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The Fertility Intentions of Highly Educated Young People of Childbearing Age in China

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Abstract: Educational attainment has been recognized by a wide range of scholars as being significantly related to fertility intentions, which gradually decline as educational attainment rises. In this study, we analyzed the factors affecting the fertility intentions of 401 highly educated young people of childbearing age aged 22-30 with bachelor's degree or above in China through a questionnaire survey and interviews with a random sample of young people of childbearing age with bachelor's degree or above in China. The results show that: fertility intention is significantly correlated with all the factors in this study, and can show a certain upward trend influenced by the current economic conditions, the reduction of damage to childbearing, government welfare policies, partner's willingness and support, and the impact on life and career. The study shows that traditional attitudes and other people's willingness have a lower impact on the highly educated people. Improving the level of available medical technology, reducing the risk of fertility among highly educated young people of childbearing age, increasing partner approval and support, and strengthening the supporting measures for fertility packages are the keys to increasing fertility intentions.

Keywords: Fertility Rate; Fertility Desire; Young People of Childbearing Age.

1. Introduction

In May 2021, the seventh national census data released, China's 2020 births only 12 million people, the total fertility rate is only 1.3, has been in the very low fertility level [1] (the seventh national census of the main data results). 2022, China's population development for the first time ushered in a negative growth in the ultra-low fertility level. It is facing the predicament of "aging with fewer children".

Since China's reform and opening up, family planning as a basic national policy, according to statistics from 1980 to 2010 between family planning China had 128 million fewer people, newborns continue to decline, the number of elementary school enrollment in a negative trend, a 40% reduction in ten years, the demographic structure of the population undergoes a huge change, the rate of the elderly population continues to increase, and the elderly aged 65 years old and above reached 8.9% by 2010[2][3], the large elderly population will be a huge burden for the national pension. Population decline, aging and ultra-low fertility rates constitute the demographic crisis of the 21st century, and low fertility rates are spreading globally, and below-replacement fertility rates will lead to rapid aging of the population and sharp decline in population size, which will seriously affect the country's future labor force supply and consequently lead to serious social and economic consequences [4][5]. The solution to the problem of low fertility is urgent.

2. Theoretical Applications

2.1. Fertility Intention

The concept of Ideal Family Size was introduced into fertility by the American scholar George Gallup, and includes three dimensions:

1. Ideal number of children refers to the ideal number of children without considering the person. This is actually an Attitudes toward Fertility, which is mainly influenced by socio-cultural factors and changes slowly.

2. Desired Family Size, refers to the number of children one would like to have. This concept is often used to reflect the level of demand for fertility.

3. The number of intended children (Fertility intention or intended family size) refers to the number of children one intends to have taking into account various factors affecting one's fertility [6].

The ideal fertility intention mentioned in this article is actually equivalent to the expected number of children, fertility intention is equivalent to the planned number of children, and fertility awareness is equivalent to the ideal number of children

2.2. Best Reproductive Age (Best Age for Childbirth)

The optimal reproductive age refers to the age at which most people, who have the least physical harm to themselves, the fastest recovery, and are more conducive to children's development and growth, choose to have children.

Scholars such as Liu Jia and Xu Yang have explored the optimal reproductive age for women and pointed out that considering both pregnancy complications and adverse pregnancy outcomes, the optimal reproductive age for mothers is 25-29 years old[7].

According to the data from the 7th National Population Census of China, the birth age of women in China is concentrated between the ages of 22 and 30, with a birth rate of over 30% (over half of the highest point). Considering that Chinese women are 20 years old and men are 22 years old before they can officially get married, it is a traditional Chinese thought and custom to get married before giving birth, that is, for most Chinese women, they can only have children after the age of 20. Based on the fact that women are the main drivers of fertility, the age range of the study subjects is 22-

30 years old.

