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Abstract

Americans have positive views of adoption, yet many never consider adoption. This study examined characteristics that predict whether women ever consider adoption as a pathway to motherhood using an analytic sample of 876 childless women from the National Survey of Fertility Barriers. Using Risman's theory of gender as a social structure as a framework, we focused on the role of the importance of motherhood and infertility in predicting adoption consideration. Women who held higher levels of importance of motherhood and engaged in medical help-seeking for infertility were more likely to consider adoption at both the bivariate and multivariate levels. Women currently considering adoption were more likely to have seen a doctor for infertility, to have a high importance of motherhood, to be African American, and were generally older. Longitudinal research is needed to evaluate how views of adoption and the importance of motherhood change over time for individual women.

Keywords

adoption, infertility, motherhood, pronatalism, help-seeking

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Most Americans have positive views of adoption (Miall & March, 2005; Dave Thomas Foundation for Adoption, 2002), and most adoptive parents reported having overall positive experiences with the adoption process (Vandivere, Malm, & Radel, 2009). Yet few Americans actually adopt children. Although the raw number of adoptions increased between 2000 and 2008, the rate of adoptions per 100,000 adults decreased by 5% during the same time period (Child Welfare Information Gateway, 2011). This means that fewer adults are actually adopting children. Stricter adoption policies, particularly for transnational adoptions, and fewer “preferred” children available for adoption partially explain changes in the adoption landscape over the last four decades (Jones, 2008; Vandivere et al., 2009). Another factor includes advances in new reproductive technologies, which could be replacing adoption as a response to fertility barriers in the United States (Becker, 2002). If adoption is seen as “second best” (A. Fisher, 2003) or stigmatized, then women may not ever consider adoption.

American society has both remained pronatalist (Parry, 2005) and become more accepting of adoption (Vandivere et al., 2009). Why do some women consider adoption and others do not? What factors or personal characteristics are associated with whether or not women will ever consider adoption? To understand motivations for adoption, we must understand what factors indicate the likelihood that women will consider adoption as an option at all. Women’s willingness to consider adoption is a way to assess stigma associated with adopting a child and is the first step in adoption-seeking. Because most studies of adoption-seeking behaviors rely on clinical samples (A. Fisher, 2003), it is unclear if the propensity to consider adoption differs systematically among childless women in the general population. In this study, we use the National Survey of Fertility Barriers (NSFB), a nationally representative sample of reproductive-aged women, to assess what characteristics differentiate women who consider adoption from women who do not.

Understanding adoption intentions and reducing stigma associated with adoption can have several benefits for women and children. First, reproductive technology still has relatively low rates of success (Inhorn, 2002), is very expensive (Beckman & Harvey, 2005), and has unknown health consequences for mothers and children. Adoption might be the only option for some women to become mothers. Not achieving this identity might cause lower life satisfaction, or might be disconcerting to childless women for whom the importance of motherhood is high (J. McQuillan, Stone, & Greil, 2007; J. McQuillan et al., 2012). Second, there is a high demand for good parents in the United States. Many children still age out of foster care without ever having a permanent placement (McCoy-Roth, Freundlich, & Ross, 2010), and the number of children waiting to be adopted from foster care continues to be substantially higher

than the number of adoptions that are finalized annually (DeVooght, Malm, Vandivere, & McCoy-Roth, 2011). Reducing stigma surrounding adoption, particularly for transracial adoptions, would likely benefit adopted children by negating the perception that they are not preferred children. In addition to the social benefits for parents and children, it is important to understand adoption consideration from a practitioner and policy standpoint. Exploring adoption consideration can help illuminate the structural characteristics of society and of adoption policies that contribute to the reluctance to consider adoption. For instance, some research has indicated that fears of stigma and the prospect of remaining on a waiting list for long periods may deter potential parents from pursuing domestic adoptions (Zhang & Lee, 2010). Additionally, lingering resistance to transracial adoptions and the stigma attached to African American children (who are disproportionately more likely to be foster children) may also deter foster adoption (Briggs, 2012). Understanding these constraints will help guide efforts to find parents for children and children for intending parents.

Theoretical Framework

Risman's (1998) theory of gender as a social structure provides the theoretical framework for this study. In her theory, Risman argues that gender is a social structure that works to shape and confine human behavior and is a system that is "deeply embedded as a basis for stratification, differentiating opportunities and constraints" (p. 28). Risman uses a three-level model (Individual, Interactional, and Institutional) to specify how gender as a social structure is created and recreated. We emphasize how pronatalist ideologies and values operate at all three levels.

