretical sampling was commenced to generate data to develop further and refine emerging categories and their properties. Following analysis of all
data and initial model development, the theoretical sampling was continued in order to check validation, clarification and refinement from participants.

**Participants recruitment**
Participants were recruited according to the following eligibility criteria.

### Inclusion criteria
1. Pregnant women who were first time mothers (primiparas).
   
   **Rationale:** The aim of research was to investigate the woman’s decision to have children, so pregnant women were recruited;
2. At least 20 years of age.
   
   **Rationale:** This is the legal age in Taiwan to provide informed consent;
3. Able to communicate in written and spoken Mandarin (official language) or Taiwanese (local dialect).
   
   **Rationale:** To be able to communicate adequately for research purposes with the researcher, who speaks and understands these languages. According to Department of Statistics, MOI {Department of Statistics Ministry of the Interior, 2008 #148}, the literacy level is 97.8% in the population of greater than 15 years old in Taiwan, so most people speak and understand the official language. The local language has no written form, so Mandarin was used for the consent and information forms, and either Mandarin or the local language was used in the interviews;
4. Taiwanese born
   
   **Rationale:** such women have an intimate knowledge of Taiwanese culture

### Exclusion criteria
1. Pregnant women were excluded if they had an obstetric complications, a diagnosed mental illness, disability, or were multiparous.

**Recruitment method**
All pregnant women attending the antenatal clinic at the participating large metropolitan general hospital in Taipei, Taiwan, who met the criteria for participation over the recruitment period, were invited to participate in this study. An attending obstetrician and a number of nurses/midwives who had ethical and access authority from the hospital to access participants’ medical record, identified potential eligible participants. The nurse midwives briefly explained the purpose of the study to eligible
women and provided them with an information sheet (see Appendix A1, A2) and the contact details of the researcher should they wish to participate in the study. Each woman was then free to voluntarily contact the researcher if she was willing to participate in the study.

Due to the fact that clinics were conducted in the morning, afternoon and evening from Monday to Saturday, the researcher was able to negotiate with the clinic staff to attend nominated morning, afternoon or evening clinics until recruitment ceased. At those times the clinic staff alerted the eligible women that the researcher was available to be contacted either in the antenatal clinic private room or by telephone to make an appointment for an interview. The researcher checked eligibility as well to ensure that the women fitted the purposive and theoretical sampling, and again explained the aim of the research to each participant. Written informed consent was obtained prior to commencement of data collection.

**Procedure of commencing Data collection**

*A demographic and Semi-Structured Interview guide development*

A demographic data sheet (see Appendix C1) and semi-structured interview guide was used for this study (see Appendix D1). This demographic questionnaire was accompanied by an information letter (see Appendix A1) which explained the aims of the study and the criteria for participation. The questionnaire contained questions relating to demographic characteristics such as age, marital status, religion, the highest level of education achieved, social-economic status and employment status.

The interview guide for the study was derived from a review of literature about women deciding to have children. Content validity of the interview guideline was checked by a panel of experts which consisted of a specialist midwife, a lay woman, an academic and the researcher’s two supervisors. The panel examined all items to detect words and expressions that might be difficult to understand, were ambiguous or awkwardly phrased and to comment on the acceptability of the semi-structure interview guideline as a whole. Minor changes only were needed to modify ambiguous wording.
An information letter, consent form for interview, demographic questionnaire and the semi-structure interview guideline were translated from English into Chinese (see Appendix A2, B2, C2, D2) and back-translated into English. To assess the rigour of the translation, two professional translators and educators in both the Chinese and English languages in Taiwan were requested to examine and comment upon the interview items. Firstly, the researcher identified the questions in Chinese and these were then back-translated into English by the two professional bilingual translators. Unclear or ambiguous wording was modified, based on the review by the translators.

**A pilot study**

Two participants who matched the eligibility criteria were employed to pilot the interview guide independently of the main sample before commencing data collection. The purpose of the pilot study was to evaluate the content of the semi-structured interview guideline to ensure that participants would understand the intent and content of the guideline. It was estimated that the semi-structure interview would take approximately 60 to 90 minutes to complete. After the first pilot interview, data were analysed in Chinese text with open coding and checked by an expert grounded theorist in Taiwan to ensure the validity. The researcher then translated the key passages and their code to English version. Furthermore, any unclear and ambiguous wording in the semi-structured interview guideline was revised as a result of the pilot participant’s feedback comments.

**Data collection**

The qualitative data were collected through in-depth semi-structured interviews conducted with pregnant women who were purposively sampled from Tzu Chi General Hospital. An in-depth semi-structured interview was used in this study as the initial method to collect data. Interviews can be time-consuming and resource-intensive to establish and also have some limitations such as: securing access, making sensitive records, managing power relationships, ‘space’, communication, and sequelae to the interview (Whitehead & Annells, 2008). Interviews, however, can provide valuable opportunities to: go into the participant’s world and for them to reflect on a particular event; clarify issues and seek unique data; probe for depth insights; offer a productive, meaningful and supportive facility for researcher and participants; plus offer appropriate support and referral to counselling if the need
exists or arises (Whitehead & Annells, 2008). In addition, the semi-structured interview is also meant to inspire participants to express their stories spontaneously in their own words which may vary from interview guidelines (Polit & Beck, 2008). This technique confirms that researchers will gain the necessary information required, and provides participants the freedom to respond in their own words (Polit & Beck, 2008).

An important consideration with interviewing, however, is that how they are conducted will affect the quality of data (Whitehead & Annells, 2008). An optimal interviewing technique is an essential factor in collecting high quality data. Some useful techniques have been suggested by Whitehead and Annells (2008). First of all, the interview should start with a form of funnelling that uses general and broad questions and then becomes increasingly focused on the topic. Secondly, asking questions in a ‘story-telling’ form is useful such as, ‘Tell me about...’. This will encourage interviewees to give more detailed information. Thirdly, probing aims to gather further details or seek clarification. Finally, paraphrasing can be used, which means repeating what interviewees have said in order to assist understanding and clarity, and acting as a further prompt.

Furthermore the researcher should use an interview guide with some possible questions or topics in order to guide the interview and to clarify matters raised or assist participants if they are unable to express themselves or become confused (Whitehead & Annells, 2008). An interview guide contains the main issues to be explored and provides worded questions to facilitate the researcher covering all the issues they wish to examine (Liamputtong, 2009). This guide also ensures that each participate is asked the same questions.

On the other hand, the researcher does not strictly follow the interview guide as questions can be rephrased, the order changed, or additional questions asked depending on answers from participants to previous questions (Taylor, 2005). Liamputtong (2009) also suggested that it is better to type the question list within one page, which will allow minimum interruption during the interview. It is also useful to have a page to take notes during the interview that may assist in the analysis and
interpretation of data later. These techniques were used when the researcher conducted the interviews for this research.

The setting for the interview should be comfortable in order to encourage participants to talk, be private in order to protect the confidentiality of participants, and conveniently situated so participants do not need to travel too far (Liamputtong, 2009). A quiet setting is also needed to ensure the quality of audio-recording (Bryman, 2008). For this research the time and location of the interview was made to suit the availability of the participants. Most participants preferred to be interviewed when they were waiting for their antenatal visit or after their check up in the antenatal clinical private room. The participant interviews, therefore, were conducted in a private room in the hospital, booked in advance by the researcher. This provided a comfortable, private, convenient and quiet location within which the participants could talk.

Pregnant women were invited to participate in the study, and if they agreed, they were asked to sign an informed consent (Appendix B1, B2) form prior to the interview. The researcher also asked the participant’s permission to audio digital-record the interview. Participants undertook a semi-structured face-to-face interview in Mandarin for a period of 60 to 90 minutes as well as completing a demographic data sheet (Appendix C1, C2). There may have been a possibility that participants felt uncomfortable with interview questions or process. If they consented and then subsequently changed their mind and wished to withdraw their consent, they could withdraw at any time or refuse to answer questions. None of the women who gave their consent chose to later withdraw or refused to answer questions during the interviews.

Concluding data collection
The aim was not to obtain a representative sample in this study, but rather to capture the diversity of experience related to influences on women’s decision to have children. Participants were recruited purposefully targeted using the criteria at the early stage, and theoretical sampling followed from the emerging data. The sampling continued until theoretical saturation was achieved and further data collection and analysis failed to contribute new information. In other words, all categories were well developed in
relation to their properties and dimensions, and the linkages between categories were well constituted and validated (Strauss & Corbin, 1998). This means that the data achieved theoretical saturation, so data collection concluded. According to Morse (2000) and Pilot and Beck (2008) around 20 to 30 participants is a common range in grounded theory studies. This study recruited and interviewed 34 participants by the time theoretical data saturation was achieved.

**Ethical consideration**

Ethics approval was obtained from the RMIT University (Royal Melbourne Institute Technology University) Human Research Ethics Committee (HREC) (Project No. 56/10; see Appendix E1) and further external approvals were obtained from Human Experiment and Ethic Committee (Protocol no: 00-IRB-003_M; see Appendix E2) of the participating hospital in Taipei, Taiwan. Participants’ rights were, therefore, protected effectively, and the research procedure could be supervised and controlled under the ethical guidelines.

The researcher approached identified participants and provided an information sheet and consent form which explained the purpose and procedures of the research. Those women who agreed to participate were asked to sign an informed consent form prior to the interview. Participants were free to withdraw at any time or to refuse to answer questions during the interview. Any identifying information was removed from the transcripts and the participant’s quotes have been de-identified by allocating a number to each in order to maintain anonymity and confidentiality.

All electronic data collected were stored in password protected files on the University Network systems and all hard copies of the demographic questionnaire and consent forms were kept in a locked filing cabinet in a locked room in the Division of Nursing and Midwifery at RMIT University. Data were only able to be accessed by the researcher and her supervisors. The data will be retained for a period of 5 years after completion of the study in a secure location at RMIT University and will then be destroyed in accordance with the RMIT University policy for the destruction of confidential research data.
The information gathered from the participants was kept in strict confidence and only used for the purpose of this research. The participants were informed that the results of this research will be presented in a thesis, and will also be presented at relevant health conferences and submitted to relevant journals for publication. Participants were advised that they may receive a copy of a summary of the result of the study upon request.

**Data analysis**

Data collection and data analysis are undertaken alternately, because the analysis guides the sampling of data (Strauss & Corbin, 1990). The aim of the data analysis stage is to organise, provide structure for, and elicit meaning from data (Polit & Beck, 2008). In qualitative studies, data collection and data analysis usually occur concurrently (Polit & Beck, 2008). The data analysis process for this study has been applied in accordance with the framework developed by Strauss and Corbin (1990). In order to formulate a substantive theory, the following analytic techniques and procedures were applied to facilitate interpreting the data in this study. Constant comparative data analysis was employed by asking questions and making comparisons with writing memos. Paradigm model and conditional/consequential matrix also was applied as suggestion by Strauss and Corbin (1990).

**Constant comparison analysis**

Constant comparative data analysis is an approach whereby the researcher compares every piece of data, such as a section of an interview transcript, with all others that may be different or similar from it in order to theorise all possible relations among data (Glaser & Strauss, 1967; Strauss & Corbin, 1990). This allows early identification of emerging codes and preliminary categories as data collection and analysis occur simultaneously (Green & Thorogood, 2004). This is because the analysis guides the sampling of data (Strauss & Corbin, 1990). Please, see the example in Table 4.1: an example of constant comparison analysis.
<table>
<thead>
<tr>
<th>No.</th>
<th>Influential factors</th>
<th>Factors as constrains</th>
</tr>
</thead>
<tbody>
<tr>
<td>02</td>
<td>• Like children</td>
<td>• Society: the changed of society: environment is not friendly for children</td>
</tr>
<tr>
<td></td>
<td>• Expecting to have children from family: husband, parents, parent-in-law, grandmother-in-law.</td>
<td>• Economic factors: economic burden, extra payment for children's extra classes after school</td>
</tr>
<tr>
<td></td>
<td>• Age: 32 years old Physical factors/age (getting old): high risk of pregnancy; time to have a child.</td>
<td>• Children’s future education</td>
</tr>
<tr>
<td></td>
<td>• Carrying the family line pressure.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Taiwanese culture: a male-orientated society: all her family expected a boy-baby, but she had a girl-baby this time, so her family are very disappointment. She planned to have second child. If the second child were a girl, she would plan to have the third child. If the third child were a girl, then she may not have the fourth child.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>03</td>
<td>• Pressure from parents-in-law, parents, friends.</td>
<td>• Society: too many advertisements from television about the cost of bearing a child</td>
</tr>
<tr>
<td></td>
<td>• Follow by the flow</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Physical factors/age: 29 years old.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Taiwanese culture: a male-orientated society: her parent-in-law and husband expected a boy-baby, but she has a girl-baby this time. They are disappointment, but she does not plan to have a second child now which will depend on her marriage status, then she might plan to have the second child.</td>
<td></td>
</tr>
<tr>
<td>04</td>
<td>• Event: pregnancy→reconsider marriage→get married→a completed family</td>
<td>• Economic factors: they decided to have only one child.</td>
</tr>
<tr>
<td></td>
<td>• Want having my own child</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Want having a child from her lover, her husband</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Husband’s decision</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Worry about the effect of artificial abortion and it is very cruel.</td>
<td></td>
</tr>
</tbody>
</table>

Table 4.1: An example of constant comparison analysis

**Analytic procedures**

The analytic procedure in grounded theory is to use theoretical sampling techniques to identify and describe properties of the formulating categories and to delineate the relationship between them (Dick, 2010). Some techniques which have been suggested for use in analysing data include the following: open coding, axial coding, selective coding, diagramming, writing a storyline, and writing memos. Coding, which includes open, axial and selective is used in sequence in order to break down, conceptualise, and integrate the information in new way, and is the central process of data analysis (Strauss & Corbin, 1990). Finally, conditional/consequential matrix is the last analytic tool to integrate all of the analysis with micro and macro conditions in the framework. This is explained further below.

**Open coding**

The first interview was selected as purposeful sampling in accordance to the inclusion criteria. After this interview, the audio recording was transcribed and analysed immediately. This was because this incoming information from the participant will
influence the researcher’s next participant selection in relation to theoretical sampling. The following three prompts were used to explore the research questions with the participants regarding the: factors which encouraged/ promoted their decision to have children; factors that posed barriers constrained or inhibited their decision to have children; and strategies that nurses/midwives could implement to facilitate their decision to become pregnant. These questions were effective in eliciting rich and dense descriptions of participant’s decision making process to have children.

The analytic procedure starts after the first interview with open coding method. The transcript was coded line-by-line, sentence by sentence to search for ideas. After that, asking questions (What is this? What does it represent?) and making comparisons among incidents in order to group the similar incidents with same given name were applied to label phenomenon. This is the procedure of conceptualizing. Please see Table 4.2: an example of open coding.

Table 4.2: An example of open coding

The researcher used two standard questions to examine the transcribed interviewed data during the constant comparative data analysis. This included, ‘What is happening in the data?’ and the other was ‘What action does each particular happening, incident, event or idea represent?’ (Strauss & Corbin, 1990). The purpose of asking these two questions was to help the researcher identify categories, relationships between and within categories and core category. This step was necessary in order to identify and develop the analysis for further refinement and development (Strauss, 1987).
The initial coding of data was completed by reviewing each transcript several times, after the researcher identified and labelled data with substantive codes that described participants’ views and experiences.

**Axial coding**
Axial coding is the second step undertaken in order to relate the categories to their subcategories in the process of data analysis. The paradigm model approach was used in this research. This is a theoretical code approach and recommend by Strauss and Corbin (1990). The coding paradigm contains causal conditions, phenomenon, context, intervening conditions, action/interaction strategies and consequences which are developed by identifying different types of category or node (Strauss & Corbin, 1998). Causal condition relates to an event, an incident or a happening which leads to the occurrence or formulation of a phenomenon. A phenomenon refers to “the central idea, event, happening, incident about which a set of actions or interactions are directed at managing, handling, or to which the set of actions is related” (Strauss & Corbin, 1990, p. 96). In order to identify phenomena in the data, the use of questioning includes: What is this data referring to? What is the action/interaction all about? (Strauss & Corbin, 1990, p. 100). Then context refers to the conditions which influenced women’s decision making to have children, and the actions related to this decision making procedure. Following then is the consequence which are demonstrated as conditions influencing this decision making and reflect new conditions in accordance to different sample (Strauss & Corbin, 1994). Finally, intervening conditions “act to either facilitate or constrain the action/interactional strategies taken within a specific context which must be managed” (Strauss & Corbin, 1990, p. 103). The use of these strategies or actions/interactions in the data analysis process help manage these problems or issues.

After analysing the first and second interviews, similar codes were associated by axial coding through a process of constant comparison, and then hypotheses were constructed. After constant comparative data analysis of each interview, possible questions were developed for subsequent interviews. Please, see Table 4.3: an example of axial coding.
<table>
<thead>
<tr>
<th>Category</th>
<th>Codes</th>
</tr>
</thead>
</table>
| Cultural factors: Taiwanese culture: | • Carrying the family lineage/a male-orientated society  
• Pressure: from parents, parents-in-law, friends, relatives  
• Motherhood is the central life to a woman’s life and identity |
| Personal factors: Positive factors | • Like children  
• Grow up background (Primary family)  
• Responsibility  
• Identity  
• The concept of a completed family  
• Partner’s attitudes  
• Physical/mental factors: Age (High risk of pregnancy): time to have a child  
• Support system: family |
| Personal factors: Negative factors | • Loss of freedom  
• Quality of life decreasing |

Table 4.3: An example of axial coding

Conditional/consequential matrix
This conditional/consequential matrix will demonstrate how macro and micro influence each other. For instance, how society/culture influenced women’s decision-making in relation to have children.

Selective coding (Core Category)
Selective coding is the procedure of integrating and refining categories.

Diagramming
The use of diagrams helped the researcher to map, link and order the categories during analytic procedure in order to “capture creative thoughts on the data and provided a method of documenting tentative hypotheses” (I. Coyne & Cowley, 2006, p. 512). Diagramming is a succession of concept diagrams and goals to explain theoretical structure.

Writing a storyline
Writing a storyline is a helpful method to assist identification of the core category and for integration of concepts (Strauss & Corbin, 1998). Please, see the Table 4.4 for an example of storyline.
Stage one: the influence of participants’ deciding to have children
Stage two: the actions of developing strategies for coping
Stage three: the consequence of taking these strategies
Upon marriage she wanted to adjust to her married life with her husband, so she did not plan to have a child at that time. However, her parents-in-law had continuously given her lot of pressure to have a child. They even made a phone call to her mother in Taipei and said that if Taipei people do not want to get pregnant (her parents-in-law lives in south of Taiwan/Tainan), they should not get married. Her parents never pushed her to have children after she got marry, but her mother changed her mind after receiving some calls from her mother-in-law. Also, her parents’, her husband’s, and her friends all told her that it is better to have children earlier when you were younger and less complications when you were pregnancy. Finally, she compromised, and conformed to have a child, she then became pregnant. She thought that as a woman bearing a child it was a natural thing. She also wanted to have her own children, but she did not like being forced by social pressure to get pregnant. Her parents-in-law and husband preferred her to have a male baby, but she had female baby at that time. She did not care about the gender of her baby and felt that having a second child, would depend on her relationship with her husband, then she would decide whether to have another child or not. (Participant 003)

Table 4.4: An example of storyline

Writing memos
Writing memos is an essential component of analysis and direction during the research process (Strauss & Corbin, 1990). Memos have been written about the researcher’s interview thoughts and also immediately after the researcher interviewed each participant. Memos were used in this study in order to assist to “keep track of the analysis by documenting what the data were saying about different codes and categories, capture relationships between categories, enhance the theoretical ordering of the categories, and integrate existing memos” (I. Coyne & Cowley, 2006, p. 510). Please, see Table 4.5: an example of memos.

Summary
- She wanted to adjust her marriage life
- She did not plan to have a child
- Parents-in-law have continuously given her lot of pressure to have a child
- Her parents never push her to have children
- Her mother changed her mind after receiving some calls from her mother-in-law.
- It is better to have children earlier
- Finally, she compromised,
She is pregnant.

A woman bearing a child is a natural thing.

She did not like to be forced to get pregnant.

Her parents-in-law and husband prefer male baby, but she has female baby

She does not care the gender of baby.

She may have second child, decide whether to have another child or not later on.

(Participant 003)

Table 4.5: An example of memos

**How to enhance theoretical sensitivity**

Reviewing technical literature is used to enhance the theoretical sensibility in order to understand tacit knowledge and increase the external validity during the research design (Pandit, 1996). The literature review used in this study, therefore, commenced when the researcher wrote the research proposal in order to identify the research problem from the existing knowledge, then used again in order to formulate and refine the research questions, and design the methodology. In addition, reviewing literature was used in order to generate the interview questions prior to being validated by the panel of experts, piloted and then used in the study. In addition, the literature review was employed to facilitate the process of comparing the properties and dimensions of categories during the data collection and analysis phases in order to guide the theoretical sampling. Finally, the literature review was applied in order to corroborate and give validation to the accuracy of the findings.

**Translation of finding**

The main difference between grounded theory and other qualitative methods is its focus on discovering a theory by using systematic data analysis to interpret what is observed, heard, or read from the participants in order to write about categories of meaning (Strauss & Corbin, 1994). Data analysis is the process of making interpretation (Strauss & Corbin, 1990), in other words, it is the interaction between the researcher and the data. Interpretation, therefore, is a key factor in identifying the theme from data. Please, see the Table 4.6: an example of translation of finding.
Giving more purpose and meaning to life/ self-fulfilment

- I feel that children will enrich your life and gain your wisdom; they will not be a drag on your life. (p003)
- Having children will give me more purpose in my life; I will not sit in front of computer, lie on the bed or play with puppy…… Also, someone will be there for me when I go home my family will be a little more lively (p006)
- I feel that it will be a great regret of my life, if I do not have children… I want to have a happy family which is my life goal. (p010)
- I was extremely upset when I was not able to get pregnant, because I was too eager to have children at that time. After I am pregnant, I feel that life is wonderful. (p010)
- A child is one part of you… A child is continuation of the self. (p034)

Table 4.6: An example of translation of finding

Using a translated text for analysis may cause misinterpretation about what participants meant to say (Hatton, 1992). The researcher should think or feel from the participants’ point of view during the data analysing process (Glaser, 1978; Strauss & Corbin, 1990). Furthermore, the importance of using language in the interview or transcripts for the researcher is a vital element in interpreting from the participant’s view of the world (Barnes, 1996). In order to generate a theoretically sound grounded theory, analysis should be undertaken in the language used by the participants (Barnes, 1996), as the language represents different perspectives within that culture (Atkinson, 1992). Culture is the meaning through which people understand and interpret their world (Bowman, 2001).

The data were collected in Taiwan and participants spoke Mandarin as their official language. The interviews, therefore, were conducted in Mandarin. These interviews were then transcribed by the researcher in Mandarin. All the interviews were entirely transcribed in order to obtain the density of theory (Strauss & Corbin, 1990). The open coding was undertaken in Mandarin in order to capture the richness of experience in the language of the participants, as there is often no English word capable of capturing the subtle nuances in meaning of the original language (Strauss, 1987). In addition the meaning may become lost in the translation process for qualitative research (Hoffman, 1989; Van Nes, 2010). Moreover, Strauss and Corbin (1998, p. 285) recommended doing only minimal translating, so that English speaking readers can gain some understanding of the feelings and insights of the participants through their words. Following this then key phases and their codes can be translated.
into English as close as possible in order to not lose these nuances. If the participants and the main researcher have the same non-English native language, this translation can then be undertaken at a later stage in the analysis (Van Nes, 2010).

Qualitative research seeks to study meanings in subjective experience, so language is a vital component in the expression of meaning and impacts on how meaning is constructed, and the interpretation and understanding of meaning are central (Van Nes, 2010). Translation between languages also contains interpretation; therefore, validity needed to be considered (Van Nes, 2010). The first language differences may occur when interpretations are being discussed with the researcher’s supervisors whose first language is English. In order to ensure validity, the first data analysis of open coding occurred by an expert grounded theorist in Taiwan who had the same native language background as the participants and researcher. The researcher is also bilingual. After that, the researcher translated key passages and their codes from the Chinese transcripts into an English version. Two bilingual researchers checked the translation. Subsequently, the principal and co-supervisor checked the open coding with the English version.

Trustworthiness

Trustworthiness refers to the evaluation of the quality of qualitative research. The criteria for evaluating a study vary between different research designs and also depends on the specific aspect of the research being considered (Strauss & Corbin, 1998). If a study aims to generate a theory, Sandelowski (1986) suggested that the validity, reliability and credibility of the data need to be judged. In fact, Strauss and Corbin (1990) commended that sampling, analytic procedure and validity must be addressed in doing grounded theory. Thus, Strauss and Corbin (1990, 1998) developed two criteria for evaluating a grounded theory regarding the research process and empirical grounding of a study which are crucial to evaluate a grounded theory. This study aimed to develop substantive theory using Straussian mode of grounded theory; therefore, validity, reliability and credibility of the data, and Strauss and Corbin’s (1998) two criteria for evaluating a grounded theory were applied to explain the process of generating a substantive theory, as well as enhance the rigor during the research process.
Validity
Generally, the term ‘validity’ is generally avoided in qualitative research, especially in grounded theory which should be tested for their accuracy or ‘true value’ (Smith & Biley, 1997). Validity means the truthfulness of findings (Altheide & Johnson, 1994). Whittenmore, Chase and Mandle (2001) pointed out that validity could be demonstrated from the research process. Validity and reliability are established to evaluate the procedure of data collection and analysis. In qualitative research, these two terms represented as “establishing adequacy of evidence and credibility” (Chenitz & Swanson, 1986, p. 10). In qualitative research, validity refers to the use of the same procedure to ensure the accuracy of the findings such as using an expert panel and piloting the interview guide, plus checking the transcripts with the recording (Creswell, 2009). In this study, an expert panel and piloting the interview guide were undertaken, but the transcripts were not taken back to the participants. Furthermore, the use of constant comparative analysis was applied which provides a further check on validity.

Reliability
Reliability refers to “the accuracy and consistency of information obtained in a study” (Polit & Beck, 2008, p. 196), and the dependability of data over time and under a variety of conditions (Lincoln & Guba, 1985) and the stability of findings (Altheide & Johnson, 1994). Also, dependability requires examining the adequacy of the research process. This is reported in the final thesis document. Details of the research process including the procedure of data collection, and analysis, the findings from transcripts, writing memos, verbatim quotes, diagrams, and field notes were presented to illustrate how the researcher interpreted from the participants’ views. Examples from the data are also presented in this thesis document.

Credibility
Credibility (internal validity) refers to confidence in the truth of the data and the interpretation of data (Lincoln & Guba, 1985). Credibility of the findings is increased by continuous reflection and validation of the researcher’s understanding of the phenomenon, and by trying to make sense of, rather than explain ‘what participants see and how participants see’. In this study, the interview was conducted in Mandarin by way of a semi-structured interview guide. The interview guide was checked for
content validity by a panel of experts (5 people, being a specialist midwife, a lay woman, an academic and two supervisors) prior to being used for the main sample and modifications were made accordingly to timing and language constraints. In addition, two interviews were used to pilot the interview guide independent of the main sample but matched the purposive criteria, were employed and modification also made before commencing data collection. Even though the research was undertaken on women from another country, the researcher is a native to that particular country. The researcher shares the same culture as the participants and conducted interviews in the same non-English native language; therefore, the researcher is very aware of the cultural sensitivities of participants.

Furthermore, credibility of the findings was also increased by an audit trail of field notes, transcribed interviews and the completed findings section (Wolf, 2003). The researcher undertook fieldwork for 8 months of prolonged engagement, developed trust and rapport with each participant. The researcher, therefore, had sufficient time to collect data and an in-depth understanding of the views of participants. All data were collected by the researcher herself and she personally verified the accuracy of each transcribed interview, line by line. Thousands of pages of transcribed interviews and memos were accumulated during the study and various steps were used to ensure the rigor of the data. The researcher listened to the taped interview while cross-checking the transcriptions. Moreover, transcribed interviews were read several times to check the accuracy of transcribed data to minimise transcription errors. Constant comparative analysis was applied which also provided a check on validity.

**Confirmability**

Confirmability refers to the objectivity, that is, the data represents the information that the participants provided. The interpretations of those data then reflect the participants’ own voices (Lincoln & Guba, 1985). According to Lincoln and Guba (1985), an audit trail is one of the crucial strategies for establishing confirmability in a qualitative study. The audit trail enables process by which the researcher arrived at with their findings and interpretations to be visible (Liamputtong, 2009). Moreover, readers will be able to see the process as an audit trail by which the researcher arrived at their findings and interpretations (Liamputtong, 2009). The audit trail was
developed as a field note throughout the study. Field notes consisted of an audit trail of events as they occurred while undertaking data collection. These notes were added to this chapter to describe the process. In addition, separately documenting the observed fact and the researcher’s subjective impression helped to ensure the confirmability of findings.

**Transferability**

Transferability (fittingness) refers to the generalisability of the data, or external validity (Lincoln & Guba, 1985) or the fittingness of the study to other settings, population and contexts (Liamputtong, 2009). However, if the goal in a theory-building methodology is to formulate theory, explanatory power is important rather than generalizability (Strauss & Corbin, 1990, 1998). Explanatory power refers to the predictive ability of the data analysis, that is, the ability of the theory to be able to explain women’s decision to have a child (Strauss & Corbin, 1998, p. 267). Moreover, a substantive theory does not have the explanatory power of a large, more general theory. This is because a substantive theory is only formulated from one small area of investigation and one specific population (Strauss & Corbin, 1990). On the other hands, “a substantive theory lies in its ability to speak specifically for the populations from which it was derives and to apply back to them” (Strauss & Corbin, 1990, p. 267).

**Participant Characteristics**

Thirty four Taiwanese women participated in the interviews conducted for this study. The period of data collection was 8 months from May until December 2011. All participants were recruited from Tzu Chi General Hospital, Taipei, Taiwan. Theoretical saturation was reached when 34 participants had been recruited. Demographic characteristics for the participants women included: age, marital status, highest level of education, religion, employment status, economic status (family income monthly), and paid maternity leave (see Table 4.7 and 4.8).

The mean range of participants was 30.32 years old: ages ranged from 21 to 39 years. The most prevalent age range was 30 to 34 years of age (53% of participants, n=18). At the time of this research, 94.1% (n=32) of participants were married. In regard to highest level of education, 56% (n=19) of participants had attained a bachelor level of
education. There are 35.3% (n=12) of participants were Taoists, 23.5% (n=8) of participants were Buddhists. Twenty-one (61.8%) participants had a full-time job, nine (26.5%) were housewives. Monthly incomes in 29.5% (n=10) of participants was in the range from NT$ (New Taiwan Dollar) 40,000 to 59,999 (AU$: 1,333-1,777 [AU$: Australian dollars]; the ratio of NT$: AU$=30:1), 20.6% (n=7) was from 60,000 to 79,999, 23.5% (n=8) was from 60,000 to 79,999, 23.5% (n=8) was from 80,000 to 99,999.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Category</th>
<th>Participants (n=34)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>20-24</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>25-29</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>30-34</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>35-39</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>≥ 40</td>
<td>0</td>
</tr>
<tr>
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<td>2</td>
</tr>
<tr>
<td></td>
<td>Married</td>
<td>32</td>
</tr>
<tr>
<td>Highest education</td>
<td>Primary school</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Junior high school</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>High school</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>College</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Bachelor</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>Master</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>PhD</td>
<td>1</td>
</tr>
<tr>
<td>Religion</td>
<td>Taoism</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Buddhism</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Catholic</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Christian</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>No religion</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Other: Mix of Taoism &amp; Buddhism</td>
<td>5</td>
</tr>
<tr>
<td>Employment status</td>
<td>Unemployed</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Home duties (Housewives)</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Employed</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td>Manual worker</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Office worker</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Management</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Self employed</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Professional (e.g. lawyer, doctor, teacher, nurses)</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Part-time employment</td>
<td>1</td>
</tr>
<tr>
<td>Economic Status</td>
<td>Below 20,000</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>20,000 - 39,999</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>40,000 - 59,999</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>60,000 - 79,999</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>80,000 - 99,999</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>100,000 - 119,999</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Above 120,000</td>
<td>2</td>
</tr>
</tbody>
</table>

Table 4.7: Overview of Demographic Characteristics of Participants
### Table 4.8: Detailed Demographic Characteristics of Participants

