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## Pre-Professional College Women's Perceptions of the Social Implications of Company Sponsored Fertility Postponement

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# Honors Thesis Approval Page

Student Name: \_\_\_\_\_ Jordane Schooley \_\_\_\_\_

Title of Thesis: \_\_\_\_\_ Pre-Professional College Women's Perceptions  
of the Social Implications of Company Sponsored Fertility  
Postponement \_\_\_\_\_

Accepted by the Honors Program and faculty of the Department of \_\_\_\_\_ Sociology \_\_\_\_\_,  
University of San Diego, in partial fulfillment of the requirements for the Degree of Bachelor of  
Arts. [or other degree]

## FACULTY APPROVAL

Dr. Adina Batnitzky

5/20/2020

\_\_\_\_\_  
Faculty Project Advisor (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Pre-Professional College Women's Perceptions  
of the Social Implications  
of Company Sponsored Fertility Postponement

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A Thesis  
Presented to  
The Faculty and the Honors Program  
Of the University of San Diego

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By  
Jordane Schooley  
Sociology  
2020

## **Introduction**

In 2014, companies such as Amazon and Facebook began introducing egg freezing as a part of their health packages for employees (Friedman 2017). Soon after, other large corporations began adopting this policy, or at least considering implementing similar practices. With the introduction of such a policy comes much uncharted terrain: addressing fertility postponement options for women, how policies should be structured to accommodate all employees, and the perceptions of what it means to be a working mother. This research investigates the views of current college women who will soon be entering the work force on their ideas regarding company-sponsored egg freezing programs. The findings highlight the complexities women face with the roles of being a working woman and mother. Further, they reveal the implicit messages and gendered aspect of company sponsored fertility postponement, specifically that of egg freezing and in-vitro fertilization (IVF).

## **Literature Review**

Gendered and biological perceptions have historically emphasized the importance of having children (Hays 1996). While reasons for having children expand into a multitude of socially constructed and essentialist beliefs, the desire and responsibility to have kids remains today (Glass, Simon and Andersson 2016). Processes of socialization in the United States help establish the expectations that individuals will one day become parents. However, what differs in our current cultural context compared to previous generations is the time in which men and women are having children. In 2017, the mean that women in the United States were having their first child was 26.8 years old, up about 2.2 years since 2000, and up 4.7 years since 1970 (Anon, “Faststats” 2019). Several factors play into this statistic, including older marrying ages, an increase in prolonged education, and waiting until financial stability before having a child

(Myers 2017). As the age increases, concerns about fertility arise. A person's fertility, unfortunately, only lasts a limited time. While the age of having a child increases, the age at which fertility decreases remains the same, creating a conflict of interests. Scientists, medical professionals, and researchers have attempted to respond to this conflict through the introduction of fertility postponement options that utilize Assisted Reproductive Technology (ART).

Fertility, which refers to one's biological ability to reproduce, is a feature of both men and women (Berrington 2004). However, the focus of fertility often falls on women, whose biological reproduction time frame is shorter than men's. A woman is most fertile during her twenties, and she experiences a sharp decline in fertility around 35 years old (Ikhen-Abel et al. 2017). This biological trend helps shape perceptions of *when* women should be having children, which is ideally centered around their most fertile years. This idea came across in Richard Cohen's (1978) coined term of the "ticking biological clock." Accordingly, women must make decisions about childbearing because their fertility runs along the concept of a ticking clock, where their years of fertility are limited. Eventually, women reach an age of infertility, where they are unable to have children. Though the ticking clock concept influences women's decisions about having kids, there is not an equal counterpart to it for men.

Like women, men also experience a deadline in their fertility over time. The difference, though, is that the "biological clock ticks more slowly for men than women" (Wagner, Huinink and Liefbroer 2019:3). Men's fertility begins to significantly decrease after the age of 45, about ten years after that of women's (Wagner, Huinink and Liefbroer 2019). As a result, there is less pressure for men to have children at a younger age. Men do not have to make as many decisions or sacrifices to procreate because they have more time to do it. Further, they do not experience the similar interruption of work that women do when they give birth. The polarized biological

aspects of women and men create drastic social conceptions of how they are to respond. Men, who experience decreased fertility after an older age, have less societal pressure to reproduce earlier. Women, on the other hand, must manage their life in a way that is conscientious of their reproductive time frame. And they do so often by constructing their lives in a way that prepares them for their “anticipated infertility.” Rather than being a medical diagnosis, anticipated infertility is a social description of a condition where people believe they will become infertile in the future (Martin 2010). This understanding runs through the minds of many women as they navigate their future roles as students, workers, and mothers. It is also reflected in their labour decisions.

Making the necessary decisions to ensure the reproduction of healthy children is essential to escape the stigmas attached to being infertile. When a woman is infertile, this can be taken as a form of deviance to fulfilling the role of women to have children (Martin 2010). The inability to reproduce can stem from many avenues: age, illness, hereditary traits, and so on. For couples who desire children but are unable to conceive, Assisted Reproductive Technology (ART) provides some options to address infertility. The way in which the medical field stepped into childrearing consequently led to the medicalization of infertility. Medicalizing bodies, especially those of women, creates a collection of cultural anxieties relating to reproduction, risk, and aging (Martin 2010). It also creates this idea that those who cannot reproduce are “ill” or that there is something biologically “wrong” about them. People can face heavy stigmas for not having children, whether they choose this by choice or are truly infertile. There is therefore a push for women to ensure they will not fall into the category of “infertile,” that their biological clocks do not run out of time.

### Egg Freezing: The Promise of Fertility Preservation

Medical fields, predominantly to address infertility, investigated and advanced Assisted Reproductive Technologies (ART), to help women have children. One form of ART that scientists engineered is the practice of freezing women's eggs. Pioneered in the late 1980s, this practice involves extracting eggs from the ovaries and then storing them in specialized freezers until a woman is ready to reproduce. Once ready, using the techniques of in-vitro fertilization (IVF), the egg is fertilized with sperm under test tube conditions, where it can then be implanted into a woman's body again. The typical pregnancy process then follows (Myers 2017). While the practice of egg freezing originated to help cancer patients reproduce after receiving treatment, the medical procedure is now commercially available. This is one option women today can use to address their anticipated infertility. Though this can be a practical tool to have children, there are some misconceptions about this "fertility postponement" option.

