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Fertility Values among Women of Childbearing Age in Hunan Province, China: A Cross-Sectional Study

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Abstract

Background: China is facing with a crisis of the aging population. After the implementation of the latest fertility policy, the research on fertility related issues is urgent. **Objective:** The objective of this study is to explore the fertility values among women of childbearing age and the socio-demographic factors associated with it under the background of three-child policy, which is helpful to cope with the aging of the population. **Methods:** This study was conducted among 383 women of childbearing age who met the inclusion criteria using a general information questionnaire and the fertility values questionnaire from May to August 2021 in Hunan Province, China. Data were collected on the women's socio-demographic characteristics and fertility values. The descriptive statistics, *t*-test and analysis of variance were used for data analysis. **Results:** The total mean score of the positive values was 43.55 ± 10.10, and that of the negative values was 50.87 ± 13.85. There were significant differences in the scores of the overall positive and negative values, as well as scores of each dimension ($p < 0.01$). The item mean score of the overall negative values (3.38 ± 0.93) was higher than that of the overall positive values (2.90 ± 0.67). Among the positive values, "emotional value" (4.26 ± 0.93) scored the highest, while "worrying about life changes" (3.88 ± 1.10) scored the highest among the negative values. There were significant differences in both the positive and negative values in terms of age, marital status, and "only-child" women or not ($p < 0.05$). **Conclusion:** The fertility values among women of childbearing age in Hunan Province were relatively negative, especially, excessive worries about life change since having a child, which

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may lead to further declines in fertility levels. Relevant support measures are urgently needed from the government to adapt to the three-child policy.

Keywords

Fertility Values, Positive Values, Negative Values, Three-Child Policy

1. Introduction

Since the implementation of the family planning policy in China, the fertility has been declining, which lead to the transforming from a country with a large population to a country with a low population growth, and thus, China faced with the challenge of the ageing of the population [1]. According to this situation, a universal two-child policy was approved by the Chinese government on January 1, 2016, that is, all couples were allowed to have two children. However, a continuous decline of fertility rate from 2017 to 2021 was showed in the latest China Census [2]. Even though the fertility policy has relaxed, China is still struggling from the low fertility tendency. The three-child policy was started to implement in May 2021 in order to avoid the rapid ageing of the population caused by the low fertility rate.

A few of studies explored the fertility intentions of women following the three-child policy [3] [4] [5] [6], but there was a general discrepancy between fertility intentions and actual fertility behavior in developing and developed countries [7]. Values, as the relatively stable personality characteristics of the individual, are derived from the universal needs of human beings, and the psychological tendency system used to guide behavior [8] [9]. As one of the basic human behaviors, fertility behavior is influenced and dominated by the corresponding fertility values [10]. Therefore, the research on women's fertility values is helpful to predict fertility behavior and to implement the three-child policy successfully. As a widely used model of fertility values, the Value of Children (VOC) was proposed by Hoffman in 1978 [11]. Based on VOC, many Chinese studies have conducted cross-cultural studies and constructed new theoretical models [12] [13], among which the model of fertility values proposed by Liu in 2017 has universal applicability in Chinese population. In this model, fertility values refer to people's views and evaluation of the value of children, including the section (the positive values) that children meet the needs of parents and the other section (the negative values) where various resources consumed by parents in the process of giving birth and raising children [14]. Nevertheless, to the best of our knowledge, studies on the topic of fertility intention were preferred in China, especially since the latest fertility policy has implemented, and the research focused on fertility values is limited. As a supplement of this research gap, our study explored the fertility values among women of childbirth age in Hunan Province and the socio-demographic factors associated with it under the background of three-child policy.

2. Materials and Methods

2.1. Study Design

A cross-sectional survey focused on women of childbearing age was conducted to collect information about fertility values and its potential related variables in socio-demographic level.

