

‘ALL THAT SHE WANTS IS A(NOTHER) BABY’?¹ LONGING FOR CHILDREN AS A FERTILITY INCENTIVE OF GROWING IMPORTANCE

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Abstract. The article discusses the existence and outlook of an evolved desire to have children. Twin studies have found a genetic basis for conscious attempts to get pregnant. This heritable disposition increasingly affects societies of wide female reproductive choice (KÖHLER et al 1999). Based on 106 stories written by Finnish women in 2006, I analyse the symptoms, triggers and behaviour related to longing for babies. I suggest that a *strong longing for first or subsequent children is an affective incentive of growing importance in low-fertility societies*. Female desire for babies appears in two main forms: as part of a generally care-oriented personality and as a sudden, surprising and largely physical longing. The first type conforms to previous research on nurturing (MILLER 1986; FOSTER 2000) while the second type has not been much studied yet. For both types, a desire to have children is often related to physical age, falling in love, previous pregnancies and to exposure to babies of kin and peers. I discuss evolutionary explanations and suggest that longing for babies may have evolved not only as a by-product of finding care pleasurable, but also as part of mate selection and as a consequence of hormonal changes induced by couple formation and ageing.

Keywords: fertility motivation, preceptive behaviour, low fertility, biosocial demography

I have had ‘baby fever’ for a long time, I have an enormous desire to become a mother. When my 7th birthday approached, my mother asked me what kind of present I wanted. I said that I did not wish for anything but a real baby. As you may guess, we did not get a baby, as there were already five of us children. (...) Yesterday I went to the drug store to get my contraceptive pills. There was a long queue and I went to the newspaper stand to make time pass. I took a magazine from the pile and it turned out to be Two Plus [a magazine for young parents]. How ironic. I looked at the baby pictures in the magazine and tears came to my eyes. I wanted a baby that badly.

(Childless university student, b. 1985)

¹ The title quotes the pop group Ace of Base’s hit single “All That She Wants” from 1992.

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I was a self-centred woman of about 25 years, who had never been especially taken by children and even less by babies. I had not even held a baby more than a few times. My circle of friends hardly had any babies, it consisted of singles and dating couples. This was in the middle of the 1980s. And yet, I knew that I wanted a baby of my OWN. I knew, or I could imagine, what your own baby would feel like in your arms. It was a completely concrete feeling, for instance the feeling of weight, of clothes made of terry cloth and cotton, of some sort of clumsy 'lumpy' quality and so on, and more than anything else I wanted to experience that feeling: your own baby in your arms.

(Mother of two children, b. 1960)

INTRODUCTION

Our evolved psychology has many known ways of regulating and limiting childbearing (HRDY 1999; MACE 1998, 2007; BORGERHOFF MULDER 1998; HILL and REEVE 2005; NEWSON et al. 2005). For this reason, demographers, evolutionary psychologists and cultural evolutionists tend to question the existence of any in-built *desire* for children. In the environment of evolutionary adaptedness, the standard argument goes, desire for heterosexual intercourse and bonding with infants were sufficient for successful reproduction; thus, "there appears to be no component that might be said specifically to represent a reproductive drive" (MILLER 1992: 268). The need to distance Darwinian research from stereotypical claims of a maternal instinct has played a role (HRDY 1999).

As fertility levels keep falling in the developed countries, however, researchers have started asking if there are any lower limits to fertility levels and why people have children at all (FOSTER 2000; MORGAN and KING 2001). Studies of proceptive (as opposed to contraceptive) behaviour are increasingly topical (MILLER 1986; HAAGA 2001). As JOHN UDRY (1996: 329) was one of the first to note, today's situation favours hereditary motivations for fertility behaviour: "In a society where women have no control over fertility, variations in childbearing hardly reflect biological predispositions. In modern societies, such predispositions can become very important."