Individual Level

Gendered identities operate at the individual level, and infertility creates a challenge to these individual gendered identities. Motherhood remains a highly valued goal for American women (J. McQuillan, Griel, Shreffler, & Tichenor, 2008). Pregnancy and parenting are cornerstones of adult femininity to the extent that motherhood is often viewed as the quintessential component of womanhood (Ireland, 1993; Ulrich & Weatherall, 2000). Similarly, others have argued that the ability to procreate is viewed as the most valuable aspect of being a woman and the most important thing that a woman could ever do in her life (Parry, 2005). Even women who are not considered to be the "ideal" candidates for motherhood, or who have been historically deterred from pursuing motherhood, may still internalize the ideologies of the motherhood mandate. For instance, Bell (2009) found that poor and minority women

who experienced infertility highly desired motherhood. Additionally, in their ethnographic work with poor inner-city women, Edin and Kefalas (2005) found having children was so highly valued among their sample that they went as far as to report contempt for middle-class women who opted out of motherhood. Cultural ideologies of motherhood also imply that women who are unable to conceive are somehow incomplete as women (Elson, 2004; Morell, 2000). At the same time, both fertile and infertile women are often led to believe that pregnancy is the best way to become a mother (Wolf, 2001). If adoption is considered “second best” or adopted children are not perceived as “real” children (and therefore their mothers not “real mothers”), women may feel that they are failing at femininity if they adopt.

Interactional Level

The interactional level builds on West and Zimmerman’s (1987) perspective of doing gender. The act of parenting and rearing children becomes a form of gender accomplishment. The transition to parenthood is a complicated time for many expecting parents and can have a powerful impact on couples (Cowan & Cowan, 1992). One important aspect of this transition is the pregnancy process. For women, pregnancy is a tangible physical experience complete with progressive physiological milestones that demonstrate femininity to others (Draper, 2003). Women who achieve parenthood through adoption do not experience these milestones and are in effect left out of this particular element in the cultural script of motherhood. Besides the physical aspects of the pregnancy process, there are cultural rituals that are typically present. Baby showers and birthing classes have become important elements of the transition to parenthood, as they prepare and socialize expecting parents. For pre-adoptive couples, these events may not be present and the expectancy phase of the adoption process may not garner the same level of social and familial support that nonadopting couples typically experience (Goldberg & Smith, 2008). Although there are other notable experiences that pre-adoptive couples experience, such as picking a child or preparing for the arrival, bodily aspects of the pregnancy process will be absent. The cultural emphasis placed on the pregnancy process and the importance of these interactional rituals may lead some women to view adoption as second best to having a child via pregnancy, especially if they have never experienced pregnancy before.

Institutional Level

The institutional level of gender theory includes how organizations are gendered, how individuals are given different opportunities based on gender, and

how ideological discourses are gendered. The pronatalist discourse and the ideologies of adoption are both gendered and there are different expectations and opportunities for men and women in these areas. Motherhood and fatherhood are constructed differently, and the ways in which men and women interact with adoption and fertility clinics show different patterns. To whom doctors and clinicians direct their questions and advice draws on assumptions of who makes fertility and family-related decisions. As Thompson (2005) notes, infertility and fertility treatment often become focused on the female body, and her body comes to represent the couple. Even in cases of male factor infertility, the woman's body becomes the focus when couples move forward with donor insemination or in vitro fertilization. Finally, doctors may be unwilling to advise patients to give up treatment that would allow them to move on to other methods of parenthood—namely, adoption (Greil, 1991). Instead, doctors suggest new technologies and procedures to produce a biological child (Beckman & Harvey, 2005).

Infertility and Adoption Within the Context of Pronatalism

Becoming a parent is an important life course milestone for many people (van den Akker, 2001), and motherhood remains highly valued for many American women (J. McQuillan et al., 2008). There is an idealized family type that many Americans compare themselves to (Smith, 1993), but are this ideology and social comparison alone enough to engender a desire to become a parent? Some scholars have gone as far as to say that humans are genetically predisposed or hardwired to desire parenthood (Miller, 2003). Other researchers have pondered why people want to have children at all (Morgan & King, 2001), as nearly all economic value and benefits of children, save emotional attachments, have diminished (Nuack, 2005) and the financial expense of raising children has dramatically increased (Lino, 2011).

A pronatalist ideology results in an enormous amount of pressure to bear children, which is particularly salient for those with fertility barriers. Parents, relatives, and society in general (Morgan & King, 2001) often pressure women into feeling that they “owe” children to their family (B. Fisher, 1992). Parry (2005) argues that women's ability to conceive and bear children is often socially constructed by Americans as their most valuable ability. It is not surprising that fecundity and motherhood are perceived as an important and “natural” component of being a woman (Maher & Saugeres, 2007; McMahon, 1995; Ulrich & Weatherall, 2000) given the connection of child-bearing to femininity (Elson, 2004). Despite attempts to sever the connection between motherhood and womanhood (Gillespie, 2003; Morell, 2000), the

association remains strong and prevalent. Infertility not only works to prevent women from gaining wanted children, but it can also have an impact on how they feel as women, given the strong connection between reproduction and womanhood. Does a woman fulfill her role as a woman if she mothers any child, be it a stepchild or adopted child? Or, must she experience pregnancy and biological motherhood to be accepted and take her place among the ranks of “true womanhood”? The experience of infertility within a pronatalist structure places women in situations where they must negotiate and navigate what it means to be a mother.