2.2. Study Settings and Sample

This survey was conducted from May to August 2021 in Hunan Province. Hunan Province, with 14 prefecture-level cities, is located in southeastern China. According to the latest China Census, female population of childbearing age in Hunan Province account for 18.52% of the total [15], which is similar with the proportion of that in the general population of China (19.47%) [2].

Inclusion criteria in this study were as follows: 1) female and aged between 20 and 49 years, 2) being able to read, write, and communicate with Chinese, and 3) informed consent and willing to participant. Women with cognitive impairment or other mental disorders, having a child with a severe illness or disability, and with reproductive dysfunction were excluded.

The participants were recruited using a multistage cluster sampling. Firstly, the 14 prefecture-level cities in Hunan Province were divided into four regions on the basis of the geographic location, and the prefecture-level cities in each region were sorted and numbered according to the first letter of their names. The random number table method was used to select one prefecture-level city from each region. Then, the districts of each selected city were also sorted and numbered according to the first letter, and one district was randomly selected from each city. Thirdly, communities of each chosen district were sorted and numbered as well, and one community was randomly sampled from each district. At last, the eligible women from the 4 identified communities were invited to participant this study.

The formula [$n = Z^2\sigma^2/e^2$] for a cross-sectional study was used to calculate the sample size. σ, representing the standard deviation of the mean score of fertility values, was 0.96 in the present survey according to a previous study [14]. The statistic e was 0.1 as the margin of error, and thus the minimal sample size for a normal distribution ($Z = 1.96$) was 354. Considering the 20% non-response rate, the sample size for this study was determined to be 443. A total of 450 women were recruited, and 383 women, achieving the minimal sample size, completed the study finally, with an 85% response rate (24 and 43 women excluded because of exclusion criteria and drop-out, respectively).

2.3. Measurements

Two questionnaires were used in this survey. A self-designed questionnaire was developed to collect the information of socio-demographic variables associated with fertility intention or fertility values in the previous studies [16] [17] [18]. The fertility values questionnaire by Liu was used to describe participants' over-

all scores of fertility values and scores in various dimensions. This questionnaire included 2 sections, the positive values and negative values, with a total 6 dimensions and 31 items. The positive values were divided into 3 dimensions: the emotional value (6 items), family continuity value (5 items), and economic value (4 items). The negative values were composed of the worrying about life changes (7 items), economic burden (4 items), and emotional stress (5 items). Each item was scored using a 5-point Likert method, with 1 point for "completely inconsistent" and 5 points for "completely consistent". The item mean score was used in various dimensions, ranging from 1 - 5 (with 3 as the theoretical mean). The higher the item mean score of the dimension, the more agreed with it. The total mean score was applied in the overall positive values, ranging from 15 to 75 (with 45 as the theoretical mean), as well as the negative values, ranging from 16 to 80 (with 48 as the theoretical mean). The fertility values questionnaire was reported with validity and reliability [14]. The Cronbach's α coefficient of each dimension of the questionnaire was above 0.8 in this study.

2.4. Data Collection

This survey was conducted in four selected communities with the support and cooperation of the health services centers of the communities. The purpose and precautions of the study were explained to the participants before issuing questionnaires, and informed consents were obtained. Questionnaires were completed independently and anonymously by the participants taking about 5 - 10 minutes. The research members collected questionnaires on site and conducted a preliminary examination.

2.5. Data Analysis

All data analyses were conducted with SPSS 26.0, and $p < 0.05$ was considered significant. The descriptive statistics was used to present the socio-demographic characteristics, the overall scores of fertility values, and scores in various dimensions. The data of all numerical variables in this study normally distributed, with homogeneity of variance. Therefore, the *t*-test and analysis of variance were used to assess the differences of fertility values in socio-demographic level and differences between various dimensions.