Behavioural geneticists have provided empirical results supporting Udry's thesis. KOHLER et al. (1999) found that heritability of childbearing motivations varied with age cohort and gender (see also RODGERS et al. 2001). They studied the first attempt to get pregnant among Danish mono- and dizygotic twins in age cohorts born in 1870–1910 and in 1953–64. In the older cohorts there was usually no evidence of genetic influence on attempted pregnancy. However, in the early 19th century, Danish society experienced a transition to lower fertility, and genetic influence on childbearing motivation increased among women somewhat. This trend was even more pronounced for late-20th-century women, for whom genetic effects on fertility grew with every age cohort. For men, environmental influences remained most important for all age cohorts. (KOHLER et al. 1999: 279.)

The study of Danish twins did not speculate about the specific psychological mechanisms that channel the observed behaviour in women. With qualitative

interviews or textual materials, we can obtain more information of the proximate determinants guiding child-bearing incentives (HAAGA 2001). I will here analyse writings by contemporary Finnish women and suggest that a *strong longing for children of one's own* is one of the affective incentives that, even if minor compared to other incentives, are growing in importance in low-fertility societies.

LONGING FOR A BABY – ADAPTATION, BY-PRODUCT, OR BOTH?

Little research has been done in evolutionary theory on a direct desire for children. In his seminal *History of Human Marriage*, sociologist and the first evolutionary psychologist Edward Westermarck proposed the existence of a universal “child-bearing instinct”. He related this adaptation to the importance of female fertility in male mate choice and to parental pride over children (WESTERMARCK 1891: 379; ROTKIRCH, in print). Westermarck later removed this term from the revised edition (WESTERMARCK 1925). He may have felt targeted by the devastating critique the sexologist Havelock Ellis had made of any notion of an independent reproductive instinct. According to ELLIS (1903: 82), a “desire for reproduction, as soon as that desire becomes instinctive, necessarily takes on the form of the sexual impulse”. A bit confusingly, however, Ellis also thought most women did have a strong maternal instinct. In a later essay, WESTERMARCK (1936: 28) could thus revive his initial position, albeit with a stronger focus on female emotions, and approvingly quote Ellis’ claim that “the longing for a child – that is to say, the longing to fulfil those functions for which [women’s] bodies are constituted – may become so urgent and imperative that we may regard it as scarcely less imperative than the sexual impulse” (ELLIS 1903: 16). In a similar way, the anthropologist Bronislaw Malinowski noted in 1931 that “women still desire motherhood as deeply as any savages or any mid-Victorians” and predicted that motherhood would remain the “most individual” of all social forces (MONTAGU 1956: 50–51).

During the second half of the 20th century, little theorising was made concerning evolved reproductive or maternal desires. CAROLINE FOSTER (2000: 226) has recently proposed a useful biosocial model of fertility motivations. Her model includes a genetic predisposition to nurture, normative pressure, and hormonal and environmental influences from previous pregnancies and children. Foster argues that humans do have a “need to nurture” that is biologically based and develops from early infancy. It appears in both sexes but is stronger in females. Humans may become aware of “such biological predispositions and translate them into conscious, but biologically based, fertility motivations”. While highly dependent on personality and environmental influences, the pleasures related to caring for babies will ensure that most women want to bear at least one child and thus set a limit to how low fertility levels may fall (FOSTER 2000: 210–211.) Other

studies confirm that when personality is controlled for, having a child increases subjective well-being (KÖHLER et al. 2005).

Foster's valuable framework is somewhat unclear concerning the existence and evolutionary role of any direct longing for a child. She assumes that "our evolved biological predisposition lies in inherited nurturing behaviour, rather than in having children per se" (FOSTER 2000: 210). Thus, the longing for "a baby of my OWN", as in the second introductory quote above, could be evolutionarily explained as a by-product and cognitive solution to the desire to care. However, the question arises why more people cannot be satisfied just caring for pets or for other people's children. Foster later proposes that "for very many women the conscious desire to bear and nurture a child of their own is very strong. This innate tendency is reinforced by environmental stimuli, both from exposure to real infants and from media images of infants" (FOSTER 2000: 219). In addition to nurturing behaviour in general, there may thus also be an "innate tendency" to want children.