<table>
<thead>
<tr>
<th>Participant #</th>
<th>Age</th>
<th>Marital status/ Marital age/ length</th>
<th>Highest education</th>
<th>Religion</th>
<th>Employment status</th>
<th>Economic status (family income monthly)</th>
<th>Any paid maternity leave</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>29</td>
<td>Married/ 27/2 years</td>
<td>Master</td>
<td>Christian</td>
<td>Employed: Office worker</td>
<td>80,000 - 99,999</td>
<td>Yes</td>
</tr>
<tr>
<td>02</td>
<td>21</td>
<td>Single/ 1/year</td>
<td>Junior high school</td>
<td>Buddhism</td>
<td>House duties</td>
<td>40,000 - 59,999</td>
<td>Housewives</td>
</tr>
<tr>
<td>03</td>
<td>31</td>
<td>Married/ 31/2 months</td>
<td>Bachelor</td>
<td>Taoism</td>
<td>Employed: Self employed</td>
<td>Below 20,000</td>
<td>Not sure</td>
</tr>
<tr>
<td>04</td>
<td>33</td>
<td>Married/ 34/months</td>
<td>Bachelor</td>
<td>Taoism</td>
<td>Employed: Professional</td>
<td>20,000 - 39,999</td>
<td>Yes</td>
</tr>
<tr>
<td>05</td>
<td>26</td>
<td>Married/ 26/few months</td>
<td>College</td>
<td>Buddhism</td>
<td>Employed: Office worker</td>
<td>80,000 - 99,999</td>
<td>No, she will not get the maternity leave, because her parents will take care of her child.</td>
</tr>
<tr>
<td>06</td>
<td>32</td>
<td>Married/ 29/5 years</td>
<td>Bachelor</td>
<td>Taoism</td>
<td>Home duties</td>
<td>20,000 - 39,999</td>
<td>Housewives</td>
</tr>
<tr>
<td>07</td>
<td>25</td>
<td>Married/ 24/1-9 years</td>
<td>Bachelor</td>
<td>Buddhism</td>
<td>Employed: Office worker</td>
<td>40,000 - 59,999</td>
<td>Yes</td>
</tr>
<tr>
<td>08</td>
<td>31</td>
<td>Married/ 27/3 years</td>
<td>Bachelor</td>
<td>Taoism/ Buddhism</td>
<td>Employed: Office worker</td>
<td>80,000 - 99,999</td>
<td>Yes</td>
</tr>
<tr>
<td>09</td>
<td>31</td>
<td>Married/ 30/years</td>
<td>Bachelor</td>
<td>Taoism/ Buddhism</td>
<td>Employed: Office worker</td>
<td>60,000 - 79,999</td>
<td>Yes</td>
</tr>
<tr>
<td>10</td>
<td>31</td>
<td>Married/ 29/3 years</td>
<td>Bachelor</td>
<td>Taoism/ Buddhism</td>
<td>Part-time employment</td>
<td>60,000 - 79,999</td>
<td>No</td>
</tr>
<tr>
<td>11</td>
<td>35</td>
<td>Married/ 30/1 years</td>
<td>College</td>
<td>Buddhism</td>
<td>Employed: Office worker</td>
<td>80,000 - 99,999</td>
<td>Yes</td>
</tr>
<tr>
<td>12</td>
<td>21</td>
<td>Married/ 21/1 month</td>
<td>High school</td>
<td>Taoism/ Buddhism</td>
<td>Employed</td>
<td>40,000 - 59,999</td>
<td>Yes</td>
</tr>
<tr>
<td>13</td>
<td>32</td>
<td>Married/ 31/1 years</td>
<td>Bachelor</td>
<td>No religion</td>
<td>Home duties</td>
<td>80,000 - 99,999</td>
<td>Housewives</td>
</tr>
<tr>
<td>14</td>
<td>33</td>
<td>Married/ 28/5 years</td>
<td>Bachelor</td>
<td>No religion</td>
<td>Employed: Secretary</td>
<td>100,000 - 119,999</td>
<td>No, she won’t apply, because her boss will not allow her to have maternity leave.</td>
</tr>
<tr>
<td>15</td>
<td>32</td>
<td>Married/ 28/4 years</td>
<td>Bachelor</td>
<td>No religion</td>
<td>Employed: Social worker</td>
<td>60,000 - 79,999</td>
<td>No, she won’t apply, because she is afraid of changing her job?</td>
</tr>
<tr>
<td>16</td>
<td>31</td>
<td>Married/ 30/1 year</td>
<td>Bachelor</td>
<td>Taoism/ Buddhism</td>
<td>Employed: Accountant</td>
<td>60,000 - 79,999</td>
<td>Yes, she will only apply 6 months 60% paid leave</td>
</tr>
<tr>
<td>17</td>
<td>26</td>
<td>Married/ 26/1.5 years</td>
<td>High school</td>
<td>Taoism</td>
<td>House duties</td>
<td>40,000 - 59,999</td>
<td>Housewives</td>
</tr>
<tr>
<td>18</td>
<td>35</td>
<td>Married/ 30/6 years</td>
<td>Bachelor</td>
<td>No religion</td>
<td>Employed: Audiologist</td>
<td>80,000 - 99,999</td>
<td>Yes, she does not decide yet.</td>
</tr>
<tr>
<td>19</td>
<td>26</td>
<td>Married/ 25/10months</td>
<td>Bachelor</td>
<td>Taoism</td>
<td>Employed: operation assistant</td>
<td>40,000 - 59,999</td>
<td>No, she won’t apply it, because of economic concerns</td>
</tr>
<tr>
<td>20</td>
<td>30</td>
<td>Married/ 30/9 months</td>
<td>College</td>
<td>Taoism</td>
<td>Home duties</td>
<td>40,000 - 59,999</td>
<td>Housewives</td>
</tr>
<tr>
<td>21</td>
<td>30</td>
<td>Married/ 30/7 year</td>
<td>College</td>
<td>Taoism</td>
<td>Employed: service industry</td>
<td>Above 120,000</td>
<td>Yes, she will apply 6 months 60% paid leave.</td>
</tr>
<tr>
<td>22</td>
<td>31</td>
<td>Married/ 30/1 year</td>
<td>College</td>
<td>Taoism</td>
<td>Employed: Office worker</td>
<td>60,000 - 79,999</td>
<td>Yes, she is not sure yet. She may apply 6 months 60% paid leave.</td>
</tr>
<tr>
<td>23</td>
<td>39</td>
<td>Married/ 34/5 years</td>
<td>High school</td>
<td>Buddhism</td>
<td>Home duties</td>
<td>40,000 - 59,999</td>
<td>Housewives</td>
</tr>
<tr>
<td>24</td>
<td>31</td>
<td>Married/ 29/1.5 years</td>
<td>Bachelor</td>
<td>No religion</td>
<td>Home duties</td>
<td>40,000 - 59,999</td>
<td>Housewives</td>
</tr>
<tr>
<td>25</td>
<td>31</td>
<td>Married/ 28/5 years</td>
<td>Bachelor</td>
<td>Taoism</td>
<td>Home duties</td>
<td>100,000 - 119,999</td>
<td>Housewives</td>
</tr>
<tr>
<td>26</td>
<td>35</td>
<td>Married/ 34/months</td>
<td>PhD</td>
<td>Buddhism</td>
<td>Employed: Teacher</td>
<td>Above 120,000</td>
<td>She will not apply maternity leave, because she just changed to another school, so she felt it is not good to apply a long leave. In addition, her parents-in-law will take care of her child.</td>
</tr>
<tr>
<td>27</td>
<td>34</td>
<td>Married/ 34/months</td>
<td>Bachelor</td>
<td>Buddhism</td>
<td>Employed: Teacher</td>
<td>80,000 - 99,999</td>
<td>She will not apply maternity leave at present time,</td>
</tr>
<tr>
<td>28</td>
<td>31</td>
<td>Married/ 31/10 months</td>
<td>Bachelor</td>
<td>Taoism</td>
<td>Unemployed</td>
<td>60,000 - 79,999</td>
<td>She wants to get a job after giving birth. Her mother will take care of her baby.</td>
</tr>
<tr>
<td>29</td>
<td>29</td>
<td>Married/ 29/months</td>
<td>Bachelor</td>
<td>Taoism</td>
<td>Employed: Teacher</td>
<td>80,000 - 99,999</td>
<td>She will apply for 2 years maternity leave.</td>
</tr>
<tr>
<td>30</td>
<td>27</td>
<td>Married/ 27/weeks</td>
<td>Master</td>
<td>No religion</td>
<td>Home duties</td>
<td>40,000 - 59,999</td>
<td>She will back to her PhD studying after giving birth.</td>
</tr>
<tr>
<td>31</td>
<td>32</td>
<td>Married/ 32/months</td>
<td>Bachelor</td>
<td>No religion</td>
<td>Employed: teacher</td>
<td>100,000 - 119,999</td>
<td>She will not apply for maternity leave, because she does not think she can take care her baby whole day. In addition, her mother-in-law will take care of her child.</td>
</tr>
<tr>
<td>32</td>
<td>33</td>
<td>Married/ 32/months</td>
<td>Bachelor</td>
<td>No religion</td>
<td>Employed: Teacher</td>
<td>20,000 - 39,999</td>
<td>She will take few months off after she gives birth.</td>
</tr>
<tr>
<td>33</td>
<td>34</td>
<td>Married/ 32/months</td>
<td>Bachelor</td>
<td>Buddhist</td>
<td>Unemployed</td>
<td>60,000 - 79,999</td>
<td>She does not decide to get another work or take care the child after she gives birth.</td>
</tr>
<tr>
<td>34</td>
<td>35</td>
<td>Married/ 32/years</td>
<td>High school</td>
<td>Taoism</td>
<td>Unemployed</td>
<td>40,000 - 59,999</td>
<td>She will look for a job after she gave birth, because of economic concern and she can have her own time.</td>
</tr>
</tbody>
</table>
**Paid maternity leave**

Forty-three (n=9) percent of the employed women were not sure whether to apply for maternity leave at the time of interview. There were 33% (n=7) of the employed women who were not going to apply for maternity leave, due to several reasons such as parents or parent-in law will take care of her child; employer will not allow her to have maternity leave; worrying about changing to different job content and economic concerns. In addition, 15% (n=5) of the employed women applied for maternity leave. Most of the women applied for up to 6 months 60% paid leave, and only one participant applied for up to 2 years maternity leave.

**Summary**

The value of using qualitative research is that it is suited to identifying, exploring and understanding the intentions of individuals who decide to have children. As such, this chapter has identified the research processes that were undertaken to facilitate a grounded theory approach to explore, identify the associated factors which influence Taiwanese women’s decision to have children. An overview of the demographics of the participants has also been outlined. The next chapter will present the first part of the findings of the study.
Chapter Five
Analysis: Part One

Introduction

The findings for this study are organised into two chapters, five and six. These respectively describe and discuss the findings from Taiwanese pregnant women’s data. The chapters are divided into sections related to the substantive categories including the theoretical frameworks developed from the data. Chapter five will describe the analysis of the categories emerging from the data which indicate the influences, surrounding the core category of ‘balancing between having children and maintaining the quality of life’. Each section presents an introduction and summary to explain the excerpts from transcriptions. The excerpts from the transcripts that appear as quotes have been deliberately presented as the direct translation in order to more reflect the essence of the participant data. These therefore are in some cases, in broken English. The justification for using grounded theory methodology for this research was discussed in the previous chapter. The substantive grounded theory constructed by the researcher from the present investigation into Taiwanese women’s decision to have children uses Strauss and Corbin’s (1990) framework. This chapter commences by presenting the findings which included childbearing attitudes in contemporary Taiwan, living with invisible pressure to have children, childbearing and quality of life, weighing up the choices, path to childbearing, making decision to have children, maintaining the quality of life and balancing between having children and maintaining the quality of life’.

Childbearing attitudes in contemporary Taiwan

Over recent years Taiwan has been transformed from an agricultural society to an industrialised and modernised society. This changing socio-economic and cultural context has affected women’s childbearing attitudes in different ways. Childbearing attitudes in this changing cultural context were identified from the data as an important factor influencing Taiwanese women decision to have children. However, many of the participants were still persisting with the traditional role of being women and the Confucian values of filial piety to carry the family lineage. This decision was part of the process involved in balancing between having children and maintaining the
quality of life’. The sub categories and code under this category are listed in Table 5.1.

<table>
<thead>
<tr>
<th>Category</th>
<th>Sub-category</th>
<th>Code</th>
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<tbody>
<tr>
<td>Childbearing attitudes in</td>
<td>Persisting traditional role of</td>
<td></td>
</tr>
<tr>
<td>contemporary Taiwan</td>
<td>being women</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Confucian values of filial piety:</td>
<td>Husband is the only son in his family</td>
</tr>
<tr>
<td></td>
<td>Carrying family lineage</td>
<td></td>
</tr>
<tr>
<td>Table 5.1 Sub-categories and code for childbearing attitudes in contemporary Taiwan</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Persisting traditional role of being women**

Pregnancy is an essential event in all cultures including Taiwanese culture. Many participants expressed that ‘it is natural thing’, and their motivation to have children was to fulfil their destined role as women. Having babies relates to ‘what a woman does’ as ‘natural’ and ‘normal’ in society (Richardson, 1993). This viewpoint was illustrated in the following:

*In fact, I felt that it [giving birth to a child] seems a natural thing to happen, and then I thought if I have chance to get marry, I just want to have children.*

( Participant 013)

Furthermore, having children had been socially recognised as showing the mark of a real woman, of showing that a woman has fulfilled her true destiny and role in life (Cheung, 2002b). Cultural expectations about being a woman have influenced women’s perceptions unconsciously, especially through their parents. The extent and various reasons for this conviction are outlined in the following:

*To be a woman has to experience giving birth …I felt that giving birth is an essential process for a woman. …I think that I was influenced by traditional belief. To be a woman has to experience something such as giving birth to a child. I thought this [giving birth to a child] is the difference between men and women. If we can experience it, why we do not experience … I felt that give birth to a child is an essential process for a woman. In addition, I never experience the role of mother. To be a mother is very special to me. If I have chance, I think I should experience mother role. Also, many people regret that they did not give birth to a child when they were in elderly. I did not want to be regretful for not having children in my life, so I think that I should try to have children when I got the chance.*

( Participant 008)

So strong was this traditional expectation of being a woman that some participants began to think about childbearing from when they were a child:
Most of my relatives or same generation relatives got married quite earlier. My father and mother always tell me that 'a woman should get marry and give birth to a child' when I was a child. I think this idea already embedded in my thought imperceptibly. (Participant 013)

It was clear from the data that these women were affected by the cultural values of their family or society, which in turn influenced how these participants viewed themselves and their approach to preparing for pregnancy. The perceptions of these participants was that being a woman meant getting married and then having children. Commitment is the first step to becoming a mother. In other words:

They felt that ‘women should give birth to children, after married should bear children’. (Participant 003)

Confucian values of filial piety: carrying family lineage

The other component of childbearing attitudes is the fact that traditional Taiwanese society is a male centred community; women receive pressure around role expectations. Gender differences in the valuing of children in Taiwanese society have emerged from the data, with sons expected to continue the family line within the Taiwanese social context. In Taiwanese society, if a couple has no child to carry the family lineage this is considered counter to filial values. The belief of emphasizing men over woman was identified in the data as being an important factor influencing women in Taiwan. In other words, this traditional belief still exists in Taiwanese society and giving birth to a son is the most important expectation to carry family lineage in the Taiwanese culture. For instance:

I just felt that giving birth to a male baby carries family lineage. Carrying family lineage is necessary. (Participant 021)

The strength of this pressure from others was seen even in women who were planning on having more than one child:

I felt that I want to give birth to a boy baby at least. Even though I want to give birth to two children, one must be a male baby. I thought it is traditional beliefs…still a bit of sexism (the belief of emphasizing man over than woman). Even though we, younger generation people do not have, I felt elderly still believed girls are much inferior to boys idea. A woman became other family’s after she married, but son is still yours. Although my mother-in-law said that she does not care. A girl baby is very good, but I felt that she still hope you will give birth to a male baby. She may still have the pressure of carrying family lineage. (Participant 023)
This quote clearly illustrates the differences in this belief between the generations and how strong this expectation to have a son is. In addition, the participants commented on the importance to have a son first which then takes the pressure off when they are contemplating their second child:

*I should say that I hope the first child is a male baby, because this is the traditional beliefs. My husband’s family is ok. My pressure will be better, and it fit the expectation from society. If my first child is a boy, I can release, so I will not feel pressure in the second child, but I want to have a female baby if I have a chance in the second child.* (Participant 026)

Even though the family were not necessarily commenting about the preference for a son, women commented about the obligation they felt to have a son when a grandfather had passed away. This is clearly illustrated in the following:

*Initially, I want to have a female baby, but I changed my mind to have male baby. When I know his (her partner’s) father already passed away, because I feel that I have obligation to carry his family lineage. Although he said that he wants to have female baby and grandparents-in-law do not say anything to me, I still feel that I should not be selfish and just want to have female baby. Also, aunt told me that grandma-in-law preferred a male baby, so I think I want to have male baby. However, I always dream a female baby. I knew I have a male baby after last prenatal check. He adjusts his attitude to accept a male baby gradually.*  (Participant 006)

This pressure to have a son came from other sources as well. For example, one participant commented that she had pressure from her husband to have a male baby while she was pregnant:

*My husband prefers a male baby than girl baby. For example, when we take a walk in the park, if he [my husband] sees a girl baby…he says…oh…It is female* (Participant 003)

Other participants commented that they felt pressure to have a son from their mother-in-law:

*I am aware that my mother-in-law expects a male baby…For example; she went to worship in the temple for praying a male baby. She [my mother-in-law] said to me that if the first baby is male, she will feel more relieved …However, if the first child is a girl, you [participant] may need to keep going [having another baby].* (Participant 017)

This pressure on the women to have a son also came from other family members. The extent of this pressure and the reasons given are illustrated in the following:
My mother said to me that ‘it will be wonderful, if it is a boy this pregnancy’. She concerns my husband’s grandparents want to have a grandson. (Participant 009)

I felt that I should give birth to a male baby. His family do not give my pressure instead of my mother who give me pressure and worry about me. (Participant 012)

Because my husband prefers a male baby, but I am alright, so I thought that it is ok for me if the first child is a male baby...Family pressure...traditional thought, his mother may be his grandmother are hope to have a male baby, so he may be influenced, so he is hope to have a male baby. (Participant 019)

Another participant put pressure on herself to have a son in order to carry the family lineage; however, she was having a daughter for this pregnancy. This self-pressure of course may have resulted from the invisible pressure that many people put upon her in the first place:

I care...my father and mother did not care [baby’s gender], because I felt that the first child has to be a boy baby. Because I felt that male is more responsible. It is a girl baby this time...my husband and parents-in-law did not care, but my mother is care, but she did not give me this pressure. I will give birth to the second child. (Participant 016)

As can be seen from this quote, the pressure to have a boy from some family members was so strong that they were prepared to continue getting pregnant until a boy arrived. In addition, the extent of the debate that women experience regarding this pressure to have a male child is evident in the following:

After I am pregnant, people said ‘first child, a girl’. I felt your [these people] view are very stranger. I am already pregnant. I am very good. But people in your surrounding said to you that ‘a girl!’ , ‘you just give birth to a girl!’ oh! This society give your concepts is ‘the first child need to be a boy’...older generational people or 50s ladies though that giving birth to a girl is alright, but giving birth to another male baby is accountable. They thought that having a male baby is better. Our do not. We felt it is ok. Daughter is better. (Participant 025)

In contrast, not all of the participants had such pressure to have a male baby. It is interesting to note from the data the differences expressed by the participants between the older generation wanting a male to the younger generation preferring a female, as illustrated in the following:

My mother-in-law is very good. She did not give me this pressure [having a male baby]... I really want to have a girl baby, so she also wants to have a girl baby. She did not give this pressure at all, because his [husband] younger
brother already has a son. They did not care about carrying family lineage, must have a male baby. They were expected a girl baby before and want to have a granddaughter. So they are expecting a girl baby. I thought that why I have to give birth to a son, I want to have a daughter. Some my senior/older colleagues said to me that I should have a boy, but I want to have a girl. Why should I give birth to a male baby? In fact, my colleagues all want to have girls. (Participant 031)

From these participants’ views, despite gender equality in education and employment opportunities, continuing the family line is still strongly present in Taiwanese society, and continuing the family lineage is a major reason for having children for most women. Whatever the sex it was clear from the data that baby’s gender was a big part of the decision making process. This is especially true if the husband is the only son in his family.

**Husband is the only son in his family**

One of the reasons identified by the participants for the pressure to have a child and to make sure it was a male to carry the family lineage was increased if the husband was the only son in the family. This feeling about having a son then influenced some participants’ motivation for childbearing:

*He* [her husband] *is the only son in his family; we still bonded in this traditional cultural expectation which means that we must carry family lineage, so giving birth to a child is necessary. Many people have this type of pressure [husband is the only son in his family]. I also felt pressure before getting married and my parents have more pressure than me…* (Participant 011)

Due to the fact that this participant’s husband is the only son in his family, she was aware of her obligation to become pregnant to try for a son. Interestingly though even if they or their husbands might prefer a female baby, some participants still felt the pressure to give birth to a male baby. This was also the case even amongst the participant’s friends:

*My friends, if her husband is the only son in his family, it is very serious, pressure from family, invisible pressure is very serious...if they gave birth to a girl baby, they must have the second child.* (Participant 018)

This pressure was even more intense if the grandfather was the only son as well:

*I care about the gender of this baby, because my father-in-law and husband are the only son in their family...my thought tends to be traditional which is to have a male baby, but I could not control. It is a female baby this time...My husband does not care the gender of the baby, he does not give me pressure.* (Participant 008)
In contrast, one participant’s husband did not perceive that there was pressure from his family to have a male baby even though her husband was the only son in his family:

He [husband] is the only son in his family, but my parents-in-law did not give me pressure to have children. (Participant 034)

Such was the anxiety regarding this pressure, participants commented that if their husbands family did not put pressure on them then they considered that they were ‘good’ in-laws:

Even though he [her husband] is the only son in his family, I felt that his father and mother are very good parents-in-law, they never ask this thing [having male baby] in front of me. (Participant 010)

On other hand, if her husband is not the only son in his family, a woman will not feel such pressure to have a male baby. The various reasons for this are illustrated in the following:

Because he [husband] is not the only son...his older brother married earlier and has children, so his family already has grandchildren...because his family has so many boys, so they expect a girl baby. (Participant 018)

My parents-in-law did not care whether boy or girl baby, because my husband’s family has many boys, his family all have boys. (Participant 020)

Having sons is encouraged by Confucianism (Cernada, Sun, Chang, & Tsai, 2007). In addition, traditional beliefs continue that having a girl is a ‘small happiness’ whereas having a son is a ‘big happiness’ (Gallagher, 2001). Having a male baby, therefore, becomes a pressure for most participants. These participants contemplated a second child and wished for a male baby if their first pregnancy resulted in a female baby. From participants’ perspectives regarding childbearing, these traditional beliefs of being a woman, and continuing the family lineage was embedded deeply on their mind, particularly if the husband was the only son in his family. They, therefore, planned to marry and bear children. Traditional beliefs about childbearing are core categories which emerged from the data.

**Living with invisible pressure to have children**

‘Living with invisible pressure to have children’ indicates the women’s perspectives regarding what constitutes the main elements of becoming pregnant for her as influenced by or based on personal beliefs and feelings. Most modern Taiwanese
women were indecisive about whether to have children due to the culture contextual pressure on them. The data indicated variations among those living with invisible pressures to have children from society, friends, parents, parents-in-law, husband and self. Participants’ beliefs and behaviour was developed from a multitude of negative or positive sources created by the intrinsic culture. Fulfilling social expectation as a ‘real woman’ also created an invisible pressure for some participants:

*Even though my parents-in-law did not give me pressure to have children, you felt invisible pressure. ... In other words, married must give birth to a child this is traditional beliefs.* (Participant 026)

In contrast, however, one participant said that she did not feel pressure to have children from others, because she got pregnant within one year after she married. The extent of the pressure her friends felt from others to have a child is evident from the following:

*Because we just married one year, so when the pressure nearly happens, I got pregnant, it went. My surrounding friends were asked if they do not get pregnant after they married one year. I felt that most of Taiwanese got married at first as elderly people say. After married for a while, you need to give birth to a child. You will face the pressure to have children...I hear that most people got pregnant and then considered to get married in my generation. I though this way was suitable in my generation. Because one of my colleagues got married at first, and she start to pressure having children as earlier as she could after she married one to two year. Comparing her pressure and mine, I did not need to experience this pressure process. So I felt that I was relaxed without pressure in my case.* (Participant 018)

The insinuation expressed in this quote is that women are tending to get pregnant then marry in order to avoid the various extrinsic pressures put on them. These various intrinsic pressures placed on Taiwanese women are listed as sub categories in Table 5.2.

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<thead>
<tr>
<th>Category</th>
<th>Sub-category</th>
<th>Code</th>
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<tbody>
<tr>
<td>Living with invisible pressure to have children</td>
<td>Pressure from society, family, friends, and neighbour</td>
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<td>Pressure from parents</td>
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<td>Pressure from parents-in-law</td>
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<td>Pressure from husband</td>
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<td>Feeling the pressure from self</td>
<td>Pressure of difficulty in becoming pregnant</td>
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Table 5.2 Sub-categories and code for living with invisible pressure to have children
Pressure from society, family, friends, and neighbour

Pressure from society to have children may be unavoidable for a couple, particularly so for married women. Social recognition as being a real woman emerged from the data as being a significant issue and contributed to this pressure. Some participants expressed that once they married the women’s role expectation from society was to have a child. In other words, being socially recognised as being a real woman has become a pressure for most participants. This is evidence that the belief that women marry and have children still underpins Taiwanese society, therefore, society plays a very important mediator role regarding childbearing values and attitudes:

Everyone tell you that it is better to have children as earlier as you can. (Participant 017)

Not all of the participants felt comfortable with this level of attention and pressure to have a child. For some women this pressure was relentless as illustrated:

My neighbours always ask me why you not get pregnant every day, you already married for a while, when I go out to take out of trash...I feel they have gossip on me and may think I have problem to have children. I do not like it, so I decide to have a child to stop their gossip.it was very annoying, because they will keep asking me [this issue]. (Participant 016)

Women also felt the pressure from friends at various generational levels, as can be seen from the following:

My friends, my father’s friends, or my mother’s colleges in the school continuously tell me that it is better to get pregnant earlier and so on, because everyone continuously tell you that having children earlier is better, so we tried (Participant 003).

Everyone said one sentence [when I will have children]...this becomes invisible pressure to me...They [friends, relatives] asked me, whenever they see me … (Participant 012)

In addition, a lot of this pressure came from the older generation family members who were obviously more entrenched in traditional cultural values:

Older generation people all hope that a family should have children...so this generation will face pressure to have children. (Participant 019)

Another group of people participants expressed that they received invisible pressure from was their peers. These included friends who were parents themselves. Peer pressure to have children can be very persuasive. This peer pressure was expressed in the following:
Peer pressure...my friends have children, they take turn [to get pregnant]...I felt that why everyone has started to get pregnant, then I felt that I should get pregnant, I want to give birth to a child [have children] at that time. (Participant 012)

As can be seen from this quote, however, this invisible pressure was more indirect. Nobody was suggesting that they become pregnant. It was almost as if they believed it was their turn to become pregnant, as illustrated:

Because my surrounding colleagues and siblings married and have children, so I thought about having a family. (Participant 034)

An explanation regarding the thought processes accompanying this decision making was clearly illustrated in the following:

Everyone [my friends] started to give birth to a child [have children], I felt that why everyone has children, I thought that I should have children. Because everyone had children which mean that it is normal, in other words, if you did not have children, it means abnormal. They may think that you have problem, so you did not pregnant...peer pressure. My mother-in-law pushed me [having children] before, but I did not care...till my husband thought it is time to have children...he also felt that friends start to talk about children’s topic, we could not discuss with them, so I think it is the time [having children]. Because everyone already given birth to a child, so I thought seems it is normal, because everyone married to give birth to a child, if you do not give birth to a child... Everyone will think that you are unable to give birth to a child. So I think I should give birth to one child. (Participant 016)

Interestingly though this invisible pressure was explained as not really being pressure at all but that people were instead just caring for them:

Because our age...Friends and colleagues who have children said to you that you should get married and have children. Add this pressure, but it was not pressure, they care about you. (Participant 031)

As a consequence of this pressure, in order to prove they could do it, the participants commented that they planned to have children. It was evident from the data that peer pressure also played a vital factor when a woman had to decide whether to continue with the pregnancy or not. For instance, one participant was 21 years old and became pregnant accidently:

I did not know how to do, nervous and struggle whether to give birth to this child or not ... scare...my life add a child ... it is not same as my same generation friends [who have children yet]. (Participant 014)
This illustrates that even when there was pressure from the participants’ circle of friends, it was not necessarily direct pressure. Peer pressure for these participants became a kind of cultural norm.

**Pressure from parents**

This pressure to have a child was also felt by the participants to be from their parents. Specifically, their mother put pressure on their daughter to have children once they married. This was because they were aware that having children is the most important thing for her daughter in order to maintain her happiness in married life. Participants’ mothers brought up in Taiwan had an intimate knowledge of Taiwanese culture. These mothers truly understood women’s role expectation from this culture, and therefore, pushed their daughters to have children as early as they could:

*My mother told me that a woman must experience marriage, although there may have risk to divorce. If you have successful marriage, then you must give birth to a child...My mother told me to have children as soon as possible just after I married.* (Participant 021)

It was clear from the data that many participants had invisible pressure from parents because:

*My family is very traditional...my parents gave us the concept that ‘childbearing is very natural’ no matter what age you are. It is better to go through this step as setting a family, so you hope that you can set up a family, and then having your own family.* (Participant 026)

One of the participants’ parents knew that her daughter had pressure from her parents-in-law and therefore, pushed her daughter to get pregnant earlier:

*Because of the pressure from my parents-in-law, they tell me continuously. Then my parents told me that your cousin has a male baby, so I just tried.* (Participant 003)

It was almost as if they were protecting their daughter from pressure from the rest of the family by suggesting that they get pregnant before that happens, as highlighted in the following:

*My own mother asked me when I will have children since I married...My mother continues to urge me to have children. I felt that she was afraid that my grandparents-in-law, uncles-in-law or aunts-in law will say why I do not pregnant after married.* (Participant 009).

*My mother asked me to get pregnant just next day of married.* (Participant 012)

*My mother said to me continuously about having children after I married.* (Participant 017)
The pressure to get married and then have children was not experienced by all of the participants. It was not so much, therefore, about the marriage but about having children, as illustrated:

My father told me that getting married or not was not important, you can have cohabitation, because childbearing for next generation is very hard and economic pressure is very heavy. (Participant 033).

My mother pushed me to get pregnant continuously and mentioned about high risk of too old to have children. [elderly primigravida] (Participant 018)

The other rationale expressed by the participants was their mothers concern regarding their ability to be able to care for children when they get older:

She said to me that when you are 40 years old, how old are your children, and then you can see him/her grow up. If your children are very young, you will still need to work for your children when you are elderly. (Participant 021)

Traditional beliefs of childbearing appear to persist as evidenced from these quotes with participants expressing that they conformed to these parental values and norms.

**Pressure from parents-in-law**

Some participants sensed that once they were married, parents-in-law would put pressure on them to have children as soon as possible. This was because parents-in-law take on an authoritative role in a Taiwanese family. For instance, one participant received pressure to have children from her mother-in-law almost immediately after she had been married:

My mother-in-law started to ask me whether I get pregnant or not after few months of married. I still did not get pregnant near one year later, so she said to me that you have married nearly one year why you did not get pregnant. So this was a pressure for me. (Participant 019)

For others, the parents-in-law waited a year after marriage before applying the pressure. The level of anxiety experienced by this mother-in-law who had to wait 3 years before becoming a grandparent is clearly depicted in the following:

Because my mother-in-law keep push [to have children]...she started to push me [to have children] just after I married, then she allowed us [my husband and me] to have freedom for one year, then we should prepare having children. However, we delayed three years, so she felt that my husband and I already married for a long time. Why did not we have children? She could not endure anymore... (Participant 017)
Such was the conviction of their beliefs that some parents-in-law questioned why the participant had got married if they did not want children. This was, however, ignoring other contributing factors to the couple not conceiving, such as physical difficulties:

*My parents-in-law always say to me that it is time to have children and ask me that you married with my son for a long time why do you not get pregnant yet... if you did not want to have children, you should not get marry... Because of the pressure from my parents-in-law, they tell me continuously.* (Participant 003)

*Because of my mother-in-law, she likes children very much, so she hopes that I can get pregnant as soon as possible after I married, so she can take care of children...I think that she will live happier...* (Participant 023)

From some participants’ perceptions, some people still believed that the aim of marriage is to produce children in Taiwanese society. If participants commented that if they were obedient to their parental-in-law traditional values and norms of childbearing, they would develop the motivation to have children.

**Pressure from husband**

In addition, there was pressure from the participant’s husband to have children as well. This was either because he wanted a baby or because the women had pressure from his parents, relatives, friends or society. These different aspects are clearly illustrated in the following quotes:

*He [my husband] thinks that it is time to have children, so we have to have children.* (Participant 003)

*My husband feels that we will have a responsible life after having children. What is your motivation when you work? We want to have our next generation which is our life or work motivation, so we expected to have a child.* (Participant 010)

One participant worried that she would not be able to give birth to a child, because she had polycystic ovarian syndrome. The extent of the pressure from her husband is clear despite this difficulty:

*I was scared that I cannot give birth to a child...because my husband really wants to have children.* (Participant 019)

Most participants felt pressure from their husbands; however, they still supported and respected their husband’s idea. In addition, they also had pressure from within themselves.
Feeling the pressure from self
In addition to receiving invisible pressure from others as identified above, most participants expressed that they had heavy pressure from within themselves; this pressure included pressure to have male baby, time pressure and perceiving difficulties in becoming pregnant. A few participants said that:

Women should give birth….married should bear children… (Participant 003)

It was clear from the data that participants did not appreciate having pressure from others to have a child. The yearning to have a child, however, was much stronger then the pressure received from others as illustrated in the following:

I still remember that my relatives asked me whether I prepare to get pregnant or not about half year after I married. I really did not like it. I just simile, but my heart is bleeding…in fact, I give a lot of pressure on myself. (Participant 010)

I have some pressure, because I am not sure…because many people have infertility problems nowadays…I am afraid that whether I am able to get pregnant or not. (Participant 024)

The woman is the one who carries the most pressure from a cultural perspective or role expectations. For some women, however, getting pregnant does not easily happen.

Pressure of difficulty in becoming pregnant
Once the women had decided to have a child they expressed the realisation that it was not always easy to get pregnant. Some participants planned to bear children after they adjusted to married life; however, they realised that getting pregnant was not as easy as they expected, as highlighted in the following:

I always think that I am healthy. If I want to get pregnant, I can. Later on, I realised that it was not easy to get pregnant when I prepare to have baby. (Participant 017)

The extent of the difficulties experienced by some participants in getting pregnant is evident in the data. Some participants did not get pregnant despite not using contraception after being married for more than two years:

I got pregnant after I married two and half years. In fact, we [my husband and I] did not have contraception near two years, but I did not get pregnant…I was worried that I could not give birth [have children] forever. (Participant 011)

For others, this period of trying to get pregnant was much longer:

We married nearly three years, but I did not get pregnant without contraception. (Participant 034)
The following participant became pregnant after she had been married for 4 years when she was 30 years old:

_We already married 4 years. ...My husband’s job was stable...everyone tell you that it is better to have children as earlier as you can...when I felt that I was ready to get pregnant, but I realised that it was not as easy as you thought._ (Participant 017)

These participants expressed that they began to feel pressure after they were married and worried they might have difficulty becoming pregnant. For instance, one participant became pregnant after she had been married for one year when she was 30 years old:

_I have a bit of pressure, I am worry whether I can get pregnant or not._ (Participant 023)

For some of the participants that struggled to get pregnant, the outside pressure continued. This made the difficulty so much harder:

_It was not that easy to get pregnant as I thought, after I married one year and prepare to have a child. I felt that I was under heavy pressure when I could not get pregnant._ (Participant 010)

From the data it was clear that the delay in getting pregnant for some of the participants had a big impact on them. For instance, the following participant did not become pregnant until after she had been married for 3 years when she was 29 years old:

_We [my husband and I] wanted to enjoy single life which means two people’s world after we married. We planned to have children after one year of marriage. However, I realised that it was not easy to get pregnant as I thought. My mood started to go up and down, because I thought that it was very easy to get pregnant... The result was negative every time when I checked the pregnant test. I was even not able to held the pregnancy test paper; because I felt burn out after I checked the pregnant test with negative result...I was under heavy pressure from my work with long working hours. I did not get pregnant for half year. I was planning to quit my job and take good rest at that time. I was surprised that I got pregnant ...I thought I can get pregnant earlier, but I realised that it was not easy._ (Participant 010)

A few participants were aware that pre-existing gynaecological issues meant that it would not be easy to get pregnant; however, some did not expect that it would be so difficult to become pregnant. These conditions at least explained why they could not get pregnant. Despite this fact, the pressure from others to get pregnant was still
evident. This is illustrated in the following comment from a participant who became pregnant after she had been married for one and half years when she was 26 years old:

*I have polycystic ovarian system which is not easy to get pregnant. I felt pressure just after I married, because I did not get pregnant.* (Participant 019)

Another participant knew that she may have difficulties in becoming pregnant, because she had polycystic ovary syndrome. Again, the pressure from others is evident in this quote:

*I knew I had polycystic ovary syndrome when I was around aged 23 to 24…I was very scare that I will not be able to get pregnant, I am aware that I will have difficult to get pregnant, because I have polycystic ovary syndrome. I did not get pregnant after I married nearly one year. My husband’s mother [mother-in-law] asked me why I still did not get pregnant. I felt a bit of pressure. Fortunately, I got pregnant at that time.* (Participant 019)

Making a decision to bear a child is a crucial event in a woman’s life. In the context of the role of being a woman from traditional perspectives, having children may be a natural thing for some women, but it also came with invisible pressure to have children. Each individual perceives different concerns and meanings in having children which may be influenced by a variety of factors and various reasons.

**Childbearing and quality of life**

Childbearing and quality of life is one of crucial factors which influences participates’ decision making choices to have children. This was because they wanted to maintain a certain quality of life and needed to then ascertain how much this would be influenced by having children. Women in Taiwan are faced with deciding whether to have a child or not and the desire to maintain a certain level of quality of life. This decision was part of the process involved in balancing between having children and maintaining the quality of life. The sub categories and codes under this category are listed in Table 5.3.

