

Understanding Italian Maternity Decline 1995-2016: Insight into the Minds of Italian Women as Explanation for Governmental Failure

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John Cabot University

Department of Modern Languages and Literature

Bachelor of Arts in Italian Studies

Understanding Italian Maternity Decline 1995-2016: Insight into the Minds of
Italian Women as Explanation for Governmental Failure

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Abstract

Il tasso di natalità in Italia ha incominciato ad abbassarsi negli anni 60 in maniera progressiva fino a ora, quando il tasso tenta di togliere sostentamento ai pensionati e di cambiare la demografia degli elettori, tra gli altri cambiamenti della popolazione non ancora aspettati. Il governo Italiano ha provato a sistemare la situazione con il programma di Bebè Bonus del 2003, che ha portato pagamenti e stipendi alle famiglie per ogni figlio partorito o adottato, e l'iniziativa di Fertility Day nel 2016, che ha voluto informare le donne italiane dei rischi di posticipazione della maternità. Niente due iniziative sono state ricevute bene e non c'è un aumento notevole nei dati del tasso. Questa ricerca vuole determinare quali fattori di pianificazione familiare sono più pertinenti e, dunque, meritano l'attenzione del governo nella capacità di welfare. L'analisi è fatta da una comprensione della letteratura esistente per sapere se gli autori sono confermati da un questionario originale che comporre delle opinioni di 53 donne italiane che vengono da tutto il paese. Il questionario voleva capire dalle donne perché il calo occorre e qual tipo di sostenimento incoraggerebbe loro ad avere figli in Italia. La ricerca scopre che l'instabilità del lavoro dipendente o stabile è una preoccupazione centrale per le donne Italiane e propone che servono programmi che estendono l'accessibilità di asili nido e che le aiuta a trovare lavoro in supporto dell'autonomia individuale.

Dedication

For the best mother I have ever known, Allison. Thank you for everything you have taught me about what it means to be a woman and for sharing with me your love of Italy.

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List of Abbreviations

INPS	Istituto Nazionale della Previdenza Sociale
IUD	Intrauterine device
IVF	<i>In vitro</i> fertilization
OMNI	Opera Nazionale Maternità e Infanzia

1. Introduction

Since the 1960s, a downward trend has been recognized in the birth rate of Italians. In 1976, the birthrate fell to 2.04, below replacement level for the first time, and continued to plummet until 1995 when the data reached an all-time low at 1.19 average births per woman (World Bank, 2018). The turn of the century brought a slight incline in the Italian reproductive rate until it peaked in 2010 (1.46). Since then, Italian reproduction levels have once again started to decline. The Italian case is part of a wider global phenomenon. Most industrialized countries have undergone what is known as “fertility transition” (Caputo et al, 2008), marked by reproduction levels falling below the replacement threshold, which is 2.1 children per mother, and a delay in childrearing age. While this is a global trend, the Italian situation is viewed as particularly precarious due to the threat posed to the pension system supporting the aging Italian population. Additionally, populist rhetoric in Italy is fueled by the “threat” of the rising birthrate of children born in Italy to foreign parents, which was 9.4% of total births in 2005 but 14.8% in 2015 (Istat, 2017). These demographic changes, composed of the aging population and the increasingly globalized population, have political institutions worried for future generations of Italians. With initiatives such as the Silvio Berlusconi administration’s Baby-Bonus law introduced in 2003 and Beatrice Lorenzin’s orchestration of Fertility Day in 2016, the Italian government has not responded to this phenomenon in a manner that has since encouraged women to reproduce at higher levels.

This work aims to expound the causes and circumstances relating to Italian reproductive decline by reviewing the existing literature on the issue as well as analyzing primary data

collected by a survey of Italian women regarding their thoughts and concerns on maternity decline in Italy for the purpose of investigating the hypothesis that governmental intervention is warranted but should be redirected from existing programs to different social programs, like childcare, to alleviate the pressure on the Italian family. Determining the most pertinent social concerns of Italians will aid in understanding which aspects of parenthood need the most support.

The existing literature is grouped by the different aspects the authors hypothesize to contribute to maternity decline. The categories are as follows: access to birth control methods, progressive mentality of women's liberation, lack of multigenerational family support, and Italian cultural aspects of postponement and entitlement, both of which extend beyond parenthood. Of these categories, it is hypothesized that a lack of multigenerational support and the Italian cultural factors will provide the strongest hindrances to maternity, while access to birth control and women's liberation are not expected to be strong hindrances. Based on the data collected from the interviews and surveys, a conclusion will be drawn regarding which collection of theories is the most accurate and reoccurring explanation of why Italian women are not reproducing more frequently. It is important to ask women how they feel about the topic through the collection of qualitative as well as quantitative data because ultimately fertility decline is directly caused by women who choose not to put themselves in a position to have children, regardless of whether that decision is motivated by self-preservation or self-actualization. The role of fatherhood and that of the family unit are not taken into consideration for the sake of focusing on the relationship between womanhood and maternity and the primary concerns of women regarding reproduction.

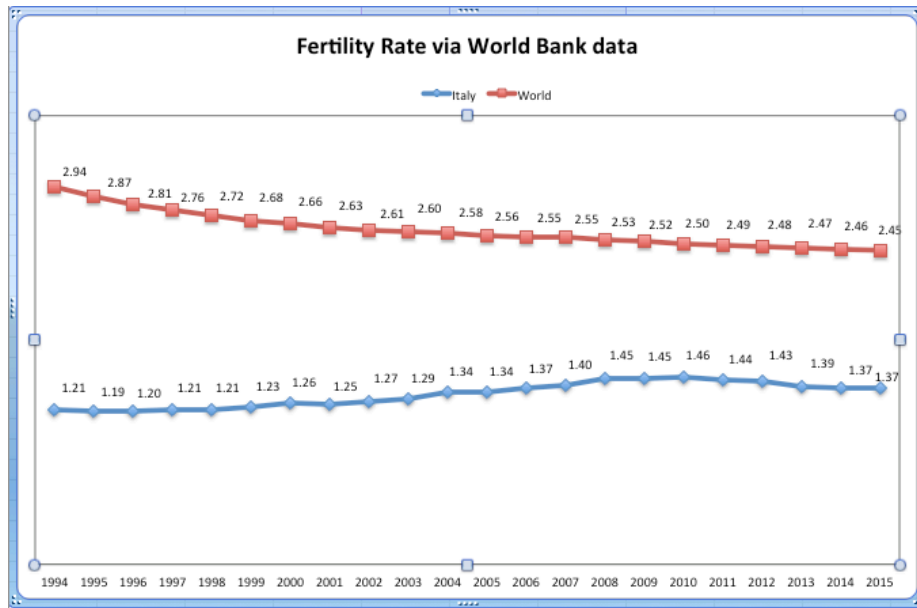


Figure 1: Italian fertility rate compared to world fertility rate 1994-2015

The Italian context

Government involvement in the personal lives of citizens can be a contentious point of debate for many, especially regarding an element as personal as individual sexual practices. However, the Italian government has a reason to be concerned by the plummeting reproductive rates as they threaten to destabilize the pension system supporting hundreds of thousands of elderly Italians, thus potentially altering the Italian economy, job market, and voter demographics. Therefore, the Italian government has conducted a series of failed initiatives attempting to combat the phenomenon beginning in 2003 with the Berlusconi administration.

The *Bebè Bonus* program awarded 1,000 Euro to any mothers with Italian citizenship, residency, or European Union citizenship that either birthed or adopted their second child between December 1, 2003 and December 31, 2004; the funding for which was allocated by INPS, the National Social Security Fund (*Bonus di 1000 euro, n.d.*). This *Bebè Bonus* program was extended in 2005 and then reintroduced by Beatrice Lorenzin, Minister of Health under Prime Minister Matteo Renzi, who offered a monthly stipend to families earning less than 25,000

Euro per year for every child birthed or adopted between January 1, 2015 and December 31, 2017. Lorenzin has already proposed the extension of this program into 2018, seeking to “double the standard baby bonus, currently 80 Euro (\$124) a month for low-to-middle income families and introduce higher payments for second and subsequent children to encourage bigger families ... [and expand eligibility] covering all babies born up until the end of 2020,” which would add an estimated 2.2 billion Euro to public spending over the course of the program (The Local, 2016). Expanding the program suggests the government believes the Baby Bonus incentives are working, however there is no proof that they have helped nor has there been a dramatic increase in fecundity since their installation (Istat, 2016).

There are critics of the *Bebè Bonus* that liken the program to a bribe, suggesting instead that “increasing services, not money, will provide the most incentive for couples to have children” (Crossland, 2016, n.p.), a statement supported by Bergamante (2011). From this perspective, the *Bebè Bonus* program can be understood as a short-term solution for a long-term problem. Rather than addressing the factors limiting women from having children at a younger age, the government has chosen to temporarily subsidize parenthood for low-income Italians, which is not a sustainable solution. However, there has been a general upward trend in Italian fertility since the 1990s, including a spike in 2004 following the introduction of the *Bebè Bonus* (figure 1). This suggests that some families do make reproductive decisions based on governmental assistance, a factor recognized in some of the scholarship (Bergamante, 2011; Livi-Bacci, 2001). While there was an upward trend from 1995-2010, the observed increase is still marginal and does not demonstrate the provision of an adequate solution.

After nearly a decade of the *Bebè Bonus* program without strong improvement, Lorenzin’s Ministry of Health attempted another initiative to reach Italian women, Fertility Day.

