

Research Paper

Psycho-Social Factors of Fertility Choices

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ABSTRACT

The decision to become a parent is influenced by a complex interplay of psychological, social, biological, and cultural factors. This study looks into the psychological underpinnings of fertility choices, exploring how individuals' attitudes, emotions, and cognitive processes shape their intentions and behaviors regarding parenthood. It also considers the impact of modern societal pressures on future parents' reproductive choices, career aspirations, economic uncertainties, and environmental concerns. Through an interdisciplinary lens, combining insights from psychology and population studies, this paper offers a comprehensive understanding of how psychological factors influence family planning and fertility rates in contemporary societies. A semi-structured interview was conducted among individuals of childbearing age (young adulthood) across diverse demographic groups, including variations in socioeconomic status, education level, and cultural background. Data were analyzed using thematic analysis to identify significant themes of negative fertility choices. The findings highlight the need for policy frameworks that address the psychological and emotional factors, social factors, and biological and health factors of fertility preferences. And these findings also help to provide support to individuals and couples through couple-welfare programs in making informed and emotionally healthy decisions about parenthood.

Keywords: *Psychological Factors, Social Factors, Fertility Preference, Youth, Kerala*

One of the most pressing global challenges today is the decline in fertility rates, particularly in developed and emerging economies. According to the United Nations, nearly half of the world's population lives in countries with fertility rates below the replacement level of 2.1 children per woman (UN, 2023). For example, South Korea's fertility rate hit a record low of 0.78 in 2022, the lowest among OECD countries (OECD, 2023). This demographic shift is leading to an aging population, which poses challenges such as labor shortages, increased healthcare costs, and economic slowdowns. Understanding the psychological motivations behind delayed or reduced fertility is crucial for policymakers aiming to address these demographic challenges (Lutz et al., 2023).

A recent news from Russia entitled "Russia bans 'child-free propaganda' to try to boost birth rate" Official data released in September put the birth rate at its lowest in a quarter of a century while mortality rates are up as Moscow's war in Ukraine rages on. The Kremlin

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called the figures "catastrophic for the future of the nation". Authors of "child-free propaganda" will be subject to fines of up to 400,000 roubles (\$4,100) for individuals, twice that amount for officials, and up to 5 million roubles (\$51,000) for legal entities. Similarly, according to the CIA 's World Factbook, India's birth rate in 2024 is estimated to be 16.2 births per 1000 people. This is a 1.17% decline from 2023 when the birth rate was 16.949 births per 1000 people.

Global fertility rates have been on a steady decline, with many countries reporting birth rates below the replacement level of 2.1 children per woman. For example, South Korea's fertility rate hit a record low of 0.78 in 2022, the lowest among OECD countries (OECD, 2023). This demographic shift is leading to an aging population, which poses challenges such as labor shortages, increased healthcare costs, and economic slowdowns. Understanding the psychological motivations behind delayed or reduced fertility is crucial for policymakers aiming to address these demographic challenges (Lutz et al., 2023).

These evidences reveal that there is a critical need for greater attention to the psychological, socio-economic, and cultural factors influencing fertility choices. The ongoing fertility decline, as seen in countries like Russia with a fertility rate of 1.4 children per woman (Rosstat, 2023), highlights the urgency of understanding the multifaceted challenges potential parents face. Economic pressures, career priorities, mental health concerns, and evolving social norms all play significant roles in shaping childbearing decisions (Goldin, 2022; Vignoli et al., 2020; Borges & Wagner, 2023). While pro-natalist policies have been introduced, their limited impact suggests that without addressing the deeper psychological and societal barriers, fertility rates are unlikely to improve significantly (Zakharov, 2023). This underscores the need for more comprehensive, multifaceted approaches to support family planning and address the demographic crisis.

This study combines insights from psychology, sociology, demography, and economics to offer a holistic view of fertility choices. By integrating these disciplines, it provides a more nuanced understanding of the factors that influence reproductive decisions in contemporary societies. The interdisciplinary approach aims to bridge the gap between psychological factors and practical policy applications, making it a valuable resource for researchers, policymakers, and social planners.

The aim of this study is to explore the psychological factors influencing fertility choices, with a particular focus on understanding how individuals' attitudes, emotions, and cognitive processes shape their decisions regarding parenthood.

Objectives of the Study:

1. To examine the psychological and emotional factors that influence individuals' fertility intentions and decisions regarding parenthood.
2. To explore the impact of social factors on individuals' reproductive choices
3. To investigate the role of biological and health-related factors in shaping fertility intentions and behaviors.
4. To provide recommendations for more holistic, interdisciplinary approaches to addressing fertility challenges, combining psychological insights with policy interventions.