How could such a tendency have evolved? Besides finding babies attractive and care rewarding (the "need to nurture"), we can posit at least two additional explanations, suggesting distinct developmental patterns. As Westermarck first stressed, longing for babies may have evolved through *mate selection*. By being sympathetic to babies and the prospect of having children, both women and men display themselves as good prospective parents. The man also signals his reliability as a long-term partner and provider. Additionally, I propose that a desire for babies may appear as a result of *psychophysical changes*. In the environment of evolutionary adaptedness, all women were daily exposed to babies and infants and most women were mothers. The 'default mode' of the female body is to have experienced both nurturing and pregnancies by the early twenties. Therefore longing for a baby can develop as a by-product of hormonal changes that evolved to prepare the woman for motherhood. Such changes could be induced by falling in love; the "nesting behaviour" related to settling down and starting to live with a partner; exposure to infants; and/or by the processes of ageing. The evolutionary explanations for desiring babies need much more theoretical and empirical support; my aim here is to show that such a desire does exist, that it emerges partly independently of the need to nurture and that it influences fertility behaviour.

MATERIALS FOR STUDYING "BABY FEVER" IN FINLAND

Longing for and planning to have children is a strong theme in media and public debate in low-fertility countries. In Finland, for instance, two popular films recently centred on the topic of fertility treatments and male attitudes toward female partners wanting babies. Legislation concerning single and lesbian women's right to receive fertility treatments has also been widely debated during the last years. In Finnish, longing for a child is often called "baby fever". This lay expression appears to have emerged in the 1970s; it is unknown to many Finns over fifty but self-evident to

younger generations. “Baby fever” is nowadays even sometimes understood as a prerequisite to the decision to have a child – yet another indicator of the increasing importance attached to emotions. According to survey results from 2002, about two out of five childless Finns aged 18–45 mentioned “I or my spouse has not had ‘baby fever’ yet” as a reason for not having children (PAAJANEN 2002: 48–49).

In order to assess the extent of this feeling, we asked in a recent survey whether respondents had experienced a strong wish to have a child.³ Fifty-eight percent of male and seventy-eight percent of the female respondents said they had “experienced a strong desire to have a child of [their] own” (*Table 1*; PAAJANEN, forthcoming). Interestingly, women in their 30s and 40s reported having longed for children “often” more frequently than either younger or older women. Memory and life course effects are probably involved here, but the lower numbers of the older age cohorts do support the notion of an increase of “baby fever” in younger age cohorts. For men, often longing for a child increased with age, but was much less common than among women (*Table 1*). Having no experiences of baby fever was related to parenthood: 39.3% of childless women and 54.9% of childless men had never strongly wished for a child, while for respondents with one child the respective numbers were 14.7% and 35.0% (results not shown in the table).

Table 1. “Have you felt a strong wish to have your own child (‘baby fever’)?”, Finland 2007, by age and gender, N = 1560 (% , n)

Age		20–29 years		30–39 years		40–49 years		50–59 years		Total	
		Women	Men	Women	Men	Women	Men	Women	Men	Women	Men
No	%	32.1	54.4	13.7	30.3	16.9	41.5	23.7	44.7	21.7	42.4
	n	71	56	29	37	36	59	50	68	186	220
Yes, once or a few times	%	45.7	39.8	51.2	59.0	51.6	42.3	50.7	39.5	49.8	44.9
	n	101	41	108	72	110	60	107	60	426	233
Yes, often	%	22.2	5.8	35.1	10.7	31.5	16.7	25.6	15.8	28.5	12.7
	n	49	6	74	13	67	23	54	24	244	66
Total	N	221	103	211	122	213	142	211	152	856	519

³ The survey was carried out among 20–59-year-old Finns using a closed questionnaire posted in three rounds in January–March 2007, N = 3000, 52% response rate (PAAJANEN, forthcoming).

In 2006, I asked readers of the major Finnish daily *Helsingin Sanomat* to write to me about experiences related to “baby fever”. *Helsingin Sanomat* is the largest daily in the Nordic countries with about one million readers. The weekly Science&Nature page is read by 870 000 readers and equally by men and women. The call for the writings was made at the end of my column discussing the new scientific interest in “why have children at all” and lay talk about baby fever. Respondents were encouraged to “Tell about your experiences of baby fever. Have you seen it around you, even if not experienced it yourself? At what age and how did it appear – was it connected to jokes, teasing, tears, pressures, or threats? How did it affect your relations to your partner and friends? Or is the whole expression strange and awkward?” (ROTKIRCH 2006). I received 106 responses from women and 7 from men. Of the men, three answered in general terms and two described their suffering caused by “baby feverish” women. Only two men described personally longing for babies. Due to their low number, the male answers are not analysed here.