This program took place in 2016 and was intended to be an educational initiative to warn Italian women of the risks of delaying pregnancy, a practice becoming rapidly more common (Ministero della Salute, 2016). A multidisciplinary study was published by the Ministry of Health that sought to promote solutions to infertility, like in-vitro fertilization treatments, and to inform the public of the risks of delayed pregnancy. Dr. Filippo Ubaldi, a contributor to the ministry's study "Piano nazionale per la fertilità" and a leading *in vitro* fertilization specialist in Rome, stated that the majority of women seeking children at a later age are often unaware of the problems and risks of delayed pregnancy (F. Ubaldi, personal interview, April 4, 2018). He said that some women see celebrities having successful pregnancies in their 40s and often think that the technology has advanced to beat the aging process. Dr. Ubaldi suggests the solution to fertility decline is education and that women need to know that IVF can increase their chances of getting pregnant at a later age, but it does not lower the risks of a later pregnancy or make the possibility of carrying that pregnancy to term any easier.

Beyond the creation of the multidisciplinary study, Fertility Day was considered a failure in public opinion as demonstrated by widespread protests in response (Piangiani, 2016). The lack of success is attributed to "a failure of political communication" suggested Ubaldi. He is undoubtedly referring to the advertisements created by the Ministry of Health to promote the initiative, which were considered patronizing and racist by the public. This public outrage questioned the Italian government trying to convince women to get pregnant rather than addressing the reasons why women wait to have children. Rather than solutions for women's unemployment or increasing public childcare options, the Ministry of Health thought it would be more effective to explain the phenomenon of the "biological clock." People expressed their rejection of the initiative on social media with #FertilityDay questioning if it was a joke,

including comparisons to fascist family programs, and suggesting that the Italian government work on living conditions for families first (Polemiche sul 'Fertility Day', 2016). A notable tweet by Italian intellectual and journalist, Roberto Saviano, reads, "the #fertilityday is an insult to everyone: to those who cannot procreate and to those who want but do not have a job..." (robertosaviano, 2016). This sentiment captures the exclusivity of the program and how it does not aim to help increase the fertility of all types of women in Italy. Additionally, the sentiment is reinforced by Dr. Maria Rita Milani, a general practitioner with a specialization in gynecology who has been working in Rome for 32 years. She felt the initiatives were poorly planned and did not address the root of the problem, which in her words is "autonomia" or autonomy (M.R. Milani, personal interview, April 5, 2018). She suggested that autonomy looks different for different women but it could mean anything from moving out of the parental home to securing a job that ensure a stable quality of life.

As the comparison of reproductive levels from the 1990s to 2015 reveals, government sponsored family assistance does correlate with a positive rise in national reproductive levels, but this correlation is very weak and Fertility Day did not help to improve the situation. I hypothesize that state-intervention is a positive solution for the crisis of maternity decline, however it would be better received if it assumed a supportive role rather than a pedantic one and was based on what women need in order to feel comfortable raising a family. The disparity between how the government perceives the people and what the people need from their government is a prominent factor deterring reproduction, despite the government being in the position of power to rectify the situation.

2. Literature Review

Fertility decline is a multifaceted issue that has generated much speculation yielding a variety of explanations. One of the key problems with investigating this issue is that some authors maintain a very narrow scope of variables tested. This contributes to varied and opposing explanations for the phenomenon of Italian fertility decline. While there is overlap in testing for age and marital status, as such elements factor into decision-making regarding maternity, the results of those variables are fairly consistent. It is regularly suggested that delayed maternity contributes to fertility decline because women who do choose to reproduce are usually having their first child when nearing their thirties, making it difficult to have more than one or two children purely due to biological restrictions (Castiglioni & Zuanna, 2009; Gribaldo et al., 2009; Caputo et al., 2008; Livi-Bacci, 2001). This theory demonstrates both a factor and a consequence of fertility decline that requires further exploration, which the authors conduct in a variety of ways. Bergamante (2011) suggests there are three approaches to the question of demographic change: an approach looking at institutional failure or success, an approach aiming to understand cultural values and norms, and one that combines the two approaches. Investigating the combined layers of institutional and cultural factors of fertility decline helps to make this research thorough and inclusive of nuanced variables.

From an evaluation of the literature, there are four main groups of theories that attempt to explain the phenomenon of Italy's dramatically declining birth rate: access to birth control (Gribaldo et al., 2009; Benussi et al., 1985), women's liberation (Castiglioni and Zuanna, 2009; Caputo et al., 2008; West, 2006; Saraceno, 1994), household complexity and family involvement (Breschi et al., 2014; Saraceno, 1994), and finally the Italian cultural factors of postponement

syndrome and the culture of entitlements (Bergamante, 2011; Gribaldo et al., 2009; Krause and Marchesi, 2007; Livi-Bacci, 2001). It is likely that none of these theories provides the sole explanation for fertility decline, rather a combination of factors and variables must be addressed in order to unpack the phenomenon. This approach aims to generate a fuller understanding of the intersection between institutions and culture and how their codependent relationship in the Italian case is contributing to fertility decline.

Birth control and abortion

Regarding the first category of theories that attempt to explain Italian fertility decline, birth control and abortion were both slow to be legalized by the government and accepted by society. Birth control was deemed a threat to “public morality” and its advertisements were banned in Italy by a 1965 constitutional court decision (Gribaldo et al., 2009, p. 555). It was not until the feminist movement of the 1970s that this decision was reconsidered in favor of women’s reproductive rights. In Italy, divorce was legalized in 1970, the ban on birth control advertisements was lifted in 1971, and abortion was legalized in 1978. However, public opinion was hesitant to accept nontraditional methods; “in France in 1978, 60 per cent of women in union were using the pill or IUD. In 1979 only 16 per cent of such women in Italy were doing the same,” (Gribaldo et al, 2009, p. 555). The authors suggest there was still an oppressive stigma surrounding the use of birth control in Italian culture that was not shared by other European countries. Rather than using “technological”, or artificial, methods of preventing pregnancy, Gribaldo et al. (2009) found in their ethnographic study carried out between 2005 and 2006 in Bologna, Cagliari, Naples and Padua that the majority of Italian women interviewed preferred the method of withdrawal to prevent pregnancy, also known as coitus interruptus.

Finding withdrawal to be the most popular method of birth control presents a paradox, as one would assume the consequence of low birth control usage would be a higher fertility rate. However, the thesis of Garibaldi et al. (2009) suggests that women make decisions about birth control based on factors beyond pregnancy-prevention, which include church influence and social pressure. The Catholic Church's influence on Italian society has been present for centuries. The religious organization played a significant role in post-war Italian politics through its support for the Christian Democrat party, which was voted into government every year from 1946 to 1989. The success of the religiously motivated political party is attributed to the idea that Italians subscribe to Catholicism more out of family tradition and culture rather than out of religiosity (Garibaldi et al., 2009, p. 557; Caldwell, 1981). Therefore, Catholic values are also present in the sexual practices of most Italians and shape how a large portion of the population views birth control.

Furthermore, there is social pressure that has led many Italian women to believe birth control is "unhealthy and unnatural" (Garibaldi et al., 2009, p. 561). This sentiment extends itself to other spheres of life; for example, many Italians avoid heavily processed and genetically modified foods because they are generally perceived to be unhealthy. Women with the freedom to choose birth control and the ability to control their fertility frequently mentioned in the study that they did not want to engage with certain forms of birth control because of health concerns regarding blood circulation and weight gain as well as the idea that birth control will limit fertility later in life. This study also mentions that Italian gynecologists are quick to discuss the negative side-effects of birth control and that some pharmacies exempted themselves from selling condoms for religious reasons until a legal battle in 2008. Both are examples of how

technological birth control is perceived negatively in society and how that perception may be perpetuated by healthcare professionals.

As an alternative to technological methods of birth control, the study found that women in Italy believe “a ‘natural maternity’ is a maternity that ‘happens,’ not something one chooses. Similarly, the idea of excluding completely the possibility of conception when a couple is only waiting for the ‘right moment’ is not socially acceptable” (Gribaldo et al., 2009, p. 569). The women interviewed for this study explain that waiting for the right time to have a baby is difficult because job stability and homeownership in Italy, among other factors, are difficult to obtain within a specific timeframe. Waiting to secure job stability, couple stability, or homeownership could theoretically lead to indefinite postponement of childrearing. This theory is similar to that of Livi-Bacci (2001) as both recognize the risks of postponement, but Livi-Bacci (2001) differs arguing Italians intentionally postpone maternity because of difficulty in obtaining and securing stability. These arguments demonstrate the institutional and cultural conflict as Gribaldo et al. (2009), with ethnographic interviews, reveals the organic thought processes of women of reproductive age and thus their cultural values, while Livi-Bacci (2001) demonstrates knowledge of how economic factors limit the mobility and freedom of young Italians, thus suggesting an institutional failure leading to fertility decline. Both theories are valid and offer insight into different layers of the same issue attempting to answer why Italian women postpone pregnancy. The factors considered by Livi-Bacci (2001) will be further unpacked in the section that discusses the theories crediting the “Italian factor” with decreasing reproduction levels.

