

Research Paper

COVID-19 Pandemic and Shifting Attitudes Toward Parenthood: An Exploratory Study of Childbearing Intentions Among Young Adult Females in Sri Lanka's Western Province

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ABSTRACT

Recent trends in Sri Lanka indicate declining fertility rates among young adult females, influenced by various socioeconomic factors. This study investigates the specific impact of the COVID-19 pandemic on attitudes toward parenthood and intended childbearing age among young adult females (18-25 years) in Sri Lanka's Western Province. Using convenience sampling, data were collected from 422 participants through an online survey and analyzed using SPSS. Findings reveal that while participants expressed significant desire for parenthood, their intentions were substantially moderated by pandemic-induced socioeconomic factors including relationship stability, financial security, and access to fertility services. Demographic analysis shows a predominantly young sample navigating educational pursuits and employment insecurity exacerbated by pandemic-related economic disruptions. Despite high educational attainment among participants, widespread job instability emerged as a primary deterrent to family planning. The cultural context necessitated culturally sensitive approaches when discussing reproductive health matters. This research highlights the need for a multi-sectoral support framework involving policymakers, healthcare providers, and community organizations to address barriers to parenthood through improved reproductive healthcare access, financial assistance programs, and relationship support services. These findings contribute to understanding how significant public health crises influence reproductive decision-making in developing economies.

Keywords: COVID-19, parenthood attitudes, childbearing age, Sri Lanka, young adults, fertility intentions

The global trend of delayed childbearing among women pursuing higher education and establishing careers has become increasingly prevalent in recent decades. This phenomenon is particularly notable in Sri Lanka, where birth rates have shown a

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consistent decline, decreasing to 14.840 per 1000 people in 2022 (a 1.95% reduction from 2021) and further declining to 14.544 in 2023 (representing a 1.99% decrease from 2022). Overall, this constitutes a cumulative decline of 1.92% since 2020 (Department of Census and Statistics, ND). These demographic shifts reflect multiple socioeconomic determinants, including extended educational pursuits, career advancement priorities, financial stability concerns, and delayed marriage patterns, all occurring against the backdrop of age-related fertility decline.

The COVID-19 pandemic introduced unprecedented challenges to global reproductive health systems and individual family planning decisions. While data from 2021 demonstrates varied impacts on birth rates across different countries (Pomar et al., 2022), Sri Lanka experienced particularly severe disruptions due to the compound effects of the public health emergency and concurrent economic instability. Stringent lockdown measures, widespread job losses, and significant economic downturn substantially influenced reproductive health decisions among Sri Lankan women during this period.

Research conducted by the World Health Organization across 105 countries revealed extensive disruptions in essential health services, including facility-based services (61%), treatment for non-communicable diseases (69%), and family planning services (68%) during the pandemic period (Cihad Dundar, Tugce Kaya Elverdi, 2023). These systemic healthcare disruptions, combined with pandemic-induced uncertainty and economic hardship, likely had substantial effects on childbearing intentions and timing among young adult women.

The potential long-term implications of sustained low birth rates present significant demographic and economic challenges for Sri Lanka's future development trajectory. These trends may eventually lead to labor shortages, reduced workforce productivity, and constrained economic growth. Additionally, an aging population structure will increase pressure on healthcare systems, social services, and pension funds as the ratio of working-age individuals to elderly dependents continues to decrease.

For women who were pregnant during this period, the pandemic created additional stressors through reduced access to critical support systems essential for adequate prenatal care. World Health Organization reports indicate that pregnant women faced heightened vulnerability during COVID-19 outbreaks, with both physical health risks and psychological stressors affecting maternal well-being.

This study investigates how the COVID-19 pandemic influenced attitudes toward motherhood and desired reproductive timing among young adult women (ages 18-25) in Sri Lanka's Western Province. We hypothesize that economic difficulties and pandemic-related stress led many young women to postpone or reconsider their pregnancy plans during this period. Through quantitative analysis of survey data from 422 participants, this research addresses a critical gap in understanding Sri Lankan women's childbearing attitudes and intentions during the pandemic period. The findings aim to contribute valuable insights for policymakers seeking to address declining birth rates and their potential socioeconomic consequences through targeted interventions and support systems.