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<thead>
<tr>
<th>Category</th>
<th>Sub-category</th>
<th>Code</th>
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<tr>
<td>Childbearing and</td>
<td>The couple’s financial circumstances</td>
<td>Existing pressures from</td>
</tr>
<tr>
<td>quality of life</td>
<td></td>
<td>living expense</td>
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<td></td>
<td>Having children is a responsibility</td>
<td>Childbearing is costly</td>
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<td></td>
<td>Facing work conflict</td>
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Table 5.3 Sub-categories and codes for childbearing and quality of life
The couple's financial circumstances

A couple’s financial circumstances were identified from the data as a key factor in influencing many participants’ decision to have children or not. Each participant’s economic concern about the costs of raising a child varied. Most were aware that economic concern was a very important factor and needed to be considered when they chose to have children. This ranged from those who did not feel any economic pressure to those who did. The extent of the influence of the couple’s financial circumstances is illustrated in the following:

*Economic was the major concern. My husband did not consider having children when he quit his previous job in order to prepare for taking examination to get license for his career, because he was under heavy economic pressure… After my husband obtained the license [for his career]…his monthly income is stable. Then if my husband told me that ‘you can prepare to get pregnant [giving birth to a child] at that time, I may prepare for that, but he did not tell me and I think it is alright, so it [getting pregnant] did not happen.* (Participant 017)

Needless to say the finical circumstances of the couple also played a large part in determining the number of children they would have:

*We will depend on our economic status to decide the number of children that we will have… The number of children will depend on our economic status.* (Participant 008)

There were, however, participants who were able to rationalise ways to overcome this issue. For instance:

*I do not think bearing a child will cause economic pressure, because I feel that it will depend on how you manage.* (Participant 003)

Finding a balance for deciding to have a child as far as financial circumstance for some participants were concerned was to just have a child. In other words, a few participants only considered their own motivation to bear a child:

*I never care whether I can afford to bear [children]; I only care whether I want to bear [children]* (Participant 032)

This belief was despite the fact that the couple could ill afford to have a child in some cases:

*I want to give birth to a child, even though I have heavy economic pressure.* (Participant 021)
On the other hand, one participant felt that economic pressure was only used as an excuse by some not to have a child. The real reason this participant perceived as to why some people did not want to have children is clear from this quote:

*I felt that economic pressure is used as an excuse why they don’t give birth to a child; why giving birth to a child need to spend a lot of money, all are used as an excuse. It is because their current quality of life will be influenced. I think most of people can afford to bear children.* (Participant 021)

Most participants expressed that they already had pressure with daily living expenses before they had children. This was then compounded with the pressure to have children. The type of expenses are clearly identified in the following:

*I have to pay for living expense, mobile phone fee, mortgage loading, and car loans payment... childbearing is very costly, even though you want to have children, you could not afford...* (Participant 004)

The extent of this financial concern is clearly illustrated in this quote which outlines what needed to be taken into consideration with the decision to have children or not:

*I am very worry about economic pressure now. You may need to spend some money before the baby is born, and then the cost of childbearing should be unlimited after he/she was born...* (Participant 023)

As a consequence, the participants reflected on when the best time to have children would be. The majority of participants planned to have children when they felt that they could afford to bear a child. This was despite the fact that they were living with pressure to have children from many angles (as identified earlier), and also the traditional beliefs about childbearing. The decision to have a child, therefore, was when they were ready:

*My husband’s job was more stable and then he was not under stress…and then we felt that we can prepare [get pregnant]...also, my mother-in-law keeps push...so it is the time [to have children].* (Participant 017)

Sometimes the best time to have children was when the couple were more financially stable which meant they had children later on in life. For instance:

*I did not want to have children too earlier after I married, but we planned to have children later which will depend on our economic status. I planned to have two children at least. I want to enjoy two people’s world after I married. After the third year of my marriage, I think it is the time [to have children]. Also, I am 30 years old, so I think I should start to prepare to get pregnant.* (Participant 008)
To complicate this decision to have a child further and add more financial pressure, some participants did not work. This meant that the family income only came from the husband:

*I do not have job so only my husband work now. We have to spend money on eating and living, and pay for the car and mortgage with my husband’s salary. I am worry that we even could not cover these expenses, so I feel heavy pressure.* (Participant 006)

The extent of the financial pressure is clearly illustrated with one participant who became pregnant accidently. Their monthly income was between NT$ 40,000 to 59,999 (AUS$: 1,333-1,777). This reflects the average income for most Taiwanese. Both of their parents asked her to terminate the pregnancy because her husband was a university student and their financial status was not stable, but they decided to continue with the pregnancy. Consequently, his parents asked them to move out and live by themselves and they had to pay rental fee and living expenses. In order to cope with this financial stress, her husband got a part time job and applied for a scholarship. This was an example of economic pressure that needed to be resolved for this couple:

*[My parents-in-law] disagreed [I continued to carry this child]…they felt that we have children too earlier, they hope that we can wait for few years, and then save enough money, and then we can welcome this child to be born. It will be good for this child with better environment, they do not want to see this child suffer with us [because our economic is unstable now]* (Participant 014)

Individuals’ financial circumstances was, therefore, identified as another factor influencing some participants decision as to when was the best time to have children and the number of children they plan to have.

*Existing pressures from living expense*

Part of the reason why the decision to have children depended on the financial circumstances of the couple was the existing pressure that existed from living expenses. Daily living expenses, therefore, was seen as an existing pressure for many people. This was contributed to by the fact that Taiwan’s society was changing with people living in this modern society desiring to have a mobile phone, car and other material commodities of convenience. These have all become perceived necessities for living in today’s community and a need rather than a want. Dealing with the invisible pressure from daily living expense was identified as adding to the economic burden for some participants. The following illustrates the extent of these expenses:
I have to pay NT$60,000 [AUD$2,000] monthly at least for living expense, mobile phone fee, and rental fee and car loan payment. (Participant 004)

Another contributing factor to this is the fact that over the past years in Taiwan, living expenses have increased every year. Many salaries had not increased accordingly however:

...living expense continue increase...when I see my friends bear children...the price of formula milk is different this year comparing last year. Everything is increasing in double price, but salary does not increase...house price rise dramatically...you could not afford to buy a house... (Participant 012)

Housing has become quite expensive in Taipei with most people not being able to afford to buy a house. The following illustrates the consequences of this:

In Taipei, a couple both have jobs, they may spend ten years without spending any money on eating out or buying anything in order to buy a house, and then you have to pay mortgage for whole life. How would you have extra money to bear a child? I felt economic is a biggest concerns, and then everything is increasing, house price already increased very expense, but your salary do not increase, really salary do not increase... (Participant 015)

In addition, monthly income was not just spent on childbearing, but also on mortgage and their own parents. Caring for elderly parents within the Taiwanese social context is an issue of filial piety, and providing money to elderly parents is an obligation for children (primarily the sons). In other words:

...After you married, you will have children, mortgage, and your father and mother did not have job, you need to give them some money for their daily living expense. I felt that economic pressure is very heavy with all this together. (Participant 023)

Consequently, some participants identified that they had to work harder in order to save more money and postpone pregnancy due to these economic concerns:

...actually, I planned to have children later... Economic was not stable, and then my job and business were not stable...so pressure is heavy... ... (Participant 022)

As shown in the following contrasting examples, some people were concerned about buying a property and therefore postponed having children because they considered it to be costly. On the other hand, however, other people were aware that buying a property was too expensive, so they decided to have children as a first priority and buy property later:
Raising children does cost a lot of money...I did not want to get pregnant before, of course partly because we may need to buy a house, I felt that you should have a house, and then have children. My friends also thought that he should have a house to get marry...it is all about economic factor ..., most of them cannot afford to buy a house, so giving birth [having children] is postponed. ...in fact, raising children is costly, I felt it will not cost too much money, I think the key issue is cannot afford to buy a house. (Participant 016)

We rent a house now. I thought about buying a house, but the property is too expensive...I will see how it goes after two years. (Participant 019)

The couple financial circumstances were therefore a key factor in influencing the decision as to when to have a child.

**Having children is a responsibility**

The other part of the quality of life equation identified from the data was that having children added responsibility in a number of ways. Some women identified that they were scared of taking on what they perceived to be a big responsibility for caring for the child. In other words:

*I felt that it is very hard to survive in this environment... since you gave birth to a baby, you should have responsibility for him/her... If I do not need to take this responsibility which it is very good, I was expected not to take this responsibility before, because I knew if I choose to have babies, I need to take this responsibility.* (Participant 017)

Participants commented that childbearing required parents to take responsibility, spend time to take care of their children and meant that their life had changed as a consequence:

*After giving birth to a child, you will have responsibility...* (Participant 017)

For some of the participants, they were not prepared to have children because of the added responsibility that this would bring which they perceived would in turn affect their quality of life. This was firstly because of the financial implications as illustrated:

*Two people’s life is good. My boyfriend felt that if we have children that will change our current life and the quality of life will not be good. Because raising children is very expense. So we did not have motivation to have children at that time.* (Participant 027)

The second way that having children affected the quality of life of the couple was the lack of spontaneity that they perceived would result from having children. This quote illustrates the fact that having children was perceived by the participants to mean that
they had to stop certain activities. In addition, their quality of life would be affected, because childbearing is inconvenient and parents could no longer be spontaneous:

I like freedom and play. It [having children] will effect on me. I felt that I am very happy and comfortable by myself. I do whatever I want. I like freedom. I like play cards [a kinds of gambling which play cards with friends], I like to go shopping or others. If I have children, I will not be able to do these things. I am scared to be tied. I will be tied by my children [the relationship between mother and children], and I am scared ...

(Participant 025)

The following illustrates various other reasons that the participants identified how their quality of life may be affected by having children:

We had freedom without children. For example, we can go anywhere whenever we want to, but it will be very inconvenient after having children, because we need to concern about children. We can go wherever we want to go without children...such as beach...very autonomous, but it may be very inconvenient ... after having children. (Participant 023)

It was clear from the data the extent of the concern that participants had regarding the effect that having children would have on the quality of life:

It is difficult to give birth to and raise a child which means you need to teach and care of him/her, and then take care of him/her, I felt that I will not able to do it. It is my self-fish thought that I can live a good life by myself, but I could not do it [bearing a child]… Extra person means extra worry. (Participant 020)

Such was the concern that instead participants commented that they preferred to have pets to children:

... I felt both of us [my husband and I] are very happy, so I never think about giving birth to a child, because giving birth to a child is very trouble, and you have to spend money later...two people are ok. Why do we need to give birth to a child, it is very trouble, just have pets...it seems that you will start to spend money, and then bearing this child, and then educated this child. These things are very troubles, so I never think about give birth to a child. (Participant 016)

Despite the concern expressed about the effect of having children on the quality of life, some women just decided to have children. In other words, no matter what the reason is, if people really want to have children, then they will take the responsibility and overcome the negative factors:

If you want to give birth to a child, you will overcome the negative influencing factors which you did not want. So I felt that childbearing is very normal. People may say having children is very troubles, costly and so on, but I felt that this is a thing that we should take it. (Participant 026)
**Childbearing is costly**

Having children was also identified by the participants as taking on financial responsibility which in turn affected the quality of life. For some participants’ childbearing was viewed as being very costly with children’s clothing expense, educational costs and so on. Therefore:

> Childbearing is very costly... since you started to bear children [pregnant]. For example, you have to buy special shoes, underwear when you are pregnant; baby’s stuffs and so on. These stuffs are necessary accessories; you must purchase... and so on... (Participant 018)

The effect of this added financial pressure of having children is illustrated in the following:

> I was very worry economic pressure. I spent a lot of money for the baby before he/she was born and then it should be endless expense after children were born. Our economic may better than others, but I felt that economic is an invisible pressure... Diaper, formulate power, and then educational fee when he/she grow up. It seems all about money since you open your eyes. I felt it is an invisible pressure. (Participant 023)

It was clear from the data that most parents wanted to provide the best for their children, including material things and had to adjust accordingly:

> Because we gave the pressure to ourselves in order to provide material to children, so we reduced the desires. Parents always want to provide the best for children nowadays. (Participant 025)

What became clear from the participants was the fact that they wanted a better life for their child then they had and the importance they placed on developing them through education. In addition, they were worried that they could not afford a better life for children:

> I start to think about my child’s future education issue now, because I want to give him/her better educational environment. (Participant 022)

Parenting was about not only providing food and shelter, but parents also needed to spend money for their children providing ‘teaching’ now. All of these expenses had increased since they were children themselves and were therefore more difficult to achieve. Therefore, parents needed to increase their income in order to raise children, which meant that they both worked and where then unable to have time to spend with them and teach them:
Children’s...no matter educational expense or living environment seems different compared to before. Studying kindergarten was very cheap, but you will concern his/her future whether having competition to others, and bilinguals kindergarten, so your salary may all pay for children’s expense. Also, you are afraid that he/she may be behind [others], and then he/she may need extra classes after school and so on, it is very stressful actually...then parents have jobs and do not have time to teach them... (Participant 024)

These participants identified how important education of their child was for them. Education is a key value in Taiwanese society and a method to change social status and wealth (Davison & Reed, 1998). This belief has led many parents to spend a lot of money on educational expense which was seen as investment in the future of their child:

*I am worried that my economic status could not afford better life for him/her [her children]. I hope that I can afford my children to learn more skills and attend private classes after school to reinforce his/her studying.* (Participant 014)

Most parents are busy with their jobs and may not have much time to spend with their children; therefore, many of them send their children to attend after-school tutoring and lessons of various sorts in private schools. This is a common phenomenon in Taiwanese society because most parents want to provide the best for their children, and enhance their competitive ability in order to enter better secondary schools to ensure a better career in the future. Private informal children’s schools [outside the normal school system] in Taiwan aims to facilitate elementary school students with their homework or teach them skills such as English, piano, painting, mathematics lessons and so on. If parents are unable to pick up their children after school, the private school can also pick them up. All of this costs extra money:

*Childbearing is an extra burden for me. Economic is the major concern, because children must attend extra private classes [such as learning music, English, mathematic and so on] after formal class, otherwise they will not be too competitive with others. This is an extra cost...bearing a child till university at least costly millions dollars.* (Participant 004)

This was in stark contrast to what occurred in earlier generations of parents. Previously the women stayed at home and provided this after school care. The consequence of the children not attending extra classes outside school was clear from the following:
You will worry that he/she [a child’s learning] may behind other students, and parents are busy with work, so they unable to teach them. My mother taught me after school when I was a child. I did not go for the extra classes after school, excepted I learned some skills [such as piano lesson, dance lesson and so on] from others. However, if the children do not attend extra classes after their school, it seems their learning will behind others, so I will consider these issues. (Participant 024)

In contrast, some participants did not think that children needed to learn ‘extras’ such as piano, so they did not take this into account:

*I do not think that a child has to learn piano or others. I felt that is unnecessary ...so I will not think about this expense.* (Participant 031)

However, one participant felt that economic pressure is just an excuse for not having children; the main reason was that childbearing will influence their quality of life. This participant will have children, even though she has heavy economic pressure:

*I felt that economic is an excuse they (most people) care. I felt that it is an excuse. Why people do not want to give birth to a child? Childbearing need to spend a lot of money, it is an excuse... (most people do not want to) influence (their) current quality of life...* (Participant 021)

Despite this participant’s views, however, it was clear that pressure from the couple’s financial circumstances is the main consideration in women’s decision to have children. Having money to buy commodities is after all equated with a ‘quality of life’.

**Facing work conflict**

The other component of the childbearing and quality of life debate is the changing role of women. Modern Taiwanese women have equity of education and job opportunity with men, which have resulted in more career women than previously was the case. The changing socio-economic context in Taiwan has affected a woman’s attitudes towards and choice of having a child in many ways. Having children may create role conflicts for the women between staying at home to raise children and being a career woman. Some participants therefore, experienced conflict between the roles of wife, employee, career woman, and mother and between independence and dependence when they considered having children.

Furthermore, participants viewed motherhood to be a complex mixture of positive and negative emotional experience of a woman’s life. Traditionally in Taiwan, women stayed at home and took care of the family. However, Taiwan has become highly industrialised and modernised and these economic and social changes have given
women considerable educational and employment opportunities. Women’s educational levels have therefore increased and led to an equalised gender role and work in contemporary society. Despite these developments, when women get pregnant this all reverted to almost traditional beliefs. For instance, some participants were asked to resign from their job because they became pregnant:

*If your boss knew you are pregnant, he/she will ask you take leave without pay or quit the job. I lost my job now; I felt childbearing is a heavy burden for me.* (Participant 006)

Furthermore, it was not easy for pregnant women to get a job. Unemployment then caused these women more anxiety over economic issues of childbearing:

*I did not try to find a job very actively when I was pregnant at the first three months, because I did not feel well in my body. After I felt better with my body, I restarted to find a job, but it seems not that easy, because it was not friendly for pregnant women in Taiwan’s occupational market. Therefore, I decided to give birth to this child smoothly at present time and search a job after doing the month. I am aware that Taiwan’s working environment is not friendly to pregnant women as I saw many cases in my previous job.* (Participant 008)

This unfriendly working environment for pregnant women caused many participants to seriously weigh up between childbearing and having a career. The result was that some participants commented that they chose to continue to work and postponed childbearing:

*…actually, I planned to have children later…because my business just getting better, and then I thought that I will have children later when my business is stable…after two or three years. It happened suddenly, I did not know how to do, but I thought no matter what I must give birth to this child.* (Participant 022)

**Weighing up the choices**

Weighing up the choices to bear a child was identified by the participants as another crucial step when making a decision to get pregnant. This was because many concerns, including positive and negative factors, arose during the process of decision making. Husband’s attitudes toward children, participant’s age and personal choices were three major factors which emerged from the data as important factors to consider. These factors were found to either facilitate or constrain participants’ decisions to have children and when to have them. The sub categories and codes under this category are listed in Table 5.4.
Table 5.4 Sub-categories and codes for weighing up the choices.

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Husband’s attitude toward childbearing

Participants identified their husbands’ attitude was one of the factors they had to weigh up in their decision to have a child. If the husband was ready to accept being a father, they would decide to have a child. For instance:

*He* [husband] *continuously told me in my ears every day for a long time. He said ‘how about we have children?’*. (Participant 025)

Some women decided to continue their pregnancy because her husband agreed to have this child. The option otherwise was to terminate the pregnancy:

*He* [her husband] *said firmly to me that ‘he wanted to have this child’…* *If you are pregnant, you have to continue and give birth* (Participant 006)

The strength of this factor in influencing this decision is evident in the following:

*My husband agreed to have this child, so we decided to continue this pregnancy. …If he disagreed, I would not continue this pregnant*. (Participant 004)

From the data it was evident that the partner’s positive attitude regarding the decision to have a child gave the participants more security and commitment to have children. For instance, one participant’s partner insisted she continue the pregnancy after becoming pregnant accidentally, even though both of their parents disagreed because she was 21 years old and unmarried:

*I discussed with my family for a long time [whether I continuously carry this child or not]…because my family said whether terminate this child or not, because I am too young. Finally, my husband and me insist [to continuously carry this child], and then they compromised and let us got married and give birth to this child…My husband gives me a lot of encouragement when I had argument with my family. I thought about terminating this child. My husband told me that ‘why do you want to terminate this child since you already pregnant?’ He told me that ‘we will overcome these difficulties…and we have ability to go through, so I decided to give birth to this child and told my family that we decided to have this child. No matter what will happen in the future,*
we will take the responsibility and solve the problems by ourselves. (Participant 014)

If the husband was not ready to accept fatherhood, this may cause conflict between the couple: the decisions had to be made to either allow the pregnancy to happen, continue or terminate. For example, one participant was cohabitating with her boyfriend, and did not want to have children, so she thought that she did not need to get married. Due to peer pressure and having a positive interaction with her colleagues’ children, she changed her mind and wanted to have children. Her boyfriend, however, was concerned that having children would change their current quality of life. In other words:

*He [boyfriend] said that he did not want to have children, so I did not have this thought [giving birth to a child]. I did not think it at all, because I knew he did not want to have children. I did not talk about this issue at all.* (Participant 027)

Interestingly, not all of the participants believed in the traditional role of being a women and having children. For instance, one woman commented that she disliked children, but changed her mind because she felt secure with her husband and decided to have children. The following illustrates the decision making process that this woman went through:

*I felt that whether husband can give wife security is very important. If wife did not feel security from husband, wife may be scared to have children… If wife felt security from husband, wife will feel secure, and then decide to have children. In fact, I never thought that I will have children. I thought that I will have one or two dogs after I married…I thought dogs are children just with longer hair…I hate children very much before. I suddenly felt children are very cute then I got pregnant … I did not why. It seems related to age changed. It seems some concepts are different after 28 years old.* (Participant 029)

**Husband’s expectations**

The husband’s expectations were another aspect of the husband’s attitude which influenced women’s decisions to become pregnant. In traditional Taiwanese culture, obedience to the husband is one of three obedience’s considered to be a virtue in a woman. Some participants expressed their feeling as following:

*I felt that I must have children and my husband has more expectation than me. Because you got strong support from your partner, you felt that you want to have a child firmly, not just go with the flow. My husband and I want to have children. My husband likes children very much…he felt that it is very good to have children.* (Participant 015)
The expectation from the husband to have a child was viewed as a natural progression from being married, as illustrated:

We [my husband and I] did not specially discuss whether having or not having children before we married, but we had agreement to get married, have honeymoon, get pregnant, and then give birth to a child. That is...we did not discuss when to have children, but we know we must give birth to a child. (Participant 021)

For another participant this pressure from her husband to have a child was so great that she was worried that if she did not give birth to a child, her husband may divorce her:

My husband really wants to have children. I felt it is not good without children. I was worry divorce. (Participant 019)

Some participants expressed that their husbands wished to create a family, which indicated their readiness to take on the responsibility to be a father. This was part of the natural progression of life for these men. Making a decision to have children also meant making a commitment to be parents, and parenthood did not involve just the women’s readiness to be a mother, but also men’s readiness to be a father:

We [my husband and I] got married after we were being together for a long time, so we trust each other very much and create a family. He told me one sentence once which touched me. He said that we should have a very responsible life after having children. What is your motivation when you work? We want to have our next generation which is our life or work motivation, so we expect to have a child....I feel great and then I want to have children firmly. (Participant 010)

Traditionally in Taiwan, men take economic responsibility to support their family. This belief has been reshaped somewhat since Taiwan’s industrialization and modernization era, with women beginning to participate in the labour force and contribute to the family income. Despite this, the husband may feel invisible economic pressure to bear children. This was illustrated by one participant who became pregnant after she was married four years once her husband’s job and economic status became stable. Only then did her husband suggest that she become pregnant:

Because my husband’s previous job ...and he prepared to get licence [for his career] for a period of time. So he did not have job at that time. He felt a heavy economic pressure, so he never thought about childbearing. I could feel that, although we did not discuss formally. I knew he may feel that ‘giving birth to a
child’ is a necessary process, in other words, (we) must have children later on. I do not mind whether have or not have children, so I did not plan seriously...then it is time...I felt he was ready...so... (Participant 017)

Age
Part of the consideration necessary when weighing up the choices of having children was the age of the women. Participants’ expressed concerns about the right age for them to have children which varied between either not being too young (25 years) to not leaving it until they were too old (between 20s to 40s). Many women described specific ages that they viewed as ideal to have a child. For instance, one participant confirmed that she wanted to have children between the ages of 28 to 29 and outlined the reasons. At the time of being interviewed this women was 31:

I did not want to have children in my aged 25, because I felt that having children is a burden to society at that time. I changed my mind later on, because some of my friends were not able to get pregnant. When I was about 28, 29 years old...I have started to think that I want to have children in my life, because I felt that I should create a family... So I was sure to have children in my aged 28, 29 ... I felt that there is a need to move from this step to next step of my life. I was sure that I want to create a family [get marry] when I was 28, 29 years old, and then I want to have children after I married. I got married in my aged 30, because of ‘women 30 pull the alarm’ (Participant 018)

A common saying in Taiwanese culture is ‘women 30, pull the alarm’ which means that their biological clock is ticking and they are running out of time to have a child. If a woman aged in her 30s does not have a boyfriend, she is likely to be cautious about this issue. Other women expressed specific ages which they viewed as appropriate to have a child:

Age...I am 26 year old which is appropriate year to get married and suitable for a baby. (Participant 007)

I [32 years old] felt that I am old enough to have children, so I felt that it is nature to have a child. (Participant 015)

Clearly for these women being married also contributed to the decision to have a child:

After married, we wanted to have children as soon as possible, because of our [her and her husband] age [she is 35 years old]...hurry to give birth to a child. (Participant 013)

Being too young was also identified by the participants as not being appropriate to have children. For instance, one participant’s mother thought it was too early to get pregnant for her daughter, who was aged 21:
...concern about economic whether I can afford this child or not with my economic ability...my mother did not want me to have children too earlier, so she asked me to terminate this child. Actually, I thought about getting married and giving birth to a child when I was in junior high school... after 18 years old, I have autonomy right, I want to get married or give birth to a child...I planned to get married and give birth to a child in aged 25 to 26, because I may save enough money at that time...should be alright to get married and give birth to children. (Participant 014)

It was clear from the data that more women than those who wanted babies while they were young delayed marriage and childbearing age until they were older:

Thirty years old [time to get marry], because my surrounding friends no one gets married, but most of my best friends were late married... (Participant 024)

There were a number of other reasons expressed by the participants as to why they should not be too old to bear children. The following two quotes illustrate the different reasons for this decision:

I felt that I want to do this thing [giving birth to a child] in aged 30 to 35. Why I felt this time...I think ...may be studying or after over aged 35 which is too old [giving birth to a child]...in this time, you should do this thing...I felt that physical functions will influence to give birth to a child...getting older may not easily to give birth to a child... No matter what the factors are, I felt that it is time [to have a child]. (Participant 011)

I felt that I am very old [she was 23 years old]. It was not good, if I give birth to a child too late. I like to be a young mother, and bring a young child... If I take my children go to primary school to study, other students will say your mom is very beautiful, your mom is very young...I can take my children and play together. (Participant 032)

From these participants’ views, there were a number of other factors which influenced their decision to have children when they were younger. One of these influencing factors was that Taiwanese society promotes having children at an earlier age, and this can be seen in the views of participants’ parents, parents-in-law, relatives or friends:

My husband and his relatives also tell you to have children earlier. My father’s friends and mother’s colleagues always tell you that it is better to have children earlier...I think everyone continuously tell me that it is better to have children earlier. So we just tried... (Participant 003)

Another factor that contributed to this age related decision making process was the concern expressed by the participants that they did not want to make the decision too late, although just when to have children depended on participants’ perceptions. Some
participants aged between 30 to 34 years felt time pressure to have children and were afraid of the stigma associated with this as illustrated:

*I felt that my age…I will become an elderly primigravida soon at that time, we had a discussion. If we want to have children, it is better to get pregnant before becoming an elderly primigravida.* … (Participant 027)

In addition, the reason why women were concerned about leaving the decision too late was because of the possible complications of having children in old age:

*My age [30 years old] is older enough to have children. Also, it is not good to have children in older age that may have higher risks to have complications from the medical report.* (Participant 003)

One of the consequences of the increased risk of fetal abnormalities when a woman is over 35 years is that they are usually offered an amniocentesis to assess for this risk. This woman did not want an amniocentesis and factored this into her decision making process:

*I was hope having children before 35 years old before, because I do not want to do the amniocentesis. I was 35 years old this month, I did not want to be an elderly primigravida, I did want to have children until aged near 40.* (Participant 026)

Participants also put pressure on themselves when thinking of the optimum age for pregnancy. They were aware that they may not easily get pregnant after 30 years old. In addition, one of participants had polycystic ovarian syndrome and was worried that she may have difficulty in getting pregnant, especially after 30. This woman therefore tried to become pregnant when she was 26 years old:

*I [26 year old] think that it is not easy to get pregnant after aged 30, so I want to have children as soon as possible.* (Participant 019)

As can be seen, there were a variety of beliefs about when is the optimal age to have children, reflecting the complexities of decision making and informed choices. This was underpinned by the cultural imperative expectation that it is better to have a child at an early age. Participant’s age is one of the determining factors in making a decision regarding the timing of pregnancy.

**Personal choice**
A woman’s choice of becoming a mother may depend on how they view the meaning of having children. A meaningful life includes having something important that one
can and wants to do with their life. Pregnancy does not just involve profound physical and psychological changes; it also involves social, economic, emotional changes, and obtaining a new identity and a new role. Despite living in a society with perceived cultural beliefs and expectations of a woman, each individual is unique and chooses what they want in their life. Personal choice may either facilitate or constrain participants’ decisions to have children. Participants in this study showed a wide range of individual choice. For instance, one participant just wanted to try and experience being pregnant:

*Pregnancy is a stage to me… maybe…because my surrounding friends got married gradually and have very cute babies…so…I felt that…in fact I want to try…that experience…so no matter what reasons…I felt that it is time to have children.* (Participant 011)

Another participant was not ready to get pregnant until her job became stable:

*I did not think about getting pregnant and give birth to a child earlier when I have pressure from my job. I like and am familiar with my job now. I am very happy. I could feel that my surrounding people and husband are stable, so I felt that I am ready to have children.* (Participant 017)

A further participant felt that having children provided them with security against divorce:

*Because having children seems not easy to divorce.* (Participant 025)

Having a baby was also viewed by participants as protection against being lonely in old age:

*My husband is older than me more than ten years; I never thought that I will by myself when I am in elderly. If I give birth to a child, I will have company later. I can accompany him/her until he/she grew up. After he/she grew up, he/she can be himself/herself, and then I live in nursing home is ok for me.* (Participant 025)

**Participants’ beliefs about childbearing**

Participants’ beliefs about childbearing refer to their perceived cultural values. The economic and cultural changes in Taiwan have led to changing values about childbearing. In terms of this research, culture means “the system of goals, beliefs, attitudes, and roles shared by a group of people” (Reeder, Martin, & Koniak-Griffin, 1997, p. 57). Values are a “role that shape a person’s attitudes, beliefs, and behaviours, are formed and conditioned by social groups formed in early childhood” (Reeder et al.,
1997, p. 56). Each person may perceive and define the norms or role expectations held by others differently.

Some participants wanted to have children and felt that this was an essential part of their life. They appeared to have deep cognitive schema developed from early childhood and reinforced by their husband, parents-in-law, parents, relatives, friends and society. The various aspects that this reinforced are illustrated in the following:

\[
\text{Everyone says that a woman should marry and have children. It is a woman's life; if a woman's physical function is normal. However, many women may not choose to marry and have children, although her physical function is normal. Girls talk about children, in other words, women talk about the experience of given birth to a child. (Participant 003)}
\]

\[
\text{My parents told me that it [having children] will be a sweet burden when you are in older age, so I am very sure that I want to have children at that time. (Participant 018)}
\]

\[
\text{We [My husband and I] live in three generation family...so the concept of a family really means to me. (Participant 011)}
\]

Furthermore, ‘a family should include children’ which was a common theme from many participants’ perspectives:

\[
\text{I felt that a family needed children. I am sure that I want to have children. I do not want to live my life without children. (Participant 018)}
\]

In contrast, one participant did not agree about the traditional beliefs regarding childbearing. This may indicate that the perception and role of being a woman has changed for some women in Taiwan:

\[
\text{Of course, my father tells me that … ‘a woman must give birth to a child’ it is worth in lifetime, but I did not agree… (Participant 017)}
\]

From these participants’ views, cultural beliefs about childbearing have passed from generation to generation. As a consequence of these beliefs passing from the participants’ parents, childbearing belief has been embedded invisibly on their mind, and an essential element in influencing their decision to have a child.

**Women's autonomy**

Autonomy is “the ability to make your own decisions about what to do rather than being influenced by someone else or told what to do” (Dictionary Collins, 2006, p. 82). In other words, women should have autonomy to decide for themselves when to have children. For example,
People say that a woman means to give birth to a child..., but I think a woman should be aware that she can decide when she wants to give birth to a child, not because other people put pressure on her. (Participant 003)

The strength of this belief is clearly illustrated in the following:

I did not think too much, no one can influence me. If you are sure that you must have children, no one can change your decision. (Participant 031)

This autonomy was also expressed in the decision not to terminate a pregnancy. For instance, one participant’s mother asked her to terminate a baby when she got pregnant at the age of 18. This request by her mother happened again when she was 21 years old and became pregnant accidentally. The woman decided to continue this pregnancy:

...my mother did not want me to have children too earlier, so she asked me to terminate this child...we had argued for a while, and I told her that I did not want to terminate this child. She said to me that if you choose to keep this child, you have to take a load on...no matter what happens in the future...I am pregnant and already 20 years old which means that I can make my own decision ...(Participant 014)

In contrast, it was clear from the data that some women’s decision making process to have a child was based on a number of aspects. For instance, for some women it was more about the desire to just have a child. In other words:

Because I, myself want to give birth to a child. (Participant 015)

For some participants, it was almost as if they needed to have children, as illustrated in the following:

I just felt that I want to have a child. I was desperate to have my own children. When I went overseas for my work...I was very crazy...I expected that we [my husband and I] should give birth to a girl baby. I just had this kind of feeling at that time, so I went to kid’s store for shopping and bought some very cute clothes...Do you know how serious my expectation is? Although I did not even get pregnant yet at that time. (Participant 010)

Some participants expressed that the decision to have a child was because they viewed children as being cute and could play with them:

Children is very cute, and you want to be part of his/her process of grew up, and then the baby is your own. (Participant 026)

When you play with other people’s children who are very cute, so I want to give birth to a child and play with him/her. (Participant 015)
It was clear from the data that this was not the fantasy of having children as many women have had a lot of experience with children prior to having their own as illustrated:

I like children very much when I was a child. I was the king of children when I was a child in my neighbourhood. I could take care of other people’s two to three years old children when I was aged seven to eight. Also, I took care of my older sister’s children during my junior high and high school summer vacation. They nearly call me ‘mother’, because I was with them day and night from kindergarten to high school now. We have a very good relationship. I felt that to be a mother is very good…so I wish to have children. (Participant 015)

Other participants liked children so they wanted to have their own children:

I like children very much… I really want to have my own children. (Participant 031)

I like children a lot, just like children. I did not know why, I just like children. Because I played with Barbie dolls when I was a child…and pretend my own child. (Participant 032)

For some participants this was a yearning to experience the relationship they had seen with others who had children:

I saw my older sister’s children always being with her. The relationship between mother and children was inseparable. I also want to have this kind of relationship…so I wish we will have our own children. (Participant 023)

One participant experienced the feeling of happiness between her own original family, and herself so she desired to have children in order to create a happy family:

I grew up in a very happy family, so I always think that having children is a very happy thing. (Participant 010)

In contrast, one participant commented that for her the decision to have a child was about being an investment for the future:

Everyone still has a bit of selfish that you want to cultivate your children to what you want them to be…I felt that giving birth to a child is like you invest something. You do not know the future. You may feel that his/her future may be good or not good, but at least you spend energy to do this investment. You want to see your investment is good or not good. You want to see what your future investment will be. (Participant 026)

Wanting to be a woman
To be a mother seems a woman’s biological destiny and an essential part of being female. A woman’s self-identify to be a woman was a feature for some participants in
this study. They felt that having children was a natural thing as a woman had a uterus and these needed to be used:

I felt that I must have baby. Giving birth to a child is a necessary process for a woman in life. (Participant 026)

I think I have a uterus, so I should use it. (Participant 003)

Some participants however choose when to use their uterus:

I felt that to be a woman with biological structure which pertains to you [a woman] has ability to give birth to a child. You [a woman] have right not to have children, but you already have this biological structure why not to give birth to a child, so I just tried. (Participant 013)

The ideas behind the participants’ expressions: ‘a woman must experience giving birth to a child’ and ‘they want to experience to be a mother’ emerged from most participants. These testified that they wanted to feel, and experience, being a woman by having a child. They therefore have always planned to have children. Having a child was therefore part of the natural process of life as reflected in the following:

A family includes a father, mother and children. It is very normal. You felt that it is normal, and then you will be influenced by them unconsciously. You thought that you should experience this process. Despite that society and concepts change continuously, but the concepts of having a family is good will be retained in your brain/mind. You will feel that you need to create a family. (Participant 026)

Weighing up the choices in the decision making process to have a child was identified by the participants as another crucial step in the process. This involved a number of factors, including the husband’s attitude toward children, the age of the participant and a number of personal choices.

Summary
This chapter has presented a substantive grounded theory through a detailed and elaborative delineation of the findings from the interpreted four of the eight major categories. First of all, an overview of the theory was presented as ordered conceptual components. The core category of the theory is “The process of balancing between having children and maintaining the quality of life in Taiwan”. This core category is a basic social psychological process and integrates eight major categories and 25 subcategories of the theory. The first four of the eight major categories were identified in this chapter as being: ‘Childbearing attitudes in contemporary Taiwan’, ‘Living
with invisible pressure to have children’, ‘Childbearing and quality of life’, and ‘Weighing up the choices’. These four categories had 13 subcategories.

Secondly, the theory was formulated according to the Basic Social Psychological Process Construction Model. Theory (Strauss & Corbin, 1990, 1998) was subsequently presented in detail as a description through explication of each category and of the associated subcategories.

It was evident from the data that each individual tended to find a balance between becoming a family and trying to maintain their quality of life when they made a decision to have children. This was identified as a key factor for most participants who decided when and how many children they would have.

The following chapter will present the context of theory development, overview of the theory and the linkage of the other four of the eight major categories to the substantive grounded theory.
Chapter Six
Analysis: Part Two

Introduction
This is the second of the analysis chapters which describes and discusses the findings from the Taiwanese pregnant women’s data. The chapter is divided into sections related to the substantive categories including the theoretical frameworks developed from the data. Chapter five described the analysis of the categories emerging from the data which indicated the influences surrounding the core category of ‘balancing between having children and maintaining the quality of life’. Chapter six will then describe the analysis of the categories emerging from the data which indicated the actions and consequences surrounding the core category of ‘balancing between having children and maintaining the quality of life’. Each section presents an introduction and summary to explain the excerpts from transcriptions. The excerpts from the transcripts that appear as quotes have been deliberately presented as the direct translation in order to more reflect the essence of the participant data. These therefore are in some cases, in broken English.