Since it has been established that the birth control pill and other technological birth control methods are not commonly used or favored by Italian women, birth control cannot be

considered a strong factor contributing to fertility decline. However, the question of abortion remains. The practice of abortion was technically legalized in Italy in 1978, however the law did not alter popular perception of the practice. A 1985 study by Beussi, Barbone and Gasperini titled “The Effect of Legal Abortion on Teenage Fertility in Trieste, Italy” recorded data from 1977, the year before abortion was legalized, to 1981. Over the five-year period, the total number of births took a 29% decline, thus the study suggested, “the most relevant factor accounting for the overall decline in teenage fertility in Trieste is the availability of legal abortion” (Benussi et al., 1985, p. 23). However, the study suggests that the women of Trieste underwent abortion procedures more frequently than the Italian average because the region has a history of illegal abortions, which may have made the practice more accepted among the women living there. This study is thus not representative of Italy as a whole, but offers insight by highlighting the availability of abortion as a contributing factor in fertility decline.

Regarding the rest of the country, it is mandated that all public hospitals in Italy offer the abortion procedure, however, doctors and hospital personnel are permitted to consider themselves “conscientious objectors.” Under Article 9 of the bill legalizing abortion, any hospital staff member may exclude themselves from conducting the procedure on grounds of conscience. In the six months that followed the legalization of abortion throughout Italy, an organized and Church-favored response by critical citizens boasted that “72% of Italy’s doctors were objectors and in some areas the percentage was much higher – in some hospitals all of the personnel have claimed exclusion” (Caldwell, 1981, p. 62). Based on the fact that conscientious objection was such a popular stance among healthcare professionals, the legislation was rendered almost futile as public and legal abortion remained inaccessible to many Italian women because “the

extremely restricted application of the law does not begin to answer the needs of a woman” (Caldwell, 1981, p. 63).

Therefore, since the literature has deemed birth control not only unpopular but also mildly difficult to access, I hypothesize that it is very unlikely for access to birth control methods to contribute to the reproductive decline. Furthermore, the decline began in the 1960s, before both birth control methods and abortions were legal in Italy. However, since the legalization of these methods, technological birth control and abortion have had either restricted access or social stigma, rendering the practices unappealing to many Italian women. In addition to the contrasting theories (Gribaldo et al., 2009; Benussi et al., 1985), the evidence demonstrating low usage of technological birth control methods (Gribaldo et al., 2009; Caldwell, 1981) would hypothetically raise the birth rate nationwide, therefore further investigation into other aspects of the Italian context is required.

Household complexity

One of the consequences of the birthrate decline is the disappearance of large Italian families. The shrinking of families is thought to have a significant impact on fertility because of the codependent partnership between the state and the family structure. This relationship is illustrated by Saraceno (1994) in a study that examines how the Italian family is an “economic unit in which there are dependents (e.g. children, wives, parents and disabled adults) and ‘family heads’ who redistribute income, and a caregiving unit in which there are also dependents and those (i.e. women, wives, and adult daughters) who ‘redistribute care’” (p. 60). This traditional family model requires women to surrender certain personal liberties and freedoms in order to be dependent on their partners’ salaries because their partners and children are dependent on them for their care-giving responsibilities. This practice reduces women’s opportunities for paid work

in favor of domestic, unpaid, and unrecognized work, which in turn leaves them without pension security at a later age and reinforces life-long dependence on their wage-earning partner. This model is becoming increasingly contested amongst 21st century women, as will be discussed in the section on women's liberation. However, the idea of a gender division of labor relates to the Breschi et al. (2014) study on household complexity, which offers its own insight into fertility decline.

Breschi et al. (2014) conducted a study to investigate socioeconomic, ecological, institutional and cultural variables affecting reproductive behavior in Italy during the nineteenth century. The study used church registries and *status animarum*, church community census records, from six Italian towns throughout the peninsula to determine which variables had the strongest correlation to families with high fecundity. The variables considered are migrant status, complexity of household, breastfeeding, premature infant mortality rate, marital age difference, household professions, and the price of grain at the time for the village. Among these, household complexity, which considers the number of people living together including members outside the nuclear family, had the clearest and most consistent correlation, suggesting that “women living in such family groups were 20-40% more likely to have another child compared to those living in nuclear households” (Breschi et al., 2014, p. 309). Additionally, this factor is reinforced by Bergamante (2011, p. 107), who notes that larger families were more likely to continue having children because of this shared support system. The explanation for these findings relates back to the Saraceno (1994) consideration of the division of labor: in a household with multiple caregivers and multiple income-earners, the division of labor, specifically that of childrearing as balanced with housework, is shared thus alleviating part of the burden and making the possibility of having more children seem less daunting or burdensome.

The Breschi et al. (2014) study recognizes that the majority of complex households in the nineteenth century belonged to sharecropping communities, where the job security of the family business was guaranteed by fecundity. However, this theme of family dependence pervades beyond the legacy of sharecropping communities and relates to greater themes in Italian parenting, which is considered highly involved (Krause and Marchesi, 2007) and dependent on strong intergenerational relationships (Castiglioni and Zuanna, 2009; Saraceno, 1994). Therefore, I hypothesize that the results of the survey will reveal that women who have strong relationships with their mothers and grandmothers, who live close to or with their extended family, will be more likely to have children or to plan on having children.

Women's liberation

Fertility transition, a global phenomenon achieved by most industrialized nations during the second half of the 20th century, is marked by reproduction levels falling below replacement level and a delay in childrearing age. Caputo et al. (2008) consider the following factors of fertility transition: delayed marriage; decreases in stillbirths, malnutrition, and literacy; and sociocultural changes liberating women from the biological burden of childrearing. However, the sociocultural changes that have occurred as results of evolving gender roles have emerged as the key factors repressing Italian fertility. Since Italy's fertility peak in 1964, women have become more welcome in the workforce and a societal disconnection has developed between sex and childrearing responsibilities suggesting, "the social function of feminism has overwhelmed the primary function of survival and diffusion of the species" (Caputo et al., 2008, p. 365). Beyond fertility transition as a result of industrialization, the post-World War II debate on family and gender has questioned the binary and hierarchy of traditional patriarchy that existed before fascism and that were reinforced and promoted by the regime (West, 2006).

Considering further the effect of fascism on motherhood, Saraceno (1994) reveals how the regime encouraged a high fertility rate while in power; “the fascist regime, in fact, while pushing women out of the labor market and denying them control of their bodies through punishment of contraception and abortion, created the first widespread system of social and health services (ONMI) catering to mothers and their children,” (Saraceno, 1994, p. 63). This Italian concept of conditional welfare continues in the 1970s and 80s during the development of the national welfare state which offered social benefits to Italian women “as mothers and wives rather than as citizens or workers” (Saraceno, 1994, p. 67). Therefore, in the 1970s when the Italian feminist movement was gaining momentum, activists were forced to combat deeply entrenched political and cultural institutions.

Progress since the women’s movement in the 1970s has been slow. However, Castiglioni and Zuanna (2009, p. 7) suggest that the generation of parents that grew up during the cultural revolution of the 1970s have raised a more progressive generation than those of the past, which they measure by levels of cohabitation among partners out of wedlock. Formerly seen as taboo and socially unacceptable, there are now high numbers of Italian adults cohabiting out of wedlock, which Castiglioni and Zuanna consider to be indicative of the changing morals and values of society even though the process of secularization has been much slower in Italy than in the rest of Europe because of the strong Catholic influence. The considerations of Castiglioni and Zuanna (2009) on the evolving moral standards of Italians suggest that fertility decline is a departure from tradition, thus explaining the change in maternity pattern as a societal evolution.

Women’s liberation as an explanation for Italian fertility decline is vague and is experienced differently by individual women. The authors (Castiglioni and Zuanna, 2009; Caputo et al., 2008; West, 2006; Saraceno, 1994) suggest that as time progresses, the role of

women in society has become more focused on self-actualization than childrearing as a primary function, just as it always has been for men. Thus, a woman is theoretically more inclined to postpone maternity in favor of self-fulfillment, which could indefinitely delay maternity. In this way, the role of women becomes more closely aligned with that of a man, as raising a family becomes a secondary function contingent on other factors, such as job/housing/relationship stability. While the concept of women's liberation is strongly supported by the literature, feminism is still a taboo in Italy, as demonstrated most recently by the lack of support for the #MeToo movement (Horowitz, 2017; Siri, 2017), which leads to the hypothesis that women's liberation is a contributing factor but not a leading factor and that the survey responses to feminist ideology will be very revealing for the continued discussion of Italian feminism.

The “Italian” factors: postponement and entitlements

This category of theories titled “the Italian factors” includes explanations citing specifically cultural Italian phenomena as contributing factors to reproductive decline. Livi-Bacci (2001) suggests two main factors, postponement syndrome and the culture of entitlements. The former is contested by Gribaldo et al. (2009) and the latter is expanded by Krause and Marchesi (2007). This category offers insight into specifically Italian experiences that help to further explain how some Italians see themselves in their role of reproducing for the continuation of their culture.

“Postponement syndrome” is identified and defined by Livi-Bacci as, “displac[ing] until later in life the full assumption of those responsibilities that make of a person an autonomous and independent adult” (2001, p. 147). This explanation suggests that when external factors like the economy, job or housing markets provide challenges to young adults, these people would rather rely on their existing family structures for support rather than be forced to secure their own

assets. This theory adds another layer to the category of household and family complexity. The degree to which postponement syndrome affects individuals varies depending on the degree of difficulty in securing a comfortable livelihood, which is dependent on socio-economic status of the family, education level, and region. Livi-Bacci (2001) suggests that, “the road to reproduction implies the gradual construction of stability” (p. 148); thus, on top of postponing departure from the family home and work in favor of education and specialization, childrearing is largely deprioritized, a key reason for Livi-Bacci (2001) that explains the Italian birthrate in decline.