LITERATURE REVIEW

Global Trends in Fertility and Reproductive Decision-Making

Fertility patterns worldwide have undergone significant transformations in recent decades, with many high and middle-income countries experiencing declining birth rates (OECD Family Database, 2022). These demographic shifts reflect complex interactions between socioeconomic development, educational attainment, and changing cultural attitudes toward family formation. Research indicates that reproductive decision-making processes are increasingly influenced by factors such as career development, financial stability, and relationship dynamics, particularly among young adults with higher education (Lampic et al., 2006; Stoop et al., 2014).

The postponement of childbearing has emerged as a prominent trend across diverse cultural contexts, with women increasingly delaying first pregnancies into their 30s as they pursue educational and professional opportunities (OECD Family Database, 2022). This shift has significant implications for both individual reproductive outcomes and broader demographic patterns, as biological fertility constraints become more relevant with advancing maternal age (Broekmans et al., 2007).

Fertility Patterns in Sri Lanka

Sri Lanka presents a distinctive and dynamic case within the South Asian context, characterized by fluctuating fertility trends over recent decades. According to the Department of Census and Statistics (2014), the Total Fertility Rate (TFR) declined to 1.9 births per woman between 1995 and 2000, falling below the replacement level of 2.1. However, subsequent data from the 2006-07 Demographic and Health Survey (DHS) and the 2012 Census revealed a reversal of this trend, with TFR increasing to 2.4 births per woman (Silva, 2016).

Analysis of Age-Specific Fertility Rates (ASFR) reveals that peak reproductive activity occurs among women aged 25-29 years, with this age group reporting an ASFR of 147 per 1,000 women (Silva, 2016). Particularly noteworthy is the counterintuitive trend observed among adolescent females, where fertility among women aged 15-19 increased by 33% from 27 to 36 births per 1,000 females between 1995-2000 and 2011 (Silva, 2016). This pattern diverges from broader regional trends across South Asia, where adolescent fertility has generally declined during the same period.

Socioeconomic factors significantly influence these fertility patterns. The UNFPA report (2012) indicates an inverse relationship between educational attainment and fertility rates in Sri Lanka. Women with higher education (GCE Advanced Level and above) report lower fertility (TFR = 2.3), whereas those with only primary education exhibit higher fertility rates (TFR = 2.8). Additionally, employment status impacts fertility decisions, with economically inactive women having a higher TFR (2.93) compared to unemployed women (Silva, 2016).

These fertility patterns must also be considered within the context of biological reproductive constraints. Research consistently demonstrates that female fertility begins to diminish during a woman's early 30s, with a woman under thirty having approximately a twenty percent monthly probability of conception (Broekmans et al., 2007). According to the American College of Obstetrics and Gynecology (ACOG, 2014), a significant proportion of

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women experience infertility by their early to mid-40s due to age-related decline in both oocyte quantity and quality.

Attitudes Towards Parenthood and Desired Age for Childbearing

Despite increasing fertility rates in Sri Lanka, fertility preferences indicate a shift toward smaller families. The 2006-07 DHS found that the mean ideal number of children among married women was 2.7, with a preference for two to three children (Silva, 2016). However, while 60% of women expressed a desire to stop having children after their second child, only 28% had adopted permanent contraceptive methods. This discrepancy suggests evolving attitudes toward family planning among young adults in Sri Lanka.

Reproductive decision-making processes are shaped by a complex interplay of socioeconomic, psychological, and cultural factors. Research indicates fertility declines progressively with advancing age, particularly beyond age 35, making the timing of childbearing an important consideration for individuals and couples planning families (Stoop et al., 2014). Contemporary data suggest women globally are increasingly delaying parenthood due to multiple factors including career aspirations, pursuit of financial independence, and desire for relationship stability prior to family formation (OECD Family Database, 2022).

This postponement trend has contributed to declining global fertility rates, highlighting the importance of comprehensive fertility education to empower individuals in making informed reproductive decisions (Lampic et al., 2006). However, research reveals substantial variation in fertility awareness levels across populations, with knowledge gaps particularly evident among younger adults and those with limited educational opportunities (Pedro et al., 2018). A global fertility awareness initiative launched in 2020 aims to address these knowledge deficits through targeted educational interventions, though implementation and effectiveness vary considerably across regions.

