Fertility Intentions During the Pandemic

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Abstract

In the United States, COVID-19 has resulted in widespread speculation about the implications for fertility. Drawing on a nationally representative sample of 20-50 year olds who were married or cohabiting, National Couples' Health and Time Study, we examine two specific research questions. First, how do perceptions of well-being and economic factors influence the timing of fertility intentions? Second, what are the rationales for not intending a child during the pandemic? Third, how are pandemic specific stressors related to rationales for not intending a child? The paper includes preliminary analyses, and we plan on conducting additional analyses. A comprehensive assessment of fertility intentions and underlying rationale for intentions is critical for understanding subsequent fertility patterns.

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In the United States there is consensus among demographers that fertility during the pandemic has continued to decline, following the downward trajectory that preceded the pandemic (Cohen 2021; Hamilton 2021). Aligning with this evidence on fertility patterns, it appears that fertility plans declined during the pandemic. A Guttmacher poll indicated that 40% of women of reproductive age reported delays or shifts away from expecting children (Lindberg et al. 2020), and a population-based sample of adults in their thirties interviewed pre-pandemic and during the pandemic indicated declines in fertility expectations (Manning, Guzzo, Longmore and Giordano 2020).

While the contours of these trends are established, less is known about individual's rationales for delaying or forgoing parenthood. To help understand a fertility recovery it is important to identify the factors associated with declining intentions as well as the reported reasons for avoiding having children during the pandemic. Relying on a population-based sample of married and cohabiting couples ages 20-50 interviewed during the pandemic, we assess differentials in estimates of fertility intentions and examine the role of pandemic disruptions on reasons for limiting fertility intentions. Prior to the spring of 2020 – before the spread of the coronavirus pandemic and the ensuing economic crisis – there were already calls for new research on U.S. fertility patterns (Guzzo and Hayford 2020). Traditional models and measures of fertility behavior rest on a presumption that there are limited "period effects" which present only short-term shocks. For example, the TFR is a measure based on the assumption that current age-specific measures will continue in the future, whereas completed fertility levels tell us little about what future trends may be. Thus, research on prospective fertility plans offers a period-specific lens by providing insights into how individuals may respond in the current climate.

A unique feature of the coronavirus pandemic is the uncertainty brought on by the lack of a clear timeline and the long-term ripple effects beyond the risks of the disease itself. This pervasive uncertainty is driven by new concerns about health, skyrocketing unemployment levels and shifting workplace demands, and constrained social lives. Not surprisingly there are reports of rapid growth in stress (e.g., Taylor et al., 2020), with stress conceptualized as an overload of demands that exceed individuals'

abilities to cope, or as interruptions to individuals' daily lives or ways of thinking (Burke, 1991). Most Americans of childbearing age have not faced these high levels of sustained uncertainty in their lifetimes. Rather than rely on traditional theories of planned action (Azjen 1985), we draw on theories more appropriate during an era of uncertainty, namely the Narratives of the Future (Vignoli 2020), and Pearlin and colleagues' (Pearlin, 2010; Pearlin & Bierman, 2013; Pearlin et al., 1981) social stress processes across the life course. Vignoli and colleagues (2020) find that in Europe reliance on objective determinants provides an incomplete, and potentially inaccurate, lens on fertility. We apply this approach to the current U.S. setting with the inclusion of indicators capturing uncertainty not only in the economic realm, but also generalized views of the well-being, perceived health threats and the proximal relational realm.

We hypothesize that more positive life orientations will be associated with more immediate and certain fertility intentions. The vast literature on economic factors supports our hypothesis that more positive economic prospects will be associated with more immediate and certain expectations. Second, we expect that the pandemic will be a primary reason for limiting fertility and will examine the relative ranking of economic, health, and relational rationales. Third, we expect that appraisals of greater pandemic related stress will be more strongly associated with specific rationales for limiting fertility rather than objective measures.

Data and Methods

This study draws on a recently collected population-based data source, the National Couples' Health and Time Study (NCHAT). The interviews were conducted between September 1, 2020 and April 30, 2021. The study is based on couples who were married or cohabiting and between ages 20-60 with oversamples of racial and ethnic individuals as well as sexual and gender minorities. Respondents were members of the Gallup Panel or Gallup population-representative samples. The surveys were web-based and conducted in English and Spanish and lasted, on average, 40 minutes. The bivariate and multivariate results are weighted based on Gallup produced post-stratification methods. In the data 2,370 respondents were between the ages of 20 and 50 with valid weights and intentions data. The analytic

sample (n=816) for this paper excluded respondents were pregnant, adopting or involved in surrogacy at the time of interview (n=80),respondents who were not expecting a child anytime in the future – completed childbearing (n=1,441), and missing data on race, marital status or immigration status (n=8). Analysis of rationales for avoiding births are limited to those who did not intend in the next year or were not sure if they intended in the next year (n=723) and limited to 711 respondents with valid responses on all indicators.