Twelve percent of women (7.3 million) in the United States aged 15 to 44 suffer from some form of infertility (Chandra, Martinez, Mosher, Abma, & Jones, 2005), and approximately 35% of women will experience a period of infertility at some point during their lifetime (J. McQuillan, Greil, White, & Jacob, 2003). Over the past few decades, the availability of medical treatments and advanced reproductive technologies has increased immensely as medical science has provided many potential options to obtain a biologically related child (Beckman & Harvey, 2005). Yet the success rates of these procedures remains low and is often exaggerated by agencies (Inhorn, 2002). These reproductive advances can bring both positive and negative consequences for women and men who experience subfecundity. Increased options can result in increased pressure on couples to seek treatment (Letherby, 2002), especially when they identify as having a fertility problem (J. McQuillan et al., 2007), and further reinforces the notion that motherhood should be pursued by most women (Morell, 2000). In addition, advances in procedures and new technologies give couples elevated hope for having a biological child, thus increasing the amount of time and money that they are likely to spend undergoing treatment to gain a biological child (Daly, 1988; Greil, 1991).

The prevalence and cultural awareness of treatment coupled with the stigmatized nature of adoption (Daniluk & Hurtig-Mitchell, 2003; Wegar, 2000) leads many people to use adoption as a last resort that is not perceived as being as good as having their “own” child (Daniluk & Hurtig-Mitchell, 2003; A. Fisher, 2003). This “second best” mentality of adoption is perpetuated by American society’s emphasis on blood ties for defining family forms and determining kinship (March & Miall, 2000). Therefore, despite infertility being the most common reason for adoption (Hollingsworth, 2000), encountering fertility barriers may not necessarily increase the likelihood that women will consider adopting a child if reproductive technologies are available.

Adoption in the United States is highly stigmatized (Modell, 2002). Each member of the adoption triad faces different levels and types of stigma

(March, 1995; Wegar, 2000). Potential adoptive parents face two sources of stigma—the assumption that they are infertile and that they do not share a blood tie to their child. Many people adopt because of infertility (Vandivere et al., 2009; Zhang & Lee, 2010), contributing to the assumption that adoptive parents are infertile, especially when children do not share the racial ethnic backgrounds of their adoptive parents. Adopted children are also stigmatized in American society. Many Americans endorse beliefs that genetics are the primary cause for both health and social outcomes (Shostack, Freese, Link, & Phelan, 2009). There is evidence that some people assume that women who give children up for adoption have psychological or behavioral disorders and that they will pass on these problems to their children, contributing to the belief that adopted children will be problem children (Weirzbicki, 1993). These negative assumptions become more evident when examining beliefs about children available through private adoption compared with public adoption. Findings from the National Adoption Attitudes Survey (Dave Thomas Foundation for Adoption, 2002) indicated that children in the foster care system are far more likely to be expected to have behavioral, emotional, and academic problems than privately adopted children. These assumptions are not based in evidence. Adoption status is not associated with higher risk of aggressive behavior or other problem behaviors (Grotevant et al., 2006). It is not the status of being an adopted child that leads to negative outcomes but rather the experience of multiple transitions and other elements of being in the foster care or adoption system for an extended length of time that contributes to these negative outcomes (Simmel, Barth, & Brooks, 2007). Aside from negative views of adoptees, adoptive parents often cite additional concerns about adoption such as fears that birth parents will change their mind and take back the child or that their families will not be viewed as “real” families (March, 1995). Each of these present possible reasons why couples would choose to avoid adoption or fail to consider it as a possibility.

Religion plays a role in how women perceive and react to infertility. Research has shown women who indicated religion is important in their daily lives have both higher intended and completed fertility (Hayford & Morgan, 2008; K. McQuillan, 2004). It is evident that religiosity plays an important role in fertility decisions, but it is somewhat less evident of the overall role that it plays in adoption intentions. There has been relatively mixed support of the role of religion in adoption intentions. Using data from the National Survey of Family Growth, Hollingsworth (2000) finds White women who report that religion is very important do report higher intentions of adoption but that it does not hold true for Black or Hispanic women. Conversely, a study of prospective adopters and foster caregivers in California concluded that though religious and spiritual beliefs were a factor in motivation to adopt

or foster for more than half of the participants, religious views were not significantly associated with willingness to adopt a child (Tyebjee, 2003). These findings are striking given that adoption is the religiously sanctioned option among some Christian religions for addressing infertility because of concerns about the ethics of reproductive technologies (Jennings, 2010). For a thoughtful review of how various religions view infertility and family formation, see Dutney (2007). Employing ethnographic methods, Jennings (2010) finds that highly religious women often renegotiated their religious stance on assisted reproductive technologies and went in opposition of the church norms in order to pursue the possibility of having a biological child.

This study contributes to research on gender and adoption in several important ways. First, it highlights how the importance of motherhood can shape adoption attitudes and willingness to adopt children. Second, it draws attention to the importance of religion in adoption attitudes and fertility decisions. Finally, this study examines adoption attitudes within the context of pronatalism. In doing so, it lends support to Risman's theory of gender as a social structure that shapes women's perceptions and understandings of both motherhood and adoption because of conceptions of what it means to be a mother and the stigma associated with being an adoptive parent and an adopted child.