Path to childbearing
Pregnancy is one of the most life changing events a woman can experience. A woman’s decision to have children may be influenced by various factors such as traditional beliefs about being a woman or about carrying on family lineage. Perceiving these beliefs may affect women’s decision whether to have children or not. Participants commented that they invariably felt that the expectation of a woman’s role in Taiwanese culture overwhelmingly is that they should get married and then have children. Three types of decision making choices that came from the data were being married to have children, going with the flow and having a contingency with an unplanned/surprise pregnancy (see Table 6.1).

<table>
<thead>
<tr>
<th>Category</th>
<th>Sub-category</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Path to childbearing</td>
<td>Being married to have children: planned pregnancy</td>
<td>Seeking alternative methods</td>
</tr>
<tr>
<td></td>
<td>Going with the flow</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Contingency: Unplanned pregnancy/ Surprise pregnancy</td>
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</tbody>
</table>

Table 6.1 Sub-categories and codes for path to childbearing
Being married to have children: planned pregnancy

Marriage is an essential process in the life journey to carry on new generations is a Taiwanese proverb. In other words, the purpose of being married is to have children. Having the potential to be able to give birth has been the most important criteria for choosing a wife. From the participants’ perspective, marriage and motherhood emerged as being central to a woman’s life. Participants who planned to marry and have children felt that the purpose of getting married was to have children. The various viewpoints regarding this issue are illustrated in the following quote and demonstrate how strong this belief was for these women:

*If you married, you should have children...If you did not want to give birth to a child, you should not get marry...I feel that this is a necessary process, married and having children is in order. If I married, I want to have children definitely.* (Participant 013)

Such was the strength of this conviction to get married and have children that participants commented that it became their life time goal:

*I, myself desire to get married and have children, this is my target.* (Participant 028)

From the data it was evident that if couples did not marry and have children, they would be missing something important:

*I felt that married must have children. Otherwise, a couple live together for a while they may not have a feeling of ‘a family and feel they miss something, so having children is better.* (Participant 019)

The concept of getting married and then having children however was changing from traditional to more modern Taiwan. This is reflected in the fact that some participants stated that they did not care whether they got married or not. These women only cared about having children:

*Whether I get married or not, I am alright, but I must give birth to a child, because I like children. I really like children, really want to have my own child.* (Participant 032)

Furthermore, participants expressed that some people were against marriage. This could have been because of the changes that had occurred in Taiwan’s society. Modern women work and become economically independent, so they did not need to depend on men. Traditionally, parents would encourage a daughter to get married and carry on the next generation. Such was the strength of this belief from the older
generation that parents were known to set up process to strongly encourage their daughter to marry. For examples, one participant did not have any intention to get married and have children, so her parents arranged for her to see a match maker and she subsequently married:

I got married at aged 34 years old. I did not want to get married initially; I was forced to get married. Because of my age...my parents continuously say to me, so I got married, otherwise, I could live very happy by myself. They asked me to have match maker, otherwise, they [family] will cut the relation with me. Because I thought that I did not need to work and also I want to play. It sounds good, so I married, but I told them before married that I will not give birth to a child if he agreed. (Participant 025)

The majority of participants, however, did feel that the process of getting married and having children was important in life. Marriage and having children are therefore two expectations of traditional women’s role in Taiwanese culture, with the purpose of marriage to produce new life (Lee & Kuo, 2000). This has been passed down from these participants’ parents since they were children and the participants themselves also value these beliefs.

**Seeking alternative method to get pregnant**

Historically having a child was an outcome that rested in the lap of the gods (Bergum, 1997). Pregnancy is also viewed through ancestral gods from Taiwanese culture (Kang-Wang, 1980). Therefore, if a woman is not able to get pregnant, they may seek spiritual support. In Taiwan, most people (93%) adhere to a mixture of Buddhist and Taoist beliefs (The World Factbook, 2012), so most participants in this study went to worship in the temple and pray for a child.

Seeking alternative method to get pregnant refers to when a couple fail to get pregnant after more than 12 months trying without any contraceptives and search for other methods to achieve a pregnancy. Many participants realised that getting pregnant was not that easy even though they were healthy without any reproductive functions issues. Participants commented that they sought some sort of help to get pregnant. This varied from Western Medicine, to Traditional Chinese Medicine or worshipping in the temple. For some participants this was just about having the correct information about how to get pregnant:

I got the information [about getting pregnancy] from my colleagues’ experience, but it did not work on me until I asked obstetrician and complied
with the doctor’s suggestions. I got pregnant less than half year. I did not know what I did earlier...even though we [my husband and I] were in 30s, we still not clear about how to get pregnant...we always missed the right timing to get pregnant. (Participant 013)

For other participants, they needed more than information. Another participant thought it was not difficult to get pregnancy, so she used contraceptive after she married. However, when she was aged 28 and planned to become pregnant, she found it difficult. This women and her husband sought medical help and the doctor gave her the following advice:

I found that it was not easy for me to get pregnant. I went to see doctor. The doctor told me to wait for half year. If I still did not get pregnant, the doctor will refer me to see the infertility clinical. I was quite upset at that time and the doctor told me that there are many women who are similar age as you also go to infertility clinical. (Participant 010)

Even though some sought advice from the infertility clinic, no reason was identified as to why they were not getting pregnant. For instance, one participant got married when she was aged 30 and planned to become pregnant six months later, however:

We did not have contraceptive for two years, but we still could not give birth to a child [getting pregnant], so we went to infertility clinic and check genes for both of us. Because...must believe science...believe science means examinations [for reproductive functions]...The doctor told me that there is no problem in man [my husband] and woman [me]. (Participant 011)

This participant grew up in the countryside with very traditional beliefs and some older generation people suggested they worship in the temple and pray to have children:

...is normal...don’t need to worry too much. Men’s sperms or women’s does not have problem, so I thought there were not problems [reproductive functions is normal]. I tried some invisible power to help us and see whether I can get pregnant successfully... Going to worship in the temple is very common thing...you can see people may go for praying getting pregnancy...I live in the countryside. I used to take the incense to worship. Even though we look not too old from our age, we are still very traditional. So sometimes older generations told us ‘going to worship in the temple’ ... We did not take any medication or other method to get pregnant. I thought it is because of going to worship in the temple. (Participant 011)

Worshipping also provided coping mechanisms for some participants who were struggling to become pregnant:

My mother-in-law started to take me to worship in the temple. (Participant 017)
We went to worship in the temple as people said this helped. (Participant 034)

Another participant reported seeking assistance from Traditional Chinese Medicine as well as Western Medicine, which was very successful as can be seen in the following:

See doctors, taking Chinese medicine, and then see Western medicine... I took Chinese medicine medication for half year and visited other doctors everywhere... I knew I have polycystic ovarian syndrome when I was around aged 23 to 24... I was very scared that I will not be able to get pregnancy, so I have seen the Chinese Medicine doctor and took Chinese medicine these few years, and then I got pregnant and am very happy. (Participant 019)

**Going with the flow**

‘Going with the flow’ represents fatalism in Taiwanese culture, which means that people believing in destiny. Participants had a propensity to believe that their destinies were ruled by an unseen power, ‘fate’, rather than by their own will. The following illustrates the participants’ expressions of ‘going with the flow’ regarding childbearing attitudes in their pregnancy decision making process:

*It is kinds of fate, if we have [got pregnant], we will give birth to a child.*

(Participant 028)

*We just go with the flow. We both felt that married means to give birth to a child, so we did not have contraceptives.* (Participant 026)

It is fairly obvious from these quotes that the participants were not planning when they would get pregnant and would just let it happen:

*We did not have contraceptives. Both of us like children very much. If we have [got pregnant], just go with the flow and then give birth to this child.*

(Participant 029)

The following illustrates the various stages that this ‘go with the flow’ related to for the women, specifically those who already had a child:

*Because we have children [get pregnant], I would not think about any excuse to terminate this baby. Go with the flow. Just go with the flow... We did not have contraceptive...then got married...* (Participant 005)

‘Going with the flow’, then, played an essential element in many participants’ decisions to have children. This was despite the fact that contraceptives are available and can empower people to decide when they want to have children, allowing for personal choice as to when to have children.
Contingency: unplanned pregnancy

Contingency means “an unanticipated/unplanned happening that brings about a change in conditions” (Strauss & Corbin, 1990, p. 143). A few participants revealed that they did not plan to have children. Pregnancy came as a surprise to these women, due to non-use of contraceptives or using them irregularly. The development of the contraceptive pill in the mid-twentieth century (Ganley, 2004) has very much influenced the idea of parenting. Contraception is a method which had been used in order to avoid pregnancy by many of these participants:

*Initially...we use contraceptive pills, stop one month...my husband thought that we are meant to have [this child]. I did not plan [to have this child].* (Participant 004)

Despite the fact that some participants identified that they were using contraception or natural methods, for some a mishap occurred while taking the pill. The result was:

*It was an accident...we used contraceptive...may miss one or two times...I use contraceptive pills, I may forget [to take it] when I was busy with my work.* (Participant 014)

*It was an accident; because I missed calculate the safety period of my menstruation [calendar method].* (Participant 030)

Those participants who became pregnant due to the ineffectual use or non-use of contraceptive methods faced the decision of whether to terminate their pregnancies voluntarily or not. However, when the pregnancies occurred, they accepted it and decided to continue the pregnancy. These participants if they were cohabitating and became pregnant would decide to marry in order to provide a complete family for their child.

Making the ultimate decision to have children

The decision to have a child may be a very complex process for many people, because it involves various factors. Decision making “refers to the process of determining the best solution to a situation or problem” (Reeder et al., 1997) (Reeder et al., 1997) (Reeder, Martin, Koniak-Griffin, 1997, p.28). It was evident from the data that for the participants the ultimate decision making to have a child involved a number of psychological coping strategies. These are listed in Table 6.2.
### Category Sub-category Code

<table>
<thead>
<tr>
<th>Making the ultimate decision to have children</th>
<th>compromising</th>
<th>accepting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optimizing</td>
<td>adjusting</td>
<td></td>
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</tbody>
</table>

Table 6.2 Sub-categories for making the ultimate decision to have children

**Compromising**

Part of the decision making identified by the participants in this study involved a process of compromising as far as they were concerned. A compromise is considered “a situation in which people accept something slightly different from what they really want, because of circumstances or because they are considering the wishes of other people” (Dictionary Collins, 2006, p. 283). On the other hand, acceptance refers to the fact that “if you accept a plan or an intended action, you agree to it and allow it so happen” (Dictionary Collins, 2006, p. 7). Participants described a process of decision making that involved the invisible pressure to have a child on one side and what they wanted for themselves on the other side. This is illustrated in the following:

> How I compromise...seems everyone tells you continuously ‘it is better to have baby earlier’, so I just tried. In fact, it seems reluctant to get pregnant, but it was acceptable to me. (Participant 003)

The extent of the compromising that participants commented on in the data was evident at various levels. For instance, one participant commented that she did not plan to get married or have children originally, but due to the pressure from her parents, she compromised and got married and became pregnant. This woman was quite worried that she will totally lose her freedom after she gives birth to a child. This woman, therefore, asked her husband to take care of the children which allowed her to go out once a week:

> After gave birth to this child, you [husband] need to help me to look after children...you cannot leave me alone to take care children. You need to let me go out once a week, I need space which I can breathe [take a rest from looking after children]. (Participant 025)

This participant compromised and accepted the situation and made the decision to have a child, thereby adjusting her views.

**Adjusting**

The second psychological coping strategy identified by the participants was to adjust. To make an adjustment can be defined as: “When you adjust to a new situation, you get used to it by changing your behaviour or your ideas” (Dictionary Collins, 2006, p.
18). This is illustrated by one participant who felt that having children was a responsibility, so she did not care whether she had a child or not. On the other hand, she knew her husband and mother-in-law expected her to give birth to a child, so she adjusted her views and accepted the idea of becoming pregnant. This then went further when she struggled to get pregnant, her mother-in-law then encouraged her to use alternative ways to get pregnant, and she accepted this:

*My husband thought a family should include children. I was alright whether we have children, but I concern the responsibility... I received the message [having children] gradually after I married, and them I adjust myself day by day, and then accepted, and then prepare to have children, get pregnant, give birth to a child, and then bearing children which just depend on when it [to get pregnant] will happen...later on, I realised that it was not easy to get pregnant...so my mother-in-law took me to worship in the temple and see the Traditional Chinese Medicine doctor [for getting pregnant] (Participant 017)*

Another participant just wanted to enjoy life and freedom by herself, so she did not plan to marry or have children. However, her parents suggested that she should marry; otherwise her parents will not recognise their relationship with their daughter. This woman then adjusted and got married than adjusted her views to have children:

*Older generations said ‘get married’ so I got married, and ‘give birth to a child’, so I am pregnant now. How could you say? I did not have much requirement, just give me freedom and happy, I am ok... I still scared very much that I will be tied by the relationship with my children now. I will not have freedom, but I need to adjust by myself. I do not know whether I will change my attitudes or not after gave birth to this child. I really scared that I will be tied by the relationship with my children. I am really not happy... (Participant 025)*

**Accepting/Go with the flow**

In contrast, a few participants became pregnant accidentally and decided to continue this pregnancy, because they felt that they were meant to have children. This can be understood as fatalism which is “a feeling that you cannot control events or prevent” (Dictionary Collins, 2006, p. 520). In other words, a fatalist is a person who believes destiny and goes with what the future holds for them and, therefore, accepts the inevitable. These couples used no form of contraception, or depended on unreliable methods. However, when pregnancies occurred, they accepted it and decided to continue with the pregnancy. Fatalism, therefore, serves as an effective mechanism as a way to compromise, adjust and accept the pregnancy:
Since there is a life [a baby] that comes to your life...which means he/she has a kind of fate with you, so just give birth to this child and take good care of him/her. (Participant 014)

Although marrying followed by having children is the role expectation of women in Taiwanese society, this is not necessarily the way women feel initially. They may need to compromise, adjust and accept childbearing. These three types of psychological coping mechanism strategies were interrelated to each other for most participants. When participants were deciding to become a family and maintain the quality of life, most used two to three psychological coping mechanism strategies when they made the decision to have children.

**Maintaining the quality of life**

Maintaining the quality of life was identified as a key factor for most participants when they were making the decision to have children. Most participants believed that childbearing is very costly and therefore, bearing a child will affect their quality of life. The intention to have children was not just about carrying the family linkage as traditional for some participants. Instead the decision to have a child was about whether they could afford to raise children in a better environment and at the same time maintain their quality of life:

... I think some intellectual people, they do not aim to carry the family linkage to have children, they want to provide better environment for their children, and then their quality of life is important. They will concern about whether they have extra time and money to raise a child after they have a certain quality of life. (Participant 015)

In order to find a balance between becoming a family and maintaining the quality of life, there were some coping strategies which were identified from the data. These coping strategies are outlined in Table 6.3.

<table>
<thead>
<tr>
<th>Category</th>
<th>Sub-category</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintaining the quality of life</td>
<td>Trying to maintain the same quality of life</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Seeking available supports</td>
<td>Government’s baby bonus/incentives</td>
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<tr>
<td></td>
<td></td>
<td>Family help</td>
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<tr>
<td></td>
<td>Rearranging financial plans</td>
<td>Affordable to bear a child</td>
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<tr>
<td></td>
<td></td>
<td>Believing ‘children will bring wealth’</td>
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<tr>
<td></td>
<td>Choosing to be a mother versus a career woman</td>
<td>Reducing husband’s economic burden</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Economic autonomously/economic independent</td>
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<tr>
<td></td>
<td></td>
<td>Self-actualization: Being unwilling to give up current job.</td>
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<tr>
<td></td>
<td></td>
<td>Concerned about being isolated at home</td>
</tr>
</tbody>
</table>

Table 6.3 Sub-categories and codes for maintaining the quality of life
Trying to maintain the same quality of life
It was evident from the data that the participants tried to maintain the same quality of life following the decision to have children:

*In fact, we worry the quality of our life and children’s life. If you want to provide very good quality of life for children. You need some money actually.* (Participant 027)

This was in contrast to previous generations who had different childbearing attitudes to themselves and less desire for the quality of life compared to the younger generations. The participants reflected that in fact their parents had more economic pressure, and despite this they still wanted to have children. This belief reflects the more traditional philosophy in Taiwan as identified in the following:

*In fact, I felt that economic burden in my parents’ generation is heavier than now, but they still gave birth to children. I think people want to live enjoyable life now. They were afraid of losing their quality of life after giving birth to a child…I hope that I can provide better life for he/her [child].* (Participant 018)

The fact that times had indeed changed was very evident from the data. In current times childbearing was not just about providing food. Participants commented that there was now also the need to educate children in this changing society. Consequently, some couples planned to only have one child in order to maintain their quality of life and at the same time have a child:

*Economic factor is the major concerns for us, my husband and I agree that you could not just feed the children. You need to provide education for your children. If we and my children want to live a quality of life, it will be very hard for my husband and me with our current economic load. We do not want to live this kind of life, so we concern this issue and decided to have only one child. This is our choice, because we also have to pay one mortgage which is equal to bear a child, in other words, we bear two children.* (Participant 010)

Participants also commented that they had to redefine the quality of life and make some sacrifices in order to maintain their quality of life. These were the coping
strategies that some participants commented that they used when they had decided to have children. This is clearly illustrated in the following:

We still care about the quality of life, although it is not essential for us...we can make some changes to balance. For instance, my husband likes to play cars [buying cars], but he needs to spend less money on cars since we have children, so his quality of life is reduced a little bit. It just takes some and gives up some; cars and children. It is alright. (Participant 021)

It was clear from the data however that there was a belief that most participants could afford to raise children if they are motivated to reduce their own spending and thereby maintain their quality of life:

Economic...I felt that if it is necessary to spend money [for childbearing], you have to spend it after giving birth. I did not think about too much now, but I thought I have to cut down my own expense for bearing a child... (Participant 017)

The different strategies that participants identified that they used in order to maintain a certain level of quality of life is outlined in the following:

I should say according to my income if I want to raise a child, I can afford it. I just need to sacrifice my enjoyment such as buying fewer clothes or eating less expensive cuisine. That is. (Participant 020)

I could not buy famous brand. I need to control not too eat too expensive cuisines or eat whatever I want to eat...control...beauty therapy such as cosmetic, I need to control. I could not buy whatever I like as before...seems need to balance a lot and control my desire. You will think that how much you can save money, and then you will save. Even thought it was not ok for me, I have no choice; because of children...I already scarified a lot. If I do not have [children], I could give myself more. (Participant 025)

Trying to maintain their quality of life and at the same time have a child was identified as an important consideration for the participants in this study. There were a number of supports that participants identified that they also availed themselves in order to further achieve this balance and make a decision to have a child.

**Seeking available supports**

Participants identified in the data that childbearing was not easy and support was necessary. Whether this support was available is another factor that was evident from the data that a woman takes into consideration when they make a decision to bear a child. This was especially the case as most women have full time jobs. Furthermore, the costs associated with children, including child care, were identified as a major
issue which participants also had to take into account. In Taiwan, there is a government baby bonus which is available for most people. This incentive and family support regarding child care and financial support were identified in the data as two areas of potential support as another coping strategy to maintain the quality of life.

**Government’s baby bonus/incentives**

In order to encourage women to have children, the Taiwanese government has incorporated a maternity care policy under the Bureau of National Health Insurance (BNHI) program for universal health insurance coverage. This included ten free prenatal care visits and a free birth service for eligible pregnant women. Participants commented that:

> During the period of prenatal checking, I found that government’s incentives do help me. (Participant 029)

In addition, government childbearing or educational subsidies aimed to eliminate the cost of children’s expense. For instance: children under the age of three years can access medical care under Taiwan’s BNHI free. The following illustrates the various financial considerations that some woman had to consider and the value of government incentives:

> My husband said that because government provides baby bonus, and they have about 40,000dollars [NT$]. It is enough for them to bear a child. In addition, he is studying currently. He will apply scholarship which will be an extra income. Government could provide incentives already very good. I will not ask government to do more. This is secondary…I only care that I can afford to bear a child. (Participant 032)

These incentives are not however available to all women. For instance, one participant was not eligible because she did not meet the criteria for the government baby bonus for a number of reasons:

> It did not work on me, because of criteria such as the length of registered of household…and we were married after I got pregnant and so on… (Participant 005)

In addition, there is maternity benefit for working women which includes eight weeks paid maternity leave, 60% paid leave for the first six months, or up to two years unpaid maternity leave. Whether participants will apply for maternity leave depends on each individual’s circumstances. Few participants apply for two years maternity leave. Many women will only apply for six months 60% paid leave, and some of them
will not apply for any maternity benefit. One of the reasons participants commented as to why they did not apply for maternity leave was because they were scared. Despite maternity leave existing under national law, women were afraid that if they applied for it, their career may be affected at some stage and they will be out of a job:

Although Taiwan’s government provides baby bonus or maternity leave, I felt that there are some issues with these policies. Therefore, career women scared to apply for maternity leave, because the boss will fire them no matter what reason is, and then they will lose their job when they return from maternity leave. (Participant 015)

It was also clear from the data that another reason why women did not apply for maternity leave was because their boss would either refuse to give them the leave or it was not possible to grant due to the size of the organisation:

Generally, you can apply maternity leave ...However, my previous boss told me that I employ you, because your working experience is very good, but I will not pay you 54 days maternity leave salary...[In Taiwan, women got 54 days maternity leave with full salary] (Participant 006)

Impossible...my boss will not permit [take maternity leave], and there are less than ten employees in my company, and then there are three pregnant women now, but two of them are my male colleagues’ wife, so my boss will not approve my maternity application. (Participant 016)

Some women expressed that they will not need maternity leave because their mother or mother-in-law will look after of their child or they have economic concerns and therefore cannot afford it. Another contributing factor to not needing maternity leave was the fact that they were scared to look after their children and would therefore return to work:

If we really could not afford it [childbearing], we will ask some help from family such as my mother-in-law or others. (Participant 019)

I did not apply for maternity leave, because my personality that I could not handle to look after children at home all day. In addition, family income will be very low. (Participant 031)

Despite the fact that these incentives may not always have a positive effect in encouraging women to have children, for many participants their aim was to eliminate women’s financial burden in raising children. The data indicates, however, that these incentives may not be enough to influence some women’s decision-making to have children:
I felt that it [government’s baby bonus] will not help me. If people cannot afford to bear a child, government’s incentive for 10,000 or 20,000 NT$ will not attract them to have children. I felt that it does not solve the problem, because if people want to have children, they still want to have children. They will not change their mind just because of this incentive 10,000 or 20,000 NT$ and then having children…. This [incentive] could not solve the problem. (Participant 019)

For some women these incentives did not influence their decision to have a child and was not factored into the decision making process at all. They just decided, after weighing up all of the issues, to have children:

Because I felt that government’s incentives which are not monthly…I think that if people really want to have children. They will not care how many incentives from government…people who come from middle or low classes, if their purpose of having children is to carry family lineage…they may care [government’s incentives]… (Participant 015)

**Family help**
Seeking family support in relation to childcare or financial support was identified in the data as one of the vital coping strategies in deciding to have children. The participants identified that if they needed either emotional or economic support, their family was the first priority. Family was identified from the data as being an important resource to help them to decide to have a child:

*If we cannot afford to bear a child, our family will help us....* (Participant 005)

The significance of this support is clearly illustrated in the following:

*I think family resource is very important. I did not mean my family is very wealthy…I just felt that my grandparents or aunts will give us a lot no matter emotional or material support after my children will be born…I felt very secure psychologically from their supports, because I am sure that they are always there for us [my husband and me] no matter our work were not smooth or we may face the economic difficulty. My mother-in-law always tell that do not worry about money…I knew when I give birth to a child, many people will help me.* (Participant 008)

As previously mentioned, in order to bear children, most couples need to work in Taiwanese society. Traditionally, women were supposed to stay at home and look after the children. If women needed to return to work, child care then becomes a crucial issue for most of participants. Participant’s parents-in-law or parents were their first choice for asking assistance, who had offered to do so:

*His parents is ok [look after the child] and my parents is ok. Both of them express to take care of children. Otherwise, I have to quit my job to look after*
him/her. Of course, children and family are more important than job. (Participant 026)

The significance of this child care assistance in the decision making process to have a child is evident from the following:

If someone could help me to take care of children, I would give birth to a child. My family will give us some support and the main reason is because my mother-in-law will take care of children. So I am not worry to give birth to a child. (Participant 019)

Generally, married women stay nearby to their husbands’ family. If the mother-in-law can assist them to look after their children, they can save money on employing a baby sitter. The importance of the financial imperative of this strategy is clear from the quote:

Children are very costly. Because my mother-in-law will take care of our child…our salary will not increase, due to having children. Employed a baby sister, you will spend few thousand dollars [NT$] monthly, children’s formula milk, diaper all are expense. These are extra expense for us. So I asked my mother-in-law at first when I just got pregnant. If she can look after our child. (Participant 027)

It was clear from the data that returning to work after the birth was not just for financial reasons. One participant commented that she felt stressed to look after children, so she sought her mother-in-law’s help to take care of the children. This was not an isolated comment either and expressed by other participants:

I will return to work after I gave birth to a child. My mother-in-law will look after my child. This will save the child care expense…Also, if I stay at home taking care of children by myself. I will have heavy stress. Also, I do not have experience. ..If I do not have job, our family income…his economic pressure will heavier. I can reduce his pressure a little bit. (Participant 023)

It was not only the mother-in-law who undertook child care duties. This participant’s mother also helped them to take care of the children:

My mother may take care my child after I given birth (Participant 007)

From the data it was clear that for some participants their mothers had always planned to care for their grandchildren and were expecting to do so:

My mother likes children very much; she already plans to take care of my children after her retirement. (Participant 012)
Interestingly, it was not just the younger generation that identified the financial incentive for the mother to return to work:

*After I give birth to this child, my mother will take care of my child. She [my mother] said to me you need to go to work after giving birth. If you stay at home and just depends on your husband’s salary, it should not be enough.* (Participant 014)

It was evident from the data that there were a number of other reasons why couples preferred to have their family care for their child. This included the fact that their parents had previous experience caring for children and that they were concerned how well other carers would care for their child:

*I concern the childbearing issue, because we need to work after I given birth. His [her husband] parents will take care of this child, because they have experience to take care his sister’s children. I feel relax. I do not trust nanny.* (Participant 010)

*Because both of us [my husband and me] have job...if my mother-in-law can help me [to take care of my child], we will not worry too much, otherwise we have to look for baby sister. In fact, we are worry that even baby-sister got the license, we are afraid that they may not take good care of my child. If my family can take care of my child, I feel much secure.* (Participant 013)

The other type of support identified by the participants that came from their parents was financial support at various levels. Although both working, couples often still needed assistance to help pay for living expenses, mortgage and so on. Economic pressure was one of the crucial factors for most of participants in their decision to have children. However, participants often received some form of financial support from either their own, or her husband’s family. For example, for one participant it was only because they were living with their family that they felt financially secure enough to have a baby:

*If we cannot afford to bear a child, our family will help us.... As we live together with our family, so we feel that if we cannot afford to bear a child, our family will help us.* (Participant 005)

Living in a house owned by a family member was another strategy used by couples to ease the economic pressures. This meant that they did not have to worry about having the money to pay the rent:

*I live in the house which belongs to my family, so I do not need to spend on rental fee, so it already saves a lot of money.* (Participant 014)
For other participants the influencing factor was the offer from family member to care for their child, so they did not need to spend money on child care expenses:

My mother-in-law always says to me that do not worries about money matter. She will take care of the baby, if we could not pay them full salary, we could just pay them a bit of money. They do not care about money; they only want to take good care the baby...I feel that someone will help us when we have economic difficulties. (Participant 008)

Family support was therefore seen by the women as giving them more security to raise children if they were to face future difficulties.

Rearranging financial plans
Maintaining quality of life emerged as a goal for a couple who plan to have children, therefore economic factors played a crucial role in maintaining their quality of life when they decided to have a child. This was not the case necessarily when the final decision was made. For instance, one participant’s husband planned to have children when he saved enough money for childbearing. For many years he was scared until one day he realised that ‘money always is not enough’ and changed his mind:

He [My husband] is awareness that money is never enough no matter how much money you saved. (Participant 012)

Rearranging finance plan was one of strategies expressed by some participants to overcome the economic pressure for childbearing. There were a few examples from participants as to how they or others had rearranged their financial plan:

I felt that there are different ways you can manage economic concerns, if you have ten dollars, then you would raise children with ten dollars. If you have one hundred dollars, then you would raise children with one hundred dollars. It will all depend on how you manage your finance. For example, you may not be able to send your children to overseas, because of economic concerns, but you could plan to do some leisure activities at least. (Participant 003)

Another participant used different method for arranging their finance. One of these being for the women to return to work but then to divide their salaries into various expenses:

Economic…actually…my family also help us…we [my husband and me] pay the most of our expense. We arrange [financial plan] such as my husband’s salary pay for the bigger amount of expense, and my salary pay for small amount of living expense. (Participant 014)
One participant rearranged her monthly budget and had already bought insurance for her child, although this baby was not yet born. This insurance was considered as an investment and thereby an alternative way of saving money to be then used for her children’s future education. Indeed, the importance of education in Taiwanese society is emphasised in this quote:

"We had roughly count how much money we will cost on this child, because we bought insurance for my child. My baby in my belly [uterus] already has insurance. My husband and I spent some times to discuss earlier that how much percentage from our salary can be used to pay for children’s insurance. This kind of insurance is another way to save money for me. This could be another alternative way to pay for children's future educational expense." (Participant 021)

In contrast, one participant did not worry about economic pressure and instead changed her perspective. To this participant it was more about what they could afford to do, as is illustrated in the following:

"I am not concerned about economic issue. If I can afford it, my child can go to study better school." (Participant 016)

**Affordable to bear a child**

Affordable to bear a child is a subjective feeling for many participants. Whether they can afford to raise children or not will depend on their motivation to have children. Even though they have heavy economic pressure, they will overcome these with confidence and decide to have a child. One participant said that:

"We also face heavy economic pressure, but we still want to have children, because we think we should be able to afford bearing children." (Participant 008)

This confidence in their ability to manage financially was strongly expressed in the data. For instance:

"I believe that I will find a way to overcome the finance issues after I give birth." (Participant 007)

In contrast, one participant choose to be a career woman, therefore, both of them would have more income to bear and support children. To these women being able to afford to have a child was not such an issue:

"Because both of us [my husband and I] have job." (Participant 013)
Another participant also choose to be a career woman, but she was worried about her child’s future educational expense and her baby sitter’s expense. The financial planning undertaken in this case was deciding to only have one or two children:

*Although I was worry this factor [economic and children’s educational expense], we thought that we will not have too many children, and then we can take good care of our child. One or two children are ok, not more than that...because both of us go to work, we need the baby sitter. If we have four children, how can we employee baby sitter. Salary is not enough...because employing one baby sitter’s expense is about an office worker’s monthly salary. If you have two children, it is very tied [economic], more than that is impossible, so most of people have only one child. (Participant 024)*

There were a number of other strategies identified from the data as to how they could afford to have a child. In the following example, one couple did not need to use any financial strategy for childbearing, because their daily spending was low:

*We really do not spend a lot of money daily, so we do not have special strategy [for childbearing]. (Participant 009)*

Another couple had a financial plan and aimed to save more money for children by not spending excessively:

*Both of my husband and I are not very extravagant and my husband is good at financial planning, so he always teaches me how to save more money for our children. (Participant 010)*

One financial strategy described by another participant was to use second hand goods instead of buying new what they needed for their baby:

*Baby’s accessories/stuffs are very expensive, so I will use second hand. (Participant 012)*

Another strategy was the fact that different people gave them gifts, which was all they needed for their baby and this helped reduce their economic pressure:

*We will depend on our affordability to buy when we could afford it. We did not buy much stuff for our baby’s at present time, because other people may give us. (Participant 018)*

It was a belief expressed in the data that if a couple has a strong enough motivation to bear children, they will overcome financial problems. For instance: one participant became pregnant accidentally in her early 20s and her partner was a university student. Initially, both of their parents felt the pregnancy should not be continued, but the couple insisted on continuing. In order to save more money for childbearing and
providing better life for their child, they decided to work harder and changed their lifestyle accordingly so that they could afford to have this child. The various strategies this couple used to help them is illustrated in the quote:

After we made this decision [keep this child]. They [husband’s parents] said to us that we move out to other places which means that we can completely independent, pay the rental fee and children’s accessories by ourselves …I also did not want my family unhappy, due to this child. I really hope that I can save more money, and then welcome this child to come to this world with better life. My husband encourages me a lot and told me that we will have hard life at the beginning, and we may spend less money on our expense, then we can provide better [life] to children, no matter how much money he will spend, he will provide the better for this child such as education. We will work and live harder… My husband does not spend much money now; more control in money matter. He liked to buy stuffs and shoes before, but he is more control himself, due to this child. (Participant 014)

Believing ‘children will bring wealth’
In Taiwanese society, ‘children will bring wealth’ is a proverb which means that a woman does not need to worry about the cost of childbearing as wealth will follow. When a couple is concerned with economic pressure regarding childbearing, their colleagues or parents will remind them of this proverb as illustrated in the following:

…seems already like this, I already got pregnant, so... [just accept it]...baby will bring wealth…I was not sure...before I get pregnant, but my colleagues always tell me that ‘children will bring wealth’, and then my parents also tell me ‘children will bring wealth’, they said that children have his/her way to survival. I accept this idea and I felt that ok [to bear children]. (Participant 018)

Two participants’ grandmother or older generation also told them this proverb about children bringing wealth. This indicates that it seems true for many people. Believing this, therefore, the husband felt relief regarding the economic pressure:

Step by step...my grandmother says that ‘children will bring wealth’. My husband always keep in mind, and then he felt free himself from economic pressure. (Participant 020)

The expression: ‘children will bring wealth’ is the utilization of traditional beliefs as an effective mechanism for coping with their economic stressors. There were a number of other strategies identified by the participants as to how they rearranged their financial plans in order to make the decision to have a child.
Choosing to be a mother versus a career woman

Returning to work or staying at home to take care of children was identified from the data as being a key concern for many participants in maintaining their quality of life. As previously mentioned, traditionally, women were expected to stay at home and look after the children in Taiwan’s society and not return to work. However, Taiwan’s economic and social values had changed dramatically during the past few decades which has affected women’s lives and gave them more lifestyle choices. Nearly all Taiwanese women choose to work before marriage and then continued after married. Women, therefore, had to make a choice between having a family or a career after give birth to a child. Some decide to continue to work as career women, and seek employment after giving birth to a child in order to supplement the family income to provide a better life for their children. These participates, therefore, decided to combine two roles, that is as a mother and a career woman as illustrated:

*I do not have any dream, but I just want to have a stable career and a happy family.* (Participant 009)

Needless to say the economic factor also contributed to the desire to be a career woman as illustrated here:

*In fact, I concerned the economic factor when I got marry. If I have job, I will not worry, so I am insist that I must have job. It is impossible to stay at home and take care of my children, I want to be a career women. I have this kind of idea, so I expect myself that I must have job, no matter what, must have income...* (Participant 021)

One of reasons given by the participant for choosing to continuously work after having given birth was because, for them this was an escape from the stress of full time care of children at home. The reasons for this decision are outlined in the following:

*I felt that I really could not handle to look after children all day at home, just face this child all day. It did not mean that I did not love him/her...I could not handle and just care this child. I have many colleagues, students and friends in my work place. I also want to approach many other things. I will not just stay at home. I could not handle... even though I could not just stay at home...even just one day, I felt bored and want to go out to talk a walk. If I look after a child at home, I will not have freedom to go to anywhere like now. I did not feel that children and I need to tie together, but when he/she needs me, I will be there. I can afford to employ a baby sitter. When I miss him/her, or I want to play with him/her, I could ask baby sister bring to me. This is very...*
flexible. It did not mean that I applied maternity leave and I have to be with him/her every day. I could not handle it. (Participant 031)

Another participant illustrated the pressure she felt in relation to caring for the child by herself as a full time mother and the effect that this would have on her:

*I felt that if only I, take care of children at home, I will be very stressful...and I do not have any experience...many women who suffer from postpartum depression...I thought it may be ...you just face the children every day, and then you spend whole day to take care the children...day by day...you may have psychological pressure which may cause postpartum depression...I felt that if someone will take care of my children, I do not want to stay at home to take care of my children...if it is short time which it is alright for me, but if it is long time, I felt that I will not handle it with patience.* (Participant 023)

In addition, many participants were aware that they should maintain a job in Taiwan’s current environment, which meant that they faced a conflict between child care issue and work.