Gribaldo et al. (2009) presents ethnographic data contrary to Livi-Bacci (2001). Gribaldo et al. collected interviews in which women said that in Italy there is never a “right time” to have a child since it can be so difficult to secure the necessary and traditional requirements to childrearing such as a job, housing, and couple stability. Therefore, some Italian women have adopted a *laissez-faire* attitude to maternity neither actively pursuing it nor actively preventing it. However, while these studies are contrary, they can also be read as an evolution of the discourse. I infer that by the time Gribaldo et al. published their study in 2009, a response to postponement syndrome had been developing since before Livi-Bacci’s 2001 work. During that period spanning almost a decade, the Recession took place and Italy both endured and transitioned away from another Berlusconi administration, suggesting that the quality of life for women during this period could have changed, or worsened, thus leading women to believe that there is never a perfect moment to have children. Therefore, while these works portray postponement very differently, I do not think they suggest contrary ideas, rather a continuation of discussing the same thought process and an acknowledgement of different life experiences which can both encourage and discourage family planning.

The other Italian factor proposed by Livi-Bacci (2001) is the culture of entitlements that renders childrearing in Italy a heavily involved commitment. The culture of entitlements labels the sentiment that children did not ask to be born therefore it is the responsibility of their parents to ensure their happiness, suggesting that, “sons and daughters feel they have rights in regard to their parents” (Livi-Bacci, 2001, p. 151). Krause and Marchesi (2007) expand on the idea of involved Italian parenting arguing Italians maintain a very hands-on approach requiring dedication, time and attention as the job of a parent is taken very seriously (p. 354). This study uses idiomatic expressions that do not properly translate to English as examples for how ingrained this sentiment is in the culture: *ci vuole tanto a vestire un figliolo ogni giorno* (it takes a lot to dress a child every morning) and *stare dietro ad un figliolo* (stay behind a child). Moreover, Krause and Marchesi also include an anecdote of a woman they interviewed who was chastised by her family for having more than two kids because her family did not think she would be able to administer adequate and equal care to more than two children (2007, p. 355). Based on this anecdote, the importance of family is reinforced not only by the culture, but also by the family itself in the effort of preserving the institution. While there is no available data on how Italy ranks worldwide regarding parental involvement, the sources discussing the Italian context specifically make it clear how important the role of a parent is to Italian society (Bergamante, 2011; Castiglioni & Zuanna, 2007; Livi-Bacci, 2001). This leads readers to believe that an international comparison on the topic is not necessary because the commentary already demonstrates how Italians view themselves and their role as parents. The very high standards for quality, care, and commitment can make parenting seem like a discouraging endeavor.

The final Italian factor regards the failure of public institutions. Bergamante (2011) investigates fecundity throughout the peninsula according to a variety of factors (age, education

level, marital status, income, etc.) and discovers that the geographic region where a mother lives is the most important factor in predicting fertility. This is because each region has different welfare policies. While each of Italy's 20 regions is allocated the same amount of welfare funds, the ways in which those funds are used or not used differs dramatically from north to south. Therefore, while Bergamante recognizes that poorer regions historically had a high birthrate because women had less access to birth control, there has since been a shift to higher birth rates in wealthier regions. The study credits this shift to dependence on institutions, as wealthier regions offer superior support to parents. Dependence on institutions is relevant to the question of reproduction because welfare institutions can administer assistance when a family is unable to do so, for example, regarding childcare, healthcare, monetary aid, etc. Therefore, women who feel secure in relying on institutions and welfare for support are more likely to reproduce regardless of familial support, which would otherwise be a restricting factor. Furthermore, the more programs and assistance an institution can offer, the more likely women will be to utilize them. Bergamante (2011) suggests the availability of high-functioning welfare positively influences maternity decisions. I hypothesize that this is true regarding a north-south divide by faith in institutions, however in regions with less institutional dependence, postponement and the culture of entitlements are likely to be stronger factors. Therefore, these theories are complementary and all address different aspects of the economic instability of Italians.

Conclusions

These collections of theories, regarding birth control and abortion, household complexity, women's liberation, and Italian factors, offer different insights and answers to the same question: what factors discourage Italian women from actively pursuing motherhood? The availability of resources, juxtaposed with negative public perception, makes birth control and abortion

contributing factors to the decline but not leading factors. Household complexity was an encouraging factor during the mid-nineteenth century and is likely to continue to be a leading factor as Italian families are shrinking, making the redistribution of care and income less flexible. The liberation of Italian women has been slow to progress since the 1970s but has developed a more open mentality regarding sex and family for contemporary Italians and is likely to be a contributing factor in fertility decline for women who no longer feel obligated to reproduce, however feminism in Italy is still a weak ideology. Finally, the Italian factors of postponement syndrome, culture of entitlements, and regional welfare disparity are all hypothesized to play leading roles in contributing to the decline specific to the Italian context. Therefore, all the theories paint a complicated picture of maternity discernment, however, based on survey results, some will emerge as more prominent than others.

3. Methodology

To test the theories identified in the literature review, I developed a comprehensive electronic survey of 21 questions that I distributed to Italian students in Rome and asked them to share with their mothers, aunts, grandmothers, and sisters. A printed version of this same survey was also brought to shops, a hair salon, and a daycare facility in Rome. In addition to the survey, interviews with two doctors, an IVF specialist and a family doctor, are included because of their expertise in the field of reproduction.

For the survey questions (see appendix), participants were asked to indicate their age, sex, sexual orientation, city of residence, and whether they grew up in Italy. Age is important to note for marking generational shifts (Krause and Marchesi, 2007). Indication of sex was required because only responses from Italian women were relevant as primary sources for information on maternity decline. However, when analyzing the data, there was a realization that the word “gender” would have been more accurate for this work than “sex” in order to be inclusive to the transgender community. However, the LGBTQ+ community in Italy is not as visible as in some countries, therefore this error is unlikely to have affected the data. Asking respondents to report their sexual orientation aimed to include LGBTQ+ individuals in the data for their potentially different perspectives on childrearing and family.

City of residence was asked to determine differences between the North and South. This research began with the intention of collecting only data from women living in Rome, but many of the women living the city have moved there over time from all over the peninsula. Furthermore, some women who were born in Rome could be from families with southern or northern roots which would likely affect their decision-making and family values regardless of

Roman influence. Therefore, responses from women living throughout the peninsula were included.

Participants were asked whether or not they grew up in Italy, instead of being asked “are you Italian?” or “do you have Italian citizenship?” which both would have excluded people who may identify as culturally Italian even if they are not legally Italian, like those born in Italy to immigrant parents. However, this question excludes people born abroad to Italian parents in diaspora who have since returned to Italy, therefore not all the accepted responses come from women who indicated growing up in Italy.

Next in the survey, women were asked to indicate the number of children they have, either birthed or adopted, followed by indicating the number of pregnancies they had terminated. This information is primarily used in concert with other factors, like age, employment, consideration of feminism, and proximity to family, to determine which kinds of women have children and which do not. Additionally, the survey asked respondents to indicate their personal views on motherhood with the questions: “if you do not have kids, would you like to have them in future?” and “if you already have kids, would you like more?” The data from these questions will be compared with distance and family complexity levels, employment and ideals on feminism to determine the extent of the influence of those factors on maternity decision making.

Respondents were asked about their current state of employment and were given the opportunity to select from the following choices: a contracted job, free-lance work, entrepreneur, student, retiree, not employed but looking for work, and not employed but not looking for work. It is important to ask this because much of the discussion on family decline is rooted in the economy and specifically job security. Therefore, it is necessary to know a woman’s stage in life, whether this is studying, working, or retirement, when analyzing her responses to the survey.

Next, respondents were asked to indicate how many people lived in their home and if all those people were family members. These questions are important for updating the Breschi et al. (2014), thesis which suggests larger family size encourages more children to be born because of the sharing of domestic and wage earning responsibilities. However, regarding the second part of the question, rather than asking if all the people in the household were family members to differentiate between living with family and roommate/flat mate living situations, in hindsight the survey should have asked about the ratio of adults to children within the household. This is because the distribution of care is only conducted amongst the adults because the children belong to the receiving care unit, unless they are older and expected to care for younger siblings.

Respondents were then asked to numerically rank their grandparents' participation in their everyday life as a child. On a scale from zero to ten, zero indicated no participation and ten indicated much participation. This question further investigates the theory of grandparental and multigenerational involvement in childhood by Breschi et al. (2014). Multigenerational involvement is relevant because theories suggest that the Italian state is overly reliant on the family structure for childcare (Bergamante, 2011; Livi-Bacci, 2001).

Building on the question of family involvement, participants were asked how much time it would take them to get from their home to that of their mother in whatever units of time made sense for the method of travel. This data was turned into a binary of whether or not a woman lived close to her mother. The question does not ask respondents directly if their mothers live near or far because that data would be too subjective to standardize. Instead, asking them to answer the question in units of travel time helped to determine whether or not daily participation in the lives of their grandchildren would be possible. Therefore, I considered answers that required longer than 45 minutes of driving to be "far", and anything less than that to be "close."

However, I should have asked directly whether or not the grandmother would be able help the parents raise their hypothetical or existent children because the original question does not account for whether or not the mother has disabilities, is still working full-time, or other variables that would restrict grandparental support.

