

CONFLICT OF BIOLOGICAL CLOCK Vs CAREER CLOCK IN A WOMAN'S LIFE

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ABSTRACT: The status of working women has seen great changes in the past few millennia. Her traditional role of being only a homely housemaker to being the breadwinner of the family has far reaching consequences on her personal life. Her biological clock and her career clock are in inherent conflict with each other. Social circumstances and financial security has caused deliberate delayed marriage and child bearing among women of all races and educational levels. The fertility of woman declines with age. Female's career and family pattern unlike the linear male career life course tend to take one of the following course i) delay in child bearing ii) delay in career iii) combining both career and family or iv) decision of career over children. This article also focuses on family friendly policies to mitigate the conflict arising of clash of career and biological clock.

Key words: fertility, postponement, age, decision

INTRODUCTION: When Pepisco CEO Indra Nooyi, regularly ranked by Forbes and other publications as among the most powerful women in the world acknowledged that it remains difficult for her to manage both her intense personal and professional demands, it brought forth the debate on biological clock vs career clock. She admitted the biological clock and the career clock are in total conflict with each other^[16]. This article discusses the career clock in modern women, her biological clock and their effect of delaying each other.

CAREER CLOCK: From kitchen to cosmos, the status of working woman, the world over, has revamped over the years. The woman, whose status and role traditionally was well defined and almost fixed in the society, is now experiencing far-reaching changes. The women of the present generation have generally received higher education than the women of their preceding generation. Earlier the women were only allocated in agriculture, teaching and nursing activities but now at present era, she is representing the banking, marketing, armed forces, IT, communication services^[4] and entrepreneurship. There have been far reaching consequences in the economic status of their families. Many prefer to establish financial security before settling down with a partner. Some women choose to delay marriage so they can travel, focus on personal interests or pursue higher education such as Masters or Doctorate degree. Despite facing infinite challenges, she has been successful in crossing these hurdles and has proved her metal in each and every field. One of these challenges women face is the 'biological clock'.

BIOLOGICAL CLOCK: The term was originally coined by scientists to describe circadian rhythms, the processes that tell our bodies when we should rise, eat, and sleep. In the 1970s and 1980s the meaning of the term shifted to the way we use it now: a description of female fertility.^[15] After puberty, female fertility increases and then decreases, with advanced maternal age causing an increased risk of female infertility. A woman's best reproductive years are in her 20s. Fertility gradually declines in the 30s, particularly after age 35. Medically, the best age to become pregnant is between the ages of about 20 and 35. This is because between these ages, a woman is most fertile and least likely to have other complications. One 2004 study of European women found fertility of the 27-34 and the 35-39 age groups had only a four-percent difference. At age 45, a

woman starting to try to conceive will have no live birth in 50-80 percent of cases. Menopause, or the cessation of menstrual periods, generally occurs in the 40s and 50s and marks the cessation of fertility, although age-related infertility can occur before then. These are true for natural conception as well as conception using fertility treatment, including in vitro fertilization (IVF). The relationship between age and female fertility is popularly referred to as a woman's "biological clock"; when a woman reaches an age where fertility is commonly understood to drop, it can be said that her "biological clock is ticking"^[6].

Fertility in the aging female: Female fertility is affected by age. In today's society, age-related infertility is becoming more common because, for a variety of reasons, many women wait until their 30s to begin their families. Even though women today are healthier and taking better care of themselves than ever before, improved health in later life does not offset the natural age-related decline in fertility. The risks of pregnancy and birth complications such as gestational diabetes, caesarean section, placenta praevia, placenta abruption, stillbirth, miscarriage increase with age.

Egg Quality: Women become less likely to become pregnant and more likely to have miscarriages because egg quality decreases as the number of remaining eggs dwindle in number. These changes are most noted as she reaches her mid-to-late 30s. An important change in egg quality is the frequency of genetic abnormalities called aneuploidy (too many or too few chromosomes in the egg) resulting in nil pregnancy or miscarriage or children with Down syndrome or genetic abnormalities.