**Reducing husband’s economic burden**

One of the other reasons why women chose to return to work was in order to reduce their husband’s economic burden. This was even though it was entrenched in the Taiwanese culture that the husband has the responsibility of being the person to earn money for the family. More women want to share this responsibility in order to financially maintain their families. Some participants commented that they were temporarily unemployed due to the pregnancy and commented that they will search for a job after ‘doing the month’ to help reduce the economic pressure. ‘Doing the month’ (‘Zuoyuezi’) is the traditional custom for women to rest for one month directly after giving birth:

*I really want to be a housewife when I was a child. However, Taiwanese environment ...how to say...in fact, a couple, both of them should have jobs, otherwise family economic pressure will be very heavy. I will search a job after doing the month [postpartum], because my husband will have a lot of stress if he is the only one to earn the money. Only husband earns money, his pressure is very heavy actually. If a couple both of them have jobs, family’s economic will not be too heavy.* (Participant 008)

It was clear from the data that the women returning to work after the baby was born was not just about easing the financial burden on their husbands, as illustrated in the following:

*If I do not have job, my husband’s economic pressure will be very heavy. In fact, I still have to pay my personal expense and insurance except the living*
expense...If I go to work, I can manage my own personal expense and my husband manage family and other expense, he does not need to pay my expense. I felt that I can reduce his economic load. Also, I do not have experience. ...If I do not have job, our family income...his economic pressure will heavier. I can reduce his pressure a little bit. (Participant 023)

The decision for the women to return to work was expressed by the participants as also being for pragmatic reasons as this quote explains:

If a couple both of them have job, and if wife have very high income, she may not want to give up her job and stay at home to take care a child. (Participant 015)

**Economic autonomously/economic independent**

Another reason for wanting to return to work was because most participants wanted to remain economically independent of their husbands. These women said that they choose to be career women, even though they may not need to supplement the family income. The reasons for this decision are outlined in the quote:

Because of economic... I felt that I hope ...autonomous [economic]. If you just be a housewife. You may not control financial...You need to wait for someone to give (money) to you, then you are able to use it...I hope I am financial autonomously...Even though my family do not need my income to support living expense, I still want to work. I could not image that I need to ask someone to give me the money...although I made a decision to have this child, I still want to keep my job and try to handle both roles. (Participant 017)

With women working after they became married, they would be used to not having to ask their husbands for money. This demonstrates that these women are no longer following traditional values. It was interesting to note from the data, however, that this was something that other people advised them to do as well:

My teacher always tells us no matter what, you must earn money by yourself, because you do not need to depend on your husband when you want to buy something. She said that you must have a job even though after you married. To be a career woman is very hard, but you do not need to depend on your husband’s mood at least. (Participant 021)

**Self-actualization: being unwilling to give up current job**

Some participants did not want to give up their current job, because they enjoy it or they knew it would not be easy to get another job after the children grow up. Patterson, et al, (1990) pointed out that the intrinsic satisfaction with mother’s occupation and the effect of the delay or loss of the career all represent the need for self-actualization:
If I am a full time housewife till children grow up and go to school, I may not have competition ability and it will not easy for me to get a job. (Participant 024)

It was evident from the data that not everybody agreed that the women should continue to work, as illustrated in the following:

So I do not want to change…I felt it is not easy to quit my job, … my husband wanted me to be a housewife and my mother-in-law also think that I can stay at home and do not need to work. Yes, every one told me that I do not need to work, but this job is what I want to work now…I am reluctant to give up this job. I get an accomplishment from my current job. (Participant 017)

Many participants choose to be a career woman after giving birth for different reasons. One is the social phenomena of the fact that other people had not given up their jobs, so why should they:

I see everyone [her colleagues] did not quit their job, because of this [taking care of children], they work at day time, but they have to reschedule their daily activities…maybe is very tired, but everyone seems alright. Why shouldn’t I?... I prefer to work…Economic…my husband can handle it. (Participant 017)

The extent of this conviction to work is evident in the following:

When my husband’s job is stable, he asked me whether I want to stay at home for one or two years after me pregnant…This [staying at home] become another pressure for me, because I like my current job very much. I just told my husband that ‘do you want me to hate my children later on?’ if I lost my job, I may lose the opportunity for self-promotion…. (Participant 017)

Concerned about being isolated at home

It was clear from the data that the participants wanted to return to work because otherwise they would feel isolated and cut off from society by staying at home. One participant’s own mother was a housewife and her mother-in-law was a full time career woman. This woman understood the difference between them, and admired how her mother-in-law managed the family and work. Therefore, she planned to return to work after giving birth, because she wants to maintain the quality of life and have interaction with society:

I did not know what will happen to me after giving birth to a child whether I could or could not leave my children, or I must take care of the child by myself… I felt that work is very important to me, because I do not want to be like my mother who is housewife only staying at home. If I can go to work outside, I do not need to just face my children and husband every day. It is different. My mother-in-law is a career women, she is the one that I really
admire her very much. She takes care of the family very well and her work as well. (Participant 009)

Another participant did not want to stay at home and look after children because she and her husband felt she may disconnect with the community. Interestingly, the rationale for this was the belief that this in turn may make her think differently:

If you stay at home to take care of children, he [husband] will feel that you disconnect with society seriously, and then your thoughts will become awful … I felt that if someone can take care of my child and I do not want to stay at home looking after children, short time is alright, but long time, I thought I cannot make it… (Participant 023)

Despite the majority of participants being concerned with many issues in relation to childbearing, they took actions to overcome these issues if they decided to have children. This included choosing to be a mother versus a career woman, trying to maintain the same quality of life, rearranging financial plan and seeking available support.

**Finding a balance between having children and maintaining the quality of life**
Finding a balance between having children and maintaining the quality of life was identified by the participants as a consequence of taking actions when making the decision to get pregnant. The consequence of taking action to have children varied between each individual. Table 6.4 outlines the subcategories and codes identified from data to achieve their goal to have children.

<table>
<thead>
<tr>
<th>Category</th>
<th>Sub-category</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finding a balance between having children and maintaining the quality of life</td>
<td>Giving more purpose and meaning in life</td>
<td>Happiness: Pregnancy is a happy thing for a woman</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A child is an essential element of a complete family</td>
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<tr>
<td></td>
<td></td>
<td>Giving my parents grandchildren</td>
</tr>
<tr>
<td></td>
<td>Deciding to have only one or two children</td>
<td>Contemplating a second child and wishing for a male baby</td>
</tr>
</tbody>
</table>

Table 6.4 Sub-categories and codes for finding a balance between becoming a family being complete and maintaining the quality of life

**Giving more purpose and meaning in life**
The self is considered as a determinant of many kinds of behaviours, attitudes, and beliefs (Bandura, 1989) Meaning can be formed individually either from a person’s own perceptions, socially or from norms or shared perceptions, or both (Pratt, 2003).
In other words, the self and meaning to have children is very individual and will depend on the circumstances and perceptions of the individual. Although perceptions about meaning could be influenced by the environment or social context, each individual is ultimately the determiner (Wrzesniewski, 2003).

Most participants had developed their perceptions of the meaning of having children which was influenced from their individual values and beliefs according to their age, cultural values, personal choices, economic concerns and husband’s attitudes. Even though making a decision to have children can be a stressful event for a woman, the meaning of having children from these participants’ viewpoints would affect their choice and coping strategies to bear a child.

The meaning of having children is one of the most important determining factors when participants decided to have children. It was evident from the data that the meaning of having children depends on each individual. From these participants’ perspectives, the meaning of having children was ‘a thing I should do in life’. The strength of this conviction is illustrated in the following:

*I felt that giving birth to a child is one of things that I should do in life. I think it seems to make my life to be more complete, because I can experience different life.* (Participant 012)

*I cannot live without he/her [the child]. I felt that I must have children.* (Participant 021)

Some of the reasons expressed by the participants are clear in these quotes:

*If you have a child, you can teach and bring up him/her, and then see him/her grow up. I think that is very important part of human’s life. My older sister have children, I felt that if you brought up the children, this is the process and part of your life. If you lost this part, it is similar as people always say that ‘if a woman never gives birth to a child, you seem lost part of element to be a woman’. I also felt that if people want to create a family, it will be quite good to have a child.* (Participant 015)

*Children will increase your life wisdom.* (Participant 003)

In contrast, some participants felt that it would be ‘a big regret in life without children’. These are illustrated in the following:

*I was very upset if I did not have next generation, because I think this [do not have children] will be the biggest missing in my life.* (Participant 010)
The data suggested that for many participants, it was their life ambition to have a child and complete their family. In other words:

*I want to have a happy family; this is my goal for my whole life. I did not want to have higher position in my career or very wealthy, but I desire to have a happy family as my natal family.* (Participant 010)

**Happiness: pregnancy is a happy thing for a woman**

Part of the reason why the participants expressed the meaning of having children as giving them more purpose and happiness, is that being pregnant made them happy. A traditional Taiwanese expression of becoming pregnant is akin to ‘happiness in the body’ (L.C Callister, 1995). After all to be a mother is a natural part of being a woman. The following illustrates the various reasons that the participant identified as to why for them pregnancy is a happy thing:

*I feel that pregnant and to be a mother is a very happy thing, as people always say.* (Participant 006)

*If a woman is able to get pregnant, it is happiness.* (Participant 018)

It was evident from the data that the participants believed that to be a mother is seen as a woman’s biological destiny and an essential part to being female but it should also be the women’s choice. This is clearly illustrated in the following:

*I felt that a woman has female physical structure which means empowering to give a birth of a child. Of course, you also have right not giving birth to a child. However, if you married and already have this [female physical] structure, why don’t you try, just trying it? If you don’t try it [now], you may regret it one day when you want to give a birth to a child...by the time...you may already 50 or 60 years old, but it is too late.* (Participant 013)

So strong was this conviction that a woman should get pregnant that there was a concern expressed by the participants that other people will apply pressure on them to have a child:

*I have gone through the process as a woman as people say. I do not want people said to me that you do not give birth to a child.* (Participant 025)

Pregnancy is part of women’s femininity and is a new and important phase of women’s life. Giving birth to a child is a uniquely female experience which in some ways separates women from men. For these women therefore, having a child meant that their life was complete:
I felt my life is more completed [with children], because I can experience different life. (Participant 012)

Having children to me, I fulfil that I want to have a completed. Children to me is the extension of my life. Children have your blood and genes in their body. In addition, I felt that having children is a happy thing. (Participant 026)

A child is an essential element of a complete family

The other point of why having a child gives more meaning to life is that having children completed their family. Completeness as a family means having the next generation for many participants:

A family includes a father, mother and children. It is very normal (Participant 026)

I just felt that I want to have a completed family which means that I want to have next generation. (Participant 013)

In other words, ‘a completed family should have children’:

My priority is to get married at first, and then I will think about giving birth to a child which has embedded deeply in my mind. I believe that having children will make a completed family. Although I worry about this factor [economic and children’s educational expense]...I still want to give birth to children, because I felt that ‘a family is more completed’. (Participant 024)

Some participants grew up in a completed family [having both parents] and emphasised the importance of this. In addition, the participants reflected that their parents were considered as a role model for them to choose to have children. From these participants’ perspectives, becoming a mother was something important that they wanted to do:

I never thought that I did not want to give birth to a child. ...may be I was influenced by my father and mother, because I never see they have argument to each other. Their marriage life is good and they take good care of us [my sibling and me]. They give me a good model. (Participant 012)

In contrast, there was an awareness from the participants of the implications for those not in a complete family. Participants reflected on friends that they knew who were not in a complete family and the negative effect that this had on them:

Providing children a completed family is very important, because I grow up in a completed family. You will not be scared to get marry or have next generation. Many of my friends or colleagues were brought up from single parent which has seriously impacted on them, you could not image. (Participant 010)
Some of the reasons that the participants identified as to why it was important to have children are illustrated in the following which illustrates the two extremes:

*Giving birth to a child was always on my mind. I am sure that I will give birth to a child, because I felt that having a child is an essential element to make a completed family … There are four children in my family, and then I felt that children made livelier within a family and sibling can chat or discuss something to each other, so I felt that I must give birth to a child and feel completed as a family.* (Participant 024)

*If we did not have children, there are only two of us [my husband and me] in my family. This is not a family which I know. From my understanding, a family should have father, mother and children who live together. If a family just has two of us, it seems that it is not different whether getting married or not is not different. Each of them lives their only life without same goal.* (Participant 012)

Not all participants agreed that a woman should have children and complete their family. For instance, one participant reflected that in fact it does not matter whether the women has children or not. Sometimes women do not have children despite the invisible pressure to do so, the marriage continues and they are still considered a family. Some women are just not able to have children for various reasons, as illustrated:

*My parents-in-law always say that ‘having children made a family completed’, but I hear different voice that a family is also completed without children. For example, I hear that some couples married more than ten or twenty years childless, and husband is the only son in his family, and wife is infertility, because of physical illness, but their marriage still exit. Therefore, I believe that having children could not guarantee to have a happy marriage life and it does not mean a family should include children.* (Participant 003)

**Giving my parents grandchildren**

The other reason the participants expressed why having children gave them more meaning and purpose was to give their parents grandchildren and thereby complete the family even further. It was clear from the data that for the participants having children was also important for their parents to have grandchildren. This was because having children is important to carry the family name which in turn makes their parents happy. This indicates a filial piety. Giving their parents grandchildren then became the motivation expressed by some participants:

*I did not have motivation that I really want to have children initially. Both of my parents-in-law and parents really want to have grandchildren, so I just tried.* (Participant 020)
Some of the reasons identified from the data as to why the participants perceived this was important are illustrated in the following. Interestingly these reasons were more about giving them more meaning and purpose in life:

_Because my mother-in-law likes children very much, so she hopes that we can give birth to a child as soon as possible after we married…she does not have job now, so she hopes we can have children earlier, so she can look after this child. I felt that it is better for elderly. She will have the life purpose and live happier._ (Participant 023)

_If they have grandchildren…both of them [her parents] will not feel lonely at least, they can play with grandchildren._ (Participant 011)

**Deciding to have only one or two children**

In order to find a balance between fulfilling a family being complete and maintaining the quality of life, having only one child was one of consequences that some participants considered when making a decision to have children. There were a number of reasons identified from the data as to why women decided how many children they would have. Economic issues were the most important factor for childbearing for some participants, so their decision was to only have one child:

_No more than one child. Generally, young people will give birth to only one child...Economic issues may not afford to bear two children. Taiwan’s economic really could not afford to have two children._ (Participant 025)

The age factor is another concern for only having one child. This was contributed to by the fact that women were having their first child much later in life. One participant stated that:

_We want to have only one child… It is because of my age. After gave birth to this child and if I have the second child after two to three years, I will be 38 or 39._ (Participant 034)

One participant planned to have only one child, because she wanted to spend more time with her child and had concerns about the children’s future education expense. She had a male baby this time. Although her husband prefers a girl because he felt that daughters tend to be closer to the father, she planned only to have one child:

_One child. Because raising a child is very difficult, this is first reason, and then my sister told me that if you have male baby this time, you will have male baby in your second pregnancy…so there is a big possibility that I will have a male baby in the second pregnancy, also I will not have much time to spend with my first child, if I have another child…children’s educational fee is very expensive…so I just want to give birth a child._ (Participant 015)
In contrast, for some participants, the ideal was to have two children; however, they were worried that they could not afford it. They, therefore, decided to just have one child for the time being:

*We felt that two children just right. My husband felt that having a daughter is not bad, and I felt that daughter is ok and son is not bad. I prefer one son and one daughter.* (Participant 026)

*We planned to only have one child at the moment, because economic pressure is very heavy such as children’s educational fee and so on. We only can afford to have one child in our current economic status. If we can afford to have two children, we may plan to have the second child.* (Participant 028)

Despite the economic pressure exerted on couples, some participants expressed that they still planned to have two children, but certainly no more:

*Two children...because economic pressure is heavy...and then it will not easy to bring up the children nowadays...no matter educational expense or living environment which are different comparing before... it is very stressful actually, so I could not afford too many children.* (Participant 024)

For some participates, the reasons they decided to have two children was because one child may be too lonely:

*We felt that we should have two children, because one child is very poor and lonely...I can give birth to three children if I can afford it.* (Participant 018)

*We planned to have two children, because having only one child seems his/her personality will not be good. Two children are just right.* (Participant 029)

In contrast, some participants wished to have three children, but their husbands felt that two children were enough because of economic concerns. Having three children was seen as being very rare in today’s Taiwanese society:

*If my economic is ok, I want to give birth to three children...he [my husband] will say two children are enough... because giving birth to three children is very few now.* (Participant 014)

*I will not just have only one child. I am sure that I will have the second child. I want to have three children, but he [husband] insists two children is enough. I felt that it will depend economic status.* (Participant 021)

Some participants desired to have three children, if they can afford it. For instance:

*If economic is ok, I thought about having three children before. If not, just go with the flow, at least giving birth two children.* (Participant 019)
Being able to afford more than one child was the key to the decision to have more children. The decision was not always, however, about having a male in all case as illustrated:

*I planned to have two to three children, but I prefer the first child is a girl, because a girl is more understanding and will look after her younger brother. If the second child is a girl, I will have the third child. I did not care too much about carrying family lineage, because I just want to have children.*  
(Participant 032)

**Contemplating a second child and wishing for a male baby**
Having a son to carry family linkage was still embedded in the minds of most Taiwanese in the decision making process. The desire to have a son was, therefore, factored into this decision making process. For instance, one participant’s father-in-law and husband were both the only sons in their family, so she wanted to have a male baby to carry their family name, but she was expecting a girl baby for this pregnancy, so she contemplated having a second child:

*This time is a girl baby; I am a bit of disappointed. Although girl is good…but I wish the second child is a boy.*  
(Participant 008)

So strong was this conviction that some participants insisted on having one son, so she planned to have second child:

*I felt that I want to give birth to a boy baby at least. Even though I want to give birth to two children, one must be a male baby. It is girl this time.*  
(Participant 023)

From the data having a son to continue the family name was not the major concern for the younger generation, whereas it was for the older generation in Taiwanese society. For example: one participant’s husband was the only son in his family. Her own parents expected her to have a boy baby, because they felt that her parents-in-law also expected a male baby, although her parents-in-law did not pressure her. This expectation contributed to the pressure that these women experienced. Therefore, her parents encouraged her to have another child:

*We are alright either male or female baby. It is a female baby this time...my father and mother think that we should give birth to another male baby, but we are ok.*  
(Participant 012)
Sometimes, a woman’s own mother was more concerned about whether her daughter had a male baby to carry her husband’s family name than her mother-in-law or husband:

> It is a girl baby this time…my husband and parents-in-law did not care, but my mother is care, but she did not give me this pressure. I will give birth to the second child, because one child is too lonely. It will not be an issue for me if the second child is a girl, but I just felt and hope my first child is a boy. (Participant 016)

In contrast, some participants’ husbands desired a female baby, because daughters are ‘cute’. Nonetheless, her parents-in-law and parents expected her to have the second child:

> My husband prefers a female baby. He felt that girls are cuter, because he said that if he has a male baby, his son should be born to make him getting angry. He wants to have two children and better to have male and female babies. I checked the baby’s gender, it is a girl. He is quite happy. My parents-in-law said girl is very good, but I am aware that his family and my family are prefer to have male baby, so my parents-in-law and my parents said that after giving birth of this child, you may need to prepare for the second child. (Participant 014)

These participants regarded having children as giving the more purpose and meaning in life because this made them happy, completed their family and gave their parents grandchildren. It was clear from the data that the decision as to how many children they had depended on their financial circumstances and how much this influenced their quality of life. This was then about finding a balance between becoming a family and maintaining the quality of life.

**Summary**

This second analysis chapter presented a substantive grounded theory through a detailed and elaborative delineation of the findings which interpreted the other four of the eight major categories. First of all, the theory was overviewed as ordered conceptual components and the core category of the theory is “The process of balancing between having children and maintaining the quality of life in Taiwan”. This core category is a basic social psychological process and integrates the other four of the eight major categories and 12 subcategories of the theory. The second four of the eight major categories were identified in this chapter as being: ‘Path to childbearing’, ‘Making the ultimate decision to have children’, ‘Maintaining the
quality of life’ and ‘Balancing between having children and maintaining the quality of life’.

Secondly, the theory was formulated according to the Basic Social Psychological Process Construction Model (Strauss & Corbin, 1990, 1998). The theory was subsequently presented in detail as a description through explication of each category and of the associated subcategories.

It was evident from the data that each individual will tend to find a balance between becoming a family and trying to maintain their quality of life when they were made a decision to have children. This was identified as a key factor for most participants who decided when and how many children they will have.

The following chapter will present the context of theory development, overview of the theory and the linkage of eight major categories to the substantive grounded theory.
Chapter Seven

Theory development

Introduction
This chapter presents the substantive theory developed through grounded theory research. The theory is developed from the analysis of the data discussed in the previous two chapters (Chapter Five and Six). From this analysis the core category identified is ‘the process of Taiwanese women’s decision making to have children as balancing between having children and maintaining the quality of life’. This is the basic social psychological process (BSPP) interpreted in the research process.

The grounded theory model developed from the present investigation for Taiwanese women’s decision to have children was undertaken using Strauss and Corbin’s (1990; 1998) and Corbin and Strauss’s (2008) framework (details presented in Chapter Three). Findings that emerged from this study illustrate the following: causal conditions of phenomena and context, intervening conditions and actions/coping strategies, and consequences of the process of Taiwanese women’s decision making to have children. From this then the core category was developed. This chapter describes the core category of ‘balancing between having children and maintaining the quality of life’, integrates all categories and incorporates the process of Taiwanese women’s decision making to have children.

Participants in this study seek a balance between having children and maintaining an acceptable, or a better quality of life. This was taken into consideration by most participants when a decision was needed to be made. These participants therefore developed a number of coping strategies for facing the difficulties of maintaining an acceptable or a better quality of life with childbearing. The key components of this process include the causal conditions when a decision needed to be made to have children that affected their quality of life, actions/coping strategies participants used to maintain the quality of life of having children, and the consequences of participants taking these actions to maintain an acceptable, or a better quality of life to having children. This chapter commences by discussing the context of theory development, overview of theory development and presents the substantive grounded theory.
The context of theory development

The aim of this study was to gain a rich understanding of the Taiwanese women’s experiences of making a decision to have children, and to develop a substantive theory from the data. Therefore, when the researcher commenced to interview participants, the interview questions were semi-structured and divided into three sections (see Appendix D1 & D2). In the first section, the researcher wanted participants to talk about their experience which encouraged or promoted their decision to have children. Many participants often described how they felt the invisible pressure from family, friends and society cultural factors and some participants wanted to have children because their life goal was being a mother, a value internalised from their parents and society as the concept of a completed family (A completed family = Father, mother + children). In the second section of the interview, the researcher invited participants to describe their experience which posed barriers, constrained or inhibited their decision to have children. Women usually expressed the economic factors such as increasing living expenses, mortgage and the unknown cost of childbearing, especially, children’s future education fee. Participants also described personal factors such as loss of their freedom, spontaneity and decreasing the quality of their life. In the third section, the researcher invited the participants to express their wishes in relation to the strategies that nurse/midwives could implement to facilitate their decision to become pregnant. Most of the participants felt that the decision to have children is a couple’s own business and is a very private issue.

Coding is the first step to analysis and formulates a theory in grounded theory. Open coding was used to identify concepts and categories which emerged from the data, and axial coding was applied in the early stage of data collection and analytic processes. Concepts were generated from the data, and then each incident was compared in order to develop the phenomenon. The researcher’s ‘creativity’ is a vital component needed during analytic process by asking questions from the data such as why, what, where, who, when, how and so on (Strauss, 1990; Strauss, 1998; Pandit, 1996) This is in order to identify theoretical issues from the text and theoretical sensitivity with comparison (Gibbs, 2002). The overview of the data is presented in Table 7.1.

There are nine categories and 26 sub-categories of the substantive grounded theory which interpreted and conceptualized the data in the process of Taiwanese women’s decision making to have children (see Table 7.1). This table illustrates the relationship between the
various categories and sub-categories following the outcome of open and axial coding of theory construction, description and conceptual ordering. This table does not, however, explain the complex path of interrelationships within causal conditions, phenomena, context, intervening conditions, actions/coping strategies and consequences that occurs in the ‘Paradigm Model’.
<table>
<thead>
<tr>
<th>Category</th>
<th>Sub-category</th>
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<tbody>
<tr>
<td>Cultural norms</td>
<td>Childbearing attitudes in Taiwan: Confucian values of filial piety:</td>
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<tr>
<td></td>
<td>Carrying the family lineage</td>
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<tr>
<td></td>
<td>• Husband is the only son in his family</td>
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<tr>
<td>Being a woman: Pregnancy</td>
<td>Persisting traditional role of being women</td>
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<td></td>
<td>Childbearing attitudes changing</td>
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<tr>
<td>Living with invisible pressure to have children</td>
<td>Pressure from society, family, friends, and neighbour</td>
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<td>Pressure from parents</td>
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<td>Pressure from parents-in-law</td>
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<td>Pressure from husband</td>
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<td>Feeling the pressure from self (Because of the expectation of being a woman)</td>
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<td></td>
<td>• Presence of difficulty in becoming pregnant</td>
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<td>Childbearing and quality of life</td>
<td>Childbearing is costly</td>
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<td></td>
<td>• The couple’s financial circumstances</td>
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<td></td>
<td>• Existing pressures from living expense</td>
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<td>Woman’s attitudes toward having children:</td>
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<td>• Having children is a responsibility</td>
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<td></td>
<td>• Facing work conflict</td>
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<td>Weighing up the choices</td>
<td>Cultural values: Participant’s belief about childbearing</td>
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<td></td>
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<td>Personal choices</td>
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<td>Path to childbearing</td>
<td>Being married to have children: planned pregnancy</td>
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<td></td>
<td>• Seeking alternative method to get pregnant</td>
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<td>Going with the flow: unplanned pregnancy</td>
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<td></td>
<td>Contingency: unplanned pregnancy</td>
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<td>Making the alternative decision to have children</td>
<td>Compromising</td>
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<td>Adjusting</td>
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<td>Accepting</td>
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<td>Maintaining the quality of life</td>
<td>Trying to maintain the same quality of life</td>
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<td></td>
<td>Seeking available supports (Child care support)</td>
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<td>• Government’s baby bonus/incentives</td>
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<td>• Family help for child care</td>
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<td>Rearranging financial plans</td>
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<td>• Affordability to bear a child</td>
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<td>• Believing ‘children will bring wealth’</td>
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<td>Choosing to be a mother versus a career woman</td>
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<td>• Reducing husband’s economic burden</td>
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<td>• Economic autonomously/economic independent</td>
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<td>• Self-actualization: Being unwilling to give up current job</td>
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<td></td>
<td>• Concerned about being isolated at home</td>
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<td>Finding a balance between having children and maintaining the quality of life</td>
<td>Giving more purpose and meaning in life: fulfilment of being a woman</td>
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<td>• Happiness: pregnancy is a happy thing for a woman</td>
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<td>• Giving my parents grandchildren</td>
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<td></td>
<td>• Contemplating a second child and wishing for a male baby</td>
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</tbody>
</table>

Table 7.1 Major Categories and Sub-categories of the Substantive Grounded Theory
After these categories were formed by grouping the similar ideas or incidents, the researcher tried various possible schemas to make the connection between each category and encompass possible hierarchies. A series of diagrams were applied to build up these possible connections. Figure 7.1 was the preliminary diagram developed that provided an overview of the data and assisted the researcher identify the core basic social psychological process. Three categories were identified as the causal conditions in this diagram that seemed relevant to early theory development. In other words, these conditions were important when women are contemplating having a child. The three categories included the cultural, socio-economic and personal factors. These conditions either facilitated or constrained the decision making process, and the effect depended on the individual women’s circumstances. This then led to a process of decision making regarding affordability. The coping mechanism was then about adjusting to the circumstances and finally, the consequence was having a child.
Figure 7.1: The process of Taiwanese women’s decision-making to have children
Causation of decision making

The three causal conditions of the cultural, socio-economic and personal factors, became the causation of the decision making process. ‘Causation of decision making’ emphasizes the main reasons why there was a need for these women to make the decision to have children. These three causes are entwined with each other, as illustrated in Figure 7.2. This preliminary diagram was developed to further explicate the factors related to the causal conditions and to develop how they were entwined. This provides a more detailed summary of the three main factors, some of which in different circumstances, could be a cause. For example, women may have economic stress but their personal beliefs coming from their cultural beliefs are that children bring them wealth. This then leads to the need to develop coping strategies to see a way through this dilemma of how they can afford to have a child.

Figure 7.2 Causation of decision making to have children
From the process of analysis, two major elements were highlighted regarding contextual conditions for theory development concerning Taiwanese women’s decision making. These were childbearing and quality of life. The analysis of the data identified 26 sub-categories (See Table 7.1) concerning deciding about having children. The major causes of needing to make a decision about having children were the phenomenon of living with invisible pressure to have children. The decision makers were either the women themselves and their husbands, family, or both the women themselves and their husbands and family. In the opinion of participants, the quality of life of the majority of them was considered when decisions were being made about having children and this mostly focused on having a better quality of life, timing of having children and the number of children they could have.

**Overview of the theory**

The substantive Grounded theory as conceptual components (a Summary)
The basic social psychological process of central relevance to the theory, as interpreted and conceptualized, is the process of Taiwanese women deciding to have children seeking a balance between childbearing and maintaining the quality of life. Table 7.2 illustrates a complex path of interrelationships within causal conditions, phenomena, context, intervening conditions, actions/coping strategies and consequences of the ‘Paradigm Model’. From this overview of the data, grounded theory principle of the basic social psychological process construction model was applied in order to identify the causal conditions, phenomena, context, intervening conditions, strategies and consequences of strategies. This demonstrates more the relationships that exists between the categories.

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<th>The Basic Social Psychological Process Construction Model</th>
<th>Elements of the Substantive Grounded Theory</th>
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<td>Causal conditions of phenomena related to decision-making</td>
<td>Cultural norms</td>
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<td></td>
<td>• Childbearing attitudes in Taiwan: Confucian values of filial piety: Carrying the family lineage</td>
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<td></td>
<td>• Husband is the only son in his family</td>
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<td>Being a woman: Pregnancy</td>
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<td>• Persisting traditional role of being women</td>
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<td>Phenomena resulting from cultural norms and being a woman in Taiwan</td>
<td>Living with invisible pressure to have children</td>
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<td>• Pressure from society, family, friends, and neighbour</td>
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<td>• Pressure from parents</td>
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<td>• Pressure from parents-in-law</td>
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<td>• Feeling the pressure from self</td>
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<td>• Presence of difficulty in becoming pregnant</td>
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<td>Context in which decision making and coping strategies developed</td>
<td>Childrearing and quality of life</td>
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<td>• Childrearing is costly</td>
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<td>• The couple’s financial circumstances</td>
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<td>• Existing pressures from living expense</td>
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<td>Woman’s attitudes toward having children</td>
<td>• Having children is a responsibility</td>
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<td>• Husband’s expectations</td>
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<td>Age: Time to have children</td>
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<td>Personal choices/autonomy: Wanting to be a woman</td>
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<th>Strategies for decision making and coping</th>
<th>Path to childbearing</th>
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<td>• Being married to have children: planned pregnancy</td>
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<td>• Seeking alternative method to get pregnant</td>
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<td>• Going with the flow: unplanned pregnancy</td>
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<td>• Contingency: unplanned pregnancy</td>
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<td>Making the alternative decision to have children</td>
<td>• Compromising</td>
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<td>• Accepting</td>
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<th>Maintaining the quality of life</th>
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<td>• Trying to maintain the same quality of life</td>
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<td>• Seeking available supports (Child care support)</td>
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<td>• Government’s baby bonus/incentives</td>
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<td>• Family help Seeking a supplemental assistance for child care</td>
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<td>• Rearranging financial plans</td>
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<td>• Affordability to bear a child</td>
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<td>• Believing ‘children will bring wealth’</td>
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<td>• Choosing to be a mother versus a career woman</td>
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<td>• Reducing husband’s economic burden</td>
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<td>• Economic autonomously/economic independent</td>
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<td>• Self-actualization: Being unwilling to give up current job</td>
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<td>• Concerned about being isolated at home</td>
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<th>Consequences of strategies for decision-making and coping</th>
<th>Balancing between having children and maintaining the quality of life</th>
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<td></td>
<td>• Giving more purpose and meaning in life</td>
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<td>• Happiness: Pregnancy is a happy thing for a woman</td>
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<td></td>
<td>• Giving my parents grandchildren</td>
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<td>• A child is an essential element of a complete family</td>
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<td>• Deciding to have only one or two children</td>
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<td>• Contemplating a second child and wishing for a male baby</td>
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Table 7.2 The Substantive Grounded Theory According to the Basic Social Psychological Process Construction Model

From the data (Table 7.2), the researcher developed a conceptual model. This then is the grounded theory model for Taiwanese women’s decision to have children, developed from Strauss and Corbin’s (1990) framework (see Figure 7.3).
Causal conditions
- Cultural norms
- Being a woman

Phenomenon
- Living with invisible pressure to have children

Context
- Childbearing and quality of life
- Woman’s attitudes toward having children

Intervening conditions
- Weighing up the choices
- Husband’s attitudes toward children
- Age
- Personal choices

Actions/strategies for making decision to have children and coping
- Path to childbearing
- Making the alternative decision to have children
- Maintaining the quality of life

Consequences
- Balancing between having children and maintaining the quality of life
- Giving more purposes and meaning to life
- Deciding to have only one or two children

Figure 7.3: Theoretical model for Taiwanese women’s Decision-Making process to have children.

The Substantive Grounded Theory as a Diagram

A core category was formed from merging categories and subcategories by using the Strauss and Corbin’s (1990; 1998) paradigm model during selective coding (See Figure 7.3). The aim of this paradigm is to organise concepts, categories and subcategories, and to make links between these and a single core category. Figure 7.3 presents the theory construction which denotes a complex path of interrelationships within causal conditions, phenomenon, context,
intervening conditions, actions/coping strategies and consequences (Strauss & Corbin, 1990). This Figure was developed through constant comparative data analysis by applying open, axial and selective coding. The data analysis process led to the identification of a single unifying core category labelled ‘balancing between having children and maintaining the quality of life’.

This Figure demonstrated the process of Taiwanese women finding a balance between having children and maintaining their quality of life, and further describes the causal conditions, phenomena, context, intervening conditions, strategies and consequence that emerged from the data related to this process. Women’s childbearing attitudes are changing and having children may not the first priority for many women. Most women in Taiwan pursue further education and have a job, therefore, are economically independent. This then empowers them to be more autonomous in choosing various life styles. To be a mother is a vital decision for most women. Participants in this current study either follow the cultural norms or persist the traditional role of being women; this is because of the expectation of a woman being a mother. Childbearing and quality of life was considered by participants as their core value, and thus they developed a number of strategies for decision making and coping to having children. Strauss and Corbin’s (1990, 1998) coding paradigm was applied in order to collect and order the data systemically, as well as integrate the process of participants’ experience for finding the balance to have children. The key components of this process comprise: the various causal condition that affected their decision making, the phenomena resulting from cultural norms and being a woman, the context in which decision making and coping strategies developed, the intervening conditions influencing their decision making and coping strategies, the strategies which participants used to maintain an acceptable or a better quality of life, the consequence of participants using these strategies to maintain it.

Those women who decide to be a mother/get pregnant or became pregnant and continue their pregnancy, develop coping strategies in order to find a balance between having children and maintaining their quality of life. Components of the process ‘balancing between having children and maintaining the quality of life’ are briefly described in the following sections.