Next, the Krause and Marchesi (2007) notion of quality of care versus quantity of children is tested by two questions: in the opinion of Italian society, what is the ideal number of children to have, and in your opinion, what is the ideal number of children to have? Analyzing the disparity between the two figures will either indicate that Italian women are being pressured by society to have a certain number of children or are feeling limited by society from having the number of kids they desire.

Continuing to investigate societal influence, participants were also asked if they felt social pressure to have children before a certain age. This question was asked in juxtaposition with the follow up question: do you think your mother felt the same, more, or less pressure? These questions were asked in order to draw a comparison between generations to note any generational shifts in favor of women's liberation and thus an evolving public mindset, as suggested by Castiglioni and Zuanna (2009) and Krause and Marchesi (2007). Continuing with the theme of generational shifts and the influence of feminism, the survey asked respondents to answer open-endedly why they do or do not consider themselves feminists. This question sought to test the theories (Castiglioni and Zuanna, 2009; Caputo et al., 2008; Saraceno, 1994) proposing that the progress of feminism negatively correlates with the national birth rate. As the responses to this question were open-ended, they were evaluated in comparison with each other in order to identify common and popular themes necessary to code and categorize the responses.

The survey then asked women whether or not they were sexually active, and if so, to list the types of birth control they use first, with an exclusive relationship, and second, with a nonexclusive relationship. Making the differentiation between the two types of relationships is important because it is likely that a woman would prefer different types of birth control when in a exclusive relationship, potentially a method that leaves more possibility for impregnation, rather than with anonymous or multiple partners in which case the priority of leaving a chance for reproduction is likely diminished. This question also tests whether or not the findings from Gribaldo et al. (2009) were true in identifying the paradox of a country that reports low usage of technological birth control and a low birth rate.

Regarding the birth control pill, which Garibaldo et al. suggest Italian women consider unnatural and unfavorable (2009, p. 561), respondents are asked for their thoughts with a multiple-choice question. Women are asked to finish the sentence “I think the birth control pill has a _____ effect on long term health” with the following options: positive, neutral, or negative. This question will either demonstrate alignment with Gribaldo et al. (2009) or otherwise suggest that more women are in favor of birth control pills, likely making them more socially accepted in certain spheres.

Continuing with collecting the opinions of women as primary sources of data, the survey asked respondents what they thought to be the best time for a woman to have her first child. Respondents could choose from the following list of options: after finishing a degree, after finding a stable job, after getting married, all the above, or that there is no right time. Additionally, there was an option to write in a different moment or time in life that the respondent saw as more adequate than the previous options. This question helps to test for the Italian factor of postponement which is considered by some to be the greatest threat to Italian

reproduction (F. Ubaldi, personal interview, 2018; Ministero della Salute, 2016, Livi-Bacci, 2001) Being able to identify what the survey population considers the “right” time to start having children will help in understanding the motivations for postponement and if those motivations are supported by the literature.

The survey closes with two key questions probing the opinions of Italian women, first asking whether they consider the Italian welfare system supportive of Italian families, and then asking respondents to include their hypothesis as to why the Italian birth rate is in decline. The former is to test for alignment with the Bergamante (2011) thesis that regions with more effective welfare programs resulted in higher fecundity. The answers to these two questions, like those of the prior open-ended questions, will be codified for the most popular and common responses to generate an understanding of what most of these women are thinking. The most prominent and repeating themes will be taken into consideration.

4. Analysis

Fifty-three survey responses were collected from women ranging from 15 to 58 years old. The responses are not representative of the entire peninsula, because 31 responses are from Rome, although the data is inclusive of women from throughout the country with six responses from central Italy (Latina, Ancona, Velletri), five from the South (Salerno, Napoli, San Giovanni Rotondo), and four from the North (Milan, Turin, Pescantina). Regarding sexual orientation, the survey received answers from one lesbian, one pansexual, two bisexuals, and 49 heterosexual women. Additionally, 68% of Italian women surveyed indicated wanting to have children. Of the 68%, 53% would like to have their first child in the future and 15% would like to have a second or third child.

Of the 53 responses, only six reported not growing up in Italy, despite indicating an Italian city of residence. However, three of these six reported working having a permanent work contract and one reported being an *imprenditrice*, or entrepreneur and all three reported having multiple children. This suggests that their daily lives require familiarity with Italian customs. There should have been a question to ask if the respondent had raised their child in Italy, and for respondents who indicated wanting kids, whether or not they would raise their child in Italy. These additional questions would have given a clearer picture of individual factors and contexts that formed their opinions. Furthermore, all six responded to the open-ended questions in fluent written Italian which factored positively into the decision of whether to accept their answers as Italians who did not grow up in Italy or to exclude them for not indicating that they are Italian according to the methodology. The two remaining respondents, who indicated they were students and that they did not have any kids, wrote in a level of Italian that indicated either a deep

understanding of the language or had asked an Italian friend to help them answer the questions. Either way, the responses are considered valid, taken into consideration, and contribute to the discussion.

Birth control

The Benussi et al. (1985) and Gribaldo et al. (2009) theories, the former suggesting technological birth control methods contribute to fertility decline and the latter questioning the relationship between birth control practices and maternity decision making, are factored into the survey with two key questions: how many pregnancies have you terminated and what type of birth control do you prefer for exclusive and non-exclusive relationships? The data collected on the topic of birth control preferences demonstrates overall that technological birth control is more likely to be used in an exclusive relationship. This solution is paradoxical to the theory (Gribaldo et al., 2009) because a large portion of survey participants did not report an answer. Twelve did not respond to the question regarding exclusive partners, and 23 did not respond to the question of non-exclusive partners. By leaving the question blank, the researcher is forced to assume that the respondents either 1) only have experience with one type of relationship rather than the other, 2) do not use any method of birth control, or 3) did not want to answer the question. While a few women did report using no birth control, four indicated so with an exclusive partner and three with a non-exclusive partner. It is likely that a dominant portion of the twelve blanks for the question of exclusive partnership indicate that no birth control is being used. Contrastingly, it can be inferred that the 23 blank responses for the question of non-exclusive partners indicate not participating in a sexual relationship of that category.

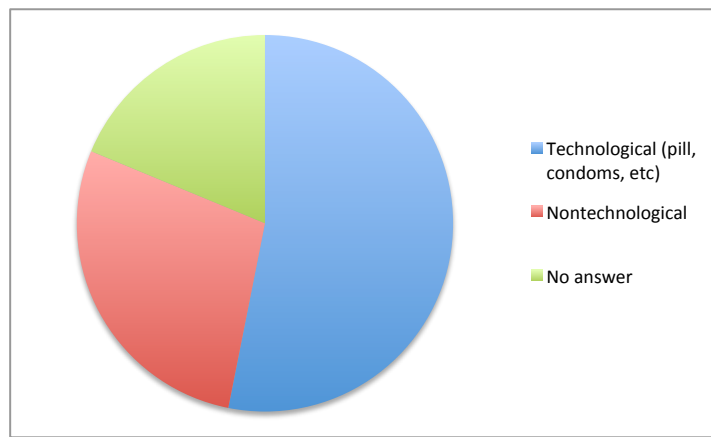


Figure 2: Birth control with an exclusive partner

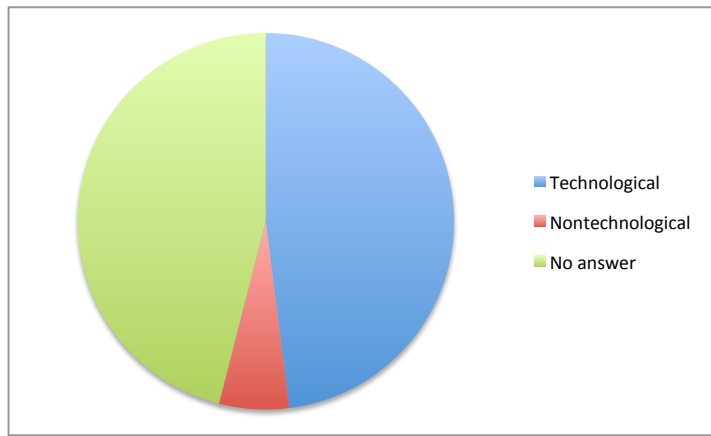


Figure 3: Birth control with a non-exclusive partner

While the question of birth control does not deliver accurate information on the levels at which the surveyed population prefers technological to non-technological methods, it does give insight into the differences in technological methods used. Some women indicated the use of more than one method, so overall, there were 32 references to condoms, 15 mentions of the birth control pill, three mentions of the intrauterine device (IUD), two mentions of the hormone patch, two mentions of the ring device, one mention of a diaphragm, which is an older method and was mentioned by a respondent in her late 50s, and one mention of a vasectomy. Regarding non-technological methods, beyond the seven that wrote “none”, one respondent wrote “partner” and another individual reported the use of “pull and pray”, both of which were interpreted to suggest withdrawal and are not technological methods. Both of these responses reveal alignment with

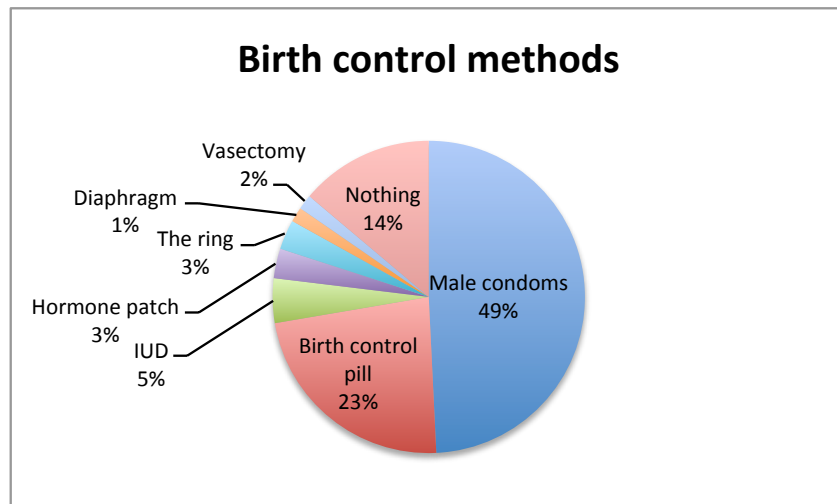


Figure 4: Favored birth control methods reported by the women who answered the survey

Gribaldo et al. (2009) in the sense that both women maintain faith that their partner will be able to interrupt the sexual encounter as a form of birth control.