3. Results

3.1. General Information

Finally, a total of 383 respondents were enrolled in the final analysis. The average age of the respondents was 39.92 ± 10.99 years old, and about half of the women (47.0%) were between 30 and 39 years old. The major of the participants (81.2%) had a college or higher educational background. More than half of the participants (65.3%) had a moderate or higher income, and 85.4% of the women lived in urban areas. The number of non-only child participants was approximately 3 times than that of only child participants (72.6% vs 27.4%). The ma-

jority (80.7%) of women were married, and 77.1% spouses had a higher education level. About half (51.2%) of female couples are relatively close. The percentage of women having a male first child (50.6%) was slightly higher than that of women having a female first child (49.4%). All socio-demographic characteristics are presented in Table 1.

3.2. Fertility Values and Its Various Dimensions

The item mean scores of overall positive values and negative values were shown in Table 2, and those of various dimensions as well. In order to test whether there were differences in scores between the positive and negative values and those between various dimensions, the pairwise paired *t*-test was performed (Table 3). The results showed that the difference between the overall positive values and negative values was statistically significant ($t = -8.09$, $p < 0.01$), and the item mean score of the overall negative values (3.38 ± 0.93) was higher than

Table 1. Socio-demographic characteristics of all participants (N = 383).

Characteristics		n	%
Age group (years)	<30	46	12.0
	30 - 39	180	47.0
	>39	157	41.0
Education level	College or above	311	81.2
	High school or below	72	18.8
Income (a person per month)	Low (<5000)	133	34.7
	Moderate (5000 - 8000)	114	29.8
	High (>8000)	136	35.5
Residence	Urban	327	85.4
	Rural	56	14.6
Only child	Yes	105	27.4
	No	278	72.6
Marital status	Unmarried	47	12.3
	Married	309	80.7
	Divorced or widowed	27	7.0
Spouse's education level	College or above	259	77.1
	High school or below	77	22.9
Conjugal relationship	Not close	43	12.8
	Relatively close	172	51.2
	Very close	121	36.0
Gender of the first child	Male	163	50.6
	Female	159	49.4

Table 2. Item mean scores of the various dimensions of fertility values.

Dimensions	Item mean score ($M \pm SD$)
Emotional value	4.26 ± 0.93
Family continuity value	2.11 ± 0.91
Economic value	1.87 ± 0.99
Overall positive values	2.90 ± 0.67
Worrying about life changes	3.88 ± 1.10
Economic burden	3.15 ± 0.98
Emotional stress	3.31 ± 1.05
Overall negative values	3.38 ± 0.93

Table 3. Comparison of pairwise difference in scores of each dimension.

	Emotional value	Family continuity value	Worrying about life changes	Economic burden	Overall negative values
Family continuity value	35.13**				
Economic value	37.42**	5.55**			
Overall positive values					<8.09**
Economic burden			17.15**		
Emotional stress			12.98**	<3.45*	

Note: *$p < 0.05$, **$p < 0.01$.

that of the overall positive values (2.90 ± 0.67). There were significant differences of scores between various dimensions of both the positive values and negative values. Among the positive values, "emotional value" (4.26 ± 0.93) scored higher than "family continuity value" (t = 35.13, $p < 0.01$) and "economic value" (t = 37.42, $p < 0.01$), and "economic value" (1.87 ± 0.99) scored the lowest (t = 5.55 $p <$ 0.01). For the negative values, "worrying about life changes" (3.88 ± 1.10) scored higher than "economic burden" (t = 17.15, $p < 0.01$) and "emotional stress" (t = 12.98, $p < 0.01$), and "economic burden" scored the lowest (t = −3.45, $p < 0.05$).

3.3. Socio-Demographic Variables Associated with the Fertility Values

The total mean score of the positive values was 43.55 ± 10.10, less than the theoretical mean (45), and that of the negative values was 50.87 ± 13.85, higher than the theoretical mean (48). A univariate analysis of variance (ANOVA) was used to evaluate differences of both the positive values and negative values in the socio-demographic level. As Table 4 shows, there were significant differences in both the positive and negative values by age group, the only child or not, and marital status ($p < 0.05$). The older the women, the higher score of the positive

values was got, while the lower score of the negative values was shown. The mean score of the positive values among the only child women (39.24 ± 10.61) was lower than that among the non-only child women (45.17 ± 9.42), while this difference was opposite in the negative values (55.07 ± 12.64 and 49.29 ± 13.98, respectively). This opposite difference of the positive and negative values in socio-demographic level was also presented between the unmarried women, married women, and divorced or widowed women. In addition, the differences in the mean score of the positive values by the education level of women and their spouses were statistically significant ($p < 0.05$).