**Causal conditions of phenomena related to decision-making**

There are a number of causal conditions that underlie the development of decision-making to have children and coping strategies. The categories of ‘cultural norms’ and ‘being a woman’ emerged from the data as the causal conditions which eventually led to certain
phenomenological experiences related to Taiwanese women’s decision to have children. ‘Cultural norms’ comprise two subcategories: childbearing attitudes in Taiwan of Confucian values of filial piety and carrying the family lineage, especially, if participant’s husband is the only son in his family. ‘Being a woman’ in Taiwan included the persisting traditional role of being women and the fact that childbearing attitudes are changing.

This demonstrates that when woman chose to have children they may be influenced by varies factors such as from the traditional beliefs about being a woman or carrying family lineage. Perceiving these beliefs may affect women’s decision whether to have children or not. Women may decide to get married first and then have children, which is the expectation of a woman’s role in Taiwanese culture. The traditional culture related to the causation condition of Taiwanese women’s decision to have children has gradually changed because of various social changes that have occurred during the past few decades.

‘Cultural norms’ presents when a woman is in the fertility age or after getting married, they may need to make a decision to have a child. If not their family may strongly encourage them to get married and then have children. ‘Being a woman’ refers to the expectation that if a person is female then they should have a child because that is what females are made for. A woman is therefore not fulfilled unless they follow this expectation.

Phenomena resulting from cultural norms and being a woman in Taiwan
The phenomena that arose from those causal conditions of ‘cultural norms’ and ‘being a woman’ in Taiwan resulted in one category of subjective phenomena reported by participants as ‘living with invisible pressure to have children’. This invisible pressure came from various sources, such as society, family, friends, neighbours, parents, parents-in-law, husband and self. The invisible pressure than may influence women’s decision to have a child. In addition, many participants felt the pressure from themselves to have a child, especially in the presence of difficulty in becoming pregnant due to the presence of pre-existing health problems.

Context in which decision-making and strategies developed
The context that influenced the strategy development for Taiwanese women’s decision-making in response to ‘living with invisible pressure to have children’ was ‘childbearing and quality of life’ and ‘a woman’s attitudes toward having children’. There were identified as the resultant phenomena. ‘Childbearing and quality of life’ emerged as one of categories and included three sub-categories which influenced the strategies that woman developed. These three sub-categories included ‘childbearing is costly’, ‘the couple’s financial circumstances’
and ‘existing pressures from living expense’. The other category identified was ‘woman’s attitudes toward having children’ which encompassed two sub-categories: ‘having children is a responsibility’ and ‘facing work conflict’.

These strategies were influenced by particular contextual markers related to both the casual conditions, particularly ‘woman’s attitudes toward having children’ and the resultant phenomena. The contextual markers included perceptions, sources of pressure, frequency and duration. Perceptions experienced by participants during living with invisible pressure to have children varied depending on the circumstances.

The fact that having children can impact on a woman’s quality of life is very subjective and will differ from person to person. In the opinion of these participants in this study, most expressed a concern about their quality of life when decisions were being made about having children. These considerations influenced various outcomes: the timing of having children; the number of children they could have; child care issues and the extent of life style changes. However, some participants were not as concerned about quality of life as others because they had adjusted themselves and reduced their desires, or they received support from their family.

**Intervening conditions influencing decision-making and coping strategies**

Intervening conditions functioned to “act to either facilitate or constrain the action/interactional strategies taken within a specific context” (Strauss & Corbin, 1990, p.103) which influenced strategy development. The category of intervening conditions is ‘weighing up the choices’ which included cultural values, husband’s attitudes toward children, participant’s age and personal choices. Participants’ cultural values varied from ‘persisting traditional role of being a woman’ to ‘paying no attention’. These beliefs, therefore, affected their viewpoint when weighing up the choices in their life. Participants’ cultural values of being a woman/mother were influenced by various sources, such as friends, family or husbands. Despite their beliefs being either negative or positive regarding the traditional role of being a woman, when they received the same message from different people, participants either adhered or compromised. This was because these messages either reinforced or increased the participants’ own perceptions to meet cultural expectation of being a woman toward a mother and respect of herself. Similarly, a participants’ decision to plan getting pregnant or continue their pregnancy, was influenced by their husband’s attitude toward children, either negatively or positively.
The age to have children was found to carry different meanings to each individual and influenced the approach they used to balance between having children and maintaining quality of life. For instance, participants who got pregnant in their 20s identified two major reasons to get pregnant. First was an intense intention toward being a mother so they actively planned their pregnancy. These participants aspired to be a mother when they were younger and had more time to spend with their children. These women then prepared to be a mother earlier and redefined their quality of life. The second reason women got pregnant was because they were not using regular contraception, became pregnant and decided to continue their pregnancy. These participants rearranged their finances and tried to find a balance between having children and maintaining their quality of life.

For the participants who were aged between 30 to 35 years, they were married or in a stable relation. This group focused on their quality of life, enjoyed married life for two or three years first before thinking about having children. These women had established a secure job to provide a better life, travelling, and spending money for them without having children. When they reached 30 years old, they were aware that they were already ‘near the end’ of fertility age with an increased risk of infertility and gestational complications. Therefore, they planned to get pregnant. This group had postponed the age to have children in order to live a better quality of life.

Finally, participants over the age of 35 years were aware of facing an increased high risk of infertility and gestational complications. There were reasons why these participants had postponed their childbearing. Some participants had not found the right partner to get married to and have children before they reached aged 35. These women would plan to get pregnant after they got married. This group also highlighted the difficulty in becoming pregnant at this time and sought alternative methods to get pregnant.

While the process of seeking balance between having children and maintaining the quality of life was a personal one, common experiences can be seen. That is, a path to childbearing, making the alternative decision to have children and maintaining the quality of life occurred simultaneously. Each of these commonalities influenced participants’ choices in decision-making and coping strategies through a number of intervening conditions (see Figure 7.3).
Actions/Strategies for decision making and coping

The actions/strategies presented in this chapter are in accord with grounded theory principles, in that purposeful responses or behaviours demonstrate how people make choices or otherwise to manage their causal conditions (Strauss & Corbin, 1988). The actions/strategies for decision making and coping that emerged in maintaining an acceptable, or a better quality of life included: ‘path to childbearing’; ‘making the alternative decision to have children’ and ‘maintaining the quality of life’. The sub-category of ‘path to childbearing’ represented participant’s decision to have children and required ‘being married to have children’. In other words, many participants planned to get married, actively made the decision to get pregnant, and prepared to be a mother. Even though some women faced difficulties in getting pregnant, they sought alternative methods to get pregnant, such as Western Medicine, Traditional Chinese Medicine or worshipping in the temple.

The second sub-category in the path to childbearing is ‘Going with the flow’ which means fatalism. This describes the process where women may not consciously plan a pregnancy and they became pregnant, deciding to continue the pregnancy. These women may not have intentionally tried to get pregnant at that specific point in time, but the pregnancy was not described as unwanted or accidental. They did not plan the pregnancy consciously and made their decision to have children passively.

Lastly, the third sub-category in the path to childbearing is ‘Contingency/unplanned pregnancy’. This represented those participants who cohabitated with their male partners and became pregnant without using contraception. When these women found out that they accidently became pregnant, their decision to continue the pregnancy mainly depended on their partner’s attitudes toward having children. If their partners wanted to have children, they would marry in order to provide the child a completed family, and continue their pregnancy.

‘Making the alternative decision to have children’ is the second main category in the strategy for decision making. This included the decision making processes of compromising, adjusting and accepting. These actions were described as a conscious process. The process was very individual and depended on participants’ causal conditions of having children intentionally and the meaning of having children to them. For instance, some women may only go through one stage, and others may go through two or three steps as they make a decision to have children.
‘Maintaining the quality of life’ is the third main category in the strategy for decision making to have children. This category comprised four sub-categories: ‘trying to maintain the same quality of life’, ‘seeking available supports (child care support)’, ‘rearranging financial plans’, and ‘choosing to be a mother versus a career woman’. First of all, ‘trying to maintain the same quality of life’ was found as an important strategy for decision making to have children for most women. In order to maintain an acceptable, or a better quality of life, many participants worked full time and postponed the timing of having children, or decided to have only one child.

Secondly, seeking available support in the form of government incentives and family help all needed to be factored into the decision making process. Women who decided to have children may have family support nearby and this was noted as an important factor in their decision. Family assistance for child care was found to impact positively on coping strategies and underpinned the richness and meaning that participants gave to their experience, as this provided much emotional, as well as financial support.

Thirdly, rearranging financial plans encompassed affordability to have a child and believing that ‘children will bring wealth’. Many participants will manage their budget in different ways accordingly. Furthermore, whether their parents or friends were available to give them emotional support in relation to childrearing, was another important consideration.

Fourthly, ‘choosing to be a mother versus a career woman’ was a major dilemma for many women. Various reasons why women returned to work after the birth included, reducing husband’s economic burden, economic autonomously/independently, self-actualization: Being unwilling to give up current job and concerned about being isolated at home.

**Consequences of strategies for decision-making and coping**

‘Balancing between having children and maintaining the quality of life’ was identified as the core category and consequences of those strategies. If these strategies were effective, women developed their own meaning of motherhood and planned to get pregnant. This category comprised two sub-categories which included: ‘giving more purposes and meaning to life’, and ‘deciding to have only one or two children’. When a person made a choice and took the action this often impacted on that person, resulting in giving more meaning to their life. This study showed that the search for meaning to become a mother arises from the person’s need for balancing between having children and maintaining the quality of life.
Giving more purpose and meaning to life represented the fact that the person is filled with spiritual growth and self-fulfilment. For example, many participants expressed the fulfilment of being a woman. When a woman made a decision to have children this meant that she prepared to become a mother and attain motherhood. Moreover, having children demonstrated a woman’s ability to identify herself as a real woman. Women felt happiness as a consequence, because pregnancy was a happy thing for them. A child is an essential element of a complete family which equates to a father, mother and children, and to have the next generation as well as giving their parents grandchildren.

Deciding to have only one or two children was a direct result of the economic considerations needed in order to maintain their quality of life. If the first child is a girl, they may contemplate a second child and wish for a male baby in order to carry the family lineage.

**Comparison**

No other grounded theory studies were found exploring women’s decision making to have a child for comparison. There was one qualitative study (Ko, 2003) regarding decision making to have children within the context of Taiwanese society which was conducted by using different methodology and from different group’s perspectives. For example, an exploratory study of ‘reproductive decision making among couples with HIV/AIDS in Taiwan’ was conducted by Ko (2003). This study aimed to investigate the gender-based power relationship and social and cultural influences on reproductive decision-making among heterosexual couples with HIV/AIDS in Taiwan. The study included 14 couples with HIV and 11 healthcare/social service providers in two metropolitan cities (Tainan and Kaohsiung) located in Southern Taiwan. Feminist ethnography and critical discourse analysis were applied to analyse the process of decision making. The findings indicated that the process of decision-making consisted of four stages and decision makers were male partners. The determining factors of having children were psychosocial, contextual and cultural factors. However, this study only demonstrated the decision making to have children from those couples with HIV.

**Summary**

The context of theory development was present as the process of Taiwanese women’s decision making to have children as finding a ‘balancing between having children and maintaining the quality of life’ as a core category (see Figure 7.1), according to Strauss and Corbin’s (1990; 1998) and Corbin and Strauss’s (Corbin, 2008) framework. Nine categories
and 26 sub-categories were generated from the analysis of data (see Table 7.1) which interpreted and conceptualized from data is the process of Taiwanese women’s decision making to have children.

Causal conditions of phenomena related to decision-making, phenomena resulting from cultural norms and being a woman in Taiwan, context in which decision-making and coping strategies developed, intervening conditions influencing decision-making and coping strategies, strategies for decision-making and coping and consequences of strategies for decision-making and coping were the basic social psychological process construction model (see Table 7.2).

The elements of the substantive grounded theory included cultural norms and being a woman were the causal conditions of phenomena related to decision-making. Living with invisible pressure to have children was the phenomena resulting from cultural norms and being a woman in Taiwan. Childbearing and quality of life, and woman’s attitudes toward having children were the context in which decision-making and coping strategies developed. Weighing up the choices, husband’s attitudes toward children, age and personal choices were the intervening conditions which have influenced their decision-making and coping strategies. Path to childbearing, making the alternative decision to have children and maintaining the quality of life were the strategies for decision-making and coping.

This chapter has presented an overall view of the process of balancing between having children and maintaining the quality of life, and the major components of this process. Figure 7.3 showed the process of participant’s deciding to have children. However, this is ongoing process.

The following chapter will present the discussion of the data analysis in order to understand the process of ‘balancing between having children and maintaining quality of life’ when Taiwanese women make a decision to have children.
Chapter Eight

Discussion

Introduction
The aim of this study was to gain a rich and comprehensive understanding of the intentions of Taiwanese women’s decision making to have a child in Taiwan. From this then, to develop a theory using grounded theory methodology. The results outlined in the previous two chapters indicated that women had a clear and firm intention to have children.

The process of ‘balancing between having children and maintaining the quality of life’ comprised participants’ actions, the consequences of those actions, and the various influences affecting participants’ decision making. These influences comprised childbearing attitudes from cultural, societal and the women’s perspectives. ‘Actions’ were developed by participants to adapt to the circumstances of their coping strategies as the process of making the decision to have children. ‘Consequences’ indicated the results of making this decision to have children, including giving more purpose and meaning of life. Therefore, ‘balancing between having children and maintaining the quality of life’ was identified as the core category.

This chapter will discuss the major findings underpinning the process of ‘balancing between having children and maintaining the quality of life’ and the context within which the theory was developed. The findings of this research are than compared and contrasted with relevant literature. The literature used in this discussion is predominantly from Taiwan and other Asian countries such as Japan, South Korea and Vietnam, and occasionally from other parts of the world such as Australia, Germany, Ireland, Italy, Netherlands, Sweden and United States.

This study contributes to the knowledge base by describing and illustrating the process of women seeking to balance between having children and maintaining quality of life that includes the causes, actions, intervening conditions and consequences of actions when situated within a specific Taiwanese context. Quality of life has been discussed in different perspectives; however, the process of how women seek to balance between having children
and maintaining their quality of life when making a decision to have children, has not been previously addressed.

**Influences: childbearing attitudes**

The influences are the causal conditions which have deeply affected participant’s intention to make a decision whether they will have children in their life. The influences that were identified in this study were childbearing attitudes in contemporary Taiwan which included persistent traditional role of being women and Confucian values of filial piety. Similarly, cultural pressure has been identified as one of motivating factors for having children from studies undertaken in Canada (L.C Callister, Semenic, & Foster, 1999), Finland (L. C. Callister, Vehvvilainen-Julkunen, & Lauri, 2001), Scotland (Cheung, 2002), Taiwan (Hung, 2006; Nair & Chow, 1980), and United States (Khalaf & Callister, 1997). Traditional culture in Taiwan and how these factors influence women’s decision in relation to childbearing will be discussed in more detail in the next section.

**Traditional culture in Taiwan and childbearing**

One of the influences on childbearing attitudes that were identified in this study was the persistent traditional culture in Taiwan. “Cultures are maps of meaning through which people understand the world and interpret the things around them” (Bowman, 2001). For the women in this study, this involved persisting in traditional role of being a women and Confucian values of filial piety. Both of these were found to be an important influence on the process of deciding to have children in order to find a balance between having children and maintaining the quality of life. Many participants expressed that they had their own beliefs about their life goals, but most of them still adhered to traditional cultural values to some extent. Culture can be defined as “transmitted and created content and patterns of values, ideas, and other symbolic-meaningful systems as factors in the shaping of human behaviour and the artefacts produced through behaviour” (Kroeber & Parsons, 1958, p. 583). Evidence for this belief was seen in these participants when they expressed that they had come from a happy family and parents were their role models. Likewise, the fact that they agreed that women should get married and then have children was further evidence. Cultural and family expectations clearly influenced women’s decision to have children in this study. This confirms existing knowledge. For instance, research undertaken in Taiwan by Chang, Kenney and Chao (2010) found that pregnancy was meaningful to family and culture. These authors’ results indicated that women’s acceptance or avoidance of traditional cultural beliefs influenced the transformation for pregnant women and gave them a new sense of self. Chang and colleagues
also identified that culturally relevant social values, and traditional beliefs all challenged the autonomy of pregnant women. These women were then forced to compromise between so-called ‘public advice’ or invisible pressure and autonomy. In other words, whether they accepted the advice given to them or made the decision themselves.

**Confucianism**

The participants’ in this study demonstrated childbearing attitudes that were internalised from traditional culture. This culture is underpinned from Confucianism since ancient time. Confucianism is considered as collectivism with the core value being ‘filial piety’ (Gelfand, Bhawuk, Nishii, & Bechtold, 2004). Traditionally, filial piety is described as the subordination of a son to his father, but it is also to his mother. A woman should follow three areas of obedience: a daughter obeys her parents, and a daughter-in-law toward her husband’s parents, and focus more on her husband’s lineal ascendants (Jordan, 1998; Tu, 1998c). In other words;

> The virtue of filial piety, as understood by the Chinese, consists of several qualities, including unquestioning obedience to the parents and concern for and understanding of their needs and wishes with the intention of pleasing and comforting them. This relationship which begins between the child and his own parents is eventually extended to his relations with all authority. (Tzeng & Hsu, 1972, p. 28)

Confucianism is not a religion; it is a philosophy with traditional Chinese culture (Tu, 1998a). Furthermore, Confucianism, Taoism, and Buddhism have formed the backbone of traditional Chinese culture, with different views on human well-being (Lu, 2001). Confucianism emphasizes the importance of obligations that individuals have within their family and respect for their fathers and elder brothers to maintain family harmony (Gelfand et al., 2004). Family is one of the core values within the Confucian system. Confucianism also stresses the importance of filial piety which has played a vital role in Taiwanese society (Yeh, 2014).

Filial piety was found from the data to be another one of the determining factors the couple needed to consider when making a decision to have children. This is consistent with Ko and Mueck’s (2005a) study who found that Confucian value of filial piety was the determining factor for HIV-positive couples in Taiwan when they made a decision to have children (Ko & Muecke, 2005a). This study concluded that “the Confucian influence of filial piety and personal, social, and cultural perspective on childbearing, such as son preference, permeated reproductive decision-making among couples with HIV in Taiwan” (Ko & Muecke, 2005a, p. 46). In other words, filial piety is an important influencing factor for making a decision to
have children in Taiwan’s society. This has only been explored in the area of HIV positive couples, however.

Furthermore, part of the Confucian belief is that having a son is important for continuing the family lineage. This was also identified from the data in this study as being a determining factor for having children. Specially, some participants expressed that they had no choice in decision making to have children if their husbands were the only child in his family. Participants also expressed in the data that they felt they had an obligation to give their parents-in-law grandchildren. This is in accord with Confucianism beliefs which encourages having sons in order to carry the family lineage (Cernada, Sun, Chang, & Tsai, 2007; Ku, 1988; Tu, 1998a; W. S. Yang & Yen, 2014).

Evidence of the importance of having a son can be illustrated in a Taiwanese study that explored women’s prenatal care behaviour. This was a study on National Maternal and Infant Health Surveys (NMHS) from 1989 and 1996 conducted by Liu and Chen (2005). The total sample size consisted of 1610 and 3546 pregnant women respectively. The results indicated that when women knew that the baby was a boy, they attended more prenatal care services. It could be interpreted from this study that the preference for a son is still adhered to in Taiwan and is reflected in the fact that women valued their son by attending for antenatal care.

Traditionally, there is strong preference for sons in Taiwanese society. The most unfilial situation is having no sons to continue the family lineage (H. Y. Liu & Lien, 2010). An earlier study undertaken in 1973, indicated that 88% of Taiwanese felt that having a son to carry on their family name was important (Sun et al., 1978). This is consistent with a study of reproductive decision-making among HIV-positive couple in Taiwan (Ko & Muecke, 2005a) which explored the social and cultural influences of their decision. The study concluded that HIV status was not the key determinant influencing their decision making. Rather, the filial piety (son preference) was identified as the vital determining factor.

In contrast, Chuang, Lin, Hurng and Hsu (2005) conducted a study exploring Taiwanese young adults’ (20-39 years old) attitudes toward marriage and childbearing through a telephone survey. Surprisingly, these authors found that only 16.4% of Taiwanese believed that having a son to continue family line was necessary, whereas 48.4% disagreed. This implied that cultural norm of having a son to carry the family name has changed somewhat over time but still remains a factor for some. However, this study targeted both never married
as well as married males and females. The study did not identify the proportion of the participants that were never married which may have influenced the results.

Financial support and companionship in old age is part of the reason for this belief in filial piety. In traditional Taiwanese culture only sons can look after their parents, while daughters marry into their husbands families. For instance, more than 80% of older parents lived with a married son, and if married sons did not live with their parents, they would send them money to help support them (Sun, Lin, & Freedman, 1978). In contrast, a later study found that only 28.2% of Taiwanese individuals believed that their children can provide companionship and support when they are in old age while 67.7% people did not (Chuang et al., 2005). This is evidence that the value of having sons is changing from traditional culture. In other words, children are no longer viewed necessarily as insurance against financial difficulty in old age, which previously was seen as a financial incentive for having children. The value of having children, therefore, can affect the choice of whether to have a child or not.

Some participants in this current study expressed the importance of having a son to carry the family lineage and this was identified as a vital factor for them to make a decision to have children. On the other hand, some participants were not concerned about the gender of their baby. This finding is consistent with existing knowledge in the literature that identifies that the value of having sons or children is changing and affects women’s choice of whether to have a child.

**Society pressure**

The current study found that pressure from society was also an important factor that participants needed to take into consideration when making the decision to have children. The process of how women internalised their childbearing attitudes from society and decided to have children is socialization (Keim, 2011). This study demonstrated that participants perceived various pressures from society, family, friends, and neighbours to have children once they became married. This pressure then invisibly affected these women to make a decision to have children in order to respond to these social pressures. This insight supports what is known in the existing literature. For example, the fact that pregnancy is a cultural stereotype and the maternal role is structured in the society (Leifer, 1980). Moreover, social pressure is one type of social influence (Barber, 2000), because individuals tend to try to avoid conflict within social groups and so comply to some extent to this invisible pressure.
Likewise, some of the participants also mentioned that they made a decision to have a baby to meet societal expectations.

This decision to have a child, however, was identified as not being as straightforward. The decision to have a child was shown to be a delicate balance between many factors. For some women the invisible pressure pushed that balance and they decided to have a child. According to Barber (2000), ‘social pressure’ can ‘force’ a person to comply; however, they may not feel ‘forced’ to act in a certain accepted way just to please other people.

This is consistent with the findings from Bernardi (2003) who conducted a qualitative study investigating the relationship between various types of social mechanism and fertility behaviour in Italy. The author concluded that social pressure very much influenced fertility behaviour of these women. For example, parents, siblings, peers and acquaintances were found to be able to influence women’s fertility decision making (Bernardi, 2003; Leifer, 1980). These insights of socialization were confirmed in the literature with a number of other studies (Markus & Kitayama, 1991; Miller, 1994; Reykowski, 1994).

How society pressure affects the individual’s decision making is different in various cultures. For example, ‘self’ is defined as interdependent with others in collectivist cultures which includes Confucian society (Markus & Kitayama, 1991; Reykowski, 1994). Also, social behaviour involves primarily duties and obligations rather than personal preference (Miller, 1994). On the other hand, ‘self’ can be defined as autonomous and independent of groups with decisions being made individually in individualistic cultures within Western society (Markus & Kitayama, 1991; Reykowski, 1994). In addition, personal needs, values and beliefs are the primary components in individualism (Miller, 1994). Therefore, women’s childbearing attitudes will be totally different within collectivist and individualistic cultures. Traditionally, Taiwan is a Confucian society. However, Taiwan’s culture has been influenced by Western culture, mainly from US. Taiwan’s society, therefore, has changed over recent times.

Another factor identified from the data that contributed to this invisible pressure to have children, was the environment that the participants were brought up in. For instance, participants in this study expressed that they had a happy childhood. The family of origin is the primary socialisation role model for people. Parents are considered, therefore, as very important factors influencing their children’s attitude and behaviour by transmitting their values, attitudes, and expectations (Keim, 2011). Many participants in this study commented
that they themselves had grown up with the clear expectation that they would have children which was attributed to parental role modelling. This finding is consistent with Benzies and colleagues (2006) who conducted a qualitative study to investigate the factors that affected Canadian women’s decisions about the timing of motherhood. The results demonstrated that family of origin was one of determining factors.

**Actions: women and childbearing**

Women’s childbearing attitudes can be affected by various factors. Modern Taiwanese women have higher education attainment which allows them to engage in the labour force and be more economically independent (C. S. Chen, Liu, & Chen, 2003). This results in women having the knowledge, skills and qualification which then empowers them to be autonomous. These factors are interrelated and have contributed to women being more autonomous in Taiwan.

**Autonomy**

Women being autonomous means that they can be self-determine. Female autonomy means a “condition or quality of self-governing … self-determination, independence” (Morris, 1969). In other words, women are capable of being able to make their own decisions about their life. For instance, to have children or not has become more of a choice for women since the contraceptive pill was developed in the mid-twentieth century (Ganley, 2004).

There is evidence that Taiwanese women have become autonomous and have different notions regarding their role in society then was previously the case. The current study identified that most participants had full-time jobs and few of them were housewives at the time of interview. In order to encourage women to have a baby, Taiwan’s government has implemented a maternity leave policy and a ‘baby bonus’ incentive because of the declining birth rate. This policy aimed to guarantee women returning to their work after giving birth and spending some time with children (Feng & Han, 2010). It would appear from the results of this study that the participants were not taking advantage of these incentives to return to work for a number of reasons. Some women expressed that they choose to continue their career after giving birth. Other reasons why women decided to return to work after having their baby will be discussed in more details under ‘Strategy’.

In Taiwan, childbearing attitudes, therefore, have changed in recent times due to culture, economic and society changes. As a consequence, women pursue higher education and participate in the labour force which means most women have their career. In contrast,
traditionally women were expected to get married, have children and look after children at home.

The impact of women’s autonomy on having children can create conflict between traditional role expectations with individuals increasingly being set free from traditional bonds. This confirms exiting knowledge. For instance, Poston (2014) investigated the relationship between social and economic development and fertility changes in Taiwan. This author concluded that “there were strong influences of social and economic development factors on fertility”.

This more autonomous role of women in Taiwan is supported by a qualitative study of transformation in self-identity amongst Taiwanese women in late pregnancy (Chang et al., 2010). This study used in-depth interviews with 18 pregnant women who had prenatal care undertaken in a medical centre in Taipei, Taiwan. The study used a phenomenological approach to analysis the data (Chang et al., 2010). This study found that some women had internalized traditional cultural beliefs and acted according to social expectation and concluded that cultural and family expectation influenced women’s sense of self during pregnancy. These authors also found that some women identified that they compromised between traditional beliefs and acting autonomously. This indicated that modern Taiwanese women face the conflict between traditional beliefs and autonomy. Similarly, establishing independence/autonomy through education, secure employment and financial stability has been identified as one of essential factors for Canadian women’s decision about the timing to have children (Benzies et al., 2006).

Education attainment

Women’s education attainment and career were found in this study to result in them postponing their childbearing. Modern Taiwanese women have higher education level and are employed, as identified above (T. C. Liu & Chen, 2004). For instance, the majority of participants in this study had obtained a Bachelor degree, two of them a Master degree and one a PhD degree. This is evidence that education attainment is another factor influencing women’s decision to have children. Many participants pursued further education in order to achieve a better job, and then would consider whether they would get married and have children or not. This is consistent with the literature. For example, in the Czech Republic it has been identified in a commentary that women’s education played an important determinant of the entry into motherhood (Kantorov’a, 2006). Similarly, a large population based study in
Norway, found that women’s education was closely related to fertility (Naz, Nilsen, & Vagstad, 2006). This study found that the more educated women were the less likely they were to have children. In other words, women are becoming more educated and seeking employment which in turn results in decreased fertility rates. The trade-off however, is that in order to achieve an increase in fertility rates would potentially result in decreased workforce participation. Furthermore, the importance of the mother’s time in the rearing of children has been pointed out in economic theory (Becker, 1965; Gronau, 1973; Schultz, 1973). An increase in education, increases the wages and employment opportunities for a woman, including substitution time out intensive activities such as having children (Moffitt, 1984). This, however, all comes at the detriment of having children. Similarly, female education and female labour force participation have been identified by others to be vital factors for Taiwanese women’s decision to have children (Narayan & Peng, 2006). These two determinants have been found to have had an influence on female fertility rates which have decreased not only in Taiwan (M. C. Chang, Freedman, & Sun, 1987; W. Y. Chen, Chou, Lin, & Chen, 2013; B. S. Cheng & Nwachukwu, 1997; Hermalin, 1974; Li, 1973; Narayan & Peng, 2006); but also in Japan as well (Narayan & Peng, 2007).

There is no doubt that in Taiwan and many East Asian countries (Diener & Lucas, 2000), Confucianism remains the core value which has a high respect toward education for men, not for women (Liao, Fu, & Yi, 2005). Other studies from Korea (Kim & Park, 2000) and Vietnam (Rhi, 1998) have provided further evidence that pursuing further education is quite an important life goal. As a consequence, most Asian parents are concerned about their children’s education and spend a lot of money on this aspect. This is supported by O'Donoghue & O'Shea (2006) who developed an empirical model of fertility by birth order in Ireland. These authors found that the most important impact on fertility has been the increase in the opportunity cost of having a child. This is due to the impact of rising education levels of women on potential wage rates and labour market participation in Ireland (O'Donoghue & O'Shea, 2006). The Becker fertility model (Becker, 1985) posits that consideration of opportunity costs drives the fertility decision. In this framework, as women become more educated, they may reduce their fertility due to the rising opportunity cost of motherhood. Becker also described a quantity-quality trade-off that is, as mothers’ education rises, their demand for higher quality educational expenses for their children, such as extra tuition, music classes and so forth, also rises. All of this costs extra money. This then results in couples not being able to afford many children.
Similarly, this current study found that many participants took potential children’s educational budget into account because they wanted them to be able to attend the best schools, study in bilingual private kindergarten and undertake extra curricula activities, such as learning to play the piano and so on. This finding is confirmed by existing knowledge in the literature that identified education as being important. Also, this finding extends current knowledge that education is not only important for men, but also for women. However, there appears to have been no research undertaken in Asia or Taiwan investigating specifically the effect of women’s education attainment on fertility.

**Work**

As identified earlier, many participants in this study expressed that they were conflicted between continuing to have a fulfilled career or having children. When they made a decision to have children, however, they chose to return to work, continue their career and seek out child care options to look after their child during the day time. This is evidence that the participants in this study made their own decision about when to have children and continued to work, which clearly demonstrates that they are autonomous.

Many participants in this study, however, had faced work conflict when they made a decision regarding the timing of having children. This varied women who were dismissed once their employer found out that they were pregnant to women who decided to leave work to prepare for this pregnancy. Whether this was because they knew they may be dismissed if they did not was not clear. All participants intended to return to work after recovering from giving birth, which was usually following one month. Concerns were expressed by many participants, however, who discussed their fears of unemployment and talked about (current or anticipated) problems in finding a good job in the labour market. Having a stable job provided a feeling of security and was also necessary in order to meet the economic pressure of having children for these women (Bauman, 1999).

It was evident from the data that the commitment to either the work role, or family role, was truly a dilemma for many women. While their values dictated that both the family and work are important to them, it was almost as if they were caught up in the middle of these values. Furthermore, cultural constraints played a significant role in the employment of women, despite the fact that women are given equal rights to work under the law. For instance, child care is viewed as a woman’s responsibility in traditional Taiwanese culture (Gou & Yi, 1988). The expectation, therefore, is that women stay at home to care for their child. This is
supported by a study undertaken in Taiwan that explored what male and female expectations and values were for themselves (Yao, Cheng, & Cheng, 2009). These authors found that men felt that being successful at work and having a job were more important than women did. Whereas women felt spending time with family and raising children were more important than men did. The authors concluded that men are work-oriented and women are family-oriented. This indicated that earning a high income and having a job are viewed as being more important than raising children in Taiwan (Yao et al., 2009). This is further evidence that traditional values are indeed still strong in the Taiwan of today. Where women fit in this equation is not clear. There is contrasting evidence, however, that these traditional values are changing. This is supported by the data from this current study indicating that women want to return to work after they have given birth.

In addition, it was evident from the data that working women felt that they do not know how to take care of their children and tended to maintain a job as an escape from taking care of their children. Inexperience in caring for children was demonstrated from the data as a reason why some women wanted to return to work after they had their baby. In addition, some participants choose to return to work because they believed that work would relieve their stress of caring for their child. This may reflect the change to nuclear family that has occurred in Taiwan which has resulted in less exposure of women to other children. Similarly, Lu and Lin (1998) investigated [Taiwanese] Chinese men and women in Taiwan asking them what is the most important role for an adult, spousal, parental, filial or worker role. The results indicated that the worker role was necessary to work in order to provide for the family and seen as the most important role for parents with young children, adolescent children, as well as after the children are grown-up. They also found that worker role was identified as “an escape from the stress of managing a young family for women with young children” (Lu & Lin, 1998).

Women’s childbearing
Being a woman was identified from this study as being an important aspect of a woman’s biological destiny and fulfilling an essential part of being a female. Participants commented that they felt that something was missing if they did not have children, they loved children and wanted to have someone to live for. In addition, the participants saw a child as part of their self-fulfilment, being a natural thing to do and would be good for their relationship. Many expressed that children are the real meaning of life and did not feel like a real family
without children. This finding is consistent with previous studies (Ganley, 2004; Gittins, 1985; Richardson, 1993). Having children has been identified as being proof of being a real woman.

The values of children, however, are weighted against their costs. For example, children may be valued for providing emotional benefit, such as happiness, love, and companionship: economic benefit and security in old age; the achievement of adult status and social identity; family cohesiveness and continuity. Counterbalancing these positive motivations are a variety of costs, such as emotional and physical strain; economic hardship; restriction of personal, recreational, and career opportunities (Leifer, 1980). These all needed to be taken into consideration when deciding whether or not to have children. This work supports the findings from this study. This also supports much of the discussion previously and gives an indication as to the complexity of the decision making process that women go through when deciding whether to have a child or not.

Age
The timing of getting pregnant is a matter of choice for women as evidence from previous discussions. Many participants in this study felt that having the first child around age 30 is common. This is because Taiwanese women have spent an increasing amount of time in education in recent decades and engaged in a job, as identified earlier. This has led to women postponing the timing of having children to later in life. Women who decided to have their children around 30 years old were more likely than women who had their children earlier. This again stresses the importance of maintaining their quality of life through secure employment and financial stability before contemplating having children. These participants expressed however, that they were concerned about their optimum biological time to have a child and the risks of delaying childbearing. Despite this, these women said that they planned to have children around 30 to 35 years old; otherwise they will have an increased risk for complications if they have a child after age 35. This illustrates that these participants understood that the optimal time for pregnancy is before the age of 35 years.

Traditionally, women are encouraged to get married when they are young. For instance, a Taiwanese proverb indicates that “a twenty-year-old is an old bride” and “a thirty-year-old man is strong, but a thirty-year-old woman is old” (H. Y. Liu & Lien, 2010). In other words, the ideal marriage age is under 20 years old and women aged 30 are considered as old. Furthermore, married women are expected to have children as soon as they could after they
got married (Cheng, 1997). It is clear that this is no longer the case. The fact that women are having their children at a much older age then previously was the case can be traced back to the fact that they are delaying marriage and then delaying the time to have children (Fu & Hughes, 2010). This is supported by the literature. In Taiwan, between 1971 and 2001, the median age at first marriage of women had increased by 4.6 years, from 22.9 to 27.5 years (Department of Household Registration Affairs Ministry of the Interior, 2012). This has changed further in a more recent report. The median age at first marriage for women in Taiwan was found to have increased to 31.0 year-old in 2013 (Department of Household Registration Affairs Ministry of the Interior, 2014a).

This then has resulted in a difference in the age to have children. The average age of women at the first birth in Taiwan has risen from 26.3 years in 2001, to 30.4 years in 2013 (Department of Household Registration Affairs Ministry of the Interior, 2014c). Similarly, the average age of the participants in this study having their first child was 30.32 years old. This is in accord with the average age of first time mothers noted to be 30.4 years in the 2013, Taiwanese statistic (Department of Household Registration Affairs Ministry of the Interior, 2014c).