Data and Method

We used data from the NSFB, a nationally representative sample of 4,792 women of childbearing age. The sample was collected between 2004 and 2007 using random digit dialing, and all interviews were conducted using computer-assisted telephone interviews. The data were collected between 2004 and 2007 through the Bureau of Sociological Research at the University of Nebraska–Lincoln and the Survey Research Center at Penn State University. The response rate was 37.2%, and the screener response rate was 53.7%. Though this may be considered low, it is consistent with current declines in telephone survey participation (Curtin, Presser, & Singer, 2005) and are typical for random digit dialing telephone surveys conducted during the last several years (McCarty, House, Harman, & Richards, 2006). Because the sampling frame oversamples racial minorities, women with fertility problems, and childless women, the sample was weighted for bivariate and multivariate statistical analyses to be representative of women in the continental United States. The data collection methodology included planned skip patterns; planned missing data were imputed using multiple imputation methods.

The analytic sample included 876 heterosexual women who were neither biological nor social mothers. Women were classified as mothers if they had

one or more children under the age of 18 who they identified in the household roster as either a biological or adopted child, a stepchild, their partner's child, a foster child, or any other relative they informally cared for. We also excluded women who were voluntarily child free because they did not intend to have children. The decision to focus on this homogenous sample is important for our research question. Past research indicates that there are major qualitative differences between mothers and nonmothers and why they consider adoption (Hollingsworth, 2000). For women who already have children, adoption shifts from being about achieving parenthood to altruistic reasons or for family expansion. Furthermore, among mothers, who considers adoption would consist of many different variables including current family and child characteristics (child number, gender, and child spacing/age), all of which confound our independent variables. Although who considers adoption among mothers is important, it is beyond the scope of this article. Second, we excluded women who we labeled voluntarily child free. Women in this category were not self-labeled; however, they did identify their ideal number of children as zero and their intentions to have children as "definitely no." Excluding this group further homogenizes our sample to only include women who would like to be mothers at some point, but who are not currently biological, social, or adoptive mothers. This allows us to better understand whether women who find motherhood important are interested in biological motherhood or social motherhood, especially for their first child, while leaving out the very different reasons that women choose not to be mothers at all. Using women who are not currently mothers also allows us to exclude women who only consider adoption after having achieved biological, social, or adoptive motherhood first.

Dependent Variable

The criterion variable is a three-category variable that measures whether someone has ever considered adoption. This variable was constructed from two variables. First, respondents were asked if they had ever considered adoption. If they answered "yes," they were then asked if they were currently considering adoption. Those who answered "no" to both questions were categorized as having never considered adoption, and those who had considered adoption but who were not currently were placed in a "formerly considered" category. Those who answered "yes" to both questions were placed in the "currently considering adoption" category. Approximately 12% of the women in the sample were currently considering adoption, whereas 52% had considered adoption and 36% had never considered adoption. Prior to analysis we assessed whether these three categories were statistically significantly

different for focal independent variables using post hoc tests in ANOVA. After specifying the model, Wald tests confirmed that the three categories should be retained as there are nonlinear significant differences between each category among various independent variables. Thus, we used multinomial logistic regression for the multivariate analysis.

Independent Variables

Infertility

Subfecund/infertility. Women were categorized as subfecund if they reported 12 months of unprotected intercourse and did not conceive, whether they were trying to get pregnant or not.

Self-identified subfecund/infertility. Women were also classified by whether they felt they had a fertility barrier. Participants were classified as identifying as subfecund if they agreed with either of the following questions: (1) "Do you think of yourself as someone who has, has had, or might have trouble getting pregnant? or (2) "Do you think of yourself as some who has, has had, or might have a fertility barrier?" This is an indicator variable; if women answered yes to either of these questions, they were included as self-identified infertile.

Medical help for infertility. Women were asked if they had ever been to a doctor to talk about ways of getting pregnant. Thirty-one percent of the women in the sample were subfecund, 20% self-identified as having infertility, and 18% had visited a doctor for infertility. In general, these variables were related to each other—61% of women who self-identified as infertile were also subfecund. Similarly, 40% of the self-identified as infertile and 73% who were subfecund went to a fertility doctor. Because of these differences, and because of only a moderate association between any of the three variables ($V < .05$), we chose to include all three measures separately (results not shown).

Pronatalism

Importance of motherhood. The importance of motherhood scale was measured by multiplying the mean of five items measured on Likert-type scales (*strongly disagree to strongly agree for the first four items and unimportant to very important for the fifth item*): (1) Having children is important to my feeling complete as a woman, (2) I always thought I would be a parent, (3) I think my life will be or is more fulfilling with children, (4) It is important for me to have children, and (5) how important is raising kids in your life (J. McQuillan et al., 2008). The range from the scale is between 1 and 4, with an average of 2.86 ($SD = 0.67$). Chronbach's α showed good reliability at .78.

Intentions. Respondents' intention to have children was measured using a five-category Likert-type scale where -2 is "definitely no," 0 is "not sure," and 2 is "definitely yes." The mean of the scale was 0.33 ($SD = 1.26$).