The women’s texts were arranged and numbered according to year of birth (1 = the oldest) and coded using the Atlas.ti program. Most answers are a few paragraphs long, but some are longer stories of several pages. Over half of the texts were written by women born in the 1960s and 1970s. Most women reported experiences of baby fever that led to attempted pregnancies, while the second largest group consists of voluntarily childless women who had not experienced baby fever (see *Table 2*). Other constellations were less frequent. Voluntarily childless women are overrepresented, as they accounted for 24.5% of the stories (26 of 106) while they make up around five percent of the whole population.⁴ Women with an indifferent attitude toward the topic of baby fever are probably underrepresented for obvious reasons. Women who had longed for a child are also underrepresented, as they constitute 78% of survey results, as reported above, but only 61.3% of the written texts (N = 65, see *Table 2*).

Table 2. Distribution of women’s reported experiences of “baby fever”, numbers of texts collected in 2006

Has had “baby fever” and wanted/wants children	63
Has had “baby fever” and did/does not want children	2
No “baby fever” but has or wants children	12
No “baby fever” and childless by choice	26
No “baby fever”, involuntary childlessness	1
Will “wait and see” whether to have children	2
Total	106

⁴ In 2002, 4.5% of Finnish women aged 18–45 did not plan to have any children (PAAJANEN 2002). In 2007, this amount had grown to 6% (PAAJANEN, forthcoming). Among 45-year-old Finns, 26% of the men and 16% of the women were childless in 2005 (Väestörakenne ja... 2006).

The texts provide varying examples of affective incentives in fertility decisions: from improvised deeds and “forgetting” contraception to lasting obsession with getting pregnant. Many women also planned for children without any particularly strong feelings. We should not forget that “accidents” and rational planning still explain a large amount of contemporary fertility behaviour. The focus of the collected texts and of my interest here is, however, specifically on desiring children. There has been a huge shift in generational attitudes in this respect. As a woman born in the 1940s remarked, what her generation saw as women’s “cruel destiny” has for younger women become a privilege and “right” to be defended:

Always when people talk about fertility treatments and women’s right to them, I get a difficult and unreal feeling. (...) It is completely impossible for me to understand that some people really on purpose, without saving any effort and employing all means, strive for a situation that I very early on learnt to see as a cruel but unavoidable destiny. (Born 1948, No. 7)

In lay talk, baby fever is a flexible concept that may include both a general wish and acute longing for babies. On the experiential level, however, the difference between wanting and longing was stressed by several women:

Baby fever and the wish to have a child are two different things. I have experienced both and at different times. (...) In my marriage I wanted a child. A few years after our divorce, as I was fully savouring my freedom and single life without wanting any obligations in my life, I fell sick with baby fever. (...) Knowing that I actually did not want a child at that moment, I was practically ready to rob a sperm bank. I was infected when I took a six-week-old baby in my arms. (...) It was an all-encompassing desire for a child, without any trace of common sense and ignoring the consequences. Actually a very agonising experience. (Born 1969, No. 51)

This article concerns the latter, acutely felt type of longing, although the distinction is not always easy to make in the written texts.

RESULTS

Using the written text material, I will below present the onset, symptoms, triggers and consequences of an experienced strong longing for children.

THE ONSET OF “BABY FEVER”: CONSTANT OR SURPRISING LONGING

The emergence of a strong desire for babies appears to follow two main paths. There were women who had “always” wanted children and those who experienced it as a surprise.

Eleven women wrote that they had always longed for children, more or less intensively.