Likewise many European countries have reported a corresponding increase in age of women having children (Sobotka, 2004). For instance, the mean age of a first time mother in Netherlands had increased from 25 (1970) to 29 years (2000) (Gustafsson, 2006); in Norway from 25.6 (1990) to 26.9 years (2000) (Skirbekk, Kohler, & Prskawetz, 2006); in Sweden from 24.4 (1975) to 27.9 (2000) years (Council of Europe, 2001); and in Denmark from 26.9 (1960) to 29.7 years (2000) (Skirbekk et al., 2006).

This increased age when having their first child is evidence of the fact that women have achieved an increased education attainment in places such as Japan (Narayan & Peng, 2007), north-western Europe and some Mediterranean countries, such as Portugal, Italy and Spain (Rica & Iza, 2006), in Netherlands (Gustafsson, 2006); and in Ireland (O'Donoghue & O'Shea, 2006). This then has led to women marrying later in life, and then postponing childbearing. In 2011, the median age at first marriage for women in Taiwan was 29.4 year-old. The expansion of education opportunities for women and financial independence are two key factors which have contributed to women’s financial independence (W. S. Yang & Yen, 2014). This than has affected their fertility.
A contributing factor to the delay in having children is explained by the change in priorities that people have as they age. These results are in accord with a study on the quality of life in Taiwan by Yao, Cheng and Cheng (2009). This study reported that Taiwanese value priorities of having a job were important for people who were aged 20 to 29 years and 40 to 49 years. On the other hand, raising children was found to be more important for people aged between 30-50 years old. This is in accord with a common saying in Taiwanese culture that ‘women 30, pull the alarm’ which means that their biological clock is ticking and they are running out of time to have a child.

A number of the participants in this study were over 35 years old and having their first child. These women are at higher risk of developing pregnancy complications and outcomes for women, family and society (Mills & Lavender, 2010). Some of these participants identified that they were indeed experiencing issues. Possible complications identified in the literature include the chance of conception decreasing rapidly after the age of 31 (Dunson, Colombo, & Baird, 2002; Van Noord-Zaadstra et al., 1991), and the fact that older women are more likely to require reproductive assistance to become pregnant (Tough, Tofflemire, Newburn-Cook, Fraser-Lee, & Benzies, 2004). Also, there is an increased risk for spontaneous abortion when women conceive in their late 30s, regardless of obstetric history (Andersen, Wohlfahrt, Christens, Olsen, & Melbye, 2000; Smith & Buyalos, 1996). Similiarly, Liu (T. C. Liu & Chen, 2004) found that Taiwanese women experienced higher risk of gestational complications because they were choosing to have their children later in life.

In addition to the pregnancy complications, a study undertaken by Yang, Peden-McAlpine and Chen (2007) identified various other effects that a later in life pregnancy may have on women. This study was a phenomenological qualitative study of the experiences of Taiwanese women having their first baby after the age of 35 years. These pregnant women’s expressions were classified into five subcategories: ‘surprise worry about childbirth outcome’, ‘embarrassment about being outside the societal age for pregnancy’, ‘ambivalence about impending lifestyle’, ‘loneliness and lack of support’ and ‘concern about the safety of pregnancy and childbirth’. Interestingly, these women were not only concerned about pregnancy complications but also about pressure from society and the effect on their lifestyle, further supporting the findings from this current study. It does, however, reinforce the importance of the optimal time to have children as an important aspect of reproductive health. Women need to be encouraged to start having children earlier and informed of the difficulties and risks of getting pregnant at an older age.
Married to have children: planned pregnancy

Another aspects of women’s childbearing identified from this study was that they needed to be married first to have children. This type of decision making involved was that of active decision making. In other words, women expressed that they wanted to have children, so they got married first and then planned the pregnancy. Having children was these participants’ choice, whether they were using birth control at the time of conception and, if not, whether the women wanted to become pregnant. These women believed that marriage was a necessary process in the women’s life journey in order to have the next generation. This is consistent with traditional Taiwanese values. Likewise, Liu and Lien (2010) commented on the fact that in Taiwan the purpose of getting married was to produce the next generation (H. Y. Liu & Lien, 2010). This illustrates that in some areas of life, traditional values in Taiwan persist despite the changes that has occurred.

A husband’s attitudes toward children

A husband’s attitudes towards children was found to be one of the intervening conditions in this study. The husband’s role in decision making to have children was identified as a significant influence on the women in deciding whether to have children. This illustrates that despite the rapid social changes and Westernization, Taiwan still maintains several patriarchal traditions. This is consistent with literature that identified that men usually make the decisions within the context of Taiwanese society (Ko & Muecke, 2005a). Taiwan is a patriarchy society traditionally, so men play a predominant role over the women after getting married (H. Y. Liu & Lien, 2010). The husband has the breadwinner role in traditional Taiwanese society. This is accordance with the Confucian value of the women’s obedience, identified earlier. Women, therefore have to obey their husbands’ decision. In other words, a woman cannot make her own decision in traditional Taiwanese society.

In addition, the participant’s husband’s attitude was identified in this study as being a determining factor as to whether a woman continued with an unplanned pregnancy or not. This finding is consistent with Bracken and colleagues (Bracken, Klerman, & Bracken, 1978) study in US which found that seeking out advice and emotional support from their partners was important for women when making a decision to continue with, or terminate their unplanned pregnancy. This study found that friends and professionals were also important sources of support, but it was the partner that contributed to the ultimate decision regarding the unplanned pregnancy (Bracken et al).
Similarly women’s partners were found to be a crucial influence on women’s preconception and post conception desire for pregnancy in US (Stanford, Hobbs, Jameson, DeWitt, & Fisher, 2000). This study explored how women conceptualise their intention status by interviewing 27 pregnant women when they were either seeking prenatal care or termination. Likewise, a study of reproductive decision-making among HIV-positive couple in Taiwan (Ko & Muecke, 2005a) aimed to investigate the gender-based power relationships and social and cultural influences on their childbearing decision. This study found that husbands had the final word in deciding on either termination or continuing pregnancy. Similarly, Kanniappan, Jeyapaul and Kalyanwala (2008) conducted a study of HIV-positive women’s decision-making in attaining motherhood in India. The results indicated that husband’s support was a vital factor when making the decision on whether or not to have children, instead of considering the significance of the HIV status of the women in the decision making process.

In contrast, there were only a few participants who reported in this study that they made a decision to have children through open discussion and communication with their partner. Likewise, a quantitative study of gender roles and practice of decision making on reproductive behaviour in Nepal was undertaken by Subedi, Mahato and Kafle (2013). This study aimed to identify couples’ decision making on different reproductive behaviour and investigated the related factors of decision making. The study found that 74.4% of both husband and wife made a pregnancy decision together (Subedi et al).

Going with the flow
The other type of decision making that was demonstrated in this study was passive decision making. ‘Going with flow’ is about passive decision-making to have children. This was identified as a one of the actions for the participants of this study when deciding whether to have children or not. Taiwanese always say ‘go with the flow’ which could be explained as fatalism. This captures an important aspects of Taiwanese cultural views on childbearing attitudes. The meaning of fatalism may vary across different cultures. Fatalism “implies that the external culture or society determines individual behaviour” (Hull, 1983, p.388). Liang et al (2007) suggested that the concept of fatalism is closely related to ‘luck’ and ‘destiny’ that religion from Chinese women’s view. Taiwanese believe in destiny (H. Y. Liu & Lien, 2010). In other words, the women in this current study accepted having children as God’s will or something that just happened.
This is consistent with Ko (2005) who conducted a qualitative research to investigate gender-based relationships and cultural influences on decision making whether to continue or terminate the pregnancy in HIV positive couples in Taiwan. The authors found that these couples felt that having children was a gift from God and therefore decided to continue their pregnancy. However, they only interviewed four couples. In addition, having a diagnosis of HIV may have changed the decision making process as there are different factors involved with such a diagnosis.

On the other hand, women in this current study reported that they had unplanned pregnancies and most of them believed in destiny for this pregnancy. Similarly, Bryant, Nakagawa, Gregorich, and Kuppermann (2010) conducted a quantitative research that explored maternal fatalism and subjective social standing in US. These authors recruited 1070 pregnant women and used an attitudinal questionnaire which included a two-item scale measuring cultural, religious and fatalistic attitudes in order to measure fatalism. The study found that over a third of the women had not been trying to get pregnant. African Americans had a higher fatalism scores that non-African American. This demonstrated that fatalism is a strategy used by some women when they make a decision to have children.

Contingency: unplanned pregnancy

Unplanned pregnancy could also be considered as a passive decision-making process to have children. The results from this study indicated that unplanned pregnancy happened for some participants who cohabitated with their male partners. These couples may have used contraception, but sometimes they may have forgotten or male partners did not want to use condoms, and then they got pregnant. This led to them having to make the decision whether to either terminate or continue with the pregnancy. A participant’s husband, their financial resources, the women’s age, and pregnancy history were all captured as the intervening condition from the data that were considered when women made the decision to continue or terminate their unplanned pregnancy.

Many participants in this study expressed that with their unplanned pregnancy, it was their husbands who were the determining factor as to whether to continue or terminate this pregnancy. This is consistent with a study which investigated the process of women making a decision either to continue or terminate the pregnancy {Bracken, 1978 #76}. This study recruited 356 never-married, lower-income Black women in US during their first prenatal care appointment. They interviewed these women about the process of decision making after
they had decided to either continue with, or terminate this pregnancy. The findings indicated that those women who decided to continue with the pregnancy made this decision because of their partners. This study is useful for understanding women’s unplanned pregnancy decision making process, but the sample was only in lower-income ethnicity groups, the women were never married and interviews were retrospectively undertaken. The sample was therefore not representative in relation to women in different ethnicity groups.

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**The couple’s financial circumstances and childbearing**
A participant’s financial circumstance was identified in this study as being another one of the key factors needed to be considered when making a decision to have children. Many participants commented that they wanted to be financially stable before deciding the timing of pregnancy. These participants considered whether they had earned enough money in order
to provide housing, living expense, or sustaining a pleasant lifestyle as securities in employment equated to access to goods and service for living and raising children.

Similar results were found in a study undertaken in Germany by Tolke and Diewald (2003). This study investigated the relationship between work and family among men and focused on the impact of working life on different professional careers on men’s transition to fatherhood. These authors found that those men with hard and/or insecure conditions in career patterns, postponed their transition to fatherhood. In contrast, those men with successful career development raised the propensity to have a child soon after having taken a career step. The authors concluded that economic insecurities were found to be one of the reasons behind postponing the timing of having children (Tolke & Diewald, 2003).

However, the value of having children has been found to be different between a higher and low socioeconomic group in Taiwan (Yao et al., 2009). A quality of life study in Taiwan was conducted by Yao et al. (2009) using AsiaBarometer survey of 1,006 people. Success at work was valued to be most important for a higher socioeconomic group (Yao et al., 2009). In contrast, health and raising children were valued as two of the important factors for the low socioeconomic group (Yao et al., 2009). In other words, a couple’s socioeconomic circumstance may not be the crucial factor in the decision making process to have children.

Existing pressures from living expense
Part of the consideration regarding participants’ financial circumstances was the pressure from the day to day living expenses. This is the essence of what can be defined as maintaining the quality of life. Taiwanese consumption patterns have changed due to societal changes (C. S. Chen et al., 2003). In other words, people are buying more and replacing items rather than repairing them and making do. People tend to want the latest technology piece of equipment, like mobile phones or computers (Belk, 1985; Li, Lim, Tsai, & O, 2015; Roberts & Pirog, 2013; Roberts, Yaya, & Manolis, 2014). This has resulted in increased financial pressure to purchase these as they become a ‘need to have’ rather than a ‘want to have’. Further evidence of this is the fact that financial pressure has been identified as one of the major factors which has caused Taiwanese men not to get married (Fu & Hughes, 2010). This is because of the added expense associated with, not only getting married, but then having children. As identified earlier, once people get married the expectation is that children will follow.
Childbearing is costly

The second consideration identified from the data that needed to be factored in relation to financial considerations was the expense associated with having a child. The costs of a child include expenditures on larger housing, the schooling of the child and of course on goods such as clothes, food and toys and sports equipment. In addition to these child related expenditures, much emphasis in economic theory is placed on the opportunity costs of time spent with the child (Gustafsson & Kalwij, 2006). Children also entail costs in terms of time and time costs money. Specifically in this case, maternal time costs money which varies over their child’s life cycle. On top of this is the goods, or direct expenditure spent on children. Therefore, childbearing costs include direct expenditure and opportunity costs.

What compounded the expense further, which this study demonstrated, was that parents wanted more for themselves and their children than in the past. As previously mentioned, the cost of children has increased, due to the improved standards of living and requirements for increased education, such as extra tutoring after school and music lessons. There is also a perception of the rising costs of education and higher standards of consumption (Beck, 1960), as discussed previously. All of this points to the fact that childbearing is costly and has to be factored into the decision making process.

On the other hand, the benefits of having children are considered the joys of having children. Once children are present, the well-being of parents is affected by their children’s well-being and they will therefore invest in, for instance, the schooling of their children. As identified earlier, children are an insurance against financial difficulties in old age which is considered a financial incentive for having children and investing in their education (Gustafsson & Kalwij, 2006). For some people, however, the substitution effect due to the increased cost of a child is more important than the income effect (O'Donoghue & O'Shea, 2006).

Strategy: quality of life and childbearing

Pursuing a better life and having quality of life was found to be a crucial factor for most participants in the current study when deciding to have children or their ideal number of children. There were a number of components that were considered by the participants as what they perceived they needed in order to maintain their quality of life. Many participants said that they have to buy a house and have a secure job before they can plan to have children. In other words, being healthy and having a home have been identified in this study as the first priority, compared to raising children which was considered to be less of a priority. Likewise, being healthy and having a comfortable home has been identified as the top two most
important things in Taiwan, with having a house as being the first (Yao et al., 2009). In other words, people wanted to be financially secure before considering children. This resulted in parents choosing to invest in fewer, rather than more children. This is in accordance with a study mentioned earlier that investigated the quality of life in Taiwan by Yao et al. (2009) using the Asia Barometer survey of 1,006 respondents. The result indicated that to have a comfortable home (39%), to earn a high income (34%), have a job (32%), were more important than raising children (26%). That is, having a quality of life.

Moreover, housing costs are identified as a main cost of childbearing (W. Y. Chen, Chou, Lin, & Chen, 2013; Dettling & Kearney, 2014). These studies indicated that the cost of buying a house is rising in Taiwan delaying childbearing further. The average age of buying a house for Taiwanese is between 28.5 to 35.3 years old (W. Y. Chen et al., 2013). As a result, housing cost affect people’s intention to have children (W. Y. Chen et al., 2013).

Quality of life (QOL) usually refers to people’s individual well-being and/or welfare (Chamberlain, 1985; Schuessler & Fisher, 1985) or emotional health. It is also closely related to various environmental factors that occur sporadically (McCall, 1975). Emotional health means satisfaction and kindred states such as individual’s satisfaction or dissatisfaction with life, or happiness or unhappiness (Dalkey & Rourke, 1973). Happiness is associated with a society’s economic status (Liao et al., 2005; Mastekaasa & Moum, 1984; Popenoe, 1983; Yao et al., 2009) and culture (Schyns, 1998). Happiness and well-being are interchangeable. Therefore, a person’s satisfaction with life is influenced by financial and cultural factors.

To be a mother is a responsibility, because mothers usually are the primary carers of the children. Becoming a parent is seen as fulfilling an essential social duty and obligation in Taiwanese culture (Lu, 2001). Similarity, childbearing is viewed as a social responsibility in Japan (Joulivet, 1997). On the other hand, having children has become a lifestyle choice in most wealthy nations of the world, such as in France (Ganley, 2004). However, choosing to be a mother not only carries caregiving obligations, but also influences their employment. If a woman commits to work and have a family, a woman’s motherhood decision is crucial to her personal well-being. How childbearing is linked to personal happiness and well-being is associated with various factors.

The findings also indicated that even though a couple have higher income levels, they still perceive that childbearing is costly. This is directly related to the fact that they may have higher costs associated with childcare and children’s education. In other words, they want to
enjoy a higher standard of living and at the same time have a child. The cost of rearing children is, therefore, closely related to married couple’s financial circumstances and higher education level, as described earlier. According to Becker’s seminal work on “New Home Economics” (Becker, 1960, 1981), women expect higher educational expenses and therefore overall expense for their children.

In contrast, Holton, Fisher and Rowe (2011) conducted a quantitative study on Australian women’s childbearing desires, expectations and outcomes. These authors recruited 569 women from the Australia Electoral Roll in 2005, aged 30 to 40 years. This study found that most of the women wanted to have children and their decision to have children was associated with biological, psychological and social factors. These included the lack of a partner and adverse health conditions. Furthermore, most women had fewer children than they wanted if their circumstances were different (Holton, Fisher, & Rowe, 2011).

In Taiwan, health status has been found as the second most important value and contributes to both general happiness and satisfaction with individual’s quality of life (Liao et al., 2005; Yao et al., 2009). Taiwanese women who had more income or with a high level of education were happier than women who had middle or low income with less education (Yao et al., 2009). Consistent findings suggest that income and educational level have been identified to influence the quality of life (Hagerty, 2000; Shin, 1986).

According to Maslow’s (1943) hierarchy of needs, physiological is the first level need which includes food, water and sleep. This is followed by safety which involves security of employment, housing, and health. The next level is loving/belonging from friends and family. Then this was followed by esteem (confidence, respect) and finally self-actualisation. As previously identified, Taiwanese believe that being healthy, having a comfortable home and a high income are important which are related to the safety level of Maslow needs. In other words, they do not have to concern themselves with the foundational physiological, and lower level needs.

Likewise, Yao and colleagues’ (2009) study found that higher socioeconomic respondents valued success at work, being on good terms with others, expressing personality and talent, winning over others, and enjoying a pastime were important. While low socioeconomic respondents were likely to value health, raising children, having enough to eat, and having a safe and clean environment were important. In other words, these respondents can afford to pursue higher-level needs such as self-actualization which means they do not worry about
Quality of life is very individual and there are a number of areas that this can relate to. For instance, many participants in this current study expressed that they planned to have their first child in the third year after they got married, so they can enjoy their life before having children. Similarly, Benzies and colleagues (Benzies et al., 2006) found in their study that one of reasons why women postponed childbearing was that they had to first satisfy their desire for travel. Moreover, a qualitative study in Taiwan explored the experiences of pregnant women over 35 years of age for the first time (Y. O. Yang et al., 2007). Yang and colleagues found that these women were concerned about ‘whether they would regain their former free lifestyles’. This demonstrated that having a spontaneous lifestyles was important for these women. However, this study (Y. O. Yang et al., 2007) does not discuss the reason why these women did not have their first child until they were over 35 years old.

Path to assist - Family help

One of the strategies that women identified that they used in order to find the balance between quality of life and having children was finding ways to assist them achieve this. The availability of support was identified as one of the factors impacting on a participant’s decision making to have children. As mentioned previously, most Taiwanese women have a full-time job. The participants in this current study wanted to continue their job after they got pregnant and had their baby. Clearly women in this study needed to seek support to be able to do this. Child care, emotional and financial support were three major forms of support which were identified from the data.

Taiwan has experienced massive economic and social transformations over the last four decades of the twentieth century. Previously, most Taiwanese lived in the extended family in agricultural society (Poston Jr et al., 2014). In other words, a married couple lived with their parents or sibling, so more people can help take care of children (Poston Jr et al., 2014). Traditionally, grandparents take care of children while the middle generation which included
husband and wife play as the income contributor to a family in the three-generation households (Brinton, 2001). As a result of Taiwan’s society changing to industrialisation and modernisation (Poston et al., 2014), are nuclear family has dramatically increased in the present time to become the new norm (Hsueh, 2014). Most married couples live by themselves instead of with the parents. However, grandparent’s help by providing intensive childcare is no longer available for many married women in Taiwan since past decade (Brinton, 2001). This has resulted in different considerations for women when deciding to have a child. Previously this was not part of the consideration due to their close proximity to their own parents providing this support. This reflects the changes that have occurred in Taiwan. Despite these society changes, traditional values appear to still be influencing women’s decisions to have a child but not as strong as previously was the case. There would appear to be other issues that are balancing out these traditional pressures, such as women’s careers.

From the data it was clear that women worried about who would take care of their child when they returned to work. Child care was, therefore, the first factor that needed to be considered when women made a decision to have children. This related to the fact that women wanted to maintain their quality of life at the same time as have a child. In traditional Taiwanese culture child care relies heavily on grandparents or relatives to look after children before kindergarten (Feng & Han, 2010). Similarly, family support was identified as one of the determining factors for HIV-positive women when they make a decision to have children in India (Kanniappan, Jeyapaul, & Kalyanwala, 2008). This was especially important for this group of women if their family can look after the child in the future in the event of parental death.

There were a number of reasons identified from the data as to why women believed that having family care for their children was best option. First, their children would receive better quality of care, and the fact that this form of child care is more flexible than using a baby sitter or institutionalised childcare. Furthermore, they will spend less money on child care through family support. Similarly, having grandparents look after their children facilitated more flexibility regarding the time when their worked which sometimes can be extremely high (Brinton, 2001).

Another area of support that was identified from the data needed to assist women achieve the balance between having children and maintaining quality of life related to housing. This was
another area that parents assisted them with. Financial support in the form of the provision of housing was identified as coming from either the parents and/or parents-in-law for many of the women in this study. When housing is provided free by their parents, fears of not being able to provide the financial foundation for a family, or to be forced to lower the standard of living are reduced. This support then helped them in establishing financial security. Married couples get the financial support from their parents and they will take care of their parents when they are in older age in Taiwan’s culture (Lee, Parish & Wills, 1994).

Finally, social support was identified as being important for these women. Social support has been found to balance the negative effects of stress on parental functioning. Emotional support in terms of who can offer help or be asked for advice, share the experiences of being a parent, or who understands this situation, can all provide a feeling of security and safety for couples having children. This then creates a feeling of being embedded in a network of supportive relatives and/or friends in case of problems.

**Government's baby bonus/incentives**

In order to encourage women to have children, the Taiwanese government had introduced a number of incentives. This included ten free prenatal care visits, a free birth service for eligible pregnant women, educational subsidies aimed to eliminate the cost of children’s expense, and maternity benefit for working women which includes eight weeks paid maternity leave, 60% paid leave for the first six months, or up to two years unpaid maternity leave (Feng & Han, 2010). Whether women will apply for maternity leave depends on each individual’s circumstances. From this study only a few of the participants planned to apply for two years maternity leave and some of them will not apply for any maternity benefit at all. Most of the women commented that they will only apply for six months 60% paid leave. One of the reasons participants commented as to why they did not apply for maternity leave was because they were concerned that this will affect their career at some stage and they will be out of a job. Some women expressed that they will not need maternity leave because their mother or mother-in-law will look after their child, or they have economic concerns and therefore cannot afford to be away from work for this period.

Despite the fact that these incentives may not always have a positive affect in encouraging women to have children, for many participants their aim was to eliminate women’s financial burden in raising children. The data indicates, however, that these incentives may not be enough to influence some women’s decision-making to have children. For some women these
incentives did not influence their decision to have a child at all and they just decided, after weighing up all of the issues, to have children. These incentives for some women, therefore, helped reduce their financial burden which may then influence when they return to work. For instance, a woman who has financial assistance may return to work much later than a woman who has no financial assistance. Similarly, a number of reviewed studies undertaken in the US and Europe identified that maternity leave policy was an essential factor for the timing of when women return to work (Gornick & Meyers, 2004; Gornick, Meyers, & Ross, 1998; Ruhm, 1998). Gornick and Meyers (2004) commented that one of the criticisms of such incentives as those in Taiwan is that they facilitate single parenthood and depress employment levels. There is no evidence that this is the case in Taiwan.

**Choosing to be a mother versus a career woman**

Another component of the strategy to find a balance between quality of life and childbearing, is the issue of whether women should return to work or stay at home. Most participants indicated they will continue their job after two months maternity leave. These women all mentioned that they will search for a job after recovering from birthing their baby. On the other hand, only a few of the women said they will stay at home to be full time housewife and look after their children. There were a few reasons identified in the data as why they chose to be a career woman, which are discussed later.

There, therefore, appears to be a tendency towards dual earner families as women return to work after they have had their baby. Dual-earner families are now more of a common phenomenon in Taiwan. This has then resulted in the need to rely heavily on adults outside the family to care for their children. Taiwanese women preferred to work due to societal changes (C. S. Chen et al., 2003). Taiwan’s government had introduced a successful policy of economic development in the past three decades and attracted more women to participate in the labour market. This has then resulted in women wanting to return to work after their baby is born. Women’s decision about when to return to work involves many factors such as personal choice, available support and so on.

**Reducing husband’s economic burden**

One of the reasons why women decided to return to work was because this then reduced the financial pressure on their husbands. Financial security is more easily achieved when both husband and wife have a job. Through this then, the couple were more able to maintain their quality of life. Women commented in the data that what they divided the two salaries into
various expenses. This rearranging of their finances assisted them to reduce the economic burden further.

**Economic autonomously/economic independent**

Another reason why women wanted to return was that they wanted to be economically autonomous. Women commented in the data that they were uncomfortable always having to ask their husbands for money to pay living expenses. With women working after they had their child meant that they would not have to ask their husbands for money. It also meant that women had money available to buy items for themselves. This demonstrates that these women are no longer following traditional values. Financial independence was, therefore, found it very important to choose as a career in this study.

**Self-actualization: being unwilling to give up current job**

A further reason why women wanted to be a career woman and continue working was because working fulfils their sense of self actualisation. In other words, when faced with the conflict between having a fulfilling job and full-time care of children at home, some women were more dedicated to their work. This was despite the fact that the women may have been asked by their husbands to become a full time housewife after she gave birth. Women enjoyed their job and wanted to return to it after the baby was born. Furthermore, women commented about this social phenomena of the fact that other people had not given up their jobs, so why should they. Patterson, et al, (1990) pointed out that the intrinsic satisfaction with mother’s occupation and the effect of the delay or loss of the career all represented the need for self-actualization. This is also about women in Taiwan being more autonomous, which was discussed earlier in this chapter under Actions.

**Concerned about being isolated at home –**

The final reason identified from the data as to why women wanted to return to work was because they feared becoming disconnected with society. To be a career woman means having more connections with society as opposed to being a full time housewife. Being connected with society was another way that they could maintain their quality of life. There was no research found which discussed this issue.

Ultimately women compromised and decided to have a child. Participants described a process of decision making that involved taking all of the factors influencing them to have a child on one side and what they wanted for themselves on the other side. The decision to have a child was therefore ultimately about the women compromising their own values/wishes to find a
middle ground between their own beliefs and that of others. The only mention of women compromising in the literature refers to women compromising between healthy and unhealthy decisions (Okah, Cai, & Hoff, 2005) or where they may birth their baby. There was no discussion in the literature found that specifically referred to women compromising in the decision to have a child or not.

**Consequence: balancing between having children and maintaining the quality of life**
Finding a balance between becoming a complete family by having children and maintaining the quality of life was identified by the participants as a consequence of taking actions when making the decision to get pregnant. The consequence of taking action to have children varied between each individual.

**Giving more purpose and meaning in life**
One of the consequences of taking action to have children was that having children gives more purpose and meaning in life. Children can be the major life goal for many people. In other words, having children is the most important aim in life for them to achieve. According to Leifer (1980), women universally regarded children as a basic part of the meaning of life, and essential to their view of themselves as women. Childbearing, is therefore seen as a feeling of completeness in women’s life as well as the fact that becoming pregnant makes women happy. In Taiwanese culture pregnancy means happiness (Lee & Kuo, 2000). Moreover, the creation of a new family is the universal societal hallmark of maturity and self-fulfilment (Callister et al., 2001; Jordan, 1993; Semenic et al., 2004). In addition, children are the real family, so no children means it is not a real family (Lalos, Jacobsson, Lalos, & Von Schoultz, 1985).

It is evident from the data, however, that these beliefs are no longer as prominent as they have been in the past. As evident from much of the discussion previously in this chapter, children are not necessarily the first priority for all these women in Taiwan. Instead women want to pursue a career and be autonomous. Women’s value of childbearing is no longer the primary goal in women’s lifespan. This reinforces the fact that the women in this study were finding a balance between having children and maintaining a quality of life.

**Deciding to have only one or two children**
Another of the consequences of taking action to have children was deciding whether they should have one or two children. It is evident from the data that this is another area that has
changed over time. Previously Taiwanese always say that ‘the more the children, the more the fortune’ (Cheng, 1997). This is supported in part by Chuang and colleagues study (2005). This was a Taiwanese study of young adults’ attitudes toward marriage and childbearing undertaken through a telephone survey. The target population was 20-39 years old, never married male and female, as well as married males and females. They found that 68.9% people thought that the ideal number of children was two, 16.3% people preferred more than two children. However, 51.0% people do not want to have second child, due to economic loading (Chuang et al., 2005). What this study also alludes to is the fact that the tradition of having more than one child is changing in more recent times. This supports the findings from the current study but extends this knowledge area by identifying some of the reasons as to why this is the new cultural norm.

Contemplating a second child and wishing for a male baby
Part of the decision making process regarding the consequences of taking action when contemplating a second child revolved around the desire to have a male baby. It is clear from this that having a son to carry the family lineage was still embedded in the minds of most Taiwanese in the decision making process. The desire to have a son was, therefore, factored into this decision making process. Similarly research undertaken in Taiwan also reflected that women often have to endure endless pressure from families, peers and social pressure generally to have a male child (W. S. Yang & Yen, 2014).

There is evidence from the data, however that this cultural norm is also changing. From the data having a son to continue the family name was not the major concern for the younger generation, whereas it was for the older generation in Taiwanese society. For example: one participant’s husband was the only son in his family. Her own parents expected her to have a boy baby, because they felt that her parents-in-law also expected a male baby, although her parents-in-law did not pressure her. This expectation contributed to the pressure that these women experienced.

Summary
This chapter demonstrated the various influences, actions, strategies and consequences of taking actions, which included women’s childbearing attitudes, women and childbearing, quality of childbearing and the balancing between having children and maintaining the quality of life. Confucianism is the core element in traditional culture in Taiwan which has influenced childbearing attitudes. This then results in the expectation of a woman being a mother from society, with various pressures from family, friends or society. However,
Taiwan’s industrialization and modernization have shaped the traditional culture and transformed the women’s status through education and employment opportunities over the past four decades. Women are empowered and have become more autonomous. They are able to choose their priorities and goals in life, to some extent. More women pursue higher education and have a job before having children. Despite these changes, most women still want to have children. Childbearing is costly, however, which will definitely influence their lifestyle, no matter what their financial circumstances are. The quality of life and childbearing become the main concerns when women seek strategies for coping. These strategies included path to childbearing, making the alternative decision to have children and maintaining the quality of life. Ultimately, women found their own meaning of having children and decided to have one or two children in order to find a ‘balance having children and maintaining the quality of life’.

This study contributes to understand why women decide to have children, confirming and extending the existing knowledge and, thereby, adds new knowledge to the literature. The following chapter will draw the thesis to a conclusion and make recommendations.
Chapter Nine

Conclusions

Introduction
This chapter draws conclusions from this study. The aim of this chapter is to reinforce the key findings and help clarify the conditions that arise in Taiwanese society to affect women’s decision making to have a child. It will briefly review the study method, insights, and discussing the strengths and weaknesses of the study, and recommendations arising from this study regarding to practice, education, and research for the professions of midwifery and nursing as well as policy makers in Taiwan.

Summary of the Study
Background
Taiwan had a very high fertility rate during the 1960s. This resulted in an extensive family planning program being introduced in which midwives and nurses played an essential role in implementing. This had a strong influence in declining the birth rate which is now too low. Taiwan is predicted to lead to ‘zero population growth’, or resulting in a ‘negative growth’ in the foreseeable future.

Aim
This study aimed to gain a comprehensive understanding of the personal, social, and cultural factors influencing Taiwanese women’s motherhood decision-making. The secondary aim of the study was, to describe and examine influences that encourage, facilitate, and pose barriers including personal values culture, and the Taiwanese meaning of being a mother. This study aimed to provide knowledge about what factors enable or constrain Taiwanese women to have children, which may inform strategies for more fully informed decision-making in light of cultural and contemporary issues.

Methodology
Grounded theory was employed to understand influencing factors when Taiwanese women make a decision to have a child. Semi-structured interviews with first time mothers and theoretical sampling were applied to recruit participants until data saturation was achieved with 34 participants in Taipei, Taiwan. Constant comparative analysis with open, axial, and
selective coding was used to generate a substantive theory of Taiwanese women decision making to have children process.

**Summary of Findings**
The finding indicated the influencing factors of Taiwanese women’s decision making to have children. From this core category, ‘balancing between having children and maintaining the quality of life’, integrates all categories and incorporates the process of Taiwanese women’s decision making to have children. Cultural norms and being a woman were the causal conditions of phenomena related to decision-making. Living with invisible pressure to have children was the phenomena resulting from cultural norms and being a woman in Taiwan. Childbearing and quality of life, and women’s attitudes toward having children were the context in which decision-making and coping strategies developed. Weighing up the choices, a husband’s attitudes toward children, age and personal choices were the intervening conditions which influenced their decision-making and coping strategies. Path to childbearing, making the alternative decision to have children and maintaining the quality of life were the strategies for decision-making and coping. Balancing between having children and maintaining the quality of life was the consequences of strategies for decision-making and coping.

**Strengths of the study**
There were a number of strengths of this research. This thesis used grounded theory in order to develop a substantive theory that explained the process of Taiwanese women decision making to have children. In order to gather the data, in-depth interviewing was conducted which resulted in rich data from the participants. The process of collection involved a constant comparative analysis which meant that the researcher could select participants on the basis of the category development. This was also the first study undertaken in Taiwan that applied in-depth theoretically driven qualitative methodology to explore this topic. The research gap is in understanding women’s decision making to have a child in Taiwan. Addressing this may in turn contribute to improving the fertility rate in Taiwan.

**Limitations of the study**
There are a number of limitations in this research that should be addressed in future research. First of all, this study was conducted in Northern Taiwan (Taipei) and therefore it may not be
possible to generalise the results across the rest of Taiwan. Secondly, there is a need to explore Taiwanese women’s decision to have a second or third child; however, this study focused only on exploring Taiwanese women’s decision to have a first child as a first step. It may not be possible, therefore, to generalise the result to other women. Thirdly, the aim of this study was to explore women’s perspectives regarding their decision making to have children. The researcher did not interview men in order to ascertain their views regarding decision making to have children. Fourthly, this study was about women’s decision-making to have children with those women who had chosen to continue with, or planned their pregnancy. This study did not interview women who had decided to terminate their pregnancy or decided not to have children.

The final limitation to this study was that there was one researcher, therefore, the epistemological considerations of the one researchers’ interpretation of the qualitative data was acknowledged whereas there could in fact be multiple realities to the explanations of the data. The final limitation recognized by the researcher was the potential for bias from the researcher as the researcher has identified herself as a nurse midwife.

Recommendations
This study has confirmed, extended and added to knowledge regarding women’s decision making process to have children. Awareness of women’s difficulties will help to identify sources of stress and concern that may interfere with their decision to have children. Therefore, there are implications for midwives/nurse in the area of practice, research and education as well as for policy makers. The following recommendations have been made following this study for Taiwan.

Recommendations for policy making
Women have become more career oriented at the present time in Taiwan. In other words, women now prefer to combine having a family and maintaining their career by continuing to work. Many women as a result of their pregnancy, however, have faced challenging working environments, such as losing their job or position after returning from maternity leave. Thus, the government needs to reinforce the relevant current policy or establish appropriate new policy in order that women do not lose their jobs as a result of pregnancy and are able to continue their career after the baby is born. This means that the maternity leave policy should
be supported by the employer of women to facilitate women taking the leave and be able to continue their employment after becoming pregnant and having their baby.

Governments cannot make people have children; however, they can make the reality of having children as attractive as possible. For example, incentives should provide appropriate support to meet women’s needs, be consistent and that all women in Taiwan have equal access to these incentives. Another example: one of key findings arising from this study demonstrated that taking care of children and maintaining their job influenced women’s decision-making to have children. In order to reduce women’s heavy pressure, the government should establish or support more family-friendly policies, such as flexible work arrangements and affordable, good quality child care facilities that would reduce parents’ burden of balancing work and family demands. This is supported by Feng and Han, (2010, p.310).

