

Perspective Article

Motherhood in the twenty first century. Older mothers – How old is too old?

Pandiyan N*, Puvithra T**

Chief Consultant & HOD, Consultant & Assistant Professor, Department of Andrology & Reproductive Medicine, Chettinad Academy of Research Institute, Tamil Nadu, India.

Corresponding author - Puvithra T (dilipuvi@gmail.com)

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Motherhood is one of the highly cherished desires of most women. Though this is generally instinctive, it is also socio culturally determined. There is huge peer pressure on women to achieve motherhood, sometimes, almost at any cost. There is often pressure on her marriage, marital life and womanhood.

Until the advent of the industrial revolution, women generally stayed at home and if engaged in labour it was only in agrarian activities. The advent of the industrial revolution, increasing economic activities and opening up of educational institutions brought women out of the home. The age of marriage has increased progressively and with it the risk of infertility as well. Infertility is primarily an age related disease of the Reproductive System.

The human body has not changed with the changing socio cultural milieu. Women in particular, as well as men, continue to experience a decline in their fertility with advancing years.¹ There is an epidemic of infertility the world over, which does not seem to abate. There are several reasons for this; increasing age of marriage or increasing age of attempting parenthood is probably one of the most important.²

To be able to reproduce and raise a family is one of the fundamental rights of every individual in this world.³ This concept was amply reinforced at the International Conference on Population and Development in Cairo in 1994.⁴

When to reproduce, how many children to have and how often to have children are all personal decisions³. However, in the larger interests of the child/mother, nation and the world at large, governments may suggest some guidelines on the best age to have children, family size and other related issues. To legislate on these issues and to try to enforce them would be futile. Indeed, enforcement of these family planning measures may lead to public backlash, and often breach of these laws.⁵

Biologically speaking, a girl is a reproductively capable woman the moment she completes puberty and establishes regular menstrual cycle. By then her growth is almost complete. However in most civilized societies she is not allowed to or she chooses not to reproduce. There is a delay of a decade or more before she has a child. The incidence of infertility is 1% in the teenage and rises to 20% by the mid 30s.⁶ Reproductive function, like all bodily functions probably reaches a peak in the 20s and then starts to decline⁷. Many women start attempting to have a baby when the reproductive decline has already started. The

reproductive life span is now restricted. If now we are to interfere and state that she is too old to have a baby, this would be most unfair for the woman. These women are aware of their diminishing fertility, their risk for chromosomally and genetically abnormal babies and yet choose to do so for several reasons—some social, others circumstantial.

The other older mothers are those who have a baby in their post menopausal years. These are either infertile women or those who serve as surrogate for their daughters or relatives. The former are women who are trying to serve their basic biological need/instinct. The latter are women who are trying to do an altruistic act by helping a woman achieve her long felt need. Both have been criticized for opting to carry a pregnancy at an elderly age. Elderly infertile women are still being condemned in the name of child rights. It would be cruel to condemn either of them. Grandmothers do not reproduce for fun, like a grandmother who goes skydiving or paragliding; they do it to help others or to attend to their basic biological need. A fit 50 is anytime better than an unfit 30.

The life expectancy in Victorian England was 40 years. This has increased enormously and is around 77 years in most developed countries due to several reasons including medical advances.⁸ Life expectancy of a woman, who has lived up to the age of 65 and is otherwise healthy, is 83 in developed countries. Women live longer than men in most developed countries. Along with a growth in longevity our ideas of motherhood have not grown. We tend to go by the stereotype that a mother should be a young person. While there are lots of advantages to young parenthood it should not be denied to older women who seek motherhood. The world's oldest mother Maria Carmen del Bousada, 69-year-old, who admitted lying about her age to receive fertility treatment in the U.S, has died from cancer. This has been used to deny motherhood to older mothers. However nobody has defined how old is too old to have a child. Should pregnancy be denied to all post menopausal woman; would that apply to women with premature menopause too? Should the criteria to offer motherhood be age alone, physical fitness and age, or either of them or both of them?

The basic purpose of life is to perpetuate itself.³

'We all live to reproduce and Reproduce to continue to live through our children.' It would be totally unjust and cruel to deny any woman this unique nature given privilege based on our assumed moral/ethical standards. Any woman who is fit enough to go through

pregnancy and childbirth should be offered that opportunity by any available means. To deny her on the grounds that she may not live to see her child through teenage years is a specious argument. Even if she were to die 10 years after her child's birth, she would rest in peace with her life's mission fulfilled.

Many women who were denied motherhood for medical reasons are now going through successful pregnancies and deliveries- women with kidney disease, juvenile diabetics, women after liver transplant/kidney transplant and more.⁹ This was unimaginable 50 years ago. The advancement in the medical management has offered motherhood for these women. Old women with no serious/life threatening disease should be offered the chance for motherhood.

Couples with AIDS were denied parenthood about 20 years back. Today, we understand with the advent of ICSI and effective Anti Retroviral therapy most of these have very reasonable life span and are offered Infertility therapy.¹⁰

There is a confusion and conflict between education, career and childbearing. Most of us fail to realise, the first and most important career for many women is childbearing; education and career are secondary for them and can be done at any time; but childbearing must be done at the right time for optimal results.

We have no clear idea what is the best age for childbearing but most of us unfortunately have very clear ideas as to who should not have babies.

Sex and Reproduction are fundamental rights of every individual. Where the society cannot give the necessary help due to financial/resource/religious constraints, it should at least stay away from interfering with an individual's right to achieve their desired goals by lawful means. To legislate on age for motherhood would not only be unsuccessful but would drive couples to falsify their age to seek treatment elsewhere. The ultimate responsibility should be that of the individual centre/doctors and the patient and not that of the community.

References

- 1) Female age-related fertility decline. Committee Opinion No. 589. American College of Obstetricians and Gynecologists Committee on Gynecologic Practice and Practice Committee. *Fertil Steril.* 2014; 101(3):633-4.
- 2) Ganguly S, Unisa S. Trends of Infertility and Childlessness in India: Findings from NFHS Data. *Facts Views Vis Obgyn.* 2010; 2(2): 131-8.
- 3) Pandiyan N, Puvithra T. Is Reproduction a Fundamental Right? A Clinical, Ethical and Personal Perspective. *Chettinad Health City Medical Journal.* 2017; 6(4): 152-3.
- 4) Programme of action of the International Conference on Population and Development, Cairo, 1994. New York: United Nations; 1995: paragraph 7.2-7.3.
- 5) Pandiyan N. Embryo sex selection: a social comment on the article by Malpani and Malpani. *Reproductive Biomedicine Online.* 2001;4(1):9-10.
- 6) William DM. Reproductive impairments in the united states, 1965-1982. *Demography.* 1985; 22(3):415-30.
- 7) ASRM; American Society for Reproductive Medicine. (2012). *Age and Fertility: A Guide for Patients*; 2012.
- 8) <https://www.ons.gov.uk/peoplepopulation-andcommunity/birthsdeathsandmarriages/lifeexpectancies/bulletins/nationallifetables-unitedkingdom/2014to2016>.
- 9) Janet MC, Erica BM, Mark VS. Pregnancy after in vitro fertilization in a liver transplant patient. *Reprod Med Biol.* 2013; 12(2): 69-70.
- 10) Practice Committee of American Society for Reproductive Medicine. Recommendations for reducing the risk of viral transmission during fertility treatment with the use of autologous gametes: a committee opinion. *Fertil Steril.* 2013; 99:340.