Parental and partner pressure to have children. Parental pressure and partner pressure were recoded from two similar questions. Participants responded to a Likert-type scale on whether they agreed with the statement, "It is important to my parents/partner that I have children." Because of a significant positive skew for both variables, we recoded each of them into dummy variables where 1 was any pressure and 0 was no pressure. Four hundred twenty-eight (48%) respondents reported no partners at the time of survey and were scored as having no partner pressure to have children, 10 respondents reported that their parents were deceased, and those who did not know or refused were also coded as 0. Sixty-two percent responded that they felt parental pressure to have children, 31% reported they felt pressure from their partners to have children.

Ideal number of children. Participants were also asked about their ideal number of children, "If you yourself could choose exactly the number of children to have in your whole life, how many would you choose?" Responses were categorized as 0, 1, 2, 3, 4, or more. Missing data were recoded to 2 because of the ideal number commonly reported as found in Hagewen and Morgan (2005). The average ideal number of children in this sample was also 2.19 ($SD = 0.92$).

Values and Ideologies

Traditional marriage ideology. Traditional marriage ideology was measured with a Likert-type scale (*strongly disagree* to *strongly agree for the first four items* and *unimportant* to *very important*) for a single item: "It is much better for everyone if the man earns the main living and the woman takes care of the home and family"; the mean was 2.37 ($SD = 1.24$). Church attendance was measured using a question on how often they attended religious services. Responses ranged between 1 and 5, where 1 is *never attend church* and 5 is *attending church more than once a week*; the mean church attendance was 2.59 ($SD = 1.26$), representing average attendance as between one and two times a year and once a month.

Religiosity. A religiosity scale was created using the mean of three separate items involving the frequency of prayer, how important religion was in their daily life, and how close to God they felt. Chronbach's α was weak to moderate ($\alpha = .61$); the range was 1 to 5, with a mean of 3.58 ($SD = 1.02$).

Importance of work and leisure. The importance of work and leisure were measured using two questions. Participants were asked how important each of the following was in their life: (1) "being successful in my line of work" and (2) "having leisure time to enjoy my own interests." Dummy variables were created with "very important" being coded as 1 and all other categories as 0. Fifty-three percent of respondents rated work as very important and 60% rated leisure as very important.

Demographic Controls

Race. Race was measured using the question, "What race or races do you consider yourself to be?" Respondents were given the following options to select from: White (Caucasian), Black or African American, Asian, American Indian or Alaskan Native, Native Hawaiian or Pacific Islander, Hispanic, some other national origin. They were given the option to select more than one category, but categories were recoded to be mutually exclusive. Approximately 60% of the women in the unweighted sample were White, 18% were African American, 11% were Hispanic, and 11% were "other."

Age. Only women of reproductive age, 25-45, were surveyed in the NSFB; the mean age for the sample of nonmothers was 33 ($SD = 6.25$).

Education. Education was measured using the question, "How many years of schooling have you completed?" Responses were dichotomized into college graduates and noncollege graduates (68%). This is a larger proportion of women who are college graduates than in the population as a whole.

Household income. Income was calculated from the reported annual household income as an ordinal scale ranging from 1 (*less than \$5,000*) to 12 (*\$100,000 or more*). We then substituted the midpoint of each category for the category value to convert this into a continuous scale; the average was approximately \$56,332 ($SD = \$30,601$).

Employment status. This variable is a set of three indicator variables on past week's work status. Seventy-six percent responded they were working full-time, 9% reported working part-time, 15% reported that they were not working either full- or part-time. In the multivariate model, the omitted group is those who are employed full-time.

Union status. This factor was measured using the questions: (1) "What is your current marital status? Are you currently married, divorced, widowed, separated, or never married?" and (2) "Are you currently living with

a partner?" Respondents were given the following options to select from: married, divorced, widowed, separated, never married, lesbian partnership, cohabitating. For this analysis, lesbian partnerships were dropped from the sample ($N = 33$). Respondents were classified as being in a union if they reported being married or were cohabitating (49%).

Informally fostered. This variable is measured by a yes or no question, "Have you ever been responsible for raising someone else's kids"; 13% reported having ever informally fostered. This is a retrospective variable because we have excluded social mothers who had a foster or other relation under the age of 18 in their household roster. Means and standard deviations or proportions are available for the unweighted sample in Table 1.

Results

Bivariate analyses were conducted between the focal independent and control variables by the dependent variable "Consider Adoption" for the three categories. Chi-square tests for significance were conducted for nominal variables, and ANOVA tests were conducted for continuous variables. Post hoc tests were used when appropriate. Weights were used to adjust for the oversamples. N s are reported for the unweighted sample.

In Table 2, all the variables related to infertility were significantly associated with having considered adoption across all three categories. Women who were subfecund (had unprotected intercourse for more than 12 months without becoming pregnant) were significantly more likely to be currently considering (52%) or formerly considering adoption (31%) compared with those who had never considered adoption (23%, $p < .001$). Similarly, women who perceived themselves as having a fertility problem were also more likely to be currently or formerly considering adoption (41% vs. 20% vs. 11%, $p < .001$). The strongest association among the infertility variables was medical help-seeking for infertility. Women who sought medical help for infertility were more likely to have considered adoption either currently or formerly (41% vs. 19% vs. 9%; $V = .25, p < .001$).