Table 4. Differences in the positive and negative values by the associated variables.

Socio-demographic variables		Positive values			Negative values		
		M	*SD*	*F*	*M*	*SD*	*F*
Total		43.55	10.10		50.87	13.85	
Age group	<30	35.72	12.10	20.921*	57.26	13.60	11.642*
	30 - 39	42.37	8.74		53.13	12.11	
	>39	47.20	8.01		46.39	14.92	
Education level	College or above	42.30	9.86	26.772*	51.20	13.64	0.905
	High school or below	48.92	9.41		49.47	14.78	
Income	Low	44.61	10.06	1.332	51.02	13.48	0.144
	Moderate	43.42	9.38		50.30	13.97	
	High	42.61	10.68		51.21	14.20	
Residence	Urban	43.48	10.05	0.103	50.79	13.84	0.074
	Rural	43.95	10.47		51.34	14.70	
Only child	Yes	39.24	10.61	28.193*	55.07	12.64	13.703*
	No	45.17	9.42		49.29	13.98	
Marital status	Unmarried	36.30	11.85	16.336*	57.04	12.75	5.450*
	Married	44.29	9.48		50.04	13.86	
	Divorced or widowed	47.59	8.16		49.63	13.28	
Spouse's education level	College or above	43.42	9.37	9.297*	50.00	13.55	0.118
	High school or below	48.05	7.95		48.19	15.41	
Conjugal relationship	Not close	45.14	9.40	0.442	53.53	13.60	2.526
	Relatively close	44.86	8.81		50.40	13.09	
	Very close	43.93	10.26		48.21	14.66	
Gender of the first child	Male	45.21	9.58	0.699	49.73	13.82	0.014
	Female	44.35	8.91		49.55	13.74	

Note: *$p < 0.05$.

4. Discussion

This cross-sectional survey investigated the fertility values among women of childbearing age and the socio-demographic factors associated with it under the background of three-child policy. Our findings revealed the views and evaluation of the value of children among women of childbearing age from the positive and negative aspects，which might explain the low fertility rate in China. Overall, there was a relatively low score of the positive values and a relatively high score of the negative values. In other words, women are more likely to agree that parents' resources would be consumed in the process of giving birth and raising children, rather than that parents' needs could be met by children. The possible reason for this situation is that with the status improvement and the economic independence of women, they no longer blindly identify with women's fertility function, but more consider the self-realization in society [19] [20]. In addition, the personal and family needs of women who already have a child have been met by the first child, while they might be inclined to worry about the various costs of having more children and the balance of resources per child [21].

In this study, women were more likely to identify with the emotional value of having a child than with the family continuity and economic value. The traditional fertility motivation has been replaced by spiritual and emotional needs. Since the reform and opening up, the economic development rapidly in China, people's material conditions have been greatly improved. After the basic physiological needs are satisfied, people tend to agree that a child can consolidate the conjugal affection, add family fun, and provide the spiritual comfort [22]. As society has become more tolerant of individual choices, childbearing is no longer considered a social responsibility and family obligation, but a personal lifestyle choice [23], which may be the reason why women's identification of the family continuity value of a child has declined. Moreover, with the continuous improvement of pension insurance policy in China, the pension insurance can play an economic role in replacing the family pension [24]. People can rely on their pension to support their daily life in old age without having to rely on their children to support them. Therefore, people no longer agree that having children is the way to ensure family income in old age. Therefore, people no longer completely agree the economic value in their ageing stage provided by the children.