Measures. The first dependent variable is a measure of fertility expectations. Respondents were asked about their immediate intentions and their future expectations for children. The indicator of immediate fertility *intentions* is based responses to the following question, "Do you intend to have a child in the next year?" and response categories included "yes", "no," and "not sure." The measure of future fertility *expectations* is based on the question, "Would you, yourself, want to have a/another child?" Responses to expectations included "Definitely yes," "Probably yes," "Probably no," "Definitely no," and "Not sure." Respondents who reported "probably no" or "definitely no" were excluded and the remaining were coded as expecting a child in the future ("definitely yes," "probably yes," or "not sure"). We combined these indicators and categorized individuals into three mutually exclusive categories: future expectations but no immediate intentions (n=530), not sure if immediate intentions (n=183), and immediate intentions (n=103). The model presented below examines immediate versus not immediate fertility plans and supplemental analyses focus on a three-category indicator.

Respondents who did not intend or were not sure they wanted a child in the next year were asked a series of questions about the importance of selected reasons for avoiding having a child in the next year. The questions included: "pandemic makes my future unpredictable," "economic worries." "health concerns," and "unsure about relationship" with responses ranging from 1 "not at all important" to 5 "very important."

The independent variables include future life satisfaction, COVID-19 stressors, economic indicators, and sociodemographic measures. *Life satisfaction* is based on responses to the Cantril Self-Anchoring Striving Scale (Cantril 1965) and is widely used across the globe and in the American Time

Use Subjective Well-Being Module (NRC 2013). It is a question about "where do you stand now" on "a ladder with steps numbered from zero at the bottom to ten at the top." Zero represents the worst possible life and ten represents the best possible life.

Three indicators of COVID-19 specific stressors were included: health, economic, and relational. *Health stress* references the average score of how stressed the respondent was about "getting coronavirus", "my spouse or partner getting coronavirus, or "my parents, siblings or other family members getting coronavirus." The responses were based on a five-point scale ranging from "not at all stressed" to "very stressed" The alpha was 0.88. *Economic stress* measures the average of responses to stress about "money and finances," "my job," and "getting food and supplies" during the pandemic. The alpha was 0.71. *Relationship stress* is based on three questions about strength of the couples' relationship after the pandemic, questioning their relationship since the pandemic, and the probability of breaking up after the pandemic with response items ranging from 1 "strongly disagree" to 5 "strongly agree" and were reverse coded to generate the scale. The alpha was 0.72.

We include three economic indicators and in supplemental analyses evaluated additional measures. *Couple's education* was divided into three categories: neither has a college degree, one member has a college degree, and both have a college degree. *Household income* was top coded at the 95% level and was logged due to the skewed nature of the variable. Economic hardship was a dichotomous variable indicating whether in the past month the respondent indicated one of six items such as "we were unable to pay our gas, electric, other utility bill or rent/mortgage" and "we were unable to make minimum payment on credit cards" "we received an eviction or foreclosure notice."

The data include a rich set of sociodemographic indicators and we include those aligning with prior research on fertility intentions. *Parity* was based on respondents' household roster and we summed reported biological children. A separate item asked about the number of children who do not live with you. These measures were combined to measured total number of biological children and response were coded into none, one, two, or three or more. We will test another indicator of parity that captures family planning stage that includes the age of the youngest children that is coded into no children, at least