Furthermore, policy makers need to facilitate the education of the population regarding the risks associated with women postponing pregnancy to much later in life. Through this process then promoting women having pregnancy much younger. Late pregnancies potentially predispose the woman and her baby to higher health risks as well as difficulties becoming pregnant. This may then lead to additional high-risk obstetric and neonatal health service because women are delaying childbearing in favour of completing education and establishing a career. This information could be promoted through the Department of Health, Bureau of Health Promotion website, television advertisements, newspaper and relevant magazine in Taiwan. In addition, the Department of Education in Taiwan could inform all of the high schools and universities to add this knowledge in the curriculum to be then taught in relevant subjects.

**Recommendations for education**

Women’s value orientations are changing at the present time in Taiwan. Childbearing is no longer viewed as the primary goal in women’s life-course. For example, women’s education attainment was found from the data to be a key factor as to why women are delaying childbearing and affecting the fertility rate. The concept of ‘time to have children’ has different meanings to different people. In this study, more than half of participants had their first child when they were over 30 years old and some of than over 35 years old. Therefore,
information regarding the optimal age range to have children and the risks of delaying childbearing should be included in the relevant subjects in high school and university curriculum.

Moreover, the cultural perspectives that are relevant to motherhood decision-making should be emphasized in nursing curriculum in order that nurse/midwives are able to facilitate this discussion with women. In addition, post-graduate nurse education programs should include education on extending the role of the midwives/nurses to incorporate the ability to assess, promote and support women’s decision-making within the context of a Taiwanese culturally relevant framework.

These could be achieved by developing learning packages that would then be available for schools, universities and hospitals. The learning packages would incorporates the new knowledge gained from this thesis in order to provide the education possibilities to achieve these recommendations. In addition, by presenting the results of this research through conference papers as well as through articles published in relevant journals would help disseminate this information to relevant people. Fact sheets could also be put together for women to access on websites.

There needs to be more emphasis on women’s perceptions about motherhood decision making and support about the role of being women from cultural expectations in nursing and midwifery curricula and practice.

**Recommendations for practice**

Understanding the determining factors involved in a women’s decision making process to bear children will allow nurse/midwives to facilitate and support women in their preconceptual family planning. Preconceptual family planning would include information on the optimal age range to have children; strategies for dealing with cultural pressure and gender preference. For example, many participants in this study expressed their perceptions of getting pregnant as easy and some of them did not realise that some health problems may cause infertility. The findings of this study suggest that women’s prior history of health problems or miscarriage/termination are needed to be taken into account during prenatal assessment in order to help those women who face difficulties to get pregnant and provide appropriated care to meet their needs.
The findings of this study found that culture is one of key factors in relation to Taiwanese women decision making to have children. For instance, traditional beliefs in relation to the fact that women are expected to marry and have children, with the aim of marriage being to produce new life. In addition, the findings from this study demonstrated that many participants have faced pressure to have a male baby when they were pregnant and this could result in prenatal depression if they are having a girl. These stereotypes of being a woman may cause women psychological stresses and issues of pregnancy. All these have significant effect on Taiwanese women’s decision to have a child. This confirmed existing knowledge in relation to factors that facilitate or pose barriers to achieving motherhood. The data from this study suggested that understanding the determining factors to bear children will allow nurse/midwives to facilitate and support women in their pregnancy planning. By nurse/midwives helping the women develop strategies in order to deal with these pressures will assist in preventing the development of depression in these women.

In addition, the rates of women having a pregnancy when they are older have increased; a number of women may therefore hit the biological limit of their reproductive capacity with resulting infertility. This will increase risks of gestational complications and medical costs. Therefore, nurse/midwives caring for women across the fertility life span need to facilitate and discuss pregnancy plans and the impact of maternal age on fertility. In order to facilitate this information dissemination, the researcher will present the results of this research at relevant conferences and submit the findings to nursing and midwifery journals or newspaper to promote this information through these professional links.

Nurses and midwives need to be prepared to provide accurate information about fertility to women during the pre-conceptual period and maybe in secondary schools. Nurses/midwives can also help clients develop effective coping strategies that can be discussed during prenatal care and education sessions.

**Recommendations for further research**

This study provides rich data for nurses/midwives to improve their care of pregnant women. However, this research is the first step to explore and understand Taiwanese women’s motivation to have children and the influencing factors when they made a decision to have children. The motives for having the first child may differ from the motives behind the
second or third child. Therefore, there is a need to explore Taiwanese women’s decision to have a second or third child.

In addition, the result indicated that participants’ husbands played a key role when women made a decision to have children. Further research needs to be undertaken with husbands regarding their views on making decision to have children. Also, this study only focused on the influencing factors of women to have children. Women who have chosen to be childless and had terminated of their pregnancy also need to be investigated.

This study was purely qualitative research. Further research could be undertaken using quantitative research in order to survey more women in order to ascertain more women’s perspective on their decision making process to have a child. In addition, further research could be undertaken following an education intervention to assess the effectiveness of this intervention.

**Summary**

This grounded theory study demonstrated the process and influencing factors of women’s ‘balancing between having children and maintaining the quality of life’ when they made a decision to have children or became pregnant and decided to continue their pregnancy. These findings from this study extend the understanding of the real situation of Taiwanese women’s decision making to have children. This will have implications for nurses/midwives for preconceptual family planning and maternal nursing interventions that facilitate international and Taiwanese maternal women’s decision making processes. Also, this will inform health services and policy makers to promote motherhood choice. The strengthens and limitations of the study have been addressed. Recommendations for policy making, education, practice and further research have been discussed.


Cai, L. (1990). Development and contemporary status of women's education in Taiwan. Women and education in China, Hong Kong and Taiwan: Chinese education translation project (pp. 75-109). Graduate school of education, State University of New York at Buffalo: Comparative Education Center, Graduate School of Education.


Department of Health, R. O. C., Bureau of Health Promotion. (2009a). Live Births and Still Births by Birth Delivery Place and Medical Professional, 2008 (Column Percentage). In Table 1.10a Live Births and Still Births by Birth Delivery Place and Medical Professional & C. Percentage) (Eds.).

2008 (Row Percentage). In Table 1.7b Live Births and Still Births by Urban/Rural Areas of the Current Residence of the Parturient & R. Percentage) (Eds.).


Gao, S. (1990). Attitudes of married and employed females to family and career Women and education in China, Hong Kong and Taiwan: Chinese education translation project (pp. 110-139). Graduate school of education, State University of New York at Buffalo: Comparative Education Center, Graduate School of Education.


Merriam, S. B. (2014). Qualitative research: A guide to design and implementation


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APPENDICES

Appendix A1: Information letter

INVITATION TO PARTICIPANT IN A RESEARCH PROJECT

PROJECT INFORMATION STATEMENT

Project title: Exploring Influences Impacting Taiwanese Women’s Decision to Have Children: implications for nurses and midwives

Investigators:
Shu-Ling Chen, PhD candidate, Discipline of Nursing & Midwifery, RMIT University Australia;
Lecturer, Department of Nursing, Tzu-Chi College of Technology, Taiwan
Professor Eleanor Holroyd, Principle supervisor, Discipline of Nursing & Midwifery, RMIT University, Australia
Dr. Lunna Saing, Obstetrician, Department of Obstetrics & Gynaecology, Taipei Tzu Chi General Hospital

Dear participants,

You are invited to participate in a research project being conducted by Shu-Ling Chen from RMIT University Australia at Taipei Tzu Chi General Hospital. Please read this sheet carefully and be sure that you understand its contents before deciding whether to participate. Participation in this study will not result in any variation in your treatment. If you have any questions about the project, please ask either of the investigators.

Who is involved in this research project? Why is it being conducted?

This project is part of Shu-Ling Chen’s current PhD degree at RMIT University, Australia. Professor Eleanor Holroyd is her supervisor for this research. This study has been approved by the RMIT University Human Research Ethics Committee and Tzu Chi General Hospital in Taipei.

The declining birth rate in Taiwan may lead to ‘zero population growth’ with the birth rate below-replacement level, or may even turn into ‘negative growth’ in the foreseeable future. This research will explore a little-researched area: the influences and meaning of the decision to have children for Taiwanese women.

Why have you been approached?
This project explores Taiwanese women’s decision to have children. You have been selected because you are a first time mother attending an antenatal clinical in Tzu Chi General Hospital.

**What is the project about? What are the questions being addressed?**

The project seeks to understand Taiwanese women’s decision-making to have children. The aim of this research is to describe and explore factors influencing Taiwanese women when making the decision to have children. The researcher expects to recruit 20-30 first time mothers. If you agree to participate, you will need to sign an informed consent, after which you will be invited to participate in a face-to-face interview with the researcher. You will be asked to describe your views in respect to your current pregnancy, in particular the personal and social factors encouraging or constraining your decision to have this child. The interview will be conducted in a private interview room in the antenatal clinic at Tzu Chi General Hospital in Taipei. It will last for about one hour. With your permission, your interview will be tape-recorded.

**If you agree to participate, what will you be required to do?**

You will be asked to:

1. Sign the Consent Form (pink sheet) attached.
2. Tell the researcher about your decision making regarding your current pregnancy. This will take approximately 30-60 minutes.
3. Fill in a demographic questionnaire which will take approximately 5 minutes to complete.
4. Your name will not be recorded and all information will be kept confidential.

**What are the risks or disadvantages associated with participation?**

This project will have minimal risk for you as a participant. The potential minimal risks relate to the interview that you will be participating in. During the interview you will not to be exposed to physical, psychological or social risks above everyday norms. The responses in the interview will involve only discussing your current pregnancy experience. There may, however, be a slight risk to participants of becoming emotional when recounting unpleasant experience that, at the time, may have been a source of stress or distress. If you become upset or are concerned about anything during the interview, you will be asked whether you wish to continue or would prefer the interview to be stopped and rescheduled for another time, or you can withdraw from the interview at any time. The researcher will also provide confidential referral to discuss your concerns (via phone contact) to an appropriate professional such as a doctor, midwife, or psychologist for counselling purpose, if you agree.

There is also a potential risk to privacy and confidentiality for you. In order to minimise these risks, information received from you will be de-identified. In the final write up of the research,
information you have provided will be presented so that you will not be identified as a participant. If you are unduly concerned about your responses given in the interview you have the right to withdraw any of the information from the project at any time without giving a reason. The information withdrawn will be destroyed and not used anywhere in the project.

What are the benefits associated with participation?
This study will not directly benefit you, but you may gain personal satisfaction, and the research may have long term benefit to the health decision-making and antenatal care of future pregnant Taiwanese women.

What will happen to the information you provide?
All information obtained will be kept confidential and will be used for research purposes only. Any data reported will be anonymous (your name will not be made public) and confidential. The final report will be available to you on request at the end of the study. The data will be stored safely at all times by the researcher and access will be restricted to the researcher and her supervisors. It will be held securely for 5 years then destroyed. Results will be disseminated through publications (in journal articles, books, conference paper, and library data archive facility) and a written report will also be presented to Tzu Chi General Hospital and at a national conference in Taiwan.

What are your rights as a participant?
You are under no obligation to take part in this study. Your decision to participate is entirely voluntary.
As a participant you have the right to:
- Withdraw your participation at any time, without prejudice.
- Have any unprocessed data withdrawn and destroyed, provided it can be reliably identified, and provided that in so doing it does not increase the risk for you as a participant.
- Have any questions answered at any time.

Who should you contact if you have any question?
If you have any questions about participation in this study, please do not hesitate to contact myself Shu-Ling Chen, email: s3298242@student.rmit.edu.au Tel: 0912158382; or my senior supervisor Prof Eleanor Holroyd, email: eleanor.holroyd@rmit.edu.au Tel: +61 3 99257179.

Your participation in this study is much appreciated and important. Thank you very much for your consideration.
Your sincerely

Shu-Ling Chen, PhD student
Professor Eleanor Holroyd, Principle supervisor
Dr. Lunna Saing, Obstetrician

Any complaints about your participation in this project may be directed to (1) the Executive Officer, RMIT Human Research Ethics Committee, Research & Innovation, RMIT, GPO Box 2476V, Melbourne, 3001. The telephone number is +61 3 9925 2251. (2) Executive Officer, Human Research Ethics Committee, Tzu Chi General Hospital, Taipei, Taiwan. The telephone number is 02 66289779 Exit 5706.
Details of the complaints procedure are available from the above address.
Appendix A2:

Information letter (Chinese Version)

附件 A 參與研究說明書

研究主題：臺灣婦女生育子女的決策過程與影響因子: 對產科護理人員的意涵

研究者:
陳淑玲：澳大利亞皇家墨爾本理工科技大學護理助產系博士候選人；慈濟技術學院護理系講師

Eleanor Holroyd 教授：澳大利亞皇家墨爾本理工科技大學護理助產系教授（指導教授）

曾倫娜：慈濟綜合醫院台北分院婦產科主治醫師

親愛的女士：
您被邀請來參與由陳淑玲，目前就讀於澳大利亞皇家墨爾本理工科技大學，在慈濟綜合醫院台北分院和曾倫娜醫師所主持的一項研究計畫。請您仔細的閱讀這份資料，還有在決定是否要參與這個研究之前，希望您能完全了解這份研究說明書的內容。如果您對這個研究有任何的疑問，請您詢問任何一位研究者。

誰在執行這個研究？為什麼要做這個研究？
我是陳淑玲，目前正在澳大利亞皇家墨爾本理工科技大學就讀護理博士學位，並在 Eleanor Holroyd 教授的指導下所進行的研究。這個研究是我就讀博士學位其中的一部分，已經通過澳大利亞皇家墨爾本理工科技大學的人類倫理審查委員會和慈濟醫院台北分院的人體試驗審查委員會。

做這個研究是因為臺灣的出生率一直在下降，出生率已低於人口替代率，未來將會造成人口零成長，甚至人口負成長。而目前並沒有相關的研究探索臺灣婦女生育子女的決策過程與影響因子。

為什麼邀請您來參加這個研究？
這個研究主要是探索臺灣婦女生育子女的決策過程與影響因子。所以，只要您是初次懷孕到慈濟醫院台北分院做產前門診的孕婦，都符合研究收案的條件。

這個研究的內容是什麼？
這個研究是關於臺灣婦女生育子女的決策過程。主要目的是探索影響臺灣婦女生育子女的影響因素。我預期訪談 20-30 個初次懷孕的孕婦。如果您同意參加這個研究，您需要簽一份同
意書。之後會邀請您和研究者面對面的訪談。您將會被要求談談您對目前懷孕的想法，特別
是鼓勵或抑制您決定生育這個孩子，個人和社會相關的影響因子。訪談地點會在慈濟醫院台
北分院產前門診，一間具有隱私的診間進行。訪談時間大概一個小時。訪談之前會徵詢您的
同意，才會錄音。

如果您同意參與這個研究，您會被要求做哪些事?

會請您

一、簽同意書，請看附件（粉紅色單張）。
二、訪談時告訴研究者有關你這次懷孕的決策過程。訪談時間大概 30-60 分鐘。
三、大概花 5 分鐘的時間，填一份人口統計學資料。
四、你的名字將不會被記錄在所有的資料裡，而且所有的資料都會被保密。

參與這個研究對您會有什麼危險或者不利？
參與這個研究只會有極微的危險。這潛在極微的危險有能和您即將參與的訪談有關。訪談時
不會暴露您身體的、心理的或社會的危險。訪談時只會討論您這次懷孕的經驗。然而，這對
有些參與者當他們討論到一些不愉快的懷孕經驗，也許會有一些情緒上的反應，可能會覺得
有壓力或不舒服。如果您在訪談的過程中覺得心煩或者顧慮到任何事，研究者會詢問您是否
希望繼續被訪談，或者您希望結束訪談，另外安排其他的時間再訪談，或者您可以在任何時
候退出這個研究。研究者也會提供一些諮商專家給您，例如：醫生、助產士、護士、社工。
他/她會和您討論您的問題。

隱私和資料的保密對你來說可能也會是一個潛在的危險。為了把這些危險減到最小，您所提
供的任何資料不會記錄任何可以識別您身分的資料。在最後寫研究結果時，只會寫您所提供的
資料，不會寫任何可以識別您身分的資料在裡面。如果您還是擔心訪談時所給的資料會被
洩漏，在任何時候您不需要給任何的理由，您都有權力從這個研究撤銷任何您所提供的資料。
這些撤銷的資料會被銷毀，不會用在這個研究的任何地方。

參與這個研究對您會有什麼利益？
參與這個研究對您不會有直接的利益，但是也許會增加您個人的滿意度。還有對於未來懷孕
的臺灣婦女在健康的決策過程及產前照護會有長遠的利益。

您所提供的資料會如何被處理？
您提供的所有資料都會被保密，而且只會用在研究的目的。任何研究報告的資料都是匿名而
且都會被保密。您可以索取最後的研究結果摘要，您可以在研究的最後階段告訴研究者您要
這份摘要。研究者會一直保存這些資料在一個安全的地方，只有研究者本身還有她的指導教授能夠看到這些資料，這些資料會被安全的保存5年，然後就會被銷毀。研究結果將會被發表在期刊的文章、書本、會議報告、圖書館的資料庫，還有研究結果報告會給澳大利亞皇家墨爾本理工科技大學的圖書館、慈濟醫院台北分院和在臺灣的國內會議。

參與者在這個研究中有哪些權利？
您沒有任何的義務要參加這個研究，您決定參與這個研究完全是自願的。
您是參與者會有以下的權利：
✓ 在任何時候您都有權力退出這個研究，對您都不會造成任何不利的影響。
✓ 您有權力撤銷或銷毀您之前所提供的任何可能識別您身分的資料。
✓ 在任何時候您都有權力詢問任何和本研究相關的問題並給您答覆。

如果您有任何問題，您應該問誰？
如果您對參與這個研究有任何問題，請您不要客氣，您可以連絡我本人陳淑玲：電子郵件信箱：s3298242@student.rmit.edu.au 連絡電話：0912158382；或曾倫娜醫師：連絡電話：02-66289779 分機：2531；或我的指導教授 Eleanor Holroyd，電子郵件信箱：eleanor.horoyd@rmit.edu.au 連絡電話：+61 3 99257179。

您的參與，對這個研究是非常重要的，非常感謝您能夠參與這個研究。

博士候選人陳淑玲
指導教授 Eleanor Holroyd
曾倫娜醫師
敬上

若您對於參與本研究的相關權益有所疑問，或者過程中有任何不滿，您可與本院人體試驗審查委員會 陳小姐 聯絡，聯絡電話：02-66289779 轉 5706 或者您可直接與澳大利亞皇家墨爾本理工科技大學的人類倫理審查委員會 (RMIT Human Research Ethics Committee, Research & Innovation) 聯絡，聯絡住址：RMIT, GPO Box 2476V, Melbourne, 3001，聯絡電話：+ 61 3 9925 2251。
Appendix B1:
Consent form for Interview

Prescribed Consent Form For Persons Participating In Research Projects Involving Interviews, Questionnaires or Disclosure of Personal Information

Portfolio
School of Health Science
Name of participant: 
Project Title: Exploring influences impacting on Taiwanese women’s decision to have children: implications for nurses and midwives

Name(s) of investigators:
(1) Shu-Ling Chen Phone: 0912158382
    Eleanor Holroyd Phone: +61 3 99257179
(2) Lunna Saing Phone: 02-66289779 Exit:2531

1. I have received a statement explaining the interview/questionnaire involved in this project.

2. I consent to participate in the above project, the particulars of which - including details of the interviews or questionnaires - have been explained to me.

3. I authorise the investigator or his or her assistant to interview me or administer a questionnaire.

4. I acknowledge that:

   (a) Having read Plain Language Statement, I agree to the general purpose, methods and demands of the study.
   (b) I have been informed that I am free to withdraw from the project at any time and to withdraw any unprocessed data previously supplied.
   (c) The project is for the purpose of research and/or teaching. It may not be of direct benefit to me.

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(d) The privacy of the personal information I provide will be safeguarded and only disclosed where I have consented to the disclosure or as required by law.

(e) The security of the research data is assured during and after completion of the study. The data collected during the study may be published, and a report of the project outcomes will be provided to RMIT University Bundoora Library and Tzu Chi General Hospital in Taipei, Taiwan. Any information which will identify me will not be used.

Participant’s Consent

Participant: _______________________________ Date: ________________

(Signature)

Witness: _______________________________ Date: ________________

(Signature)

Participants should be given a photocopy of this consent form after it has been signed.

Any complaints about your participation in this project may be directed to (1) the Executive Officer, RMIT Human Research Ethics Committee, Research & Innovation, RMIT, GPO Box 2476V, Melbourne, 3001. The telephone number is +61 3 9925 2251. (2) the Executive Officer, Human Research Ethics Committee, Tzu Chi General Hospital, Taipei, Taiwan.

Details of the complaints procedure are available from the above address.
Appendix B2:
Consent form for Interview (Chinese Version)

附件 A
參與訪談和問卷研究同意書

學院：健康科學學院

參與者姓名：

研究主題：臺灣婦女生育子女的決策過程與影響因子：對產科護理人員的意涵

研究者：(1) 陳淑玲
聯絡電話：0912158382
指導教授：Eleanor Holroyd +61 3 99257179

研究者：(2) 曾倫娜醫師
聯絡電話：02-66289779 分機 2531

一、我已經收到參與這個研究的研究說明書，包括訪談和問卷調查的內容。
二、我同意參與上面所談的研究，尤其是訪談和問卷調查內容的詳細說明。
三、我同意授權給研究者或者(他/她)的助理，訪問我和做問卷調查。
四、我承認：
（一）、我已經閱讀完這個研究的研究說明書，我同意這個研究的目的，方法和需求。
（二）、我已經被告知，我隨時都可以退出這個研究，還有撤銷我之前所提供的任何資料。
（三）、我瞭解這個研究的目的，研究結果可能不會直接對我有利益。
（四）、我瞭解我所提供個人資料的資料會依我國相關法令（受試者之權益及保護如下）獲得保障，只有經過我的同意才能公開發表。

受試者之權益及保護：
（1）、試驗所獲得資料之使用或發表，將對受試者之隱私（例如：姓名、得以辨識受試者身份之照片等資料）絕對保密。
（2）、您提供的原始資料，僅限在陳淑玲或曾倫娜醫師（計畫或計畫主持人）資料庫中保管使用，不會連結到其他單位。如果別的單位或與社會大眾福祉有關的其它研究計畫需要使用您的資料，我們會再次徵詢您的同意，否則我們絕不會提供給他們。您的個人資料及隱私，會依我國相關法令獲得保障。
(3) 您參加這項研究完全是出自願，您有充裕的時間來決定是否願意參加。任何時候只要您不想繼續參加，都可自由決定退出，不必提供理由。退出本研究，不影響醫病關係或任何醫療上的正當權益，計畫主持人陳淑玲或曾倫娜醫師願意提供適當與必要的協助。

(4) 如果您同意參加本研究，任何時候您感到不愉快或有進一步的问题時，都可以打電話陳淑玲或曾倫娜醫師（計畫主持人或相關聯絡人）。

(五) 我瞭解這個研究執行期間和完成之後會確保研究資料的安全性。收案期間研究資料可能會被公開發表，研究結果報告會給澳大利亞皇家墨爾本理工科技大學 Bundoora 的圖書館，還有臺灣慈濟醫院台北分院。研究結果中任何可以辨識出我的資料都不會被使用。

如果您願意參與這個研究，請簽名

參與者：__________________________  日期：__________________________

見證者：__________________________  日期：__________________________

參與者簽名之後，應給予一份研究同意書影本。

若您對於參與本研究的相關權益有所疑問，或者過程中有任何不滿，您可與本院人體試驗審查委員會陳小姐聯絡，聯絡電話：02-66289779 轉 5706 或者您可直接與澳大利亞皇家墨爾本理工科技大學人類倫理審查委員會(RMIT Human Research Ethics Committee, Research & Innovation)聯絡，聯絡住址：RMIT, GPO Box 2476V, Melbourne, 3001. 聯絡電話：+61 3 9925 2251.
Appendix C1:
Demographic Questionnaire

Case no.

Demographic data

Serial number:
- □ 1. 20-24
- □ 2. 25-29
- □ 3. 30-34
- □ 4. 35-39
- □ 5. ≥ 40

Marital status:
- □ 1. Single
- □ 2. Married (Marital age): ____
  How long have you and your husband been together?
- □ 2. Other, please state ______
  How long have you and your partner been together?

Highest education:
- □ 1. Primary school
- □ 2. Junior high school
- □ 3. High school
- □ 4. College
- □ 5. University and Post-graduate
- □ 6. Other (please specify) ___________

Religion:
- □ 1. Taoism
- □ 2. Buddhism
- □ 3. Catholic
- □ 4. Christian
- □ 5. No religion
- □ 6. Other (please specify) ___________

Employment status:
- □ 1. Unemployed
- □ 2. Home duties (Housewives)
- □ 3a. Employed
  □ 3b. Part-time employment
  □ 3.1. Manual worker
  □ 3.2. Office worker
  □ 3.3. Management
  □ 3.4. Self employed
  □ 3.5. Professional (e.g. lawyer, doctor, teacher, nurses)
  □ 3.6. Other (please specify) ___________

Economic status (family income monthly):
- □ 1. Below NT$ 20,000
- □ 2. NT$ 20,000 - 39,999
- □ 3. NT$ 40,000 -59,999
- □ 4. NT$ 60,000 - 79,999
- □ 5. NT$ 80,000 - 99,999
- □ 6. NT$ 100,000 - 119,999
- □ 7. Above NT$ 120,000

Any paid maternity leave:
- □ Yes, How long ______
- □ No
Appendix C2:  
Demographic Questionnaire (Chinese Version)  

附件C  
人口學資料  

編號：  
年齡： ☐ 1. 20-24 歲 ☐ 2. 25-29 歲 ☐ 3. 30-34 歲 ☐ 4. 35-39 歲 ☐ 5. ≥ 40 歲  

婚姻狀況：  
☐ 1. 未婚  
☐ 2. 已婚 (結婚年齡)： ________  
新娘和新郎在結婚多久了？  
☐ 2. 其他，請註明_____________  
新娘和新郎的伴侶在一起多久了？  

最高學歷：  
☐ 1. 國小 ☐ 2. 國中I  
☐ 3. 高中 ☐ 4. 專科  
☐ 5. 大學或碩士以上  
☐ 6. 其他(請註明) _____________  

宗教信仰：  
☐ 1. 道教 ☐ 2. 佛教 ☐ 3. 天主教 ☐ 4. 基督教  
☐ 5. 無任何宗教信仰 ☐ 6. 其他(請註明) _____________  

工作情形：  
☐ 1. 目前沒有在工作  
☐ 2. 家庭主婦  
☐ 3a. 有工作 ☐ 3b. 兼職  
☐ 3.1. 勞工 ☐ 3.2. 辦公員  
☐ 3.3. 經理 ☐ 3.4. 自己創業  
☐ 3.5. 特殊的職業(如：律師、醫師、老師、護士)  
☐ 3.6. 其他(請註明) _____________  

經濟狀況(家庭月收入) ： ☐ 1. 臺幣 20,000 元以下  
☐ 2. 臺幣 20,000 - 39,999 元  
☐ 3. 臺幣 40,000 - 59,999 元  
☐ 4. 臺幣 60,000 - 79,999 元  
☐ 5. 臺幣 80,000 - 99,999 元  
☐ 6. 臺幣 100,000 - 119,999 元  
☐ 7. 臺幣 120,000 元以上  

是否有育嬰假： ☐ 有，多久？ ________ ☐ 無
Appendix D1: Interview Guideline

1. Factors which encouraged/promoted your decision to have children:
   - Was having children planned? If so, please explain or if not, discuss
   - Can you please explain how you made the decision have this child?
   - Please tell me about the reasons you decided to have this child/baby.
   - What cultural reasons (husband/family/society) may have encouraged you to have this child? (explore at length)
   - Did any spiritual beliefs encourage you to have this child? (explore at length)
   - Some people may say that motherhood is central to a woman’s life and identity in order to become a ‘real woman’, even though there is an economic burden. What do you think about that? Please outline

2. Factors that posed barriers constrained or inhibited your decision to have children:
   - What personal reasons (ideas work, finance) may have discouraged you to have this child? (explore at length)
   - What family reasons (husband, mothers, mother-in-law) may have discouraged you to have this child? (explore at length)
   - What cultural reasons (Taiwanese belief) may have discouraged you to have this child? (explore at length)
   - Did any spiritual beliefs discourage from having this child? (explore at length)
   - Some people may say that it is difficult for them to rear a child because of economic factors. What do you think about that? Please outline
   - What concerns if any do you have about having a child to care for?

3. Strategies that nurses/midwives could implement to facilitate your decision to become pregnant:
   - What personal reasons (ideas work, finance) may facilitate or support you to have this child? (explore at length)
   - What family reasons (husband, mothers, mother-in-law) may facilitate or support you to have this child? (explore at length)
   - What cultural reasons (Taiwanese belief) may facilitate or support you to have this child? (explore at length)
- What healthcare/nurses/midwives’ interventions did you receive or if not what would have been of benefit in the decision making process?
- From your perspectives, how could nurses/midwives contribute to your decision making process?
- What health care, in particular, nurse/ midwife incentives, assisted your decision-making?
- In your view, what strategies could inform women in Taiwan to decide to have children?
Appendix D2:
Interview Guideline (Chinese Version)

附件 B 訪談指引

1. 有哪些因素會讓您決定生孩子？
   - 請問這一胎是有計劃的嗎？如果是有計劃的，請您說明一下；如果不是計劃中的，
     也請您說明一下
   - 請您說明一下您如何下決定想要有這個小孩
   - 當初或當下是什麼樣的動力或原因讓你決定生孩子？
   - 您能告訴我您決定想要有這個小孩的原因嗎？
   - 有任何文化上的因素（先生、家人或社會）鼓勵您有這個小孩嗎？
   - 有任何靈性上的信仰讓您想要生育小孩嗎？
   - 有些人可能會說當一位真正的女人，就是成為母親，這是女人一生中最重要的的角
     色：雖然經濟上有很重的負擔。您覺得呢？

2. 有哪些因素會迫使您決定不想生育子女 ？
   - 有哪些個人的因素（工作、經濟）可能讓您不想要有這個孩子？
   - 有哪些家庭的因素（先生、媽媽或婆婆）可能讓您不想要有這個孩子？
   - 有任何文化上的因素（臺灣的文化）可能讓您不想要有這個孩子？
   - 有任何靈性上的信仰讓您不想要生育小孩嗎？
   - 有些人可能會說因為經濟的因素，養育小孩是很重的負擔。您覺得呢？
   - 如果您有孩子，而且還需要照顧他們時，有哪些因素會讓您擔心或憂慮？
   - 生育對你來說擔心的是哪些方面的事情 你會擔心孩子出生後的環境問題（包括政
     治、教育、就業等）嗎 會因此影響你的生育意願嗎？

3. 您覺得有哪些方式，產科護理人員能在您決定是否懷孕時協助您：
   - 有哪些個人的因素（工作、經濟）可能會鼓勵或支持您想要生育子女？
   - 有哪些家庭的因素（先生、媽媽或婆婆）可能會鼓勵或支持您想要生育子女？
   - 有任何文化上的因素（臺灣的文化）可能會鼓勵或支持您想要生育子女？
   - 您有收到任何健康照護或產科護理人員的介入嗎？如果沒有，您覺得有哪些方式，
     可能能幫您在決策的過程對您有幫助？
   - 從您的觀點來看，您覺得產科護理人員如何能能幫您在決策的過程對您有幫助？
   - 從您的觀點來看，您覺得產科護理人員能提供什麼樣的健康照護協助您的決策過
     程？
   - 從您的觀點來看，您覺得有哪些方式可能幫臺灣的婦女生育子女的決策過程？
   - 您覺得產科護理人員有提供哪些措施能幫您在決策的過程有幫助嗎？
Appendix E1
Ethics Approval from RMIT University Human Research Ethics Committee (HREC)

barbara.polus@rmit.edu.au

21 January 2011

Shu-Ling Chen
School of Health Sciences
RMIT University

Dear Shu-Ling

Project No. 56/10: Exploring influences impacting on Taiwanese women’s decision to have children: Implications for nurses and midwives

I am pleased to advise that this project has been approved by the Human Research Ethics Committee at its recent meeting for the period from 21 January 2011 until 20 January 2014. The project has been classified as more than low risk (formerly risk level 3). The proposal was approved as it meets the requirements of the National Statement on Ethical Conduct in Human Research (2007).

Responsibilities of primary investigator
It is important to emphasise that primary investigators are responsible for ensuring that the project proceeds according to the proposal approved by the Human Research Ethics Committee. The Committee's approval of the project is not absolute. New and unforeseen ethical issues may arise. A researcher should continue to consider the ethical dimensions of the research as the project progresses.

Conditions of approval
The Human Research Ethics Committee may apply additional conditions of approval beyond the submission of annual/final reports.

Adverse events or unexpected outcomes
As the primary investigator you have a significant responsibility to monitor the research and to take prompt steps to deal with any unexpected outcomes. You must notify the Committee immediately of any serious or unexpected adverse effects on participants, or unforeseen events, which may affect the ethical acceptability of your project. Any complaints about the project received by the researcher must be referred immediately to the Ethics Officer.

Reporting
Approval to continue a project is conditional on the submission of annual reports (see attached sample form). A final report should also be provided at the conclusion of the project. If your work is completed within twelve months a final report only is required. Report forms are available from the Human Research Ethics Committee web site: (http://www.rmit.edu.au/research/hrec_apply).
If a project is discontinued before the scheduled completion date then this needs to be reported immediately.

Please note that failure to submit reports will mean that a project is no longer approved, and/or that approval will be withheld from future projects.

Conflicts of interest
When reporting the research, the researcher should again disclose any actual or potential conflicts of interest, including any financial or other interest or affiliation that bears on the research. Conflicts of interest can arise after a project has been approved, and where they do they must be reported as soon as possible.

Amendments
If, as you proceed with your investigation you find reason to amend your research method, you should advise the Human Research Ethics Committee and seek approval for the proposed changes. Depending on the type of amendment — whether it is minor or major — will determine how long the review process for an amendment will take. If you decide to discontinue your research before its planned completion you must also advise the Committee of this and of the circumstances.

Storage of Data
All data should normally be stored on University Network systems. These systems provide high levels of manageable security and data integrity, can provide secure remote access, are backed up on a regular basis and can provide Disaster Recovery processes should a large scale incident occur. The use of portable devices such as CDs and memory sticks may be valid for archiving, data transport where necessary and some works in progress. However, it must be noted that if identifiable information is included, then encryption should be used. The authoritative copy of all current data should reside on appropriate network systems; and the principal investigator is responsible for the retention and storage of the original data pertaining to the project for a minimum period of five years.

If you anticipate any problems in meeting these requirements please contact me to discuss an alternative secure data storage arrangement.

All reports or communication regarding this project are to be forwarded to the Ethics Officer.

On behalf of the Human Research Ethics Committee I wish you well with your research.

Yours sincerely

A/Prof Barbara Polus
Chairperson
RMIT Human Research Ethics Committee

cc Prof Eleanor Holroyd, Supervisor
Dr Peter Burke, Secretary, HREC
Appendix E2 (Chinese/English Version)

Ethics Approval from Tzu Chi General Hospital Taipei, Taiwan

Human Experiment and Ethic Committee

Buddhist Tzu Chi General Hospital Taipei Branch

Institutional Review Board Approval Letter

Protocol Title: Exploring influences impacting on Taiwanese women’s decision to have children: implications for nurses and midwives

Principal Investigator:
Saing Lunna (Investigator in the Buddhist Tzu Chi General Hospital Taipei Branch),
Shu-Ling Chen (The Principal Investigator of this study)

Protocol No.: 00-IRB-003-M (Version 1)
Protocol: version 1, Apr., 18, 2011
Inform consent form: version 1, Apr., 18, 2011
Case report form: Nil.

The above study has been approved by the Buddhist Tzu Chi General Hospital - Taipei Branch Institutional Review Board on Apr., 18, 2011 The constitution and operation of this review board are according to the guidelines of ICH-GCP.

The above study conduction time is from May, 1, 2011 to Apr., 30, 2012.

Chairman, Institutional Review Board

(Chiau-Sueng Liau)

Date (M/D/Y): 04/20/2011

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