Alone in the Ivory Tower: How Birth Events Vary among Fast-Track Professionals*

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ABSTRACT

We use data from the 2000 Census Public Use Microsample to examine the likelihood of a birth event, defined as the household presence of a child aged zero or one, for male and female professionals. Physicians have the highest rate of birth events, followed in order by attorneys and academics. Within each profession men have more birth events than women. For men, professional variation in birth events can be explained by marital status, income, and spousal employment. These factors only partially account for occupational differences in birth events for women.

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INTRODUCTION

This paper examines fertility in families headed by male and female professionals using data from the 2000 Census PUMS (Public Use Micro Sample). We examine the prevalence of birth events for family heads employed in three professions: doctors, lawyers, and higher education. We attempt to explain variation in the prevalence of birth events on the basis of social and demographic differences, including age, working hours, race/ethnicity, marital status, income, and spousal characteristics.

On a theoretical level, we are concerned with how equality between the sexes is measured. For years traditional liberal feminism was partially framed as the struggle for women to achieve economic and vocational parity with men (NOW 2007; Roth 2003; Tong 1989). The majority of women now work, even if they have children (United States Bureau of the Census 2007a). The gender gap in wages has gradually narrowed (United States Bureau of the Census 1999). As Suzanne Bianchi (1997) remarked ten years ago at a Consortium of Social Science Associations Congressional Breakfast seminar, "Men and women are not equal, but when it comes to market work, to earnings, to the jobs they hold, the changes are all in the direction of greater equality." Becoming a doctor, lawyer, or professor—all high-status jobs—can be viewed as a triumph of the women's movement.

But there is another way to measure women's progress relative to men: whether their professional gains have been offset by familial losses (Mason 2002 [1988]). Most Americans want children (Thornton and Young-DeMarco 2001), so it may undercut women's professional accomplishments if they have to sacrifice motherhood in the process. Our study endeavors to

understand which professional women have paid the biggest familial price in order to have careers.

Background

It has long been known that education and fertility are inversely related in the United States (Rindfuss and Sweet 1977). Yang and Morgan (2004) recently showed that American women with a high school education have a total fertility rate about .5 higher than do their counterparts who spent time in college, a disparity that has only increased in recent years. Over time educated women are also waiting longer to have their first child (Rindfuss, Morgan, and Offutt 1996). These trends are well documented.

But how does fertility vary among educated professional women, the focus of the opting-out literature (Belkin 2003; Hewlett 2002)? Although there have been studies of gender differences in births among academics (Long 2001; Mason and Goulden 2004; Perna 2001a) and doctors (Boulis 2004), we know little about whether men and women in different professions have children at different rates. To the best of our knowledge only two studies has considered this issue. Using data from the 1980 Census, Cooney and Uhlenberg (1989) show that female physicians are more likely to have children than are female lawyers or professors. In turn, female physicians are less likely to have children than their male colleagues, or women in general (Boulis 2004).

Although few studies have considered how career choice affects fertility, many have examined the effects of childbirth on professional success. Several studies find that children incrementally decrease women's wages (Avellar and Smock 2003; Budig and England 2001;

Waldfogel 1997). Others show that time out of the labor force also lowers women's incomes (Hewlett and Luce 2005; Noonan 2005; Noonan and Corcoran 2004). Aspiring female academics with young children are less likely to get tenure-track positions than are either childless women or men (Wolfinger, Mason, and Goulden 2008).

Implicit in these studies are arguments about causal order. Although all employed longitudinal data, the general presumption is that children are causing the professional outcomes in question. This raises a more general point regarding endogeneity in the relationship between family formation and professional success. Economists have long posited a relationship between fertility and women's labor force participation, although there has been little consensus about the direction of causality (for an overview see Macunovich 1996). Recent evidence suggests it flows both ways: Budig (2003) found that young children increase women's labor force exits, while older children decrease them. Women with preschool-age children are less likely to join the labor force in the first place, but employed women are less likely to become pregnant. Many female academics report making joint decisions about career and childbirth (Van Anders 2004). With these findings in mind, we should speak of correlation, not causation, when discussing the relationship between career and the presence of children.