For one, egg freezing is not a true practice of *preserving* fertility. Women who elect to freeze their eggs will still experience a decline in their fertility as they age. Meyers (2017) notes that it rather "preserves chances of having a child to which [a woman] and her (potential) partner are the parents" (781). And the keyword in that phrasing is "chances" because another consideration of egg freezing is that it does not always result in success. The chance per frozen egg of a woman becoming pregnant is about 5-15 percent, and it is also dependent on the age at which she freezes her eggs (Ikhen-Abel et al. 2017). Further, there is no guarantee that stored eggs are safe—the rare occurrences of electrical malfunctions, for example, can disrupt the storing process, rendering stored eggs unviable (Goldstein 2018). With such low success rates and high stakes, it is not surprising that egg freezing is not a widespread practice. The practice itself is a costly one as well—the initial procedure can range from \$9,000-\$15,000, with the

addition of annual fees required to store and freeze eggs—and many insurance companies do not cover such costs (Martin 2010). While these factors may affect individual's decisions in choosing to freeze their eggs, it is interesting to consider how companies are utilizing these practices.

Facebook was one of the first companies to launch egg freezing as a part of its employment benefits, covering “up to \$20,000” in egg freezing expenses, approximately two rounds of egg removal procedures (Anon, “Freezing Eggs...” 2019). Soon after, other companies, like Google, Amazon, and Netflix adopted a similar policy (Friedman 2017). Some, though not all, even help cover the cost for spouses of employees working for that company (Sydell 2014). In addition, many of these companies also cover the cost for the IVF procedure required to combine sperm and eggs to then implant into a woman's uterus (Anon, “Egg Freezing” 2019 and Anon, “Freezing Eggs...” 2019). What these tech companies have in common is their high employment rate of over 500 employees; adding egg freezing to their health packages is well within their economic abilities. Another shared feature is their male dominated work force. Offering paid egg freezing, therefore, can serve as a means of attracting more women into their companies. In modern industries such as these, having a diverse labour force is important for successfully participating in a competitive market. Companies express this new health benefit, however, as fulfilling their desire to give more women a broader category of choices within their careers (Bennet 2019). Policies vary within the different companies offering egg freezing to women, but their reasons for offering these services are quite similar: it provides more options to women.

The rhetoric taking this approach emphasizes the many benefits of offering company-sponsored egg freezing to women. Such benefits include giving women more autonomy over

their bodies by having control over the biological ticking clock (Mertes 2015). Egg freezing, though not a guarantee and not an actual form of fertility preservation, can help women have children at more advanced ages. This gives women the freedom, or the perception of freedom, to focus on other components of their lives, such as advancing their careers or waiting to find a partner or spouse. It also means believing that they do not have to choose between giving up a career to start a family—women can achieve a higher position in their career without having to rush the process of starting a family.

Further, fertility postponement options may serve as a type of insurance for women who are not ready or are unable to have kids at a particular time (Bennet 2019; Mertes 2015). The timing of a first child is important as it involves significant changes in a “woman’s economic and lifestyle opportunities” (Spain and Bianchi 1997:11). Spain and Bianchi (1997) note that very young childbearing can conflict with the formation and achievement of educational or career goals (Guendouzi 2006). Women who put off having their first child until they are older are more likely to have a higher economic status or income, which allows parents to better meet the expenses of raising a child. Studies even show a correlation between women who had kids in their thirties compared to younger mothers: women who waited longer were more likely to have financial stability later on when they reached their sixties (Hofferth 1984). Egg freezing gives women the opportunity to plan more accordingly as to when they want to have kids without having to risk their chances of getting pregnant at an older age. Egg freezing can help women prepare their lives for the demands of motherhood without risking their career advancement.

While there are numerous benefits for women, company-sponsored egg freezing also has some problematic implications. The first relates to the logistics of success. With such low success rates of becoming pregnant with egg freezing, this can be a frustrating experience if

women rely on egg freezing to have kids and are unable to become pregnant in the future. The chances for success are up to 30 percent higher for women who perform multiple cycles of retrieving eggs and are under the age of twenty-five, compared to women who perform fewer cycles at older ages (Sydell 2014). In other words, age at retrieval matters to the predicted success of a live birth. Company-paid egg freezing could also be subject to criticism in such circumstances for encouraging women to use these benefits. To be a competitive job applicant, and maintain a high status within one's work, a good work ethic is necessary. However, the most ideal worker is one who does not have any other commitments or distractions (Crowley and Kolenikov 2014). When a company offers egg freezing and other fertility postponement options, it could unintentionally be spreading the message that they do not want their workers to have children. But more specifically, they do not want their female workers to have children, as this would serve as a type of 'distraction' and make them less committed to the company (Crowley and Kolenikov 2014).

This idea is embedded in a larger perception about mothers as workers. Dominant opinions hold that employment and motherhood are incompatible (Dow 2015; Mertes 2015). Though many women can be effective mothers and employees, most companies do not provide an environment that supports the work-family balance that mothers require (Guendouzi 2006). The separate spheres both demand the constant attention of a woman, especially in patriarchal societies. The United States falls into the category of patriarchal society. Within these types of social systems, men are systematically positioned over women, and women occupy a complimentary role to men that is also subordinate (Ritzer and Stepnisky 2013). Consequently, women bear the brunt of domestic housework involved with raising children; these responsibilities are primarily their roles, compared to fathers. Yet at the same time, many

companies expect their female workers to be constantly available. Some employers can take a lack of availability as a lack of commitment to their work (Pare 2009). Women even perceive this as a potential harm to their career, saying that having kids can prevent promotions or bonuses because their employers falsely believe they are not serious about their career (Crowley and Kolenikov 2014). Women experience highly stressful workloads when trying to meet the needs and desires of both their employers and their children (Hays 1996). The ways in which companies construct the sphere of work does not easily accommodate for the time, energy, and emotional, physical, and financial involvement of having and raising a family (Dow 2015).

Implications such as these show how important it is for companies to consider the nuances in the implementation of fertility related policies. As a recently new phenomenon, there is not an extensive amount of research on the impacts or implications of company-sponsored fertility postponement. The existing research is successful at looking at certain parts of this relatively new practice, yet it has its limitations. This research study looks at the implications of motherhood, the workplace, and fertility postponement policies through the perspective of young women in their early twenties who are about to graduate from their undergraduate studies and enter the workforce for the first time. As these women are in the optimal fertility stage to have children, the way in which they perceive their lives as future employees and mothers reveals the types of decisions women make at an early age regarding their futures. This research will add to the small existing pool of research and is among the first of its kind to look at this particular category of women. Looking at their perspective helps illuminate the types of values women have as they enter the workforce and consider motherhood. Instead of identifying the reactions of women who have already engaged with fertility postponement through their work, this research gives light to the perceptions of those who may (or may not) consider using these types of

benefits in the future. In addition, their perspective can help suggest what types of family-related policies women will be asking for in the years to come as new pools of students become employees. Further, their perspective is especially important in identifying the intricate components that companies should be taking into consideration when they offer fertility postponement payment options such as egg freezing.