MATERIALS & METHOD

The study used a qualitative research approach, which has been proven to be more effective in doing research with couples and gathering relevant data from them. The current study used an exploratory research design. The data was collected using a purposive sampling technique from 60 participants (30 males and 30 females) who belonged to various districts of Kerala. After data collection from 60 participants, the researcher hit data saturation, as there were no fresh themes or information in the data (Guest et al., 2006). As a result, additional data gathering would only yield comparable information and outcomes, confirming the emerging themes and conclusion. The study used a semi-structured interview method, through which detailed information were gathered from the participants. The researcher could elicit more information from the participants since the semi-structured interview allowed the participants to elaborate and offered more flexibility. The interview questions were developed based on lines of inquiry to address the research goals directly. The interview schedule was distributed to professors, researchers, and practitioners having experience in qualitative research for validation. The proposals led to the grouping of numerous questions, and the final interview schedule had twenty-two questions. Each question included a probe intended to elicit more detailed, meaningful information from the participants. All of the questions were open-ended, except those that asked about the participant's age, education, working status, employment type, type of family, and location. Participants were assured about their data's confidentiality and privacy. The researcher documented every process throughout the data collection process and rechecked the data to ensure conformability. The responses were audio-recorded and transcribed verbatim, and thematic analysis was used to examine the transcribed material. In this method of analysis, the researcher examines the latent and explicit content of transmitted material, generates initial codes, develops themes, reviews the themes, defines and names the themes, and produces the report (Kinger & Varpio, 2020). Ethical considerations remained at the forefront, emphasizing participant confidentiality and a commitment to transparent reporting.

RESULT AND DISCUSSION

Based on the thematic analysis three major dimensions emerged; Social factors, psychological and emotional factors, and biological and health-related factors.

Social factors

Social factors significantly influence fertility preferences by shaping an individual's decisions on family size and childbearing timing. Elements like economic stability, education, income, employment, urbanization, access to healthcare, and government policies and incentives play crucial roles in guiding these preferences.

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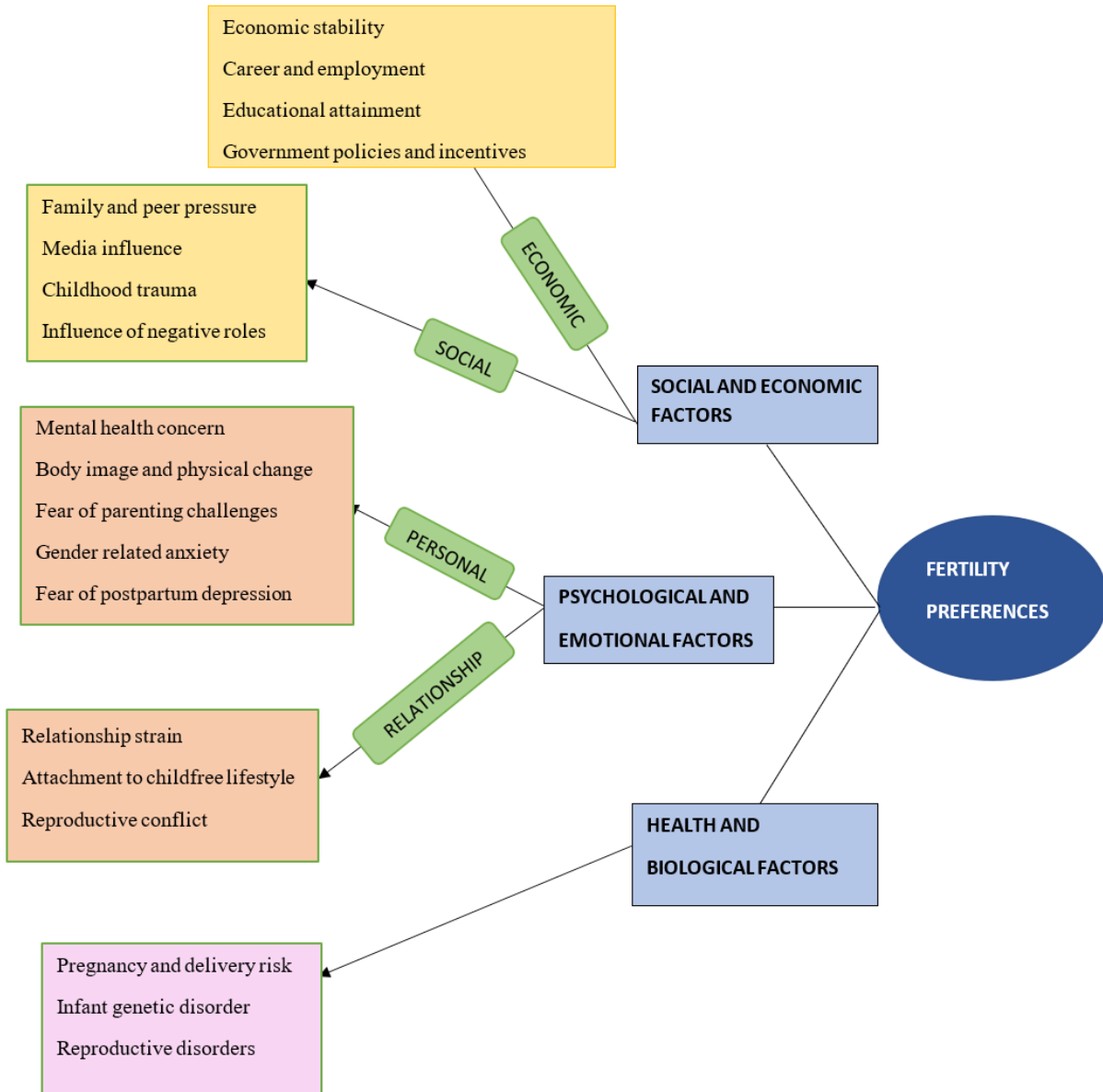