Differences between Professions

Differences in the professional development of doctors, lawyers, and professors lead us to hypothesize that doctors will have the most children and professors the fewest. Specifically, the unique career structure of academia offers no good opportunity to take time out for children. After four to eight years in graduate school, assistant professors have about six years to publish

or perish. Only after tenure and promotion from assistant to associate professor are faculty assured of job security. The median doctorate recipient is already 33 or 34 years old (Jacobs and Winslow 2004; Hoffer *et al.* 2006); after a probationary assistant professorship, close to 40. In terms of career development this would be an ideal time for female professors to start their families, but biologically they are already past prime childbearing ages. For instance, mothers 35 and over have quadruple the likelihood of having Down's Syndrome babies (California Birth Defects Monitoring Program 2005). Graduate school may not be an optimal time to have children, both because of the work load and the probable lack of income. Another professional impediment to academic fertility is the paucity of part-time tenure-track positions. Academics who want to work less than full-time generally must resort to the reduced pay and status of adjunct professorships. In contrast, both medicine and law presumably offer more opportunities for part-time employment.

Young lawyers have similar difficulties, albeit not as severe as those facing academics. The average entering law student is 25 (Masters 2004). After three years of law school, attorneys who join firms can be expected to spend about eight years before they make partner (www.AllBusiness.com 2004). This means aspiring lawyers must also wait until their mid to late 30s in order to reach a career position optimal for childrearing. However, not all lawyers aspire to high-powered corporate careers. Note also that failure to make partner is not as catastrophic as failing to get tenure: one can simply move on to another law firm. Faculty usually have to relocate if they do not get tenure but wish to remain in academia.

The average medical school student matriculates at 24 (Association of American Medical Colleges 2007). Medical school is followed by a residency of three to seven years (with additional training for some specialties); the majority of doctors are internists, and therefore have

shorter residencies. The arduous nature of residencies is well known, so this does not seem like a likely time for female physicians to have children. However, given a shorter residency doctors will have completed professional probation in their early thirties, before the age 35 cutoff for biologically risky pregnancies. Based on career structure, then, we would expect the highest fertility for physicians, the second highest for attorneys, and the lowest for academics.

Another factor potentially affecting fertility is the ability to pay for childcare. Doctors, lawyers, and professors have dramatically different salaries: about $120,000 for a beginning physician, $60,000 for a fledging lawyer, and $51,000 for a starting assistant professor (www.payscale.com). Although often saddled with heavy student loan debt (Jolly 2007), physicians presumably have greater ability to pay for child care than do attorneys or academics. This may increase their willingness to have children.

Goals of Study

We update Cooney and Uhlenberg's (1989) study on professional differences in fertility in several respects. First, we use comparatively recent data from the 2000 Census. Second, we contrast the incidence of birth events for male and female professionals. Third, we employ multivariate analysis to explain differences in fertility by profession.

METHODS

We analyze data from the 2000 5% Census Public Use Microdata Sample (PUMS) (U.S. Bureau of the Census 2007b). Although PUMS offers relatively little information on

participants, it provides a sufficient sample of doctors, lawyers, and professors. Analysis is limited to individuals aged 25 (the approximate lowest age at which people could have finished their professional training) to 44 (few new parents are older). This provides a twenty year window for observing birth events. Sample sizes by sex and occupation are shown in Table 1.

Table 1 Here

We identify doctors, lawyers, and professors using a combination of occupational codes and education. For all three professional groups, we require individuals to be working one or more hours a week and have one of the three relevant job titles: (1) postsecondary teacher, (2) physician, or (3) lawyer. Postsecondary teachers were required to have Ph.D.s; doctors and lawyers were required to have professional degrees. Hereafter we refer to these individuals as "focal persons".