one child under age 3, and children but none under age 3. *Age* was a continuous indicator and was included as age and age squared due to the nonlinear relationship between age and family building. Respondents reported their *gender identity* from five options, including Woman, Man, Trans Woman, Trans Man, and some other gender identity. For these analyses, Women and Trans Women, and Men and Trans Men, were grouped together. Gender was coded into a three category variable indicating woman, man, and 'other.' Given potential constraints to childbearing, we will assess how the results vary with and without the inclusion of Trans women and men. Respondents reported their *race/ethnicity*, and we coded as: non-Latinx White, non-Latinx Black, non-Latinx Asian, non-Latinx other race, non-Latinx Multirace, or Latinx. A dichotomous indicator for *foreign born* was constructed if the main respondent was born outside of the United States. Respondents answered the following question about their *sexual identity*, "What do you consider yourself to be? Select all that apply" with eleven responses including heterosexual or straight, gay or lesbian, bisexual, same-gender-loving, queer, pansexual, omnisexual, asexual, don't know, questioning, and "something else," with an option to specify. We coded respondents into four mutually exclusive categories heterosexual exclusively, gay/lesbian exclusively, bisexual exclusively or bisexual along with pansexual, omnisexual, and queer, and other/multiple sexual identities. We recognize potentially distinct pathways to parent for individuals in same-gender couples and will estimate disaggregated models distinguishing heterosexuals. Union status was based on whether the respondent reported they were legally *married*. *Month of survey* spanned from September 2020 through April 2021 and was included as a series of dummy variables.

Analytic Plan. Logisitic regression models are estimated indicating whether respondents have definite immediate plans to intend a child in the next year versus unsure intend in the next year or future expectations. We estimate three sets of models that include life satisfaction and the sociodemographic indicators, a model with the economic measure along with demographic controls, and a model that includes all the indicators. The second set of analyses focuses on the subset of respondents who do not immediately intend a child and assess the ranking of four rationales. These analyses are disaggregated to distinguish those who have future expectations but not in the next year and uncertain about intending

in the next year. The multivariate models include each set of COVID-specific stressors along with the sociodemographic control variables. All analyses are weighted.

Results

The distribution of responses to the dependent variables are presented in Table 1. Nearly three in five (58.8%) expected a child in the future but not in the next year, one-quarter (26.2%) were unsure about expecting a child in the next year, and 15.0% intended to have a child in the next year.

The mean score on life satisfaction was 6.8 indicating an overall positive view of the future. About one in five (22.1%) reported a form of economic hardship. The median household income was $110,000 and given the skewed values it was logged with a value of 11.3. The couples' educational attainment ranges from 32.3% both without a college degree, 27.3.% one college degree, and 39.9% both with a college degree.

The mean age of the sample was 34.0. The parity measure indicates that 48.7% did not have a child, 23.4% had one child, 16.4% had two children, and 11.6% had three or more children. The sample is nearly evenly split between man and women and 0.4% reported 'other' gender identity. With regard to race and ethnic identity, about half (49.2%) report non-Latinx White, 7.3% non-Latinx black, 11% non-Latinx Asian, one-quarter Latinx, and about 5% a multiple or other identity. Most of the sample is native-born and 13.4% are foreign born. The sample primarily reports exclusively a heterosexual identity (93%), 1% exclusively a gay or lesbian identity, 1.7% bisexual and 4% multiple or other identities. About one-third of sample was cohabiting and the remaining are married. The interviews spanned September 2020 to April 2021 with larger shares occurring in September, January and March.

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The multivariate results are presented in Table 2 demonstrating that those with higher levels of life satisfaction were more likely to intend a child in the next year rather than later. Older respondents were more likely to expect a child in the next year. Respondents with greater numbers of children were less likely to expect a child in the next year. Respondents with Asia and Latinx racial and ethnic identities were more likely to expect a child in the next year. Individuals who indicated they were not exclusively

heterosexual had lower fertility expectations in the next year. Married respondents had higher odds of expecting a child in the next year. Model 2 replaces the economic indicators with life satisfaction, and they are not associated with fertility intentions. Similar results were obtained when adding each economic factor separately. Further, additional analyses showed that employment (individual or couple) was not associated with fertility expectations. Model 3 includes all the covariates and life satisfaction remains marginally significantly associated with fertility intentions. Thus, the economic indicators explain some of the association between life satisfaction and fertility intentions but the subjective indicator appears to be more strongly associated with fertility.

Reasons to Avoid Having Children During the Pandemic

Respondents who did not intend or were not sure about having a child were asked a series of questions about why they wanted to avoid having a child in the next year. The means are reported in Table 3 and range from 1 'not at all important' to 5' very important' for the overall sample and separately based on certainty. In the text the endorsement of the domains, indicating "pretty" or "very important" is reported to provide substantive interpretation. The top-ranking rationale was economic reasons followed by pandemic and health threats. About one in five (22%) respondents claimed the pandemic making their future unpredictable was a reason for avoiding having a child. In contrast, two in five (41%) of respondents reported economic worries as the reason for avoiding having children, 30% indicated health threats, and 10% were unsure about relationship (10%).