Egg Quantity: The decreasing quantity of egg-containing follicles in the ovaries is called "loss of ovarian reserve." Women begin to lose ovarian reserve before they become infertile and before they stop having regular periods. Since women are born with all of the follicles they will ever have, the pool of waiting follicles is gradually used up. As ovarian reserve declines, the follicles become less and less sensitive to FSH (Follicle Stimulating Hormone) stimulation, so that they require more stimulation for an egg to mature and ovulate. At first, periods may come closer together resulting in short cycles, 21 to 25 days apart. Eventually, the follicles become unable to respond well enough to consistently ovulate, resulting in long, irregular cycles. However, young women may have reduced ovarian reserve due to smoking, family history of premature menopause, and prior ovarian surgery. Young women may have diminished ovarian reserve even if they have no known risk factors.^[1]

CONFLICT OF CAREER CLOCK Vs BIOLOGICAL CLOCK: Andrew Cherlin (1980) has discussed the postponement of marriage among women in their early twenties. He has presented evidence that suggests that change in future work plans may have reduced the chances that a woman in her early twenties would marry in the next few years.

Kumiko Nemoto (2008) interviewed in depth with 26 highly educated Japanese women and argues that persistent gender inequalities shape women's decision to postpone marriage in Japan.

Steven P. Martin. (2002) in his research has shown that delayed marriage and childbearing have been increasing among women of all races and educational levels. Women with a four-year college degree have had increases in delayed marriage and childbearing consistent with a deliberate shift of family formation from one part of the life course to another. The most important message of his chapter is that the social circumstances of marriage and childbearing are changing for all women and men. Recent decades have brought important changes in the social and cultural foundations of family life. New opportunities and constraints have made the traditional life course pattern of early marriage and marital fertility unworkable for an increasing number of women and men of all educational levels and races.

Massimiliano Bratti (2015) has concluded in his study that postponed childbearing increases women's labor market attachment but may reduce overall fertility. Postponed childbearing can have important consequences for the mother and, at a macro level, for the country as a whole. Research has focused on the effect postponing fertility has on the labor market outcomes for mothers and on the total number of children a woman has in her lifetime. Most research finds that postponing the first birth raises a mother's labor force participation and wages

but may have negative effects on overall fertility, especially in the absence of supportive family-friendly policies. Economic theory suggests that decisions about optimal fertility timing seek to maximize expected utility. This implies that fertility postponement is not a random event but is a decision women make based on expected costs and benefits. By waiting to become mothers until their mid 30s or later, women are able to attain educational goals and establish their occupation or career with some measure of financial security. These women may be less stressed and better able to enjoy their new parenthood status (Benzies *et al* 2006). Women with careers who become mothers report higher life satisfaction than those who do not have children. (Hoffnung & Williams 2013)

Paksi, V., et al (2016) in their article on the timing of motherhood while earning a PhD in Engineering concluded that, despite the general pattern of delaying motherhood among higher educated women, these students struggle against this postponement, and they hardly have any good options to avoid risk stemming from uncertainties and from some characteristics of studying and working in engineering. The most significant conclusion of this study is that, even as early as PhD education, young female engineers face continuous and serious dilemmas in relation to integrating motherhood into their career.

Xie & Shauman, (2003), in their work found that “being married and having children create career barriers that are unique to women scientists”. Moreover, young women with children tend to have the highest probability to give up their careers in the USA. Another research based on empirical evidence from Spain and the UK (Castaño & Webster, 2011) constructed an analytical framework to understand women’s life courses in male dominated fields. The authors note that women very often do not follow the linear male career life course, but rather “move in and out of education and the labor market in response to their changing domestic circumstances and family relationships”.

In an article on Work/ family conflicts among academic women and men, the authors Lesley D. Harman and Petra Remy (2002) noted that there is an inherent conflict between women’s biological clocks and the academic clocks. Female’s academic career and family patterns tend to fall into one of the following patterns: 1) delay in child bearing, 2) delay of degree or career 3) combining both career and family or 4) decision of career over children.