I used to have baby dreams during springtime beginning from when I was 16 and even though I was still a virgin. I dreamt I was pregnant, that I gave birth, and that I had a baby. Even if I was not terribly interested in other people's babies and I then had my wild youth years, it was always clear that in case of an "accident" I would keep it. (...) My first child was born when I was still a young student and my husband was unemployed. (Woman with university education, four children, born 1967, No. 44)

I don't even know when I first felt symptoms of baby fever, it has always been so clear to me that I want children, one way or another. In such an unfashionable way in today's society, I felt myself deficient and poor without children. In my circle of friends, which has until recently been quite child-hostile, I was the somewhat strange exception (...). When I had turned twenty, the vague feeling of wanting a child matured to baby fever (...) At 24 I was already at a point where I felt my life did not advance, it was wasting itself, and something had to happen. (Born in the 1970s, No. 68)

The first memories of longing for a child could date to childhood or early teenage years, like in the first introductory quote to this article. Usually it appeared in the late teens or early twenties, as the women came of fertile age or reached its peak. Four women mentioned having many (three or four) siblings and two noted that their own mother had "*always been feverish*" or "*initially planned at least ten children*". Respondents noted how their longing challenged prevailing social norms. Above, Respondent No. 44 emphasized that she became a mother before she or her husband had a proper job, something that is considered desirable in Finland. Women in their early 20s may even be stigmatised as prospective "teenage-mothers":

I have learnt to avoid talking publicly about babies and children. Either the atmosphere gets strained, people start talking about teen pregnancies and lament how some people destroy their life while the child ends up as a problem for the grandparents, or they scream "But you're still so young!". Also my own mother always reacts in the same way (my brother was born when she was 21): "Listen, the world has changed since". (Born 1984, No. 104)

I have transmitted this fever to three of my friends already... ☺ Still it feels as if only 30-year-old people are supposed to have baby fever, not we "teen mothers". (Born 1985, No. 106)

Even a constant desire for children has several stages or "waves", as one woman aptly put it. Fascination with children and the certainty of having children later transforms into acute longing during the first years of partnership. "*Baby fever hit me just like lightning... We were on a cruise and I had forgotten my pills at home (...) then I understood that with this man, I want children, a family!*" (Born 1985, No. 106)

Such self-descriptions of constant longing for children correspond with earlier research findings on nurturing and appear strongly related to temperament,

personality and early developmental factors. MILLER (1992: 266) theorises that latent dispositions and motivations first become activated and then crystallise into attempts to get pregnant. He sees this as a by-product of evolved preferences for caring that appear more strongly in women (ibid.). FOSTER (2000) sketches a similar path, where genetic and developmental factors contribute to fertility motivation, which combined with hormonal and environmental factors, may lead to the decision to bear a child.

By contrast, more than 40 of my respondents described the onset of baby fever as a surprising, often shocking event, which changed their perceptions of themselves and the lives they envisioned. The unfolding of events did not follow Miller's model of the gradual maturation of proceptive behaviour delineated above.

About ten years ago strange things started happening. As I turned 28, I started having dreams about children almost every night. I had a restless feeling all the time, just as if my womb was demanding something I did not agree with. I started thinking about having a child, although I knew that I did not want it under any circumstances. (Born 1968, No. 46)

I was 25 years old when it hit. And it really HIT me, the feeling caused by baby fever was unlike anything I had experienced earlier in life. It was something totally biological, because I did not experience any outer pressure, on the contrary, my parents for instance stressed that I should have a good job before starting a family. I had been dating my boyfriend for six years, we were both studying and the idea was to graduate quickly and start making a career, and children were not part of that constellation yet for a long time to come. (Born 1962, No. 27)

Thus my first two [children] were totally common-sense decisions. A total surprise was the baby fever that hit me after the second child. (...) I had never thought we would have more than two children and I had never even wanted children when I was younger... (Born 1964, No. 32)

The testimonies of surprising longing described something the "*womb demands*", something "*biological*", a temptation that went against "*common sense*". The longing usually awoke when having a child would theoretically have been possible as the woman was basically healthy and had a satisfying couple relationship. However, circumstances opposed it, usually the woman's own life plans, problems in reproductive health, or the attitude of her male partner. If pregnancy did not ensue, the emotion grew stronger, like in the following case where the woman still has a couple of years to wait:

[M]y baby fever has become uncontrollable. I have dreams about babies all the time. I have to touch baby clothes in stores. I ponder the alternative of ecological nappies. On the streets I smile at children I do not know. In every single long-term plan, I take into account our future children. Sometimes I awake at night and feel a huge longing, which starts from my womb and radiates to all parts of my body. A physical, compelling, painful need to be pregnant. If somebody had earlier tried to describe such a feeling to me, I would probably have rolled my eyes, encouraged her to climb out of the swamp of motherhood myth and get a life. We have agreed to try to have children in a year or two. I count the days. (Born 1976, No. 84)

This “physical, compelling, painful need” to be pregnant is expressed in a way suggestive of the temptation of adultery. Maybe Havelock Ellis’ comparison between the sexual and the maternal impulse, as presented in the introduction, was not so mistaken after all? Let us look at the anatomy of baby desire in more detail.

SYMPTOMS OF BABY FEVER

Baby fever was in general terms experienced as a “*painful longing in my whole being*”, an “*unbelievable aching*”, “*anxiety and sorrow*”, or “*a pleasant longing and a burden*”. The desire was metaphorically compared to natural disasters and biological drives, underscoring how little the woman thought she could consciously control it. It was a “*tsunami*”, a “*wall*”, an equivalent to “*the male sexual urge to discharge, although in my case it aimed directly at the end result, the baby*” (No. 51), or “*a need to pee – from time to time it reminds you of its existence, but vanishes again. But the ‘need’ always returns, stronger and stronger*” (No. 87). The feeling of having “*empty arms*” was often mentioned, and women felt like “*a dried branch*”, “*a mere empty shell of skin*” or “*as lacking viscera*”.

The texts also described more specific physical, psychic and social changes. Localised physical feelings mostly appeared in the womb and the breasts. The womb “*burned*”, “*pinched*” and “*convulsed*”, the breasts “*feel heavy when I see a baby*” or “*became sensitive and hard*”. The imagined weight and kinaesthetic sensation of a baby was also described in very physical terms.

The most frequent psychological symptoms were (nocturnal) dreams of babies or deliveries and recurring, uncontrollable thoughts. “*I had a dream, where I pressed the newborn child of a friend gently against my breast and listened to love galloping inside me*” (No. 105). Prolonged baby fever was also connected to fear of death and loneliness, low self-esteem and envy – symptoms approaching those of clinical depression (cf. HECKHAUSEN and WROSCHE 2002).

Some women had unexpected visions or heard words, as in this dramatic story when a mother of two had to decide about possible future children in a matter of seconds:

I had an operation for extrauterine pregnancy. They could have sterilised me at the same time. I was lying on the operating table. The anaesthetic mask was waiting 20 cm from me. The operating personnel were waiting around me for my decision about whether to do a sterilisation as they removed the foetus. That would decide it. *Downy head!* Where did those words pop up from in that situation? *Downy head!* “Let’s not.” Then I passed out. (Born 1971, 3 children, No. 63)

Baby fever appeared to change women’s behaviour in two main ways, related to babies and their mothers and to male partners. First, many women became drawn to infants, children or baby things. Prolonged baby fever led to the opposite: a withdrawal from pregnant women and friends with children, to the point of ending such relationships as being too painful.

Second, the most crucial changes happened with regard to partners. About fifteen women explicitly mentioned the refusal of the prospective father of the baby, while five of the women who had not had baby fever mentioned that her partner had tried to persuade her to have children. The three lesbian women who told about their experiences did not report disagreements with their female partners. In this respect, the written texts agree with the survey data results: women desire babies between two to three times as often as men do (cf. *Table 1* above). Women with reluctant partners described both increased sexual desire and conscious seduction at the right moments in the menstrual cycle. Other manipulative means included small hints in passing, discussions and planning, persuasion, and making the partner choose between a child and a divorce. No women mentioned deceiving a man with contraception, while two of the seven men who wrote described such a situation. A few women also wrote about sexual infidelity, falling in love with a new partner and of divorce as consequences of their desire for a child.