## **Methods**

This study's findings draw from eight interviews I conducted with graduating seniors at a private university in California with a size of about 6,000 undergraduate students. As I was interested in women who were about to enter the workforce, I limited my sample pool to pre-professional women studying business or engineering. These particular courses of study help prepare women for jobs that are within the types of companies who offer fertility postponement benefits. Based on my preliminary research, in order to keep the sample homogenous and control for heterogeneity, I made sure that the participants for this research met all of the following criteria: they identified as women, heterosexual, majored in business or engineering, and were graduating from their undergraduate studies in 2020. To find the interviewees for this research, I went through five different professional organizations and fraternities geared for students pursuing degrees in engineering and business. Six of the participants volunteered through this route, while the remaining two reached out to me after previous interviewees informed them about my research (i.e. snowball sampling).

I conducted and recorded hour-long interviews with all eight participants both in person and over web applications, including Facetime and Zoom. All of the interviews were followed according to the regulations of the Institutional Review Board. Namely, all the participants gave their consent to participate and all markers of their identity have been removed in this paper. I also

assigned all the participants a pseudonym to further protect their identity. During the interview, I asked questions relating to educational and career aspirations, future family planning, work environment, and egg freezing. To get a better sense of women's ideas about egg freezing, I provided a medical definition of egg freezing and IVF from the Mayo Clinic to ensure all the respondents understood what it entailed. Also, I informed all the participants that companies such as Google, Facebook, and so on have introduced fertility postponement policies into their employee benefit packages.

All the interviewees identified as women who were about two months away to graduating from their undergraduate studies. Two of the respondents were studying mechanical engineering, while the other six were all students enrolled in the school of business, with majors ranging from real estate, finance, to marketing. Each participant was planning to begin working upon graduation with some holding higher educational aspirations for the future. Participants were either 21 or 22 years old. Racially, the group of interviewees was mostly homogenous: five participants self-identified as White or Caucasian, the other three self-identified as Asian-American, Asian, or mixed Asian and Caucasian. A more detailed description

of each participant can be found in the following chart. Upon their responses, all of these women shared the desire to enter the workforce, eventually get married, and eventually have kids, though they specified at different ages.

Pseudonym	Age	Major	Ethnicity/Race
Marilyn	21	Mechanical Engineering	White
Racquel	21	Mechanical Engineering	White
Emily	21	Psychology and Business	Caucasian
Andie	21	Business Economics	Asian
Diana	21	Marketing and Finance	Asian American
Gabby	22	Accounting and Finance	Caucasian
Shelby	22	Accounting	Caucasian and Asian
Tina	21	Real Estate and Finance	White

Given my personal status as a graduating senior, and also as a woman who has educational, career, and family plans, I was able

to build rapport with the interviewees. They were very open in discussing their plans with me. When it came to discussing more intimate subjects, such as whether they would consider freezing their eggs, all the respondents answered the questions I had relating to these topics. While this sample size is small, these eight women give valuable insight into how they are directing their lives with their future social roles as mothers, wives, and employees in mind.

## **Findings**

After conducting the interviews, I compiled the information into different categories based on the themes that emerged. The first section, titled Visualizing the Work-Life Balance, relates specifically to the career goals and plans for raising families the respondents articulated in the interviews. Ideas about how they picture themselves navigating these roles are also included in the first section. The following section, titled Reception of Company-Sponsored Egg freezing, concerns itself primarily with the topic of egg freezing and IVF. Here, the themes that came out are all centered around the participants' feelings towards companies who offer fertility postponement benefits.

### *Visualizing the Work-Life Balance*

A common theme that emerged through all the interviews is that the roles of men and women are different. Further, all the responses elicited the idea that having a child impacts men and women differently, especially when it comes to their career. Due to the differences having a child poses on men and women, the participants in this research overwhelmingly felt that their decisions impact their future roles as parents and employees. Therefore, understanding how all of the women in this research viewed their fertility options lends to the argument that fertility postponement is more crucial for women than men.

To start, though each interviewee was unique in their desires for their future careers, these eight women all shared a desire to enter the workforce to build a career. Some were interested in working as engineers for technological industries, others in working within the financial departments of small to medium sized business firms, and one even had the desire to eventually open up a winery after building a career in real estate. After earning an education at a four-year university, these women shared their desires to have “meaningful careers.” While what constitutes a meaningful career for the participants may differ, they all expressed the importance of having one. Emily, a business major, noted that having a career involves doing what she loves, which “empowers [her] and allows [her] to express who [she] is” while making use of the degree she has been working for the past few years. A theme that emerged among several of the women was how having a career allows them to feel a sense of empowerment and independence as they can provide for themselves and not be “dependent on someone else” for financial aid. Gabby, who grew up with a full-time working mother, highlighted this idea: “I’ve seen my mom have a career and it’s been really motivating for me to see a woman be able to make her own living and be independent. It’s important for me to...support myself and feel a sense of independence.” Contrary to historical social roles that placed women into domestic spheres (Landes 1984), all of the women were excited and eager to enter the workplace. Unique to this group of women, in addition, was their desire to enter fields that have been and continue to be dominated by men (Gardener and Tiggemann, 1999).

Other respondents put the value of having a career into the idea of “giving back.” For example, Diana is the oldest of three children born to parents who immigrated into the United States. She is the first in her family to earn a college degree, and she intends on earning a J.D. in the near future. For Diana, having a career serves as a means to make sure her “parents’ hard

work [pays] off.” This sentiment was also shared by Andie, who noted that building her career will help make sure her parents’ sacrifices do not go unnoticed. All eight of the respondents shared a sense of duty, passion, or commitment in building a career. Thus, when it comes to planning out the next few years of their lives, all of them are already making decisions about how to manage their career aspirations with their desires to become mothers.

All the participants showed an interest in one day having children. Some already had detailed plans, such as how many kids they wanted and how many years apart, while others had more general interest in eventually having a child. These interests stemmed from two main sources: a desire to have kids and a societal pressure. Exactly half of the participants noted that they never felt any type of pressure for having kids. For Emily, having a child is something she has always wanted because she has loved “kids since [she] was little.” This is not to say the other respondents do not also experience a genuine desire for children, but they recognized outside pressures also influencing their choice to have kids. Every single one of them even termed it as a “social” or “societal” pressure. Racquel bordered these two sources as she stated her excitement for having kids, but also pointed out that “society expects you to have kids.” When asked where this societal pressure stems from, Marilyn suggested it is a consequence of past roles and expectations of women, who “were essentially there to make children,” further noting that the expectation still remains to this day. Gabby also pointed out the way in which this societal pressure affects her timing in having kids:

“I don’t want to be the old mom or the young mom. I want to be friends with my children’s friends’ parents. I don’t want to be the first one to have kids or the last one. I feel like you kind of miss a window of social engagement...there’s this time where all [your] friends are having kids and if I’m late then I’m missing out on this whole friend group interaction too.”