Stability, Balance in Life, and Parenthood Decisions

The intersection of financial security, work-life balance, and parenthood emerges as a critical determinant influencing reproductive choices across diverse cultural contexts. Research demonstrates that economic pressures and employment stability heavily influence individuals' willingness to start families (Manning et al., 2022). Work-life balance has become a major concern in contemporary society due to shifting industrial structures and evolving gender roles in both public and private spheres (Breusch & Gray, 2004). Consequently, many dual-earner households struggle to effectively integrate career aspirations with family formation goals.

This challenge appears particularly pronounced for women, who research indicates experience heightened financial concerns related to pregnancy and child-rearing expenses (Annika et al., 2021). Pre-pandemic research had already established patterns of deliberate reproductive planning behaviors among couples, trends that have continued and potentially intensified in the post-pandemic landscape (Deborah & Gray, 2007). Recent investigations confirm that couples increasingly incorporate structured reproductive planning into their family formation strategies, reflecting a growing tendency toward highly intentional parenthood decisions (Ruckdeschel, 2024).

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Social Pressures and Family Planning

Cultural expectations and peer influence significantly affect reproductive decision-making across societies. In Western contexts, increasing social and economic independence has contributed to notable delays in childbearing (Mills et al., 2011). Conversely, collectivist cultural frameworks often emphasize earlier parenthood, frequently driven by familial and broader societal expectations. Research indicates that women in high-pressure social environments frequently experience conflicting attitudes towards pregnancy timing, as career aspirations and personal development goals clash with established cultural expectations surrounding family formation (Plotnick, 2007).

These social dynamics create particular tensions for women navigating both traditional expectations and contemporary opportunities. Studies suggest that such pressures can significantly influence not only the timing of parenthood but also individuals' subjective experiences of reproductive decision-making, potentially contributing to psychological distress when personal circumstances do not align with social expectations (Rendall et al., 2010).

Alternative Family-Building Methods

As biological parenthood becomes increasingly delayed, research attention has shifted toward alternative family formation strategies. Adoption and foster care have emerged as viable alternatives for individuals facing fertility challenges or those choosing non-biological paths to parenthood (Boivin et al., 2018). While research suggests that societal perceptions of adoption are gradually improving, significant barriers persist, including legal complexities, procedural uncertainties, and residual social stigmas (Agricola et al., 2013).

In high-income countries, adoption is increasingly considered by women who have delayed biological parenthood past optimal fertility windows, with many citing financial stability and career-related motivations for these timing decisions (Webb et al., 2010). Simultaneously, technological advancements in reproductive medicine, such as egg freezing and other fertility preservation techniques, are gaining popularity among women seeking to extend their reproductive timelines (Harper et al., 2021). However, financial constraints and accessibility issues continue to limit the widespread adoption of these technologies, particularly in middle and lower-income contexts.

Impact of COVID-19 on Reproductive Decision-Making

The COVID-19 pandemic introduced unprecedented uncertainties into reproductive planning processes. Comparative studies from diverse contexts including Italy, Poland, and Shanghai demonstrate bifurcated responses to pandemic conditions: while economic instability led some individuals to abandon or postpone childbearing plans, others reconsidered their reproductive timelines due to increased time at home and relationship reconnection during lockdown periods (Micellia et al., 2020).

COVID-19 exacerbated existing challenges in family formation, leading to delayed pregnancies, postponed marriages, and an overall decline in birth rates, particularly in countries where economic stability is closely linked to reproductive choices (Safdari et al., 2023). This pattern was especially pronounced in regions experiencing severe economic downturns associated with pandemic mitigation measures.

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For individuals actively pursuing pregnancy or fertility treatments when the pandemic emerged, healthcare disruptions created additional challenges. Research documents significant frustration and anxiety among patients whose fertility treatments were suspended during lockdown periods, with many experiencing these disruptions as traumatic interruptions to their reproductive journeys (Gürtin et al., 2022). The pandemic also complicated adoption processes as travel restrictions and economic uncertainty delayed proceedings for many prospective parents (Druetz et al., 2022).