Three of the variables that measure pronatalist attitudes were significant predictors of whether someone had considered adoption. Importance of Motherhood was significantly higher for women who reported they were currently considering adoption (3.08, $p < .01$) compared with women who had formerly considered adoption (2.86) or who had never considered adoption (2.80); differences between the latter two groups were not significant in post hoc analysis. Women who reported they were currently considering adoption had, on average, a higher number of ideal children (2.36, $p < .01$)

Table 1. Descriptive Statistics (*N* = 876).

	Mean/proportion	SD	Min	Max
Dependent variable				
Ever considered adoption	2.24	0.65	1	3
Currently considering adoption	0.12			
Formerly considered adoption	0.52			
Never considered adoption	0.36			
Infertility				
Subfecund	0.31		0	1
Self-identify as infertile	0.20		0	1
Medical help-seeking	0.18		0	1
Pronatalism				
Importance of motherhood	2.86	0.67	1	4
Intentions	0.33	1.26	-2	2
Ideal number of kids	2.19	0.92	0	4+
Parental pressure	0.62		0	1
Partner pressure	0.31		0	1
Values/ideologies				
Traditional marriage ideology	2.37	1.24	1	5
Church attendance	2.59	1.26	1	5
Religiosity	3.58	1.02	1	5
Importance of work	0.53		0	1
Importance of leisure	0.60		0	1
Demographics				
White	0.60		0	1
Black	0.18		0	1
Hispanic	0.11		0	1
Other race	0.11		0	1
Age	33.01	6.25	25	45
College graduate	0.68			
Income	\$56,332	\$30,601	\$5,000	\$110,000
Full-time	0.76		0	1
Part-time	0.09		0	1
Unemployed	0.15		0	1
Union	0.49		0	1
Informally fostered	0.13		0	1

than those who never considered adoption (2.11). Those who had formerly considered adoption did not have a significantly different average than the other two groups. Forty-five percent of women who reported any partner

Table 2. Bivariate Statistics by “Have You Ever Considered Adoption?” (N = 876).

	Currently (n = 104), mean/proportion	Formerly (n = 455), mean/proportion	Never (n = 317), mean/proportion
Infertility			
Subfecund	0.52	0.31	0.23***
Self-identify as infertile	0.41	0.20	0.11***
Medical help-seeking	0.41	0.19	0.09***
Pronatalism			
Importance of motherhood	3.08 _a	2.86 _b	2.80 _b **
Intentions	0.31	0.32	0.36
Ideal number of kids	2.36 _a	2.23 _{a,b}	2.10 _b *
Parental pressure	0.63	0.64	0.59
Partner pressure	0.45	0.29	0.29**
Values/ideologies			
Traditional marriage ideology	2.50	2.34	2.37
Church attendance	2.86 _a	2.63 _{a,b}	2.46 _b *
Religiosity	3.84 _a	3.60 _{a,b}	3.47 _b **
Importance of work	0.48	0.53	0.56
Importance of leisure	0.49	0.61	0.61
Demographics			
White	0.50	0.61	0.63
Black	0.30	0.17	0.16**
Hispanic	0.13	0.12	0.09
Other race	0.08	0.11	0.12
Age	35 _a	33 _b	33 _b **
College graduate	0.59	0.71	0.68*
Income	\$54,087	\$56,780	\$56,427
Full-time	0.75	0.75	0.77
Part-time	0.09	0.11	0.07
Unemployed	0.16	0.14	0.15
Union	0.53	0.49	0.45
Informally fostered	0.18	0.14	0.08**

Note. Bonferonni post hoc test: Columns that share letters are not significantly different at the $p < .05$ level. *** $p < .001$. ** $p < .01$. * $p < .05$.

pressure were currently considering adoption, whereas only 29% in both the former and never categories reported partner pressure to have children ($p < .01$). Pregnancy intentions and parental pressure did not significantly predict adoption consideration. In general, women with higher importance of motherhood, higher number of ideal kids, and more partner pressure were more likely to currently consider adoption.

Among the Values/Ideology variables, religiosity and frequency of church attendance significantly predicted adoption consideration, whereas traditional marriage ideology and importance of work and leisure were not significant. Church attendance was significantly higher, on average, for women who currently considered adoption (2.86, $p < .05$) when compared with women who formerly considered adoption (2.63) or had never considered adoption (2.46). Post hoc tests revealed the significant differences were between those who currently considered adoption and those who had never considered adoption, and between those who formerly considered adoptions and those who never considered adoption. Religiosity showed a similar pattern; women who reported higher on average religiosity were more likely to report currently considering adoption (3.84, $p < .01$) when compared with those who had never considered adoption (3.47); those who formerly considered adoption were not statistically significant from the other two groups. Finally, among the demographic variables, African American women were more likely to be currently considering adoption (30%, $p < .01$). Also, women who are, on average, older (35, $p < .01$) and who have a college degree (59% vs. 71% and 68%, $p < .05$) are less likely to be currently considering adoption. In addition, women who were currently or formerly considering adoption were significantly more likely to report that they had informally fostered¹ (18% vs. 15% vs. 8%, $p < .01$).