BABY FEVER TRIGGERS AND CONSEQUENCES

What fuelled the longing for a baby? According to my respondents, it may arise “out of nowhere” or be caused by a specific trigger. Obviously, some of the triggers mentioned may also be involved unconsciously in the former cases. For instance, the onset of unexpected longing with physical symptoms such as aching breasts and pinching womb may be due to an unnoticed pregnancy.⁵

Age triggers. Most often, women referred to “nothing in particular” or to their age. Part of the age triggers appeared in the early twenties. One woman even deplored that the “fever” she had at 24 had now disappeared: “*Actually I feel that my body told me about the right time to have children, and for rational reasons I did not listen to it. Now I regret that.*” (Born 1978, No. 89)

The second period of reported age triggers was between 28 and 35 years. In these cases, the woman sometimes became conscious of her physiologically limited time to bear children and then started planning and longing for motherhood (cf. HECKHAUSEN and WROSCH 2002). A few respondents mentioned that expert advice from doctors made them think about motherhood seriously for the first time in their lives. Another woman referred to her “biological clock”:

I didn't have any baby fever although I was surrounded by cute toddlers all those years and I also had a husband. Then I turned 35 and it was like ‘bling’ – the biological clock or some other inner voice said ‘it's now or never’ and that was it... I don't see it as baby fever because until then it was the thought of all that work and the fact that children are sweet but I don't need to have them myself... then that thought it changed as if by magic, and nine months later I was already pushing my firstborn in a carriage... (Born 1970, No. 58)

⁵ I thank Tom Dickins for pointing this out to me.

This woman did not want to call her suddenly changed state of mind baby fever – maybe because she did not need to wait very long before her new goal in life was attained. However, not all older women referred to age in the context of their limited fertile life span. For instance, one respondent had noticed in her late twenties that her sudden longing for a baby coincided with her hair becoming curlier. She attributed both to hormonal changes. “*Just as if my body had thought that I have already given birth*”, she guessed (born 1976, No. 81).

Falling in love was the second most common trigger. For women who had always wanted to be mothers, the first long-time partner often transformed the wish into acute desire. For other women, the first “real love” following several previous unions could bring with it thoughts of children. In both cases, “baby talk” appeared as part of courtship: planning the names of future children was one common example. In the next quotation, the fact that two women were in love with each other may have accentuated this effect:

I and my girlfriend have been baby feverish as long as we have been dating (6 months). This shows as our concentration always falters when a small person enters our sight. We encourage this in each other, or at least I myself do not feel the symptoms as strongly when I stumble into babies alone. Our baby fever builds on our own hopes and plans to become a family, on the one hand, and on the other hand, on our immense infatuation and love for each other. We are sure that we will become mothers together. (Born 1980, No. 99)

For women born before the 1960s, for whom their first children were seldom subject to special planning or longing, baby fever was reported in the beginning of second or third unions, if at all.

Previous pregnancies. A third, specific trigger was the mental and physical experience of being pregnant. Thus one subgroup consisted of women who had started longing for a child after an induced abortion or a miscarriage and would thus have been influenced by the hormonal changes of pregnancy. More common were women who felt longing and who were already mothers. Interestingly, a handful of mothers mentioned beginning to long for the next baby immediately or a few months after the birth of their first child. Other mothers started longing when the first-born was a toddler of two or three years; this is also the typical interval between children in Finland. Thirdly, baby fever quite often “hit” after two children, the conventional (and median) number of Finnish families with children (cf. the quote of Respondent No. 32 above).

Peer group examples. Many women with baby fever referred to the pregnancy or baby of siblings or best friends. A few women mentioned the sight of unknown pregnant women and other more general social triggers. Encouragement or practical support offered by one’s own parents or kin was not once mentioned as inducing

baby fever in this material, although it may of course act on an unconscious level (cf NEWSON et al. 2005).

One palpable example, combining several of the triggers mentioned above, happened to a woman who in her early 20s was attending a medical lecture on neonatology:

At that time most medical students were male, and I was the only girl in that group. Suddenly [the teacher] turned to me: 'What would you do, if you had just given birth and the baby was held to you?' A bit confused I spluttered that I would probably press it to my chest. 'No, you would turn it before you so that you could have eye contact. Almost all mothers do so.' The rest of the explanation was beyond my reach because I grasped that I would do exactly as he had said, and I did the movements with my hands. 'Then you would start touching its fingers and toes.' I had already started to touch the fingers of this non-existing baby. (...) After class I cried for half an hour in the corner of the lecture hall in the convulsions of acute baby fever." (Born 1953, No. 14)

This woman had been dating for a few years and was in her early twenties when expert advice, combined with the mentally imagined exposure to an infant, created a strong and totally unexpected emotional reaction.