Table 4 presents the correlates of stress and sociodemographic indicators predicting providing the pandemic as a rationale for avoiding having children in the next year. The first model includes more often reported the pandemic as a reason for avoiding having additional children in the next year. Similarly, respondents with higher incomes less often endorsed the pandemic as a reason to avoid having children. Educational attainment was not associated with offering the pandemic as a rationale for avoiding having children. Older respondents and those who were married more often indicated the pandemic was a reason for avoiding having children. Respondents with children less often offered the pandemic as a rationale for not having children. Respondents who indicated 'other' or multiple sexual identities more

often reported the pandemic as a reason for not having children. The second model includes the subjective appraisals of stress associated with economics, health, and relationships during the pandemic. Respondents who reported higher levels of stress surrounding economic circumstances and health concerns more often cited the pandemic as a reason for avoiding having children. The subjective indicators explained the objective economic measures.

Discussion

While it appears there are many good reasons to delay childbearing during the pandemic, some couples still planning on having children. Respondents with more positive life orientations reported stronger desires to intend to a child in the next year. This finding is consistent with a Narratives of the Future approach (Vignoli et al. 2020) as subjective perceptions loom large in decision-making during an era of uncertainty. It appears that economic indicators are not related to the timing of fertility plans and this may be because the pandemic hit all segments of society and traditional economic protections, high education or high income, were not safeguards against the pandemic. Direct measures tapping future economic prospects may matter more or indicators of subjective appraisals of economic conditions (Brauner-Otter and Geist 2018).

To our knowledge no other nationally representative samples have asked about reasons for limiting fertility during the pandemic. The overarching measure of concerns about the pandemic was not the primary reason endorsed by respondents in this sample of married and cohabiting couples. However, issues that have arisen due to the pandemic appear to be more salient. About two out of five respondents endorsed economic factors as a reason for limiting fertility and worries about health threats was endorsed by 30% of respondents. Further analyses will examine how the responses to these measures overlap.

The pandemic related stressors of economic, health, and relational concerns during the pandemic are all associated with the pandemic-based rationales for limiting fertility. The economic and health stress of the pandemic are positively associated with endorsing the pandemic as a reason for limiting fertility. Further analyses indicated that each specific stressor was associated with the parallel rationale for limiting fertility. Higher scores on the subjective appraisals of stressors, rather than the traditional

approach of simply being exposed to stressors, are related to identifying these indicators as reasons for limiting fertility. Additional analyses will be conducted that will include county-level COVID-19 infection rates and unemployment rates as objective indicators of exposure to stressors.

Although these data provide rich measurement and new opportunities to assess fertility intentions, there are a few shortcomings. First, the sample is limited to couples (married and cohabiting) and ignores the perspectives of single respondents. Second, the data are cross-sectional preventing rigorous causal analyses of factors predicting fertility intentions. A follow-up to the survey is planned and will provide opportunities for longitudinal analysis. Finally, the data do not include contraceptive use histories or sexual frequency indicators that are often used in analysis of fertility intentions among different-gender couples. These analyses include same-gender couple and those proximate determinants of fertility are less relevant for same-gender couples. The analyses presented are preliminary and additional analyses will be conducted with attention to the issues described above as well as gender and contextual measures.

The NCHAT provides new insights into fertility intentions that are not available with other nationally representative data collections. Life satisfaction is associated with fertility decisions and are not completely encapsulated by economic conditions. This is striking given that economic factors are a strong rationale for avoiding having children. The measures of economic circumstances may not be good proxies for the uncertain economic futures that many respondents will confront. Also, the impacts of the pandemic may be ubiquitous and better assessed with subjective indictors. Individuals who report greater pandemic-related stressors more often endorse the pandemic as a reason for delaying fertility. A singular focus on objective indicators of stress provides an incomplete assessment of well-being and stress appraisals is critical for understanding fertility. To avoid further declines in fertility attention should be paid to these subjective appraisals.

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Table 1. Distribution of Dependent and Independent Indicators (n=814)

	%/Mean (Std. Dev)	
Fertility Intentions Next Year		
Yes	15.0%	
No	58.8%	
Not Sure	26.2%	
Life Satisfaction (1-10)	6.8	(-0.9)
Economic Hardship		
None	77.9%	
Some	22.1%	
Log HH income (-0.7-11.3)	11.3	(0.1)
Couple Education		
Neither College	32.8%	
One College	27.3%	
Both College	39.9%	
Age (20-50)	34.0	(-0.4)
Age Squared	1204.5	
Number of Children		
None	48.7%	
One	23.4%	
Two	16.4%	
Three+	11.6%	
Gender		
Man	54.1%	
Woman	45.6%	
Other Gender	0.4%	
Race/Ethnicity		
Non-Latinx White	49.2%	
Non-Latinx Black	7.3%	
Non-Latinx Asian	11.0%	
Latinx	27.7%	
Non-Latinx Muilt	3.7%	
Other	1.1%	
Native Born		
Yes	86.6%	
No	13.4%	
Sexual Identity		
Heterosexual	93.3%	
Gay/Lesbian	1.0%	
Bisexual	1.7%	