Table 3 shows the results of the multinomial logistic regression analysis that was estimated using STATA SE11. The sample is weighted to adjust for the three oversamples in the NSFB; Model 1 includes variables related to infertility, Model 2 includes variables related to pronatalist attitudes and variables on values and ideologies, and Model 3 includes the demographic controls. All continuous variables were mean centered to adjust for multicollinearity. Relative risk (RR) ratios for those who currently or who formerly considered adoption are shown with those who have never considered adoption as the baseline group.

The only significant predictor of adoption consideration among the infertility variables was the variable on medical help-seeking for infertility. Those who currently considered adoption were almost four times more likely to have seen a doctor for infertility than those who never considered adoption (RR = 3.94, $p < .01$). Similarly, those who had formerly considered adoption were twice as likely to have seen a doctor for medical help-seeking as those who never considered adoption (RR = 2.33, $p < .01$). After controlling for help-seeking, neither subfecundity nor self-identification as having a fertility barrier predicted adoption consideration.

In Model 2, importance of motherhood was the only significant predictor in the pronatalism category, and church attendance was the only significant

Table 3. Multinomial Logistic Regression Results of Whether Someone Has Currently or Formerly Considered Adoption (N = 876).

Omitted Category: Never	Model 1				Model 2				Model 3			
	Currently		Formerly		Currently		Formerly		Currently		Formerly	
	RR	Sig.	RR	Sig.	RR	Sig.	RR	Sig.	RR	Sig.	RR	Sig.
Infertility												
Subfecund	1.88		1.06		1.86		1.12		1.71		1.08	
Self-identify as infertile	1.65		1.21		1.36		1.18		1.12		1.15	
Medical help-seeking	3.94	**	2.33	**	3.44	**	2.24	**	3.36	**	2.18	**
Pronatalism												
Importance of motherhood					2.38	**	1.07		2.38	*	1.16	*
Intentions					0.76		0.94		0.88		0.99	
Ideal number of kids					1.16		1.15		1.17		1.17	
Parental pressure					0.78		1.29		0.90		1.34	
Partner pressure					1.32		0.82		2.80		0.60	
Values/ideologies												
Traditional marriage ideology					0.81		0.88		0.79		0.87	
Church attendance					1.26	*	1.05		1.20		1.03	
Religiosity					1.11		1.19		1.15		1.16	
Importance of work					0.90		0.79		0.92		0.79	
Importance of leisure					1.06		1.16		0.95		1.09	
Demographics												
Black									2.48	*	1.00	
Hispanic									2.07		1.56	
Other race									0.43		0.60	

(continued)

Table 3. (continued)

Omitted Category: Never	Model 1			Model 2			Model 3				
	Currently		Formerly	Currently		Formerly	Currently		Formerly		
	RR	Sig.	RR	Sig.	RR	Sig.	RR	Sig.	RR	Sig.	
Age					1.09	**			1.02		
College graduate					0.97				1.27		
Income					1.00				1.00		
Part-time					0.78				0.82		
Unemployed					1.03				1.36		
Union					0.53				1.50		
Informally fostered					1.51				2.32	*	
Log pseudo-likelihood			-617.41				-600.37			-578.95	
Pseudo R ²			0.04				0.06			0.10	
χ^2			42.49	***			60.61	***		122.74	***

Note. Omitted categories are White, less than college graduate, full-time employment, no current union, and never informally fostered.
 ***p < .001. **p < .01. *p < .05.

predictor among the values and ideologies variables. Both were only significant for those currently considering adoption compared with those who never considered adoption. For every one unit increase in the importance of motherhood, there is a greater than twofold increase in the probability of currently considering adoption versus never considered adoption ($RR = 2.38, p < .01$). Similarly, for every one unit increase in church attendance, there was a 20% increase in the odds that someone is currently considering adoption versus having never considered adoption ($RR = 1.26, p < .01$). Medical help-seeking remained a significant predictor of current and former adoption consideration after controlling for importance of motherhood and church attendance for both adoption categories versus the baseline, although the strength of the relationship was partially mediated ($RR = 3.44$ and $RR = 2.24, p < .01$).

None of the significant predictors changed after the inclusion of the demographic variables in Model 3. African Americans were more than twice as likely to currently be considering adoption versus never considered adoption than Whites ($RR = 2.48, p < .05$). Additionally, for every one unit increase in age, there was an 8% increase in the relative risk of currently considering adoption versus baseline ($RR = 1.09, p < .01$), and there was no difference between formerly considering adoption and never considering adoption for race or age. In addition, those who formerly considered adoption were more than twice as likely ($RR = 2.32, p < .05$) to have informally fostered. Medical help-seeking for infertility and importance of motherhood remained significant predictors of current adoption consideration, but church attendance was no longer significant after including demographic controls. There was a suppression effect for importance of motherhood and formerly considering adoption. After controlling for demographics, for every one unit increase in importance of motherhood, the odds of having formerly considered adoption versus never considered adoption increased by 14% ($RR = 1.16, p < .05$).