CONCLUSIONS AND DISCUSSION

A possible desire for children would be favoured by selection in today's low-fertility societies with wide reproductive choice. I have here analysed longing for babies, so-called "baby fever", among contemporary Finnish women. Unlike previous research, I claim that longing for a child should be conceptually distinguished from a nurturing type of personality. MACE (2007: 386) jokingly suggests we might witness "the evolution of broody, family-oriented women (...) replacing the gregarious career women whose low reproductive success will confine their high-achieving, outgoing personality traits to oblivion". Such a scenario fits only the first type of respondents with experiences of "baby fever". This type reported having always been attracted to babies, nurturing and motherhood. The second type of women, however, reported sudden longing for a child that "hit like a lightning". Thus also outgoing career women can decide to have children on the basis of a strong emotion, without necessarily changing in e.g. career orientation.

Both types of women connected the onset of "baby fever" to physical age (early teens, early twenties or late twenties–early thirties), to falling in love with a partner, or to witnessing pregnancies or babies of siblings and peers. Acute longing for a child often developed when child-bearing faced some obstacles. It influenced the reproductive, sexual and social behaviour of the person experiencing it.

The texts analysed in this article described longing for a baby as an all-encompassing, overwhelming feeling. Some of the respondents had also felt specific physical and mental symptoms. "Baby fever" was metaphorically

compared with natural forces and with bodily and sexual needs. The dramatic quality of these experiences should not be underestimated, especially as Finns usually display emotions with restraint.

The empirical evidence depicts a feeling of such frequency and strength, and often in opposition to prevailing social norms and expectations, that we may speculate it has evolved either as an adaptation, a by-product, or both. I suggest longing for babies could be evolutionarily explained in three ways. First, it is a by-product of the “need to nurture”, as FOSTER (2000) among others has argued in a refined theorising of the “maternal instinct” of Havelock Ellis. Finding babies and child care attractive is a common, partly sex-dimorphic personality trait and triggered by previous experiences of caring. Second, wanting babies may be a strategy in mate selection and courtship, as a way of testing and displaying parental commitment. As already WESTERMARCK (1891: 379) noted, fertility prospects were central to mating in pre-industrial societies. In my material, more or less realistic talk about future children often appeared in the beginning of love relations, even when the couple had no actual plans for children. Third, especially the sudden onset of longing for babies may result from psychophysical changes that have evolved to trigger maternal attachment in women. These changes would be hormonally mediated and develop gradually, as the couple settles down and the woman grows older. Research involving hormonal samples from women of different age and marital situation would be illuminating.

Longing for children helps in persuading the woman herself and reluctant or hesitant males into parenthood. The reverse constellation, when the husband persuades the wife, also occurs but is less frequent. Especially the ache of the “empty arms syndrome” and the hormonally related changes connected to pregnancy are likely to be highly gendered. Survey results indicate a partial mismatch, as twice as many men than women had never strongly wished for a child of their own (*Table 1*). If this is so, and to the extent that feelings guide family planning, today’s women may influence the fertility behaviour of their male partners more than vice versa. In the Danish twin study, male genetic predispositions had some effect, but it was not statistically significant (KÖHLER et al. 1999). Were the so-called environmental effects affecting men’s reproductive decisions partly caused by their wives?

Female pressure on males in child-bearing decisions is probably typical for contemporary Western countries. In many societies, the number of children is not the husband’s business; in other societies he alone formally controls family size. One interesting question is *why* so many men in Western low-fertility societies have to be persuaded into having (subsequent) children? They are expected to participate in family planning and child care, but also sometimes appear more reluctant to favour child rearing over other things in life. FRABONI and ROSINA (2002: 117) found that Italian men display “excessive caution in the decision to have a child”. The life-course and marital consequences of longing – and not longing – for babies

merit future research. To what extent is Europe's reproductive future decided in negotiations between cautious men and baby-feverish women?

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