For Gabby, this pressure greatly impacts her ideal time frame for becoming a mother as she wants to fit in with what she considers the “normal” timeframe, which is created in comparison to what others around her are doing.

Though Diana was the sole participant to mention the term ‘ticking biological clock,’ this factor heavily influenced the timing for which these participants anticipated having children. When asked when the ideal time was to have kids, all the interviewees mentioned in the late twenties or early thirties. As Marilyn put it, “when you pass a certain age, there could be a lot of complications, and I would rather not get to that stage.” Tina also stated a similar idea when she shared that she does not want to be “too old so you’re physically putting yourself or the kid in danger.” Within every interview, these women hinted at a biological pressure influencing the timing in which they wanted to have children. To some degree, every participant mentioned the reason why they wanted to have a child at a certain age was in part because of not wanting to reach “the age” at which a woman becomes too old to have a birthing process free of any biological complications.

Some participants were comfortable with the idea of women having a first child in their later years, anywhere from 45 into the fifties. However, they also acknowledged that doing so is risky because of the difficulty of conceiving and the increased health risks. They even mentioned they would consider themselves too old to have a first child in their mid to late thirties. This age range is at least five years younger than the age they stated was too old for women generally to have a first child. Therefore, there is a discrepancy between the age they would consider themselves personally too old and the age they are comfortable with other women having a first child. While they were aware that there are biological limits on a woman’s body (i.e. the concept of the ticking clock) most of the respondents were unsure as to the exact age in which fertility

starts to significantly decrease. The range in which the respondents thought fertility declines started at 35 and extended into the mid-fifties. Though they did not always have an accurate biological framework for fertility, all of the women had an ideal age for their first child that was well under the age in which fertility starts drastically declining for women.

I was curious as to why these particular ages made sense for them, and the responses were overwhelmingly consistent. All of these women considered the late twenties to mid-thirties range as the optimal time to have already built up security and be at an age where they will not face fertility complications. The fertility complications these women addressed are also connected to ideas of anticipated fertility. Again, these women did not use such terminology, but the concept of it was highlighted through what they said. Age matters, and Tina emphasized this when she stated she would not want to have her first child past 35 “just because of the physical risks.” Other participants also understood that as a woman gets older, she will eventually have decreased fertility. Such ideas relate closely to the fear of being infertile. Once a woman reaches a certain age, her body will produce and release less eggs until it stops altogether after a process called menopause (“Menopause” 2017). This marks the end of a women’s reproductive years, and every single participant intended to have kids before they reach this point in their life. While a couple of women were open to the idea of adoption, every woman’s first choice was to conceive their own child.<sup>1</sup>

The other factor that drove their ideal age for a first child was their ability to build a secure and stable life. For Shelby, having a first child around 30 provides her with ample time to travel and focus on her career. She felt that she will have her “whole life to take care of a child” but only about until “25 to take care of herself” by devoting all her time to accomplishing her

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<sup>1</sup> The process of adoption is often left out of the literature and discourse surrounding fertility postponement. Hence, I did not investigate this idea further since the topic is out of the scope of this particular study.

goals. Diana hoped that by age 30 she will “have a job, be a bit more stable, [and] be able to take care of [her] life.” The stability aspect these women referenced included financial, mental, and physical stability. It also included a sense of being able to do what they want to, such as travel without being “tied down” to any particular place or person. There was a sense of finding one’s self and having a few years of “freedom” before becoming involved with raising a family.

Their ideal time frame also illustrates an important part about their career development. Gabby hopes that she will be advanced enough in her career by the time she has kids, to the point that she can “scale back and still be able to make [a] financial living.” When it came to their careers, all these women hoped to have progressed to a higher level before they begin having children, and part of this pressure comes from their perception that having children equates to having to make sacrifices. Shelby’s list of sacrifices included having to give up seeing friends, her personal health, and even the opportunity to advance in her career. And almost all the participants shared this reaction. Some of the challenges Andie spoke of for women who have kids while working is having to deal with the “thought of putting so much work into your career and then stopping that for your children.” For Andie, the only option she outlined included “giving up a permanent chunk of [her] life,” or in other words, her career, to care for her future children. Andie understood the sacrifices to a vast extent—having kids will mean having to potentially give up part of her career. Further, Racquel saw that having children could potentially lead to a loss of “progression and growth” in the form of promotions and responsibility changes within her career. The way in which these women equated having children with having to make sacrifices impacts many corners of their lives. For Gabby, having children even

“impacts every decision [women] make for their professional career. I think it impacts what industry [women] choose to go into. Even for me it impacted my major when I was choosing it in college. It impacts how hard [women] work in their beginning years and

the choices they choose after. Even if I wanted to stay in personal accounting for the rest of my life, I know I wouldn't because it would be very difficult to have a kid."

Within their own careers, these women foresaw having to make sacrifices that may impede their ability to earn promotions, pay increases, and the other benefits that come with seniority. When it comes to making sacrifices for their children, every participant saw themselves giving up a part of their career to care for their children.

Some of these women hope that they will only have to temporarily take time off for work when they do have children. In Racquel's ideal future, she would take maternity leave until her child is about one year old. Then she intends to return to her job, working "part-time or maybe from home" and eventually going "back to full time with the flexibility to take time off." However, she acknowledged how this plan becomes more complex with her desire to have three children all about one year apart. Similarly, Marilyn sees herself taking time off at first but then going back "part-time for the first couple of years while they are still growing up" and then eventually transitioning into being full time again. Not all of the respondents had detailed plans for how they would manage their time between working and caring for their children, yet they all foresaw taking some time off and highly considered being part-time or working from home for an extended period. Even at just 21 or 22, these women were aware of the changes they anticipate having to make in their careers once they begin having children. Some of the changes they listed included having to take maternity leave, an extended maternity leave beyond what their companies allow, or a short break all together from their career. In addition, they also mentioned possibly transitioning to a part-time role or work-from home role. They also desire having a job that provides ample flexibility in the times where they need to focus on their children. Essentially, they showed a desire to both be present with their children but also be able to continue doing the work that they are passionate about in their careers.