The dependent variable in all analyses is a birth event, defined as the presence of a child age zero or one in the household. We view the child's exact relationship to the focal person—biological, step, or adopted—as irrelevant. Although most birth events reflect biological children (and for convenience we will speak of them accordingly), any infant in the household reflects a conscious decision on the part of the focal person.

We employ independent variables to account for the relationship between occupation and a birth event. For focal persons, independent variables include age, hours worked, race/ethnicity, marital status, and individual income. Age is a continuous variable; we include its square to account for curvilinearity in its relationship with the likelihood of a birth event (see Figure 1). Race/ethnicity is a set of dummy variables measuring whether a focal person is white, African-American, Asian-American, Latino, or a member of any other population group; white is the reference category. Work hours are dummy-coded into six categories: 1-19 (the reference

category), 20-29, 30-39, 40-49, 50-59, and 60 or more. Marital status is a three-category variable: never married (the reference category), previously married (including divorced, separated, and widowed individuals), and married (or cohabiting). Individual income is measured in dollars and logged to account for right skew.

We also analyze characteristics of the focal person's spouse/partner. These are age, modeled the same way as the focal person's, and employment. Employment is a six-category variables measuring whether a spouse is a physician, academic, attorney, employed in another profession, unemployed, or not in the household; other employment is the reference category. Note that no additional information is available for spouses not residing with focal persons. Finally, select analyses include the natural logarithm of household income.

We begin by examining differences in birth events by sex, profession, and age. Next we attempt to explain these differences in multivariate analysis. Birth event is a dichotomous variable, so we use logistic regression. Independent variables are entered in stages; analysis is conducted separately for male and female focal persons. Analyses are weighted.

All regression models include profession, age, race/ethnicity, and weekly hours worked as independent variables. For each successive model we introduce additional variables to see if they attenuate the differences in the likelihood of a birth event between the three professional groups. With the introduction of the spousal employment variable, we only include individuals who are married/partnered.

RESULTS

Figure 1 shows how rates of birth incidents vary by profession, sex, and age, with comparison lines for American men and women in general. Male physicians and lawyers are the most likely to have babies in the household, whereas women faculty are the least likely. Female physicians, male faculty and female lawyers are in the middle. Although female physicians and lawyers have a higher rate of birth events than male faculty from ages 30 to 39, male faculty from ages 25 to 29 and from ages 40 to 44 have more babies in the household. Nevertheless, both male faculty and female faculty have fewer babies than do members of other professions. Finally, all groups except female faculty members have the most birth events in their early thirties. For female faculty the peek years are the late thirties. Note also that these patterns of birth events diverge substantially from those of the male and female populations in general.

Figure 1 Here

Fertility among Professional Men

Table 2 shows regression results for the likelihood of a birth event for male professionals. Model 1 of Table 2 is consistent with Figure 1. Among men, faculty are the least likely to have babies in the household. After controlling for race/ethnicity, age, and weekly hours worked, male faculty are 21% [100*(1-exp(-.24))] less likely than male physicians to report a recent birth event. Male lawyers are a little less likely than male doctors to have a baby in the household, experiencing a 10% decrease in the odds [100*(1-exp(-.11))]. The statistically significant

coefficients for age and age-squared confirm the quadratic pattern of birth timing shown in Figure 1. Note also that men with recent birth events work more.

Table 2 Here

Model 2 adds marital status to the analysis. Male faculty are still less likely than male physicians to have had a birth event, but the disparity in odds is reduced from 21% to 15% [100*(1-exp(-.16))]. Furthermore, marital status completely accounts for the disparity in birth events between male attorneys and physicians. This result can probably be explained by the fact that 78% of male doctors are married, compared to 72% of male attorneys. The large positive coefficients in Model 2 show that being married/partnered, or even having been married in the past, is strongly associated with the presence of babies in the house.