- 1) Delaying childbearing, securing a permanent position, which is increasingly possible with contemporary technology, enables women to pursue the ‘academic clock’ in a relatively controlled, unimpeded fashion, other factors remaining equal. The shadow hanging over women who choose this option is the approach of menopause. As the age of 40 approaches, women may feel rising pressure to make decisions about having children.
- 2) Delaying the completion of the doctorate or taking a full time academic job in favour of having children while young and devoting much of one’s energy to child rearing is a pattern that is more typical of older female academics for whom the option to delay or control pregnancy was perhaps more limited. By favouring the biological clock, the academic clock is set back, sometimes, permanently.
- 3) Combining parenting and an academic career is for both, women and men, an attractive goal but an exhausting, stressful project. It is attractive because it signals an opportunity to break free of the more rigid, gendered division of labour in the past. They also must have an option of a ‘super nanny’. Not all young dual earner families can afford a live in nanny. Heightened stress, and its impact on health and relationships is widely experienced, particularly when children are young. Concerns over the ability of quality childcare, guilt over not spending ‘enough’ time with the children, pressures imposed when the child is sick, a baby sitter is sick or quits, or children are at home during school holidays increase the stress and often displace the joy that new parents feel they should be experiencing in the life of their child. Pressures gradually ease as children enter school and become more independent.
- 4) For some, the fourth option, choosing career over children is the only solution.

FAMILY-FRIENDLY POLICIES: The 1970s saw the beginning of an en masse postponement of pregnancy by middle-class and professional women. The combination of widespread access to reliable contraception and expanded opportunities in the workplace meant that more women were starting their families later in life. It was also in 1978 that *in vitro* fertilization (IVF) emerged as a miraculous new technology to treat infertility. This simultaneous debut of assisted reproductive technologies (ART) and the biological clock meant that they would become inextricably linked in the public mind. Although IVF was developed to treat a very specific type of infertility caused by blocked fallopian tubes, it was presented in the media as a technology that could help any older woman conceive. This association between IVF and age-related infertility was amplified by the advent of egg donation programs in the early 1990s. Like IVF, egg donation was developed to treat a specific kind of infertility that was not age-related. But it did not take long for the technology to be used to achieve pregnancy in older women, some of them well past menopause^[8].

Although stories in the news media may lead women and their partners to believe that they will be able to use fertility treatments such as IVF to get pregnant, a woman's age affects the success rates of infertility treatments. The age-related loss of female fertility happens because both the quality and the quantity of eggs gradually decline. The Times of India reported on Jan 13, 2016 Ex Miss World Diana Hayden delivered a baby girl born out of an egg that 42-year-old Hayden had frozen eight years ago. The infertility specialist team of Palshetkar and Dr Hrishikesh Pai who treated her believes Hayden could be a poster girl for egg freezing and is among the first to use it for lifestyle reasons^[14]. Other examples of family friendly policies include the provision of public childcare services, incentives to private firms to provide childcare services, and promotion of paternal leave policies to improve the gender balance in childrearing.

CONCLUSION:

The pros of postponing motherhood are -Postponing childbearing helps women accumulate more work experience (human capital). -Postponing childbearing strengthens women's attachment to the labor market and raises wages. -Family-friendly policies can mitigate the negative effects of postponing childbearing on total fertility.- Egg freezing and in-vitro fertilization may help women who delay motherhood bear children at an older age.

The cons of postponing motherhood are -Postponing childbearing may have negative consequences on women's total fertility. -It is difficult to assess the causal effects of postponing childbearing because of unobserved differences among women. -Cross-country comparative research is lacking on the impact of family-friendly policies on the motherhood wage and employment penalties. -More research is needed to assess the unintended consequences of egg freezing and in-vitro fertilization, such as further postponement of childbearing^[11].

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