Figure 1; Thematic network representing fertility preferences based on various factors.

Economic stability is the concern about the financial readiness of the couple for bearing a child and the cost of raising children. Economic insecurity, including unstable incomes and high living costs, amplified their concerns and made participants hesitant about parenthood. The high living costs and limited community networks in urban areas heightened participants' concerns. NG a participant shared their concerns such as “*I will conceive only when my husband and I attain financial stability why because my child should receive the best living standards and resources. We haven't reached that stage yet*”. Smith et al. (2020) found that financial instability is a major barrier to family planning, with economic uncertainty strongly influencing decisions.

Career and employment are the Impact of professional goals, job security, and opportunity causes associated with parenting. The Concerns about career sacrifices discouraged couples from bearing child. For women especially, career aspirations can lead to a preference for small families or postponement of childbirth for work-life balance. NS a participant said,

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"Having a child now could set my career back, and I'm not sure I'm ready to take that risk. "Stable employment and career growth often lead to a delay in family planning, as individuals prioritize personal and professional development.

Educational Attainment empowers individuals to make informed decisions about their fertility preferences. Younger participants prioritized completing their education before considering pregnancy because academic demands and the perceived need for financial security tied to educational success took precedence. LP, a participant said, *"I need to finish my degree and secure a stable job first—everything else comes later.* "The desire to achieve life goals and financial stability through education before making further personal commitments. Education is viewed as a key pathway to future success and security.

Government Policies and Incentives involve limited policies supporting work-life balance made couples feel unsupported. The lack of paid parental leave, childcare subsidies, or tax benefits created additional financial and emotional burdens. IA, a participant who was an IT professional said, *"If the government supported working parents more, this decision wouldn't be so difficult."* Those who are working in private sectors have no any kind of incentives or policies that support pregnancy. Especially they have no maternal leaves and salary. It will lead them to a financial crisis. Richards and Coleman-Minahan (2020) emphasized that insufficient family support policies discourage decisions related to parenthood.

The theme of sociocultural factors highlights the interplay of cultural factors, Family and Peer Pressure, Childhood Trauma, the Influence of Negative Role Models, and media influence on fertility preferences. These subdimensions reveal how external cultural pressures often compete with or reinforce internal desires, leading to complex decision-making processes.

Cultural factors

Cultural factors reflect the traditions, values, and societal expectations ingrained within a community that dictates the "right" time and circumstances for parenthood. These norms often emphasize marriage and childbearing as essential milestones of adulthood. One of the participants JK said, *"If I don't have kids, I feel like people will look down on me as if I've failed somehow.* "Couples felt pressured to conform to these cultural norms, fearing judgment for deviating from traditional expectations even though they were not ready to be parents. Patel (2020) found that cultural expectations heavily influence fertility preferences, particularly in societies where familial and societal ties are deeply valued.

Family and peer pressure involves Participants experiencing conflicting desires due to family expectations. Families often equated parenthood with success and fulfilment. NS, a participant said, *"My parents keep reminding me about their desire for grandchildren, but I'm just not ready."* Family and peer pressure play significant roles in shaping negative fertility preferences. Families often push traditional norms, emphasizing childbearing for lineage and societal expectations, while peers can normalize alternative lifestyles, like delaying or avoiding parenthood.