Other	4.0%
Union Status	
Cohabiting	31.7%
Married	68.3%
Month of Survey	
September	20.3%
October	3.9%
November	13.3%
December	5.2%
January	26.8%
February	3.2%
March	23.6%
April	3.9%

Source: National Couples' Health and Time Use Study

Weighted distributions

Table 2. Logistic Regression Estimates of Fertility Intentions in the Next Year

	Model 1		Model 2		Model 3	
Life Satisfaction	0.25	*			0.22	+
Economic Hardship			-0.68		-0.52	
Log HH Income			-0.19		-0.19	
Education						
(Both less than College)						
One College			0.40		0.35	
Both College			0.51		0.41	
Age	1.30	***	1.39	***	1.40	***
Age Squared	-0.02	***	-0.02	***	-0.02	***
Children						
(None)						
One	-0.94	*	-0.77	+	-0.85	+
Two	-1.43	*	-1.35	*	-1.37	*
Three+	-1.50	**	-1.40	**	-1.57	**
Gender (Man)						
Woman	0.33		0.27		0.32	
Other gender	-1.70		-1.58		-1.41	
Race/Ethnic Identity						
(Non-Latinx White)						
Non-Latinx Black	0.67		0.69		0.71	
Non-Latinx Asian	1.11	+	1.04	+	1.10	+
Latinx	1.00	**	1.13	***	1.03	**
Non-Latinx Multirace	-0.09		-0.07		-0.04	
Other	1.05		1.11		1.16	
Foreign Born (no)	-0.44		-0.39		-0.37	
Sexual Identity						
(Heterosexual)_						
Gay/Lesbian	-1.08	+	-1.07	+	-1.04	+
Bisexual	-0.94	+	-1.11	*	-1.01	+
Other	-0.66		-1.19	+	-1.02	
Married (Cohabiting)	0.86	+	1.07	*	0.95	*

Source: National Couples' Health and Time Use Study
(n=814)
Note: Reference group parentheses, month of survey included, and weighted analyses
+ $p \leq 0.10$, * $p \leq .05$, ** $p \leq .01$, *** $p \leq .001$

Table 3. Rationales for Avoiding Having Children (n=711)

Rationale	Mean	Lower	Upper
Pandemic	2.59	2.43	2.76
Economic	3.22	3.05	3.38
Health	2.63	2.46	2.79
Relational	1.75	1.61	1.89

Source: National Couples' Health and Time Use Study
Weighted analyses

Table 4. Regression Estimates of Pandemic Rationale for Avoiding Having Children

Economic Stress				0.40	***
Health Stress				0.36	***
Relational Stress				-0.14	
Economic Hardship	0.71	***		0.15	
Log HH Income	-0.14	***		-0.03	
Couple's Education					
(Both Less than College)					
One College	-0.06			-0.11	
Both College	-0.04			-0.06	
Age	0.18	*		0.15	+
Age Squared	0.00	*		0.00	*
Total Children (0)					
One	-0.46	*		-0.27	
Two	-0.41	+		-0.26	
Three +	-0.55	+		-0.25	
Gender Identity					
(Man)					
Woman	0.20			-0.03	
Other	-0.10			-0.25	
Racial/Ethnic Identity					
(Non-Latinx White)					
Non-Latinx Black	0.21			0.29	
Non-Latinx Asian	-0.02			-0.23	
Latinx	-0.01			-0.10	
Non-Latinx Multirace	0.13			-0.09	
Other	-0.62			-0.28	
Foreign Born (No)	0.09			-0.17	
Sexual Identity					
(Heterosexual)_					
Gay/Lesbian	0.14			0.10	
Bisexual	0.36			0.08	
Other	0.55	*		0.47	*
Married (Cohabiting)	-0.38	*		-0.32	+

Source: National Couples' Health and Time Use Study (n=711)

Note: Reference group parentheses, month of survey included, and weighted analyses

+ $p \leq 0.10$, * $p \leq .05$, ** $p \leq .01$, *** $p \leq .001$