Model 3 adds measures of personal and household income. This further attenuates the difference between male faculty and physicians in the likelihood of a birth event. After controlling for income, male faculty are 11% [100*(1-exp(-.12))] less likely than male physicians to have babies. The inclusion of income variables also partially accounts for the effects of hours worked on the chances of a birth event. Furthermore, men's personal income increases the likelihood of a baby in the household, while family income makes a baby less likely. On average, faculty make less money than either doctors or lawyers (see Table 3). This is apparently another reason why the former have fewer children than the latter.

Table 3 Here

Model 4 is identical to Model 3 except that it includes only married/partnered male professionals. This model serves as a baseline for the introduction of additional variables associated with spouses or partners. According to Model 4, married/partnered faculty are 10%

less likely than married/partnered physicians to have a baby [100*(1-exp(-.11))]. The effect sizes and significance levels of the other covariates are similar to those in Model 3.

Model 5 introduces a measure of spousal employment. This variable accounts for the remaining difference between male physicians and academics in the chances of a birth event. Male doctors are almost twice as likely to have spouses who are out of the labor force in comparison to male academics (40% vs. 22%). Therefore, married doctors are more likely to have birth events because they have wives available for childcare. Also, male professionals whose wives are physicians and lawyers are disproportionately likely to have birth events. So too are men whose wives are out of the labor force and therefore more available for childcare. On the other hand, male professionals whose wives are academics do not have an elevated chance of a birth event. Given the high rate at which academics marry other academics (Jacobs 2004), it appears likely that the low fertility of female professors, described below, can account for the relative paucity of birth events among male faculty.

The results shown in Table 2 confirm that male lawyers and, especially, male professors are less likely to have babies than are male physicians. For lawyers, this disparity can be explained by marital status. They are less likely to be married than are doctors, and married people have more birth events. For academics, differences in marriage, income, and spousal employment can account for the low rate at which male academics have birth events.

Fertility among Fast-Track Professional Women

Table 4 shows multivariate differences in fertility among female faculty, lawyers, and physicians. Controlling for age, weekly hours worked, and race/ethnicity, Model 1 confirms that

faculty are less likely than physicians to have a baby in the household. The disparity is larger for women than men, with female faculty 41% [100*(1-exp(-.53))] less likely than female physicians to have had a recent birth event. Female lawyers are also less likely than female physicians to have a baby in the household, with 23% lower odds [100*(1-exp(-.26))]. As is the case for men, race/ethnicity and age both affect fertility.

Table 4 Here

In contrast to their male counterparts, working long hours is associated with decreased fertility among female professionals. Most notably, putting in 40 to 49 hours a week lowers the odds of women fast-track professionals having a baby by 37% [100*(1-exp(-.46))] in comparison to fast-track professional women who work under 20 hours a week; working 50 to 59 hours a week decreases the odds by 54% [100*(1-exp(-.78))] and working 60 or more hours decreases them by 63% [100*(1-exp(-.99))]. Among female professionals, faculty work the least, with a median 40 hour work week; physicians work the most, with a median work week of 50 hours; and lawyers are in the middle, at 45 hours.

Model 2 adds marital status to the analysis. Marital status is associated with fertility, though not as strongly as for men. Among male professionals (see Table 2), being married increases the odds of having a baby by 78 times [100*exp(4.36)], in comparison to sixteen times [100*exp(2.79)] for women professionals.

Adjusting for marital status markedly reduces the baby gap between female faculty, lawyers, and physicians. After controlling for marital status, female faculty are 27% [100*(1-exp(-.32))] and female lawyers are 10% [100*(1-exp(-.11))] less likely to have babies than are female physicians; the latter effect is only significant at the .10 level. The corresponding figures in Model 1, lacking the control for marital status, are 41% and 23% respectively. Like their male

counterparts, female faculty and lawyers are less likely to be married than are female physicians: 61% of female faculty and 59% of female lawyers are married or partnered, compared to 70% of female physicians. Female faculty are the most likely (13%) of the three professions to be separated, divorced, or widowed. These differences in marital status apparently account for part of the disparity in birth events between female doctors, lawyers, and professors.