While some research documents a temporary increase in birth rates attributable to extended periods of domestic confinement during lockdowns in certain regions, the predominant evidence suggests that economic uncertainties prompted more conservative reproductive decision-making among many couples globally (Micellia et al., 2020). This tension between competing factors-increased domestic proximity versus financial insecurity-created complex conditions for reproductive decision-making during the pandemic period.

The literature reveals significant gaps in understanding how these global trends manifest specifically within the Sri Lankan context, particularly regarding how the compound challenges of the COVID-19 pandemic and concurrent economic instability have influenced young women's attitudes toward parenthood and desired timing for childbearing. Given Sri Lanka's unique fertility transition patterns and the complex interplay between demographic, socioeconomic, and cultural factors affecting reproductive decisions, this research aims to address this knowledge gap by examining these questions specifically within the Western Province of Sri Lanka.

METHODOLOGY

Research Design

This study employed a cross-sectional design to investigate how the COVID-19 pandemic influenced attitudes toward motherhood and preferred childbearing age among young adult women in Sri Lanka's Western Province. This approach provided a snapshot of the population's attitudes and experiences during this specific time period.

Study Population and Setting

The target population comprised married women aged 18-25 residing in the Western Province of Sri Lanka, an area with approximately 3,191,000 young adults. Women with chronic health disorders, non-viable pregnancies, or mental health issues were excluded from the study.

Sample Size and Sampling Technique

Using Cochran's (1963) formula with a 95% confidence interval and 50% expected prevalence rate, we calculated a sample size of 384. To account for incomplete responses, we added 10% (38 participants), resulting in a final sample size of 422. A selective sampling method was employed based on inclusion and exclusion criteria, as the complexity of sample units made random sampling impractical.

Data Collection Instruments

Following a comprehensive literature review and expert consultation, we developed a structured questionnaire with three main sections:

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1. Demographic information (age, marital status, education, employment, number of children)
2. COVID-19 pandemic impact on participants' experiences
3. Attitudes toward parenthood (readiness, preferred childbearing age, pandemic influence)

Study Procedure

The study was implemented over six months:

- Planning and preparation (Month 1)
- Pre-testing with 20 women from the Western Province (excluded from the final sample) and questionnaire refinement (Month 2)
- Data collection using structured questionnaires (Months 3-4)
- Data management and analysis (Month 5)
- Report writing and review (Month 6)

Data Analysis

Quantitative data was processed using REDCap data management software before being transferred to SPSS for statistical analysis. Analysis techniques included regression analysis, correlation assessment, hypothesis testing, and coefficient computation to examine relationships between variables.

Ethical Considerations

The study received ethical approval from the SLFI (Sri Lanka Foundation Institute). All participants provided written informed consent after being fully informed about the study's purpose. Confidentiality was maintained by identifying participants only through unique study identification codes. Data was stored securely on password-protected systems, and participants retained the right to withdraw at any time without explanation.

Conceptual Framework

The research framework positioned the COVID-19 pandemic mentality as the independent variable, with parenthood attitudes and desired childbearing age as dependent variables, mediated through participants' life experiences and future plans.

RESULTS AND DISCUSSION

Demographic Characteristics

The study examined the impact of the COVID-19 pandemic on attitudes toward parenthood and preferred childbearing age among women in the Western Province of Sri Lanka, with data collected from 422 participants.

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	Age	Current Relationship Status	Educational Level	Ethnicity	Province of residence	Employment status
N Valid	422	422	422	422	422	422
N Missing	0	0	0	0	0	0
Mean	1.24	2.12	2.58	1.46	1	3.42
Median	1	2	2	1	1	3
Std. Deviation	0.426	1.223	1.181	0.727	0	1.612
Minimum	1	1	1	1	1	1
Maximum	2	5	5	3	1	6

Age Distribution

The sample population (N=422) demonstrates a predominantly youthful demographic composition, with 76.3% of participants falling within the 18-25 age bracket, while the remaining 23.7% were classified as above 25 years of age. This age stratification aligns with the intended demographic target of the investigation, focusing primarily on reproductive-age females in their early to mid-twenties, a critical period for examining attitudes toward family formation and reproductive decision-making.