Two thirds of the participants, however, also have high expectations for their counterparts. More than half showed an interest in their spouse working full time, but most of the respondents wanted to challenge this. Andie articulated that she is against the “whole the-man-is-supposed-to-provide thing” and foresees him making similar types of sacrifices as she does. Emily also shared this feeling when she said she wants a husband who “is willing to stay home and help out with the kids...[and is] involved and wants to be there and raise the kids as much as” she does. They stated that in their idealized world, their husbands and partners would also make use of paternity leave and switch to part time like they would. Unfortunately, even with these desires, a majority of the participants acknowledged that this is highly circumstantial; to have both parents on part time would require financial success at a relatively young age. So, while they hoped their spouse would also take on a smaller role at work to spend more time with the kids, they saw that their financial situations may not permit for this ideal plan.

Along with these visions came the idealized version of the responsibilities these future parents plan to take. When I asked what the parenting roles of mothers and fathers include, many of these women noted that mothers often take on a nurturing position while the father is the provider of the family. This also included many chores for mothers, such as picking the kids up from school, driving them to their activities, and household chores. Andie’s childhood consisted of a similar pattern: her father was “always the person [she] sat down and did calculus in the kitchen with” and consulted with for professional help while her mother was there to comfort her and help talk her through particular situations she was encountering at school. Contradictory to normalized gender roles where mothers and fathers have these different responsibilities, these women mostly envisioned a partnership with their spouse that was more equal in the tasks of

child rearing. Jokingly, Tina listed that a “requirement for her husband is that he irons” and also does the vacuuming, as she particularly detests these chores.

At some point during the interview, almost every participant made a statement regarding the task of picking kids up from school and driving them to their activities. Some emphasized the importance of having a flexible work schedule to be able to perform these daily routines, while others mentioned it as one of the tasks that falls onto the mothers. Despite the circumstance, every participant anticipated having to take on this responsibility for their children.

Unfortunately, doing so greatly affects one’s working schedule during the day, and these women were already planning to make the sacrifices in their jobs to allow for this time-demanding duty. Racquel highlighted one of the greater structural influences that makes it more likely for her to take on this role compared to her future husband. She noted that “it has to start with companies also allowing dads to take care of kids, like picking them up and driving them” around. Unless certain changes are made, it is possible that women like Racquel will continue to make a distinction between their ideal plans of shared child rearing responsibilities, and the reality where they feel pressure to take on a bulk of these tasks.

The roles they felt mothers carried were vastly different than the ones they outlined for fathers. At least four of the participants mentioned how men took on a more financial role and “provider of the family” position. They emphasized how for men, the decisions they make regarding their future roles as fathers deal mostly with how to provide financially for their wives and children. The different roles all of the participants prescribed to men impacts the types of decisions that they make regarding their fertility options. Namely, with different expectations, the decisions men and women make also differ because of the responsibilities they are each responsible for. Shelby felt that when men decide to have children, while they must make

sacrifices too, it “is not nearly as much as women make.” One element men do not have to accommodate is the physical process of “giving birth to the child,” as Diana put it, which has many physical implications on a woman’s body. It also includes post birth tasks, such as breastfeeding. While women have to consider breastfeeding and pumping milk into their work schedules, men do not have to consider this activity for themselves. Emily felt that these types of differences between women and men impact their work differently:

“Having a baby changes your commitment to your job and what will happen in upper management and how they respond to that. They know you’re probably going to take time off and that’s going to affect you every day, but that’s not really what it’s like when a male says he’s having a child.”

The differences these women felt between how having a child impacts a women and a man’s career translates into the way they plan their futures. For all the respondents in this research, the pressure they already felt between balancing their future roles as workers and mothers affected the choices they were already considering.

#### *Reception of Company-Sponsored Egg Freezing*

When it came to egg freezing, the knowledge about the process ranged from having learned about it in a class to having never heard of the term before. Five of the participants fell in the middle, where they had a brief understanding of what egg freezing is. With the relative newness of commercial egg freezing, it is not surprising that few women have a comprehensive understanding of the process. Among the five women who had a brief understanding of the concept, there were certain parts that stood out. First, they knew it involved a medical procedure, though only one respondent knew the technicalities of the procedure. They also had an idea, though no specific information, about the financial cost of the procedure. Finally, four participants hinted at the reasons why a woman might freeze her eggs, like waiting to find a long-term partner, focusing on her career, or medical complications in conceiving without the aid

of ART. Though seven of these women's understanding was ultimately limited in some capacity, they were well aware of the types of questions they would need answered before considering freezing their own eggs.

The women were primarily concerned with the process of the procedure. At the time of the interview, Racquel pictured the process as doctors "sticking a knife in [her]," so she finds it "helpful when they explain what they're doing" and why they are doing it. Almost all the other participants also inquired about the medical procedure and what that would do to their bodies. They also felt it was important to know about the potential risks involved with the procedure. Gabby's major concern was delivering a healthy baby; if egg freezing puts that at risk, then she would not want to do it. Further, Racquel mentioned that she heard egg freezing can be "detrimental to fertility in the long run" and would want that information verified by medical professionals. Tina simply asked if egg freezing is "safe." The limited knowledge and the questions seven participants had reveals that egg freezing is not a familiar process. It also demonstrates some of the misconceptions surrounding egg freezing. A lack of knowledge could potentially influence one's desire to utilize the process.

Ultimately, out of all the participants, Emily was the only participant interested in freezing her eggs, but is unable to due to a medical condition. She was the only participant who had an extensive previous knowledge about egg freezing and IVF as she had formerly looked into the operation. Every other participant, though, veered in the direction of not wanting to freeze their eggs. Marilyn, for example, disregarded the process:

"I'm going to be completely honest, the thought of it kind of freaks me out. I understand why people do it, but for me taking the eggs out of my body and then putting them back into my body...for some reason I don't know why that makes me cringe a little bit. Maybe if I really really really wanted to have my own child. But I feel at that point if I couldn't physically have my own children I'd probably adopt."

Marilyn viewed egg freezing as an undesirable option, to the point where she would rather have children through other means, like adoption. She was not the only one to feel strongly against it. Tina found the concept of egg freezing “bizarre” and would never do it unless she had some “horrible medical reason” for it. Some of the others who were against freezing their eggs identified as religious. Shelby, who grew up Catholic, mentioned that it does not align with what she has been taught within her religion and does not plan to ever freeze her eggs. The other women in this category also identified as ‘traditional’ in the sense that they want to have kids “the traditional way.” They all considered having kids via egg freezing and IVF as “unnatural.”