The question asking how many pregnancies the woman has terminated to test for the prevalence of the use of abortion services among the sample produced inconclusive results. Of the 17 respondents that reported having terminated a pregnancy, 14 indicated the same number as the number of children they also reported having. This leads one to believe that either Italian mothers frequently utilize their right to abortion or the way the question was asked was incorrect. The survey asked specifically, *per favore, indichi il numero di gravidanze che ha terminato* (please indicate the number of pregnancies that you have terminated). The verb “to terminate” in English connotes the ending of something by force, however, it is likely that some women thought “terminare” meant, in this specific context, “finished” and therefore answered the question as if it were asking “how many pregnancies have you finished.” Because of this potential misunderstanding, if included in the data analysis, this information would dramatically skew abortion related statistics for the research. Therefore, any respondents who indicated

having brought into the world the same number of children as the number they indicated aborting, those responses were disregarded for this portion of the analysis.

Of the four salvageable answers to this question, three reported having experienced a single abortion and one reported undergoing two abortion procedures. Of the three women who indicated they had terminated a single pregnancy, only two also indicated that they regularly use technological birth control and the third did not respond to the question of birth control. Therefore, the data does not support the Benussi et al. (1985) claim that, following the 1978 legalization of the procedure, abortion became an increasingly common method of birth control. However, the Benussi et al. study does admit that the frequency at which women seek out abortion services is higher in the north of Italy than the national average, specifically in the north-east (1985, p. 24). The north-east of Italy is not adequately represented in the data collected for this research, limiting further investigation on the theory of access to abortion curbing national maternity levels.

Therefore, the survey results do not support the theory suggesting abortion services contribute significantly to maternity decline (Benussi et al., 1985) because only 7.5% of responses indicated utilizing the services. Similarly, the Gribaldo et al. (2009) claim that most women do not use technological birth control methods in favor of letting chance decide is not fully supported by the data that indicates 60.1% of surveyed women do use technological birth control methods to prevent pregnancy. While the percentage is above half, it is still not very high and therefore is regarded as partially supporting the theory.

Household Complexity

The question of household complexity is multifaceted and reflective not only of cultural values but also economic restrictions. 32 responses indicated that the respondent was living with

family and 19 responses indicated that the respondent did not live with family. Of the 32, 12 indicated wanting kids someday (37.5%) and three indicated not wanting kids in the future (9.3%). Of the 19 respondents living without family, 10 indicated wanting kids (34.5%), and four do not (13.8%), many left the question of wanting kids blank. From this comparison, it is understood that whether or not a person lives with their family, the difference between those who want kids and those who do not is noticeable, but marginal. This loosely supports the theory of household complexity according to the data.

	Lives with family	Lives without family
Wants kids	12	10
Does not want kids	3	4

Regarding intergenerational dependence, the most common results on the 0 (none) to 10 (very frequent) scale, recorded for grandparental participation in the respondent's childhoods, are between 5 and 8, with 7 as the leading answer. Almost all respondents indicated that their grandparents were very involved in their upbringing. The data collected on grandparental participation confirms not only Breschi et al. (2014) by demonstrating heavy reliance on a multigenerational model but also Bergmante (2011), who suggests that often the burden of the failed Italian welfare state becomes the responsibility of the grandparents, and Livi-Bacci (2001) who blames economic conditions for limiting young people from realizing their goals of having a family by making them continually reliant on their parents. Furthermore, I infer that people who feel that their grandparents were very involved in their lives would be more likely to depend on their parents or, according to the theory of the culture of entitlements (Livi-Bacci, 2011), expect their parents to help in raising their children, which would perpetuate this cycle of dependence.

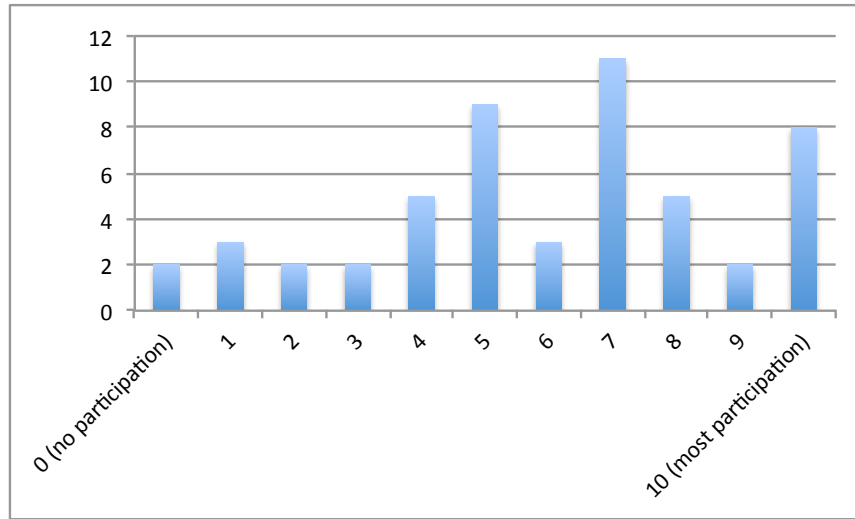


Figure 5: Results of how respondents viewed their grandparents participation in their childhood.

Further related to household complexity, the question of whether a person lived close to their mother generated a 9.8% difference in the number of women who wanted children. 67.8% of women who responded that they live near to their mother indicated that they would like to have children in the future. On the other hand, 58% of respondents who reported living far from their mothers also reported being in favor of starting a family. This data confirms the inference that women living near their mothers are more likely to want kids.

The data collected regarding household and family complexity reveal moderate alignment with the theories suggesting that living with family is an encouraging factor for maternity. The most prominent conclusion from this section is that of grandparental influence which confirms the theories emphasizing the importance of multigenerational relationships and dependency (Breschi et al., 2014; Bergamante, 2011; Livi-Bacci, 2001).

Women’s Liberation

To investigate the theory of women’s liberation as a leading factor in fertility decline (Castiglioni and Zuanna, 2009; Caputo et al., 2008; West, 2006; Saraceno, 1994), there were three key questions to determine the influence of feminism: “do you feel pressure to have

children?”, “do you feel that your mother felt more pressure to have children?”, and “are you a feminist?” The results are almost evenly divided between the 24 participants who do feel pressure to have children before a certain age (48.5%) and the 25 women who do not feel pressured (51.5%). Looking toward a generational shift in values, 18 indicated their mothers likely felt more pressure, 7 indicated less pressure, and 5 indicated the same level. Therefore, the emphasis on women reporting that they feel less pressure to have children than their mothers can be interpreted to support Caputo et al. (2008), which follows fertility decline in Italy since 1964 and suggests women’s liberation is the largest contributing factor. Thus, with 60% of responses noticing a shift in societal attitude from one generation to the next, it is likely that this generational shift liberating women from the pressure of childrearing does play a role in the maternity decline.

Regarding the question of calling oneself a feminist, 27 responses (58.6%) indicated women that do consider themselves feminists and 19 responses (41.3%) explicitly refused the title of feminist. Of the 19 responses that indicated the participant does not identify as a feminist, 13 sought to explain their perspective with the open-ended follow-up question. Ten of the 13 open-ended responses followed a theme of refusing only the title of feminist, while defending the key value of the ideology: equality of the sexes. A 21 year-old from Rome reported, “*no, penso che ci debba essere una parità dei sessi ma non mi ritengo una femminista* (no, I think that there should be equality of the sexes but I don’t consider myself a feminist)” and a 33 year-old from Rome said similarly, “*non mi definisco femminista, ma credo che donne e uomini debbano avere gli stessi diritti in qualsiasi ambito* (I don’t define myself as a feminist, but I believe that women and men should have the same rights in pretty much every aspect).” This suggests that there is a large shared understanding of gender equality, but it is outside the context of the social

movement of feminism. Regarding the data, there is no strict age correlation for thoughts on feminism, contrary to the Castiglioni & Zuanna (2009) study, which suggests younger generations are more progressive than their parents. However, based on these findings, there is no clear support for the claim by Caputo et al. feminism is more important to women than motherhood (2008, p. 365). While the majority of women who responded to the question do consider themselves feminists, the proportion refusing the title is far from marginal.