Model 3 includes measures of personal and household income. As was the case with hours worked, income has the opposite effect for female professionals than it does for their male counterparts. Female doctors, lawyers, and professions with higher personal incomes are less likely to have birth events. Conversely, the more household income, the more babies women have. The reasons for this pattern seem clear: female professionals experiencing a birth event are likely to take time off work, producing a commensurate decline in income. This in turn impels labor force participation by the woman's spouse or partner.

Model 3 shows that income differentials help explain the lower fertility of professors. Controlling for income has a small effect on the likelihood a professor experiences a birth event: the corresponding odds ratios rise from –27% (exp[-.32]) in Model 2 to –24% (exp[-.27]). Thus one reason female academics do not have children is because of their comparably low incomes (see Table 3). By dint of their salaries, doctors are able to pay for childcare or provide their partners with the opportunity to be stay-at-home fathers. On the other hand, female attorneys' fertility is not affected by controlling for income.

Models 4 and 5 include only married or partnered women. Model 4 is otherwise similar to Model 3; Model 5 adds a measure of spousal employment. This accounts for a little more of the disparity in fertility between women faculty and women physicians: based on Model 5, female professors are 22% [100*(1-exp(-.25))] less likely to have a baby than women

physicians. For women lawyers, spousal employment accounts for the rest of the baby gap: the regression coefficient measuring attorneys' birth events loses statistical significance in Model 5.

As was the case with male professionals, a physician spouse increases the likelihood of a birth event. Predictably, women professionals with spouses outside the house were much less likely to have a baby than those with spouse residing in their house (although the difference is not as large as the corresponding differential for male professions). In contrast to men, women with a spouse outside the labor force do not have higher rates of birth events. Men "opt out" at far lower rates than do women.

In sum, female lawyers and professors have fewer birth events than do physicians. For lawyers, this disparity is the product of differences in marital status, income, and spousal employment. Together these variables account for approximately half the baby gap between female doctors and professors. The other half is attributable to factors that cannot be measured with Census data.

DISCUSSION

Birth events varies dramatically by sex and profession. Male professionals are more likely to have a baby in the family than are women; physicians have the most babies, attorneys are in the middle, and professors have the fewest.

Male faculty have fewer children than doctors or lawyers, but this can be explained by differences in marital status, income, and spousal employment. Male professors make less money and marry at lower rates than male physicians; when they do wed, they choose spouses conducive to low fertility—women who are employed as faculty, women in other jobs, and those

with spouses residing elsewhere. In particular, we suspect that the propensity for college professors to marry each other accounts for the low fertility among male faculty.

Differences in income, marital, and spousal characteristics can also explain the lower fertility rates for female attorneys. However, they only account for part of the baby gap between female physicians and faculty. Perhaps the remainder is rooted in the lengthy training and probationary period characteristic of academia. Another possibility is that academics have different views of marriage and family than do physicians. Perhaps this speaks to occupational differences in personality: academics may simply be less interested in having children than are doctors and lawyers.

A shortcoming of this study is the limited information on employment. In particular, we have no data on the type of employment other than broad job classification. We do not know if academics are tenure-track professors at large research universities or part-timers at community colleges. Similarly lawyers may have high-powered corporate careers or low-paying jobs with non-profit agencies. Physicians could be internists or neurosurgeons. This information would likely reveal larger professional differences in birth events: we suspect that some women choose undemanding specialties in order to avoid work-family conflict . We know, for instance, that women are disproportionately likely to be adjunct faculty (Curtis 2004; see also Perna 2001b); this is especially true for women with young children (Wolfinger, Mason, and Goulden 2006).