Relationship Status

Analysis of relationship status reveals substantial heterogeneity among participants (N=422), with a predominance of individuals identifying as single (41.9%). Participants in non-marital romantic relationships constituted 26.1% of the sample, while 15.9% reported being married. The remainder comprised individuals who were divorced (10.4%) or widowed (5.7%). This distribution reflects contemporary partnership patterns among young adults in the Western Province, characterized by delayed marriage and a preference for non-formalized relationships during early adulthood. The relatively low proportion of participants in formalized unions (married, divorced, or widowed collectively accounting for 32.0%) suggests a demographic shift toward postponement of marital commitment among this population.

Educational Attainment

The educational profile of participants (N=422) exhibited considerable diversity across attainment levels. Secondary education completion (Advanced Level) was most prevalent at 37.7%, followed by tertiary education (undergraduate degree) at 26.5%. Participants with Ordinary Level qualifications constituted 19.4% of the sample, while diploma holders represented 12.6%. Notably, postgraduate qualifications were held by only 3.8% of respondents. This educational distribution indicates that approximately two-thirds of participants (67.9%) have pursued education beyond basic secondary schooling, reflecting significant educational investment. The relatively modest proportion of postgraduate qualifications may suggest either age-related constraints (given the youthful sample) or socioeconomic limitations affecting access to advanced educational opportunities within this demographic cohort.

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Ethnic Composition

The ethnic composition of the sample (N=422) demonstrates a distribution broadly reflective of the regional demographic profile, with Sinhalese participants constituting a clear majority (68.0%), followed by Tamil (18.0%) and Muslim (14.0%) participants. This ethnic stratification approximates the wider population distribution within the Western Province of Sri Lanka. Such ethnic composition merits consideration in the interpretation of findings, as cultural norms and traditions associated with these ethnic identities may influence attitudes toward family formation, ideal childbearing age, and reproductive decision-making processes, particularly in response to socioeconomic disruptions such as the COVID-19 pandemic.

Employment Status

Employment characteristics among participants (N=422) revealed significant economic vulnerability, with unemployment affecting 32.2% of respondents—a notably high proportion. Part-time employment was reported by 23.0% of participants, while only 10.0% held full-time positions. Self-employment characterized 19.9% of the sample, with the remaining 14.9% classified under "Other" employment categories (potentially including students, homemakers, or those not actively seeking employment). Cumulatively, these findings indicate substantial labor market precarity, with 65.2% of respondents experiencing either unemployment or part-time employment status. This widespread employment insecurity represents a critical contextual factor when evaluating pandemic-related influences on family formation intentions and preferred timing of childbearing among this population.

Attitudes Toward Parenthood and Childbearing

	Do you want to have children in the future	What age would you like to have children NOW?	Has the COVID-19 pandemic changed your views on when to have children?	Pandemic affected your access to fertility treatments	Do you feel that your financial situation has been negatively	Has the pandemic affected your relationship with your partner	How important is financial security before starting a family during
N Valid	422	422	422	422	422	422	422
N Missing	0	0	0	0	0	0	0
Mean	1	3.27	1.18	3.4	1.02	2.46	1.33
Median	1	3	1	3	1	2	1
Std. Deviation	0	0.443	0.515	0.849	0.152	0.854	0.724
Minimum	1	3	1	1	1	2	1
Maximum	1	4	3	5	2	5	4

Reproductive Intentions

The unanimity of reproductive intentions among participants was striking, with 100% of respondents (N=422) expressing a desire for future childbearing. This universal affirmative response indicates a strong pronatalist orientation within the sample population, irrespective of demographic variables such as age, relationship status, educational attainment, or employment circumstances.

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Preferred Timing of Childbearing

Analysis of preferred childbearing timing revealed a predominant preference (73.2%) for early family formation within the 25-30 age range, while approximately one-quarter of respondents (26.8%) indicated a preference for later childbearing between ages 30-35. This distribution suggests alignment with normative life-course trajectories within this cultural context, wherein family formation is typically prioritized during early adulthood. The preference for relatively early childbearing may reflect both cultural expectations regarding appropriate life-stage transitions and biological considerations regarding optimal reproductive timing.

Pandemic-Induced Shifts in Reproductive Planning

The COVID-19 pandemic appears to have precipitated substantial reconsideration of reproductive timing, with 87.2% of participants strongly agreeing that the pandemic altered their perspectives regarding when to have children. An additional 7.1% moderately agreed with this sentiment, while only 5.7% maintained a neutral position. The overwhelming consensus regarding pandemic-induced reconsideration of reproductive timing suggests profound contextual sensitivity in family formation decision-making processes. These findings indicate that reproductive planning is highly responsive to macrosocial disruptions that introduce uncertainty regarding health, economic stability, and social support systems.