While Shelby, Marilyn and Tina were *firmly* against freezing their eggs, all the other women (with the exception of Emily) expressed a degree of not wanting to undergo the process. The difference, however, was that they were open to freezing their eggs as a last resort. While it is not their first option, they would possibly consider it in the future if their life did not go according to their desired plans, such as if they do not find a partner or are too focused with their work. Diana stated she would potentially freeze her eggs in her “early forties or late thirties” as a “safety precaution” if she does not find a partner by then. Many of the respondents spoke about how it could potentially be an option later “just in case.” Therefore, these respondents saw egg freezing as an alternative and a type of safety net if their more desirable options of having children does not occur.

After the initial responses, I introduced the idea that some large companies offer it to employees. Interested in their perceptions of company-sponsored fertility postponement options, I first asked them about how a company offering to pay for egg freezing services would impact their decision to freeze their eggs, if at all. Though most the respondents originally stated opposition to freezing their eggs, six out of eight said this would make them more likely to

consider it. Among these respondents included Marilyn, who originally seemed very against the idea. Here, she stated that it would make her more likely to consider freezing her eggs. Part of the reason these respondents became more open to the idea was mostly a financial concern. If she had to pay thousands of dollars on her own to freeze her eggs, Andie stated she would not. But if her employer covered the cost, she would be more likely to do it. The idea of freezing their eggs became more attractive after learning some companies help pay for its cost.

Ironically, overall these women shared the sentiment that it is not necessary for their future employers to offer them egg freezing. Three of the respondents stated it would be completely unnecessary because they have little intentions of ever using it. Instead, they would rather see other family benefits, which Racquel mentioned includes “flexibility and family leave and other stuff like that.” The other respondents noted that, while unnecessary, they would consider it a benefit. This, however, was not to the extent that it would “make or break” their choice to sign with a particular company. Rather, if choosing between two companies, a company offering egg freezing would fall into the “pro’s list.” Generally, among these few participants, they enjoyed the idea of company-sponsored egg freezing and would favor it, though not to the extent of refusing to sign on with a company who did not offer it in their employee benefits.

These feelings stemmed from a positive view of companies offering egg freezing and other ART services to their employees. Emily said she feels that when companies help pay for these services, “it shows that they care about their employees, and they’re offering something that would be beneficial” to women. Multiple respondents mentioned the word “option” when talking about companies who offer services such as egg freezing in their employee benefit packages. Andie explicitly mentioned egg freezing as an option, whereby companies providing it

are giving women an option to be “less scared about their future and focus more on their work, or put something away that they’re feeling anxious about.” Other respondents found this option alleviates some of the pressure to have children at a certain age, which they noted may conflict with a women’s job. Marilyn evoked a similar feeling regarding the struggle of working women and the duties of motherhood: “You’re torn between this amazing career you’ve built and this passion you’re pursuing, and having a family, which may be your other passion, and it’s like what do you choose?” Her understanding paints motherhood and working women as contradicting roles, creating a pressure to give one up in favor of the other. Therefore, Marilyn found egg freezing services helpful in addressing this type of question. Ultimately, multiple participants saw egg freezing as an opportunity to both focus entirely on their career and pursue motherhood.

However, Marilyn, as well as other participants recognized some of the complexities involved with companies paying for fertility postponement options. She remarked that while companies paying for egg freezing and IVF can be a freeing option for female employees, it is also a “double-edged sword” and “backhanded compliment” to women. Specifically, she commented that she finds that company-sponsored fertility postponement options encourage women to fill the position of worker now and delay motherhood, yet she does not “see why [women] cannot do both.” Similarly, Racquel was torn because she saw this policy as beneficial to women who want to focus on their career and have a family later in life but also as a ploy for companies to “get more out of their workers” before they become mothers. This promotes the perception that once a woman becomes a mother, she will not be as dedicated to her work.

Further to the point of company-sponsored fertility postponement being characterized as a ploy by companies, multiple women voiced their concern that companies offer the service out

of self-interest. All of the participants recognized the companies offering these services as male dominated and understood their efforts as a means to try to offer the best employee packages to retain female employees. Emily commented that companies may be “realizing that women aren’t sticking [around] because [companies] don’t have the right insurance coverages” that they desire. Thus, she sees company-sponsored fertility postponement as a measure for companies to adapt to the demands women are making. All of the respondents were about to enter fields that are and have been male dominated (Gardener and Tiggemann 1999). But in a competing market, and in efforts to appear gender neutral, companies place great importance on providing policies that appeal to women. Some respondents also felt this was a specific tactic to attract and retain women in their companies. Racquel felt that when companies offer fertility postponement coverage, it is on the same level as “free food, and showers, and bikes just to kind of get their workers to stay.” Her comparison renders company-sponsored fertility postponement as an additional benefit aimed to make companies appear better than their competitors. So while some respondents applauded companies’ efforts to provide options to women, they also found embedded messages that were not geared towards equalizing the gender dynamics in the industry.

More than half of the participants further recognized a division between women who dedicate their time to their career and women who dedicate their time to their children. Without always explicitly making a distinction between these two categories, almost every one of the respondents articulated the idea that the two roles are incompatible and often result in women having to choose one over the other. Diana felt that this was even further complicated by companies offering fertility postponement services. From her perspective, it gives women the “opportunity to work their way up in the company before [they] take maternity leave to take a

break to raise their child.” However, as Gabby articulates, it can also be a management tactic to retain employees “who quit because [they] want to have a kid.” In both commentaries, Diana and Gabby assumed that women will leave the workforce in one capacity or another to pursue raising a child. Throughout the interviews, many participants made comments with a similar implicit message that women having children equates to them leaving their full-time positions in their career.

The responses elicit another theme: while many respondents felt that egg freezing could be an empowering option for women interested in advancing in their careers, they also saw it as an option that disrupts their original plans. For women interested in having kids at a later stage in life, Gabby noted that egg freezing is beneficial in cases such as these. It can allow women to fulfill their aspiration to advance in their career and wait to have children without the fear their biological ticking clock will “run out.” Yet when it comes to the average woman, she found that company-sponsored egg freezing can “hurt [a woman’s] personal goals” if those goals are to have a child at an earlier age. Shelby also voiced a similar concern; it “is a disruption to something that would have happened earlier,” referencing the choice to have children at a younger age. Their comments suggest that there could potentially be a pressure for women to postpone having children if their company offered fertility postponement. For the four respondents who acknowledged this pressure, it can create a harmful consequence as it puts pressure on women to make choices they would not otherwise make in different circumstances.

Ultimately, these women had mixed feelings towards company-sponsored egg freezing. Recognizing both the positive messages as well as some of the deeper, more harmful sides of egg freezing, these women highlighted its layered complexities. Having their companies offer options such as egg freezing and IVF, while unnecessary, were constructed as a nice benefit that

helped seven of the respondents feel more secure about their future planning. Simultaneously, many of these women iterated the challenges working mothers encounter when navigating their lives that egg freezing cannot overcome. Marilyn articulates how women face a unique position in working environments:

“I think it’s harder for women just because...they talk about it all the time how [companies] don’t want to hire women because they are going to take maternity leave and then have a child and not be as focused at work. They never say that about the males, even though there is paternity leave.”