Although America has achieved gender equity in the professions, great progress has been made. But at what price? Some women opt out because their careers conflict with their family lives (Stone 2007a,b). In accordance with previous research (Avellar and Smock 2003; Budig and England 2001; Waldfogel 1997), our study finds that women's wages are negatively correlated with birth events. We also offer two new findings. First, female professionals have

fewer children than their male counterparts. Second, fertility varies dramatically by occupation. If women are sacrificing families for their jobs, the sexual revolution has not come nearly as far as might otherwise be expected.

Figure 1. Birth Events by Sex, Age, and Profession.

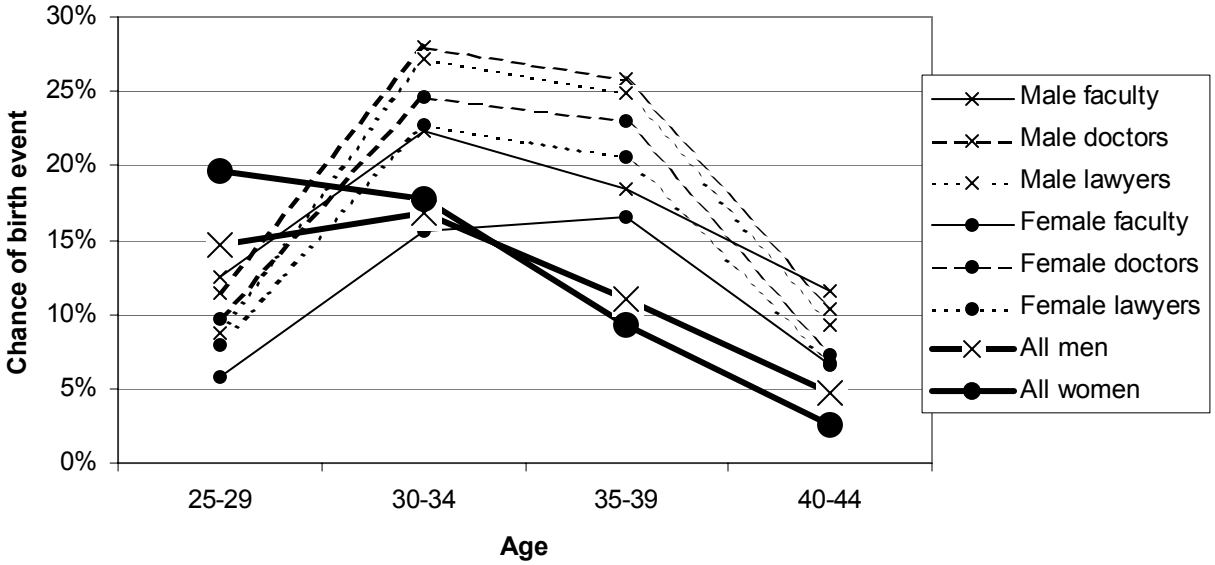

Table 1. Sample sizes by sex and occupation.

	Men	Women
Faculty	3,918	2,547
Attorney	13,914	5,952
Physician	11,683	8,536

Table 2: Babies in the Household: Male Prof.	All Professionals			Married/Partnered	
	Model 1	Model 2	Model 3	Model 4	Model 5
Employment Status					
Physician	--	--	--	--	--
Lawyer	-.11***	-.04	-.02	-.02	.04
Faculty	-.24***	-.16**	-.12*	-.11*	-.04
Race/Ethnicity					
White	--	--	--	--	--
African-American	-.23**	-.01	.00	-.02	.06
Asian-American	-.15**	-.18**	-.17**	-.16**	-.14*
Hispanic	-.24**	-.17*	-.16*	-.16*	-.15*
Other	-1.03*	-.74	-.72	-.69	-.58
Age	1.60***	1.34***	1.31***	1.33***	1.29***
Age Squared	-.02***	-.02***	-.02***	-.02***	-.02***
Weekly Hours					
1-19 hours	--	--	--	--	--
20-29	.46*	.53*	.52*	.48+	.50+
30-39	.40+	.45*	.39+	.41+	.40+
40-49	.60**	.52**	.44*	.44*	.44*
50-59	.67***	.49*	.40*	.41*	.39+
60 or more	.61**	.45*	.36+	.36+	.35+
Marital Status					
Never married	--	--	--	--	--
Divorced/Sep./Wid.	--	1.32***	1.32***	--	--
Married	--	4.36***	4.36***	--	--
Log of Personal Income	--	--	.11***	.13***	.17***
Log of Household Income	--	--	-.07*	-.09**	-.19***
Spousal/Part. Emp. Status					
Other Employment	--	--	--	--	--
Physician	--	--	--	--	.36***
Faculty	--	--	--	--	-.02
Lawyer	--	--	--	--	.21***
No Employment	--	--	--	--	.36***
Not in House	--	--	--	--	-2.56***
Spouse Age	--	--	--	--	--
Spouse Age Squared	--	--	--	--	--
Constant	-29.15***	-27.57***	-27.48***	-23.44***	-22.00***
Log-Likelihood	12785.94	11197.78	11189.56	11023.97	10868.26