Media influence, Media significantly influences negative fertility preferences by shaping societal norms and individual attitudes. Through portrayals of child-free lifestyles, career-focused individuals, or the financial burdens of parenting, the media can normalize delaying

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or avoiding parenthood. Social media amplifies these messages, showcasing alternative lifestyles and peer validation.

Childhood trauma refers to adverse experiences during formative years, such as abuse, neglect, or unstable family environments, that influence individuals' attitudes toward parenthood and fertility preferences. One of the participants NGS said, *"My childhood was filled with so much pain—I'm not sure if I want to bring a child into this world."* Individuals who experienced trauma expressed concerns about replicating negative patterns or doubted their ability to provide a stable and nurturing environment for a child.

The influence of negative role models refers to observations of individuals in one's social circle who faced difficulties or failures in parenting or family life, shaping participants' perceptions of parenthood. One of the participants VKS said that *"I've seen friends regret having children because they weren't ready, and I don't want that for myself."* Participants who witnessed strained relationships, poor parenting, or unfulfilled lives in their social networks developed a negative outlook on parenthood, associating it with conflict, sacrifice, or regret.

Psychological and emotional factors

Psychological and emotional factors encompass the internal emotional, cognitive, and mental processes that shape individuals' attitudes and decisions regarding fertility preferences. These factors reflect deeply personal experiences, fears, and aspirations that influence how individuals perceive their readiness for parenthood.

Personal factors profoundly influence fertility preferences by reflecting internal conflicts, fears, and anxieties about parenthood. These factors encapsulate individual emotional and mental states, revealing how deeply personal experiences shape reproductive decision-making.

Mental health concerns refer to anxieties, stress, or pre-existing psychological conditions that affect an individual's confidence or readiness for parenthood. One of the participants VKS said, *"I'm worried that I won't have the emotional strength to handle the ups and downs of parenthood."* Participants expressed fears about their mental resilience and ability to cope with the emotional demands of raising a child.

Body image and physical changes reflect participants' apprehensions about the physical toll of pregnancy, including changes in body shape, weight, and appearance. One of the participants LP said, *"The thought of my body changing permanently after pregnancy scares me."* Individuals viewed the physical changes associated with pregnancy as a potential source of distress, fearing long-term impacts on self-esteem and body image. These concerns were often influenced by societal pressures to maintain certain physical standards. Johnson et al. (2020) highlighted that body image concerns, amplified by societal beauty standards, often deter individuals from pursuing parenthood, especially among younger women.

Fear of parenting challenges encapsulates fears about the practical and emotional responsibilities of parenting, including the perceived loss of autonomy and freedom. One of the participants SVT said, *"Raising a child feels like such a huge responsibility—I'm not sure I'm ready for that kind of commitment."* Participants expressed doubts about their ability to manage the demands of parenting, citing concerns about losing independence, time, and flexibility. For some, these fears stemmed from observing the struggles of others.

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Mashara, J. N. (2016) found that fears of losing autonomy and the challenges of balancing parental responsibilities with personal goals are common reasons for delaying parenthood.

Gender-related anxiety refers to the apprehensions tied to societal gender expectations, such as the roles and responsibilities associated with motherhood or fatherhood. One of participants NG said, *"I feel like society expects me to be the sole provider, and that's a lot of pressure when thinking about having kids."* Participants, particularly women, felt overwhelmed by the societal pressures to excel as caregivers, while men expressed concerns about fulfilling traditional roles as providers. These anxieties were often rooted in cultural expectations and past observations of gender roles in parenting.

Fear of postpartum depression reflects the anxiety about experiencing severe emotional distress or mood disorders after childbirth. One of the participants NS said, *"I've read so many stories about postpartum depression, and I'm terrified that I'll go through that too."* Participants, especially those with prior mental health challenges, expressed apprehensions about coping with the emotional demands of the postpartum period. Concerns about receiving inadequate support during this time also heightened these fears.

Relationship factors play a pivotal role in shaping fertility preferences by influencing how individuals navigate the emotional, practical, and relational dynamics within their partnerships. This theme captures how interpersonal relationships and relational conflicts contribute to decisions about childbearing.

Relationship strain refers to tensions, conflicts, or instability within a partnership that impact decisions about starting or expanding a family. One of the participants VKS said, *"I worry that if things aren't strong between us now, a baby could make things worse."* Participants expressed concerns about the stability of their relationships and the potential stress that parenting could add. For some, unresolved conflicts or communication issues created doubts about their ability to co-parent effectively.