Here, Marilyn’s shows how company-sponsored fertility postponement options are gendered in nature. The types of questions that companies consider revolve around the concept of working mothers, as oppose to working parents. Through this point, Marilyn’s last thought suggests that she recognizes a difference between the way companies treat men and women and respond to their specific needs. Though these women found company-sponsored egg freezing and IVF beneficial in certain cases, they also recognized its connection to women’s bodies. Thus, the way in which these women perceived company-sponsored egg freezing follows a gendered understanding particularly relating to women.

## **Discussion**

This study examined the ways in which young women about to enter the workforce on a professional track perceive their future roles as mothers in cohesion with their desire to maintain a career. The complexities revolving around these two roles, as exemplified by the interviewees, help examine how company-sponsored fertility postponement options carry mixed messages about both roles. I argue that this study’s findings can be understood utilizing modern feminist theory. These women’s responses in this study are supported by feminist critiques. Simultaneously, they complicate the arguments of such critiques through the perceptions of company-sponsored egg freezing.

The first theory relevant to this research is rational choice feminist theory. When it comes to working women, rational choice feminist theory acknowledges the decisions women make among pressing opportunity costs and institutional constraints to produce the best possible results (Ritzer and Stepnisky 2013). The biological ticking clock serves as a pressing opportunity cost affecting many decisions women make regarding their plans to marry, build a career, and have children. It is further complicated by constraints from institutions, such as work environments. This research's participants had ideas for when they wanted to establish their careers and their family. They were all aware of the health complications that can arise when having children at an older age as women approach the stage of infertility upon menopause. For instance, Gabby chose her major based on the institutional constraints that exist making it hard for women to choose certain career paths over others in line with the idea of the biological ticking clock. She felt her ideal career is not structured in a way to support working mothers, and if she intends to have a child before her "time is up," she has to accommodate this through her current decision making. Hence, the decisions she was making at age 22 were well informed by the opportunity costs that the physical constraint of the biological ticking clock imposes on women's bodies in conjunction with work environments that she feels would hinder her prospects to have a child.

Gabby's case resembles the other types of decisions that the women I interviewed were making as they enter the workforce. When it comes to the timing of their child, the opportunity cost involved was in relation to their job positions. All of the respondents felt the need to be well established in their careers before having a child. While part of this was to enjoy the "freedoms" of being young and not having the responsibility of motherhood, another component was that they felt having a child will hinder their potential for job advancement. This strategy reflects a liberal feminist perspective. This particular framework highlights some of the inequalities

women, as compared to men, encounter in the workplace due to their experience. Specifically, it states that the privileging of male experience maintains attitudes about and a system of unequal treatment of women (Ritzer and Stepnisky 2013). When it comes to women in the workforce, their ability to compete may be thwarted by their role within the private sphere more so than men. Liberal feminist theorists point out there is a type of “ideal worker norm” that is structured around the schedule of the average man (Ritzer and Stepnisky 2013, p. 208). Within the ideal worker norm, employees who are most available and can take on extra tasks and shifts at work are those companies prefer and often consider for promotions and bonuses. All of the participants' anticipation of having to miss a meeting or leave work early to pick up their children from school would set them outside of the ideal worker norm. As a result, they felt the need to advance in their careers before they have children, because they are, to an extent, perceptive of the effects that having a child could have on their ability to advance in their career.

Part of the pressure these women felt originates from the way society constructs women's roles within the private sphere (i.e. the space where the home and child rearing responsibilities take place). The interaction of the private and public sphere, and the responsibilities within each, can conflict for working mothers (Hays1996). Feminist institutional theory points to the division of labour among the sexes as a cause of this. This theory suggests that the responsibilities of the private sphere are not shared equally between women and men, and women carry the brunt of it (Ritzer and Stepnisky 2013). Amongst my participants, a majority of them saw themselves taking on many of the responsibilities of parenthood, such as driving the kids to activities and performing household chores. Even with their high expectations and hopes for their future spouses to take on some of these duties, they were already anticipating how these responsibilities

will impact their careers. Consequently, these women were presently thinking of what they will sacrifice in order to balance the role of work and motherhood.

Another interesting theme emerging from these interviews is the view that motherhood and work are mostly incompatible. Their views were consistent in this larger societal idea. Hays (1996) termed this incompatibility of roles as the cultural contradictions of motherhood. Part of the contradiction, she notes, comes from a cultural model of intensive mothering, where mothers are encouraged to be fully dedicated to their children while also achieving impersonal, efficient self-gain within the world of work. The way in which the women understood these roles to be conflicting suggests work environments are not structured to support working mothers. By comparison, they felt there were fewer complications for men who choose to become fathers, from not having to give up as much time at work, to not having those in the work environment make any assumptions about them. Companies who introduce egg freezing and other fertility postponement options to their employees both challenge yet concurrently reinforce the idea of the separate spheres and the implications it has for women compared to men.

Mostly, the interviewees in this research appreciated the options company-sponsored fertility postponement provides women. For these career driven women, they found this option to be a significant improvement because it gives women the autonomy over their bodies that the biological ticking clock concept threatens. Thus, company-sponsored fertility postponement can provide a woman with an option that seemingly defeats the pressure to have kids by a certain age, and thus having to make sacrifices in her career. The women perceived egg freezing as an opportunity to first build their career and then have children. However, there are two issues with this. First, all but one of the respondents stated they do not actually want to freeze their eggs because they find it “unnatural” and they consider themselves to be more traditional when it

comes to the birthing experience. Not utilizing the services offered by company defeats the purpose of offering them and giving more choices to women. Secondly, the problem of the separate categories still remains. While egg freezing may give women the option to advance in their career without worrying about reaching a stage where it becomes difficult to conceive, delaying childbearing does not resolve the incompatibility of the roles of worker and motherhood.

Further, these women's view of egg freezing as a safety net does not make it completely successful at overcoming the issue of the biological ticking clock either. Diana stated she would perhaps freeze her eggs in her early forties if she had not found a partner by then, but this would be a risky method to ensure a child. With such low success rates of conceiving a child via frozen eggs, and an even lower percent chance if a woman waits until she is older to freeze her eggs, the feelings of prolonged fertility that accompanies egg freezing dissipates. The seven women who saw it as a precautionary measure mentioned they would possibly utilize the service later in life if they had not successfully had kids by their ideal age. This approach, however, almost entirely contradicts the objective as their chances would be relatively low at that point. If they wanted to increase their chances of a successful safety net, they would be better off freezing their eggs in their twenties, and doing so through multiple cycles. Alas, none of the participants foresaw themselves freezing their eggs any time soon.