Limitations

This study has some important limitations that should be noted. First, we caution the reader that our findings are only generalizable to women who were not biological or social mothers during the time of the survey. This subsample is more highly educated and has a higher income than the general population. The three-category dependent variable measuring adoption consideration does not measure what steps have been taken toward the adoption process, which was beyond the scope of this study. Taking into account the initial steps, however, is important for determining how serious women might be about adoption. The wording of the question also makes it impossible to tease out how serious women were about considering adoption. It is also unclear why the

formerly considered adoption were more similar to the never considered than they were to the women who were currently considering in multivariate analysis. In addition, we were not able to assess adoption stigma directly, nor were we able to measure whether it differed by public versus private adoption or transracial adoption. Finally, we were unable to tease out why African American women were more likely to be currently considering adoption. Although we included a variable to control for informal fostering, and we excluded both social parents and stepparents from the analysis because of our inclusion criteria of nulliparous women, this difference remained unexplained. It is possible that African American women are more likely to have informal social ties that we were unable to measure in this data set.

Discussion

The United States maintains a strong pronatalistic ideology, and surveys find increased approval of adoption. Yet few women consider adoption or take steps toward adopting children. This study sought to uncover the characteristics that predict nulliparous women's willingness to consider adoption. In the bivariate models, being subfecund, the self-perception of infertility, and medical help-seeking for infertility were all statistically significantly different across the three groups of adoption consideration. This changed in the multivariate model, the only variable that remained significant was help-seeking for infertility, and the only difference was between those currently considering adoption versus those never considered adoption. In addition, this association remained significant and weakened only slightly after controlling for all other variables. This indicates that seeking professional help for infertility may be a driving factor for considering adoption as a pathway to motherhood. Another possibility is that it is not just being aware of a possible fertility barrier, but the process of recognizing that barrier and seeking out medical help to become pregnant that may lead nulliparous women to seek adoption. It is possible that childless women who seek help for infertility have a stronger desire for motherhood than those who do not or, at the very least, have adhered to notions of the medicalization of fertility.

At the bivariate level, the importance of motherhood and partner pressure were significantly associated with currently considering adoption versus never considered adoption, but other pronatalist variables were not associated with adoption consideration. Church attendance and religiosity were associated with higher likelihood of current adoption consideration, but there were few differences between those who formerly considered adoption and never considered adoption in the bivariate or multivariate model. Only importance of motherhood and church attendance were significant predictors in the

multivariate model, and church attendance was only significant until we controlled for demographics.

In contrast to Hollingsworth's (2000) findings, African Americans were most likely to be currently considering adoption compared with Whites. Given that African American women in the full sample were more likely to report having informally cared for other children, it is not clear if these women were considering adoption with the goal of becoming a mother or because they were considering legalizing a relationship to a child whom they may have once informally cared for, although we excluded anyone who had a child younger than 18 in their household roster. Finally, age was positively associated with currently seeking adoption, with older women being more likely to currently consider adoption than younger women. This could indicate that as women approach the end of their reproductive years without having children, adoption becomes a possible avenue to motherhood, especially as they seek out medical advice for getting pregnant.

Future research should examine the points at which women decide to not go through with an adoption to better assess barriers in the process, the role of stigma, and to promote policy that can better help intending women achieve desired motherhood. Additionally, longitudinal research on adoption consideration is needed to evaluate how views of adoption and the importance of motherhood change over time for individual women and contributing factors. Do women who have considered adoption always consider it? Or, is it triggered by other life course factors, such as experiencing infertility, the presence of a partner who wants to adopt, and so forth? It is also unclear why those who formerly considered adoption were more similar to those who never considered than they were to the women who were currently considering. Analysis of longitudinal data can uncover how attitudes about the importance of motherhood and adoption can shift over the life course so that one's beliefs and values match up with actions. If childless women are unable to have biological children and find adoption too difficult to pursue, do they shift their views on motherhood in order to cope? Previous research has indicated relinquishing intentions for children can lead to psychological distress (White & McQuillan, 2006). Making adoption more of an option might reduce the possibility that such distress from relinquished fertility intentions would occur. In addition, more research should be conducted looking at differences between racial groups on adoption. Our study found that African Americans were more likely to consider adoption; there should be more research to replicate this finding and to look for underlying causes. Furthermore, future research should also look at views on race concordance among adopters and adoptees and stigma association with transracial adoption. Finally, adoption attitudes of men should be considered as well to see

how their experience with infertility may shape their views and the views of their partners. Couple-level analysis will be useful to show how individual couples interact and shift their attitudes over time.

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Note

1. Mothers who reported children in the household roster are excluded from our sample because they were identified as social mothers. Thus, if they had informally fostered, they were not doing so at the time of the interview.

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