

## **Infertility and Preferences for Adoption**

An estimated 6.7 million women of childbearing age had a fertility problem in 1995 (Stephen and Chandra 2000). With current trends toward delayed childbearing, women are even more likely to experience fertility impairments in the future (Mosher and Pratt 1990). Research shows that a fertility impairment is an important determinant of an individual's preference for adoption; the cumulation of this individual desire across an increasingly subfecund population implies a rising demand for adoption. Furthermore, the increased acceptance of single and gay parenthood may mean that even more individuals and couples may be seeking to adopt a child. At the same time demand may be increasing for adoption, infants available for adoption have declined. The reduction in the number of infants available for adoption is due to two factors: abortion availability has led to a decline in unwanted pregnancies (Bitler and Zavodny 2002) and fewer women relinquishing their children (Bachrach, Stolley, and London, 1992).

However, some infertile couples and single women who desire children chose not to pursue adoption as a means of family formation. Advances in assisted reproductive technologies have made a variety of medical fertility treatments more available and reliable, and to some extent insurance coverage of these treatments (which is mandated in some states and offered otherwise randomly across employers) has made them more affordable. Bachrach, London, and Maza. (1991) found that just under half of the women who received infertility treatment also considered or actively sought to adopt a child. In explaining why some women who were treated for infertility did not consider adoption as a means of family formation or expansion, the authors note,

A [a] factor that may have an important deterrent effect on adoption seeking is

the limited availability of healthy white infants that are freed for adoption...restricted supply acts to increase the costs of adoption. It does this in various ways: by lengthening the waiting period, by requiring a more intensive search to find a child, by increasing the rigor of agency screening practices, or by forcing the acceptance of a child with less desirable characteristics. Even couples who have not made an adoption seeking contract are likely to be aware of such increased costs, either by word of mouth or through media reports, and may well be deterred by them@ (p. 719)

Public policy does offer some attempt to encourage individual preferences in the direction of adoption through a \$10,000 tax credit, but this incentive receives almost no publicity and offers no help beyond pure financial resources.

Although the barriers described above have prompted some potential parents to not pursue adoption, some individuals and couples are willing to accept hard-to-place, or less desirable,@ children for adoption. In contrast, other couples remain extremely selective knowing this will delay their wait for an adoptable child (Sandelowski, Harris, and Holditch-Davis 1991).

While research on adoption has documented who is likely to seek adoption, the imbalance in supply and demand, and the frustration couples experience in waiting for a child (Bachrach, London, and Maza, 1991; Sandelowski, Harris, and Holditch-Davis, 1991) to date no study has examined who is willing to adopt hard-to-place children, who expresses only aselective@ preferences, and who pursues medical fertility treatment while professing no interest in adoption.

This paper uses exchange theory to develop hypotheses regarding adoption preferences and their interaction with fecundity status.

## Exchange Theory and Adoption Preferences

Exchange theory examines the resources that individuals are able to trade in order to meet their goals or maximize their rewards (Edwards, 1969). Exchange theory has been used to explain patterns of mate selection (South 1991), perceptions of fairness regarding the division of housework (Lennon and Rosenfield 1994), stable but unhappy marriages (Heaton and Albrecht 1991), among other family issues, but has not been used to examine adoption preferences. In his specification of how exchange theory may drive mate selection, South notes,

It seems likely that individuals with greater socioeconomic status resources are less willing to marry individuals with comparatively undesirable or non-normative characteristics, since their resources provide them with greater bargaining power and enhance their own attractiveness in possible exchanges...Conversely, individuals who bring to the marriage market less desired or non-normative traits are likely to expand their field of eligibles and to express a greater willingness to marry persons with dissimilar characteristics@ (1991: 929).

One might expect a similar pattern regarding preferences for adopting a child. More specifically, women who have more *undesirable* characteristics as an adoptive parent may be more likely to have stringent criteria regarding children they are willing to accept. In contrast, women who have extremely strong desires to parent, and who have *less desirable* characteristics as an adoptive parent may be more likely to be willing to adopt hard-to-place children. Our definition of desirable characteristics includes economic resources, which act in conjunction with biological factors to determine access to medical fertility treatments.

The likelihood of adopting is affected by the number of adoptable children available, evaluations of prospective adopters by caseworkers, and criteria set by birthmothers for adoptive parents. One of the most profound changes in the process of adoption over the last 50 years has been the shift from closed to open adoptions. Birth mothers can be selective of adoptive parents because of the high demand for infants. In their study of birth mothers in maternity homes in Texas, Edwards and Williams noted, "In some instances, the women seemed to be selecting new families for themselves as well as for their babies. Open adoption offers birth mothers the possibility of maintaining close contact with their babies; many of the women also hoped that they could develop close, personal relationships with the adoptive parents they selected" (2000: 179). Research on couples waiting to adopt indicates that couples have an estimation of their own "market value" as prospective adopters. Sandeloski, Harris, and Holditch-Davis articulate this in their study of infertile couples waiting to adopt,

"Couples adopting locally also cast birthmothers as ultimately the most powerful agents in determining the availability of infants to their agencies and in determining which couples got their babies...Edwin Everett, [agonizing in the wait for a child], worried that his occupation as written in his portfolio might seem >weird= to a birthmother reviewing it and considered changing it to something more >mainstream= (1991: 159).

Factors that are viewed extremely negatively such as chronic health conditions may actually drive prospective adopters back to intensive medical fertility treatment if they find physicians to be more accepting of them as parents than caseworkers are.

We use the National Survey of Family Growth to conduct analyses of the likelihood that

women are seeking or have sought to adopt. Among women who have explored adoption, we further analyze the stringency of their preferences in terms of the age and race of the child, the presence and extent of disabilities, and the potential for accepting a sibling group rather than a single child. We hypothesize that fertility problems are associated with a greater likelihood of exploring adoption, but once within the group of potential adopters, we hypothesize that these women are more stringent in their preferences than women who approach adoption because they feel a moral motivation.

Preliminary analyses using the 1995 NSFG show a positive association between reporting infertility treatment experiences and preferences for an infant rather than an older child (or having no preference) and a child without disabilities rather than a child with mild or severe disabilities (or having no preference). Women with greater economic resources also demonstrate these more stringent preferences. We will analyze other characteristics representing economic and biological resources of prospective parents, including presence of a partner, presence of a male partner, and general health status, as well as demographic resources such as race and age. We will replicate these analyses with the 2002 NSFG (due out in October 2004), from which we can also draw information on attitudes toward parenthood and childlessness. Because of the changing availability of adoptable children and assisted reproductive technologies, we will look for corresponding changes in the relationship between these factors over the seven year period.

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