However, all but one of the participants showed a greater interest in freezing their eggs if their company paid for it. In this case, they would consider it as an alternative in the event their life plans turn out differently than expected. Otherwise, if companies do not cover the costs for egg freezing and IVF, they stated they would most likely not utilize the service. This plays into how they felt it unnecessary for their future employers to offer egg freezing. Yet they noted it

would be an added benefit, one they may even potentially give greater thought to using. It is unclear if their approval stems from fertility postponement becoming financially viable or if it comes from a perception that companies endorse using such services. Regardless, all but one of the participants originally acknowledged they would not freeze their eggs on their own. I then asked if they would be more likely if an employer paid for the services. The change in their responses indicate how impactful it can be when companies do offer egg freezing. These companies may be influencing the ways women plan their lives with their intended future roles.

There are many considerations, though, that make company-sponsored egg freezing potentially harmful. For one, it could possibly create a dangerous pressure where women feel compelled to use egg-freezing services to fit into the ideal worker norm. Some of the respondents brought out this point. They stated it could potentially disrupt the initial timeline they had for their plans. If women are sacrificing their desire to have children at a particular age because a company is offering to pay for egg freezing, this might manipulate their perceived agency to pursue their “ideal” fertility goals. Furthermore, it can also discourage women from asking for other benefits like child-care services.

Companies who pay for such medical procedures may be addressing the pressure of the biological clock, therefore overcoming the opportunity cost decisions many women make. However, it only temporarily masks the larger issue at play. The problem is not that women cannot have kids when they are older, but rather that they feel like they have to make sacrifices in their careers in order to have children since the two are supposedly incompatible. Egg freezing offered by companies can continue to mask this issue by making women believe they have options and freedom in their decisions, when it truly perpetuates the incompatibility of the two.

Liberal feminisms' critiques on the structure of work environments still stands despite companies offering fertility postponement options. Many work environments are organized to benefit the ideal worker. For people who choose to become parents, especially women, their presence in the workforce must change to accommodate the "costs" of raising of a child. In effect, this can alter how their companies perceive them as fitting within the ideal worker norm. Policies implemented by companies carry certain messages with them. For example, companies who do not offer paternity leave for fathers imply that they do not expect men to take time off work to care for their children (McGill 2014). When considering egg freezing, there are also implicit messages carried through the policy. For one, it reveals that companies adopt the attitude and assume that women will potentially leave because they have a child. Egg freezing, as it directly relates to women's bodies, is inherently gendered. Consequently, its gendered nature carries messages that specifically reveal companies' attitudes about their female employees. Among the companies who offer fertility postponement options for their female employees, very few of them offer services that deal with men's fertility and role as fathers. The lack of policies relating to men also sends implicit messages. For example, it could come off as a discouragement for men to take time off work to pick up their kids from school. The companies offering this benefit do not take a similar approach to meeting the parenting needs of both their female and male employees, and their egg freezing policies carry with them subtle messages that women will leave the workforce and men will not.

## **Conclusion**

Despite companies offering egg freezing and IVF options to their female employees, the issue remains that work environments are structured in a format that does not accommodate women's choices to become mothers. Because of this, women must continually make sacrifices

in their careers or their family plans to balance both on a scale that men do not have to. By seemingly addressing the concept of the biological ticking clock, egg freezing seems a viable option to support women. While it does benefit women who desire to solely focus on their career and have a child later in life, it does carry with it some dangerous implications and consequences. Because of this, I have four propositions which build on existing literature for companies who begin or are looking to include fertility postponement options in their employee benefit packages.

First, it is important that companies who introduce egg freezing and IVF policies also introduce a substantial education program alongside that informs women about the risks, benefits, and limitations (Mertes 2015). As seen through the responses of the participants within this research, there is limited knowledge on these areas. Also, there were many misconceptions about the process, procedure, and effects of egg freezing. For this policy to be truly available to women, it is vital that women are informed about their options. Being informed involves more than knowing about the service; it includes a comprehensive understanding of the implications of egg freezing and IVF.

Further, companies should also eliminate any pressure for women to utilize egg freezing services (Mertes 2015). Introducing egg freezing can shape the decision women make regarding their careers and family planning. Thus, it is necessary that companies explicitly state and show how choosing to freeze one's eggs, or choosing not to freeze one's eggs, will in no way inhibit their ability to be considered for promotions, bonuses, and other privileges given to workers who fit the ideal worker norm. Going alongside this proposition, companies should not include such policies in their benefits if they do not also include other family-friendly benefits. Some of the respondents in this research brought up the importance of an extensive maternity and paternity

leave, as well as other benefits such as helping pay for childcare services. Multiple participants also mentioned the ability to have a flexible schedule. As they navigate their careers in line with their decisions to become parents, they felt it was more important for companies to offer family benefits. By doing so, companies may have a significant impact in overcoming the sense of incompatibility between the roles of motherhood and worker.

Finally, to combat the gendered nature of egg freezing policies, companies should also address the challenges of working fathers by incorporating policies that directly affect their roles. The women in this interview spoke of the high expectations they had for their future partners in raising a child, and it is important for companies to give men the opportunity to take as much time off as women do to help with their children. Further, egg freezing policies should not be only available to female employees, but also the female partners of male employees. Another option is to consider practices such as sperm freezing, which directly impact men. This could potentially help make the policy more relevant to men, rather than only affecting women. When companies promote fathers taking on a more equal responsibility of the private sphere, they can potentially help women have greater opportunity within the public sphere.

While these propositions are not entirely comprehensive, I believe they could help address some of the concerns the women of this research had regarding egg freezing and IVF policies. As the participants of this research enter the workforce, they offer a unique perspective. The women interviewed in this research give insight into the types of issues that are important for women as they navigate their lives with the anticipation of building careers while also becoming mothers. Their views are highly relevant and can help inform employers as to what types of benefits their female employees will be demanding in the next couple of decades.

Though this research has expanded on this relatively new topic, it has some significant limitations as well. The sample size of the interviews was small and only represented a particular demographic. Therefore, the findings in this research are not generalizable. More research needs to be conducted expanding different populations of women. For example, it would be interesting to look at the perspective of women who are currently working for companies who offer fertility postponement cost coverage. Also, bringing in other factors, such as race and class can offer insightful information as to the groups of people who are most affected by this policy. Expanding this research can also be done by incorporating the views of men to compare the types of decisions they make to those outlined by the women in this research.

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