The open-ended responses were coded into four categories: yes, no, no need, and “no” + definition of feminism. 26 responses openly indicated a woman calling herself a feminist, two responses belong to the category of “no need” who argued that men and women are already equal therefore feminism is no longer necessary, 10 responses indicated “no”+ sentiments that are in agreement with the feminist ideology of equality but also reject the movement, and there were only three responses that expressed a clear rejection of feminism. This suggests that while feminism is popular with roughly more than half the respondents, it is still considered a controversial movement among Italian women, therefore the Castiglioni and Zuanna (2009) and Caputo et al. (2008) studies are weakly supported in their suggestion that feminism is more important than motherhood.

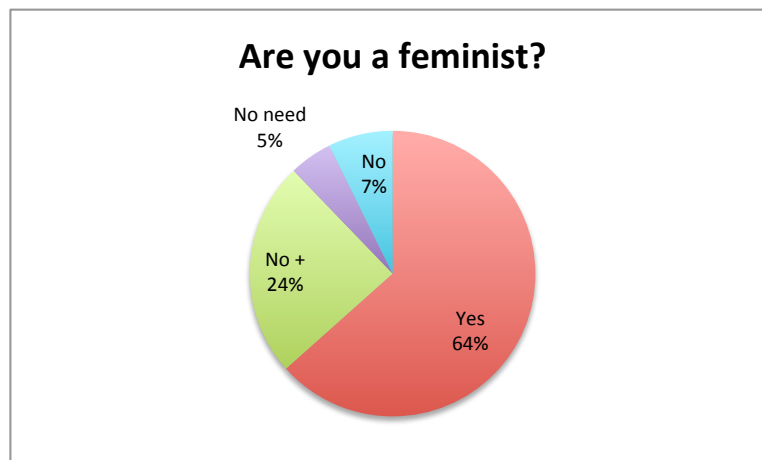


Figure 6: Survey results for question "Are you a feminist?"

Italian factors: postponement and entitlements

The culture of entitlements, as suggested by Livi-Bacci (2001), encourages a prioritization of quality rather than quantity in childrearing. Because of this, Krause and Marchesi (2007) theorize that women intentionally limit their fecundity to two or fewer offspring to abide by social standards. The two questions, asking first the ideal number of children for a family according to society and then in the opinion of the individual survey participant, demonstrated incongruence. The average answer concerning societal expectations is 2.04 and the most common answer was two children per mother. Individual opinions of women demonstrated that their ideal number of children has a much wider variety ranging from zero to five and including responses like “*quelli che Dio vuole donare alla famiglia* (as many as God wants to give a family).” The average number of children considered ideal by women surveyed is 2.6 and the most commonly answered number is three children per mother. This disparity between what women want and what they think society expects of them demonstrates that either the sample is not representative of the Italian population or that Krause and Marchesi (2007) are wrong in suggesting Italian mothers do not feel capable of providing equal and adequate care to more than two children, rather there is a perception that society doubts their ability. Additionally, two is the

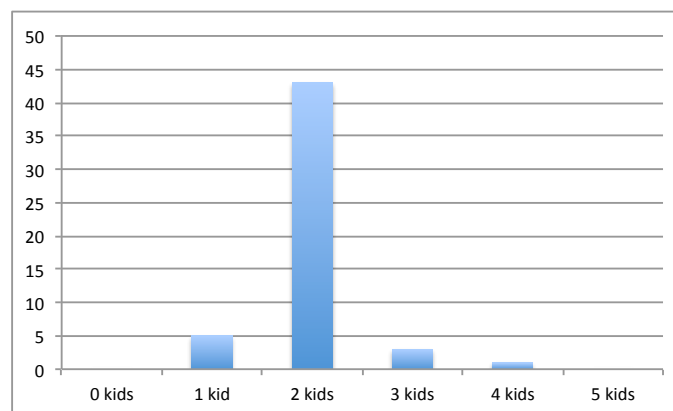


Figure 7: Results asking society's opinion on the ideal number of children per family

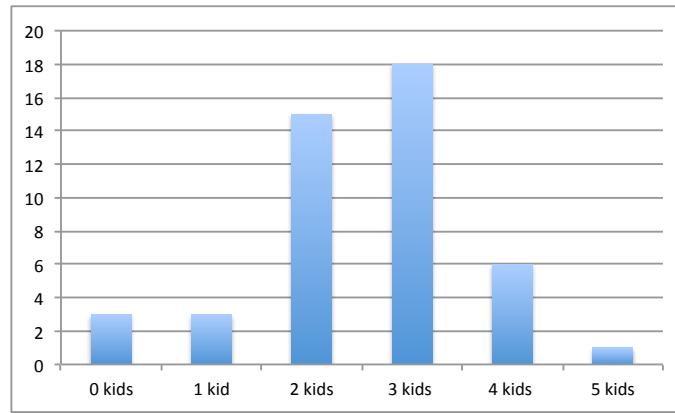


Figure 8: Individual opinions on the ideal number of children per family

second most ideal number of children reported by individuals, which in part reinforces the theory. Sixteen women reported being mothers, six of them have one child, six have two children, three have three children, and one has four children. This distribution relates back to the question of what Italian society perceives to be the ideal number of children for a family, as one and two children households are highlighted in this data. Additionally, the fact that a few women do have more than two kids demonstrates alignment with data collected on the ideal number of children according to each woman's opinion, which does indicate that a significant portion of Italian women surveyed reported wanting more children than the perceived Italian society standard. Therefore, a loose interpretation of the quality versus quantity argument perpetuating the culture of entitlements is necessary because it is clearly shared by some women, but it is not a dominating theme within the survey data.

Postponement, as the other Italian factor, was tested with the question asking women to identify the ideal time for a person to start a family. 44.7% consider the right time to be after finding a stable job, 8.5% think the right time depends on finding the right partner, 6.4% suggest the right time is "when you feel ready", 6.4% think the right time is after finishing one's degree, 2% suggest waiting until after marriage, and another 2% suggest "*quando Dio decide* (when God

decides).” The results of this question demonstrate how highly prioritized a stable job is for Italian women. Nearly half of the responses indicated so and there was no close second place; responses suggesting that there is “no right moment” to bring a child into the world composed 19%, which does support the findings of Gribaldo et al. (2009). Even though “no right moment” is only the second most popular response, there is evidence that a significant portion of the population subscribes to this theory. However, this theory must be placed in the context of a

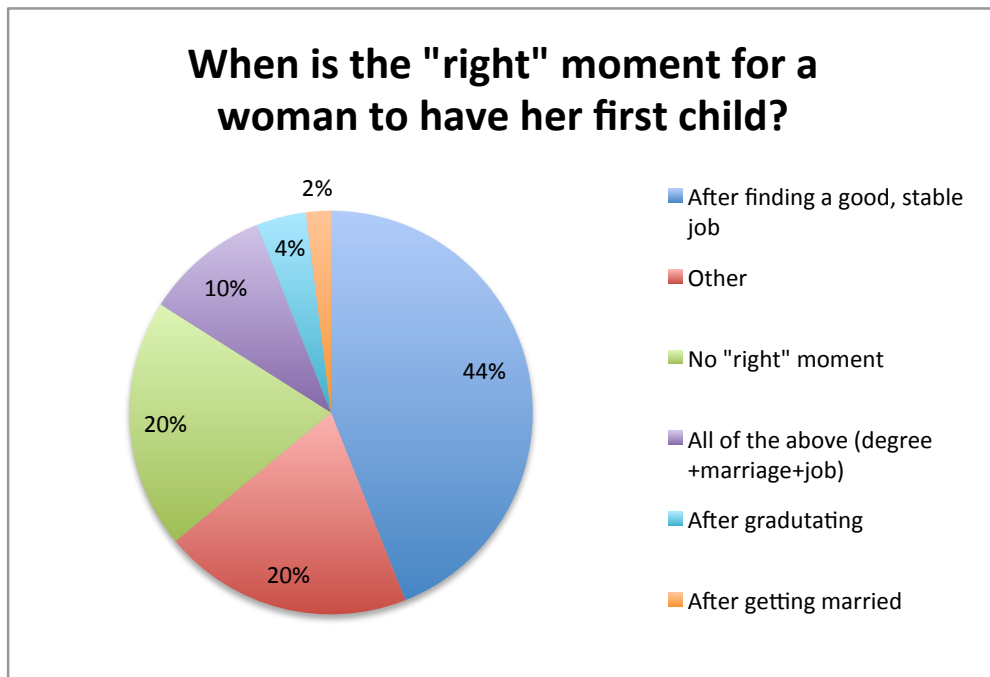


Figure 9: Responses to the question "when is the right moment for a woman to have her first child?"

greater deciding factor: the availability of stable employment. While 15 of the 21 participants who indicated a stable job as the defining marker of the right time to have children were under the age of 25, only one of the nine participants who indicated there is no “right” time to have children also reported being under the age of 25. This age discrepancy can be attributed to the fact that most women under the age of 25, in Italy, are either looking or studying for a stable job.

The Italian welfare system is thought to inhibit rather than encourage maternity (Bergamante, 2011; Saraceno, 1994). Saraceno (1994) suggests that sexism in Italy has permeated the welfare system forcing women to be reliant on men for benefits, state-provided or otherwise. Bergamante (2011) provides evidence tying higher fecundity of wealthier regions to the state-sponsored resources available to mothers. The results of the open-ended survey question asking women if they felt the Italian welfare system encouraged women to have more children demonstrate alignment with these theories. 81.5% of women who responded to this question indicated they felt the welfare system does not encourage maternity among Italian women, while 18.5% said they were in favor of the system in place and its programs. Similarly, based on the open-ended responses, the following key systemic failings were identified: the system places too much responsibility on the grandparents, childcare is an explicit concern, as well as the balance of professional and motherly roles, in addition to the struggle to balance work and family life.