$^{+}p < .10$; *p < .05; **p < .01; ***p < .001 (2-tailed tests)

Notes: Analyses are weighted. **N** is 29,515 for Models 1-3 and 22,281 for Models 4-5.

Table 3: Annual Personal and Household Income of Fast-Track Professionals, Ages 25-45	Men			Women		
	Faculty	Physi-cians	Law-yers	Faculty	Physi-cians	Law-yers
Median personal income	*50k*	*105k*	*75k*	*42k*	*59k*	*53k*
Median household income	*71k*	*135k*	*109k*	*75k*	*124k*	*107k*

Table 4: Babies in the Household: Women	All Professionals			Married/Partnered	
	Model 1	Model 2	Model 3	Model 4	Model 5
Employment Status					
Physician	--	--	--	--	--
Lawyer	-.26***	-.11^{+}	-.11*	-.11^{+}	-.07
Faculty	-.53***	-.32***	-.27**	-.29***	-.25**
Race/Ethnicity					
White	--	--	--	--	--
African-American	-.44***	-.10	-.07	-.13	-.10
Asian-American	-.21**	-.28***	-.27***	-.25**	-.22**
Hispanic	-.34**	-.25*	-.24*	-.20^{+}	-.19^{+}
Other	-.41	-.44	-.43	-.36	-.37
Age	1.92***	1.76***	1.73***	1.86***	1.85***
Age Squared	-.03***	-.03***	-.03***	-.03***	-.03***
Weekly Hours					
1-19 hours	--	--	--	--	--
20-29	.05	.05	.12	.10	.09
30-39	-.17	-.09	-.00	-.04	-.05
40-49	-.46***	-.27*	-.17	-.24^{+}	-.23^{+}
50-59	-.78***	-.53***	-.42**	-.43**	-.43**
60 or more	-.99***	-.70***	-.59***	-.64***	-.64***
Marital Status					
Never married	--	--	--	--	--
Divorced/Sep./Wid.	--	.89***	.91***	--	--
Married	--	2.79***	2.70***	--	--
Log of Personal Income	--	--	-.08**	-.08**	-.06*
Log of Household Income	--	--	.18***	.18***	.11*
Spousal/Part. Emp. Status					
Other Employment	--	--	--	--	--
Physician	--	--	--	--	.20**
Faculty	--	--	--	--	-.01
Lawyer	--	--	--	--	.07
No Employment	--	--	--	--	.12
Not in House	--	--	--	--	-1.23***
Spouse Age	--	--	--	--	--
Spouse Age Squared	--	--	--	--	--
Constant	32.95***	32.26***	33.04***	32.30***	31.60***
Log-Likelihood	-6417.44	-5705.27	-5693.89	-5084.28	-5060.62

$^{+}$p < .10; *p < .05; **p < .01; ***p < .001 (2-tailed tests)

Notes: Analyses are weighted. **N** is 17,035 for Models 1-3 and 10,919 for Models 4-5.

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