Access to Fertility Services

Regarding pandemic-related disruptions to fertility treatment accessibility, the majority of participants (62.1%) expressed neutrality, suggesting limited prior engagement with fertility services or insufficient knowledge to formulate an opinion. Only a small minority (5.9% cumulatively) reported experiencing reduced access to fertility treatments, while 32.0% actively disagreed that such services were compromised. This distribution suggests that fertility treatment disruption was not a salient concern for most participants, potentially due to the relatively young demographic composition of the sample, for whom fertility interventions may not yet be relevant.

Financial Impact on Family Formation Plans

Financial repercussions of the pandemic emerged as a nearly universal concern, with 97.6% of respondents strongly agreeing that economic hardship resulting from the pandemic had negatively influenced their family formation intentions. The remaining 2.4% moderately agreed with this assessment. This extraordinary consensus regarding financial impact underscores the centrality of economic security in reproductive decision-making and highlights the amplification of financial preconditions for family formation during periods of socioeconomic instability. The pandemic appears to have intensified existing requirements for financial preparedness prior to childbearing.

Impact on Partner Relationships and Family Planning

The pandemic significantly affected partner dynamics regarding family planning decisions, with 72.7% of participants agreeing that their relationships had been impacted in this domain. Approximately 14.2% expressed neutrality on this matter, while 13.1% disagreed that their partnerships had been affected. These findings suggest that economic stressors and health concerns introduced by the pandemic have reconfigured interpersonal negotiations regarding reproductive timing and decision-making within intimate partnerships for a substantial majority of participants.

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Heightened Importance of Financial Security

The pandemic appears to have elevated the perceived importance of financial stability as a prerequisite for family formation, with 79.4% of participants strongly agreeing and 11.6% moderately agreeing that financial security has become critically important before starting a family in the current climate. Only a small minority expressed neutrality (5.9%) or disagreement (3.1%) regarding this prioritization of financial stability. These findings indicate a pronounced emphasis on economic security as a fundamental precondition for family formation, reflecting rational adaptation to increased economic uncertainty and potentially diminished social support systems during the pandemic period.

Limitations

The study acknowledges several methodological limitations that contextualize its findings. The cross-sectional design prevents establishing causal relationships between the COVID-19 pandemic and changing parenthood attitudes, capturing only a single timepoint rather than evolving perspectives. Self-reported data introduces potential biases, particularly social desirability bias, where participants may provide socially acceptable responses rather than their authentic views. The purposive sampling approach, while necessary given logistical constraints, limits generalizability beyond the studied population in Sri Lanka's Western Province. Important demographic segments were excluded, including older women, those with chronic health conditions, and women with non-viable pregnancies, potentially omitting significant perspectives on pandemic-related reproductive decision-making. The study's focused scope on attitudes toward motherhood and preferred childbearing age meant that potentially influential cultural, economic, and familial factors were not comprehensively explored. Additionally, pre-test participants' data was excluded from the main analysis despite potentially offering valuable contextual insights. These limitations suggest opportunities for future research through longitudinal designs, broader participant inclusion, and more comprehensive examination of external factors influencing reproductive attitudes during global health crises.

CONCLUSION

The COVID-19 pandemic significantly altered reproductive decision-making among young adult females in Sri Lanka's Western Province. Economic insecurity emerged as the predominant factor influencing family formation intentions, with 97.6% of respondents strongly agreeing that pandemic-related financial hardship negatively impacted their childbearing plans. Despite universal desire for children (100% of participants), the pandemic prompted substantial reconsideration of reproductive timing (87.2%). The majority of participants (79.4%) emphasized financial stability as a critical prerequisite for family formation in the current climate. These findings underscore the vulnerability of reproductive health decisions to macroeconomic disruptions and highlight the need for comprehensive support systems-including improved access to reproductive services, financial assistance programs, and relationship support to address declining birth rates and their potential socioeconomic consequences for Sri Lanka.

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Conflict of Interest

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