In terms of the negative aspect of the fertility values, women were more likely to identify with worry about the life changes caused by having a child than with the emotional stress and economic burden that come with having and raising a child. The fierce competition and high-intensity work have brought great pressure to professional women, and the fertility problem has become a hidden gender discrimination in employment [25] [26]. Therefore, women will be more worried about the various effects of having a child, especially the increased burden of life and work. A study found that the main reasons for professional women to refuse to have a child were too much private time occupied, sacrifice of their entertainment and social activities, and the relatively backward career

competitiveness after childbearing [20]. Additionally, most of the women in this study have given birth (86.7%), and they will experience great changes in their life and work patterns and the difficult process of education and care for children in the process of raising children, which may be an important reason for them to excessively worry about the life changes by fertility.

This study found that the older women were, the more likely to recognize the positive value of fertility. The older women are more deeply influenced by Chinese traditional culture and thought than the younger women. They attached importance to the role of children in the family continuity, and also identified with the economic role of children in securing the later life. Women with high education level and highly educated spouse were less likely to identify with the positive values of fertility. Those women were more affected by modern fertility concepts, and have a certain social and economic status, which lead to the neglect of the family continuity value and economic value by fertility. The only child women were more likely to recognize the positive value of fertility than the non-only child women. It might be explained by that the non-only child woman had experienced the companionship of siblings during their growth, and this special emotional connection might lead them to more agree with the emotional value of a child. Besides, the non-only women may be influenced by their mothers' idea of having multiple children [27], and tend to recognize the idea that having children is for family continuity. Moreover, in the process of raising children, married women felt the emotional experience brought by children and the bonding effect of children on the family [28], which might make them more inclined to agree with the emotional value of children than unmarried women.

On the other hand, the younger women were, the more likely to identify with the negative values of fertility. As an emerging force in social development and the workplace, young women are more concerned about career development and the realization of self-worth, and also bear the heavy responsibility of supporting their families. Having children can be accompanied by work-family imbalances and increased costs of all kinds. Therefore, young women showed excessive concerns about life changes and financial burdens. At the same time, young women lacking of life experience and parenting experience were more worried about children's education and physical health. The only child women were more likely to agree with the negative values of fertility than the non-only child women. The non-only child women could learn from their mothers the experience about balancing work and family, and how to care for and educate children. Based on this lack of experience, the only child women might have relatively more concerns. Compared with married women who have had children, unmarried women were more focused on their career or their own development, without experience of raising children, which might lead to excessive worrying about the impact of having children on their life and work, or exaggerate the physical and mental challenges of raising children.

To sum up, women's fertility values under the three-child policy tend to be

negative, and excessive worries about various aspects of fertility may lead to a further decline in fertility levels. Considering the influence of education level on fertility values, the government and relevant departments should strengthen the knowledge of childbearing health and the publicity of the three-child policy. For the female population of childbearing age, the relevant labor supervision departments should strengthen the supervision of the dismissal caused by maternity leave of female employees. At the same time, the relevant departments can carry out lectures on fertility experience to teach women of childbearing age the experience of giving birth and raising children.

This study has several limitations. First, even though the sample size in this study met the basic statistical requirement, the 383 participants came from one province in China, so that the results might not be comprehensive. Future studies should be conducted in national wide with large sample to avoid the bias. Second, considering that the outcome variable was numerical, but all the antecedent variables were categorical, the basic statistical method was used to examine the potential socio-demographic factors. The categorical variables should be converted to numerical variables in statistical analysis and the multiple linear regression should be used in the future. In addition, even if the socio-demographic variables in this study could reveal the influencing factors of fertility values to some extent, some associated factors of fertility intention were not included, such as the social support and age of the first child, which should be further explored.

5. Conclusion

The fertility values among women of childbearing age in Hunan Province were relatively negative, especially, excessive worries about life change since having a child, which may lead to further declines in fertility levels. Relevant support measures are urgently needed from the government to adapt to the three-child policy.

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Ethical Considerations

Institutional review board approvals were obtained from Central South University, and all participants gave informed consent.

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Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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