These themes have been extracted from the responses and reveal a strong trend within the thoughts of Italian women, as 18 responses mentioned that the system “was not enough.” This is a general statement and 10 of those 18 responses also included additional information indicating the other concerns as well, confirming that this is a multifaceted issue that requires analysis on different levels. The second most prominent theme was noted in 12 responses that mentioned *lavoro* or “work,” suggesting that these women do not feel their welfare system adequately supports working women. Furthermore, four responses explicitly mentioned lack of accessible childcare options as a problem, two mentioned the system places too much responsibility on the grandparents. Only five of the responses included something positive about the system. This analysis is limited by the fact that my survey did not ask women whether they had been

recipients of state-subsidized parental incentives. Therefore, the received responses were read without knowing whether or not these women actually participated in the system, so it is impossible to tell if the women formed their opinions based on an experience of their own, that of a close friend or family member, or from hearsay and general public opinion.

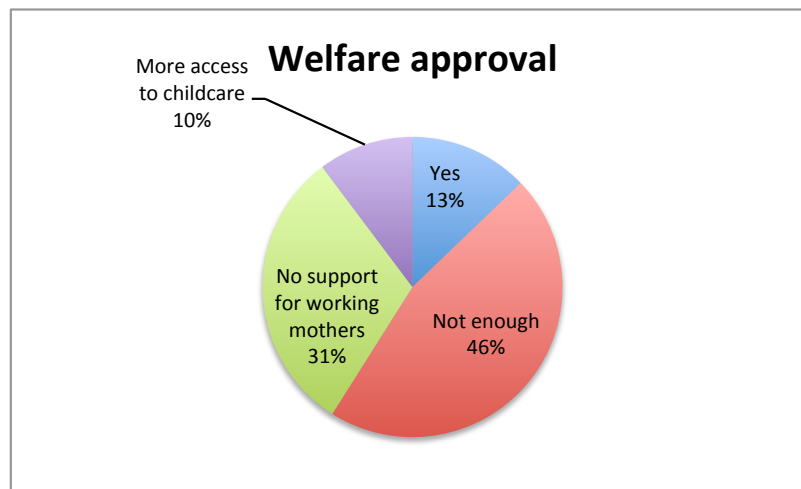


Figure 10: Survey responses to the question, "does the welfare system encourage women to have children?"

The Italian factors of culture of entitlements and postponement are both represented in the data and confirm the theses of Livi-Bacci (2001). The limitation of welfare, as investigated by Saraceno (1994) and Bergamante (2011), was also found to be considered an impediment, validating the theses. This data suggests that Italian women do postpone maternity in favor of economic stability and that they do not typically have more than one or two children. The data does not demonstrate that women favor quality over quantity, but the fact that many of the mothers surveyed have between 1-2 children and reported that society considers this ideal, validates the theory and therefore can be considered supported.

5. Conclusions

The purpose of this study was to look at 1) what the Italian government has already done to combat falling reproductive rates, 2) what scholars have said about the topic, and 3) what Italian women think about it in order to understand why it is happening and why a solution has not been produced. I hypothesized, based on the failed governmental initiatives and the scholarship, that lack of household complexity and the “Italian factors” would be the most prominent hindrances to maternity, largely because they are manifestations of economic insecurity. Additionally, based on the contrasting studies, birth control was hypothesized to not play a large role in hindering maternity, but rather, presented a paradox because of its low reported usage. Women’s liberation was not hypothesized to be a strong argument because of the current lackluster feminist movement in Italy.

Based on the data collected in the survey, the hypothesis was partially confirmed. Household complexity was found to produce a weak correlation suggesting that living with or near family encourages women to want children. However, the survey did confirm that many Italians were raised with multigenerational influences and grandparental support. This finding supports rather the Italian factor of entitlement, suggesting that parenthood, as a commitment, does not end when the child finds a stable job or goes to university, but continues in the role of the grandparent as secondary custodian in many Italian families. This long-term commitment is a serious investment, which discourages people from pursuing parenthood. Entitlement is further confirmed by respondents with the indication of society’s expectations of limiting reproduction in favor of preserving quality of care.

The hypotheses regarding usage of birth control and women's liberation were confirmed. While a large portion of women surveyed did not indicate using birth control, the majority cited condom-use with both exclusive and non-exclusive partners, contrary to the theory (Gribaldo et al., 2009). While the information collected on abortion was inconclusive, the legal protection of conscientious objectors to the procedure within the medical field effectively limits women's access, making it unlikely to be a leading hindrance to fertility but also requiring more research. Women's liberation on the other hand presented a paradox, that of the popular "no +" category who indicated a rejection of the title of feminism followed by the definition of the ideology. However, the majority indicated feeling less pressured to have children than their mothers felt, suggesting that there is a societal liberation of women from the obligation of childrearing, thus making this a contributing factor to the decline, but not a leading factor.

The cultural factors demonstrated concerns regarding economic security, like the prioritization of finding a stable job before starting a family, rather than waiting for marriage, buying a home, or other personal milestones that would hypothetically make raising a child more comfortable. The main concern of economic security demonstrated by these responses is inherently tied to entitlements, concerns of welfare, and household complexity. While there was no survey question directly asking women about their economic concerns, the subject repeatedly came out in the open-ended questions.

Employment seems to be the central hindrance and concern of Italian women, however none of the women surveyed indicated that they were out of work. This is interpreted to be representative of the country as a whole because the precariousness of employment is a pressing issue and is exacerbated by regional disparities, as confirmed by Bergamante (2011). The challenges Italian women face entering the workforce would be pertinent to include here, but are

very nuanced and would require their own in-depth analysis to further the field. Therefore, the findings of this study conclude that more research needs to be done on the role of women in society and their decision to assume, reject or postpone maternity. However, regarding the failed governmental initiatives, as was suggested by critics, a different approach is warranted to support working women and to support women entering the workforce in order to encourage economic autonomy simultaneous with motherhood to alleviate the central deterrents of entitlement, postponement, and the pursuit of autonomy.

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Appendix 1

Survey:

I dati raccolti dal seguente questionario verranno incorporati in una ricerca per una tesi di laurea sul calo della fertilità in Italia, scritta da una studentessa della John Cabot University. Le risposte alle domande saranno anonime. Se i rispondenti del questionario volessero aggiungere commenti o spiegazioni per dare contesto alle risposte date, qualsiasi aiuto sarà gentilmente accettato e incoraggiato.

1. Età _____
2. Sesso _____
3. Città di residenza _____
4. Lei è cresciuta in Italia? _____
5. Lavoro (evidenzi uno):
 - Un lavoro dipendente
 - Un lavoro libero professionista
 - Imprenditrice
 - Studentessa
 - Pensionata
 - Non occupata ma alla ricerca di un lavoro
 - Non occupata e non alla ricerca di lavoro
6. Orientamento sessuale _____
7. Quante persone vivono in casa sua? _____
 - Sono tutti membri della famiglia? Scegli: Sì o No
8. Quando era ragazza, quanto partecipavano i suoi nonni e altri parenti nella sua vita quotidiana?
(meno partecipazione) 0 1 2 3 4 5 6 7 8 9 10 (più partecipazione)
9. Quanto tempo ci vuole per andare da casa sua a quella di sua madre? _____ minuti a piedi/ore
nel macchina, treno o volo (per favore, indichi la misura del tempo o se le informazioni sono N/D)
10. Nell'opinione della società italiana, qual è il numero di figli ideale per una famiglia media? _____
11. Nella sua opinione, qual è il numero di figli ideale? _____
12. Lei la sente pressione sociale di avere figli prima di una certa età?

13. Pensa che sua madre abbia avuto la stessa pressione o più pressione?

14. Lei è una femminista? Perché sì o no, perché?

15. Lei è sessualmente attiva? Sì o No

16. Se sì, quali tipi di contraccezione preferisce? Può nominare più di una tipologia:

- Con rapporto esclusivo: _____
- Con rapporto non esclusivo: _____

17. Per favore, indichi il numero di figli che ha partorito o adottato:

0 1 2 3 4 5+

18. Risponda alla domanda riferita alla sua situazione:

- Se non ha figli, intende averne nel futuro? Sì o No
- Se ha già figli, vorrebbe averne altri? Sì o No

19. Per favore, indichi il numero di gravidanze che ha terminato:

0 1 2 3 4 5+

20. Secondo Lei, quando è il momento migliore per una donna per fare il primo figlio?

- Dopo la laurea
- Dopo aver trovato un buon lavoro stabile
- Dopo il matrimonio
- Tutte le risposte sopra citate
- Altri momenti _____
- Non c'è un momento opportuno

21. Il sistema di welfare in Italia incoraggia le donne ad avere figli? Sì o No.

22. Finisca la frase: Credo che le pillole anticoncezionali ...

- A. Abbiamo un effetto negativo sulla salute personale a lungo termine.
- B. Abbiamo un effetto positivo sulla salute personale a lungo termine.
- C. Non abbiano un effetto sulla salute personale a lungo termine.

23. Secondo Lei, perché ci sono meno Italiani che fanno figli oggi?

Per favore, invii le sue risposte ed anche alcune domande a kkehoe@johncabot.edu prima del 7 aprile 2018.

Grazie per la sua partecipazione.