Attachment to a child-free lifestyle involves the preference for maintaining independence, flexibility, and a certain quality of life that individuals fear might be compromised by parenthood. One of the participants NGS said, *"I enjoy the freedom and flexibility we have now—I don't want to give that up for a child."* Participants emphasized the value they placed on their current lifestyle, including career ambitions, leisure, and personal freedom. For many, the perceived sacrifices of parenthood outweighed the potential rewards.

Reproductive conflict refers to disagreements or differences in fertility preferences between partners, such as whether to have children, the timing of parenthood, or the desired number of children. One of the participants SVT said, *"We argue a lot about this—one of us wants a family now, and the other isn't ready."* Participants highlighted instances where one partner expressed a strong desire for children while the other preferred to wait or remain child-free. These conflicts often led to tension and uncertainty within the relationship.

Health and biological concerns are critical factors influencing fertility preferences, as they reflect the physical realities and health-related anxieties associated with parenthood. These concerns highlight individuals' apprehensions about biological limitations, medical risks, and potential outcomes for offspring. The biological clock refers to the natural decline in fertility with age, particularly for women, which creates a sense of urgency in making decisions about parenthood. One of the participants NS said, *"Doctors keep telling me that*

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waiting too long could make it harder to conceive, and that stresses me out." Participants often mentioned feeling pressured by age-related fertility concerns. For some, this urgency was compounded by societal expectations and medical advice emphasizing the risks of delayed parenthood.

Pregnancy and delivery risks involve the physical and medical challenges associated with pregnancy and childbirth, including potential complications for the mother and baby. One of the participants LP said, *"I'm scared of the complications that can happen during childbirth—it feels like such a big risk."* Participants expressed concerns about the physical toll of pregnancy, potential complications during delivery, and the long-term impact on their health. These fears were often amplified by personal health histories or stories from peers.

Infant genetic disorders encompass concerns about the potential for genetic or congenital disorders in offspring, which could result in long-term challenges for both the child and parents. One of the participants SVT said, *"I have a family history of genetic issues, and it's always at the back of my mind when thinking about having kids."* Participants expressed anxiety about the possibility of having a child with a genetic disorder, often due to family medical histories, advanced parental age, or limited access to genetic counseling. These concerns created hesitation in pursuing parenthood.

This study aims to shed light on the complex psychological, social, economic, and cultural factors that shape fertility choices and family planning decisions in contemporary societies. The decline in fertility rates, particularly in developed nations like Russia, underscores the urgent need for a comprehensive understanding of the underlying drivers of reproductive behavior. As evidenced by research, factors such as economic pressures, career aspirations, social norms, mental health, and environmental concerns play crucial roles in shaping individuals' intentions and decisions about parenthood.

CONCLUSIONS

The psychological factors, including attitudes toward parenthood, emotional readiness, and perceived life satisfaction, significantly influence fertility choices. Individuals and couples are increasingly prioritizing career development, financial stability, and personal well-being over starting a family, resulting in delayed parenthood or reduced family size. Mental health concerns, including the stress of balancing work and family life, contribute to the reluctance or postponement of childbearing.

Social and cultural shifts, including evolving gender roles and changing family structures, have further complicated fertility decisions. The preference for smaller families or childlessness, particularly among younger generations, reflects a broader transformation in societal values regarding family life, career, and personal fulfillment.

Pro-natalist policies, such as financial incentives and parental support programs, have been introduced in many countries to encourage higher birth rates. However, the evidence suggests that these policies have limited success when they fail to address the psychological and socio-economic barriers to childbearing. Financial incentives alone are insufficient in overcoming the deep-rooted concerns related to job insecurity, mental health, and work-life balance. Effective fertility policies must be multifaceted, combining economic support with mental health services, career flexibility, and cultural shifts that promote family life.

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In conclusion, addressing the fertility decline requires a holistic, interdisciplinary approach that goes beyond financial incentives to consider the psychological, economic, and social, biological factors influencing fertility decisions. By integrating insights from psychology, economics, sociology, and demography, policymakers can develop more effective strategies to support future parents and promote sustainable fertility rates. Understanding the psychological barriers to childbearing, as well as the evolving societal expectations around family life, is crucial for crafting policies that foster a supportive environment for families. This study, therefore, provides valuable insights into how psychological factors interact with broader societal trends to shape fertility choices, offering a pathway for more effective interventions to address population decline.

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Conflict of Interest

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