2.3. Highly Educated Population

High educated individuals refer to those who have a relatively high level of secondary education in their home country, with a relatively small number of people, and do not fall within the scope of compulsory education popularization. According to the data from the 7th National Population Census of China, the population with bachelor's degree or above currently accounts for 7.5% of the national population, with doctoral students accounting for 0.1%, graduate students accounting for 0.7%, and undergraduate students accounting for 6.7%. The overall proportion is not high, and it is still considered a minority group. Therefore, the group with higher education in this study refers to those with bachelor's degree or above, and their education level is mainly divided into undergraduate students, graduate students, and doctoral students.

3. Research Process and Results

3.1. Research Design

The experiment was conducted through online questionnaire collection for data collection and a total of 453 questionnaires were collected, of which 401 were valid. The questionnaire was divided into 3 parts, i.e., basic data collection of the subjects (e.g., age, gender, income, etc.), relevant questions set by the Likert scale, and open-ended multiple-choice questions.

The Likert scale related questions of the questionnaire were further divided into 9 parts. which were

Group A: fertility intention, ideal fertility intention, and fertility conception.

Group C:the influence of other people's thoughts on fertility intention.

Group D:the influence of traditional conception of the Chinese society on fertility intention.

Group E:the influence of the pressure of raising children on fertility intention.

Group F:the influence of the governmental policy on fertility intention.

Group G:the influence of the work unit on fertility intention.

Group H:the impression of the economic status on fertility decision.

Group I:the influence of the physical condition on fertility decision.

Group J:the influence of career (academic) development on fertility intentions.

3.2. Fertility Awareness, Fertility Intention and Desired Fertility Intention

Fertility Awareness (A1): Understanding of family relations and the number of children each family has that is most favourable to family development, excluding all unfavourable factors.

Fertility Intention (A2): Willingness to have children.

Ideal Fertility (A3): The number of children one would like to have after eliminating all unfavourable factors and environmental influences on fertility.

According to the analysis of Table 1, 49.88% of the subjects believed that having two children in a family is reasonable and suitable for family development, 34.41% believed that having one child in a family is reasonable and suitable for family development, and only 13.47% believed that having no children is more suitable for family development.

In the choice of ideal fertility, 66.34% of the subjects chose to have children after eliminating all unfavorable factors.

Table 1. Frequency analysis of fertility intentions

Serial Number	Option	Frequency	Percentage (%)	Cumulative percentage (%)
A1	0	54	13.47	13.47
	1	138	34.41	47.88
	2	200	49.88	97.76
	3	7	1.75	99.50
	More than 3	2	0.50	100.00
A2	Strongly agree	21	5.24	5.24
	Agree	83	20.70	25.94
	Commonly	90	22.44	48.38
	Disagree	86	21.45	69.83
	Very disagree	121	30.17	100.00
A3	0	125	31.17	31.17
	1	147	36.66	67.83
	2	119	29.68	97.51
	3	8	2.00	99.50
	More than 3	2	0.50	100.00

A1:Without considering any factors such as production, economic pressure, and parenting costs, I believe the most suitable number of children in a family

A2:I have the idea of having children without them

A3:Without considering any factors such as production, economic pressure, and parenting costs, I would choose the number of children to have

In the choice of fertility intention, 51.62% of the subjects finally chose not to have children, 22.44% were in the stage of hesitation, and 25.94% only chose to have children.

The results show that: The choices between fertility intention and ideal fertility intention and fertility awareness among highly educated youth of childbearing age do not match, and fertility intention is significantly lower than ideal fertility intention and fertility awareness, showing a more obvious difference.

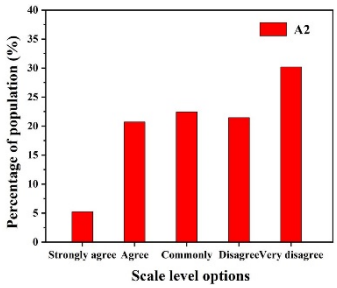


Figure 1. Percentage of fertility intentions of highly educated young people of childbearing age

3.3. Changes in Fertility Intentions

Figure 2 presents a comparative analysis of initial fertility intentions (A2) and changes in fertility intentions after being affected by relevant factors.

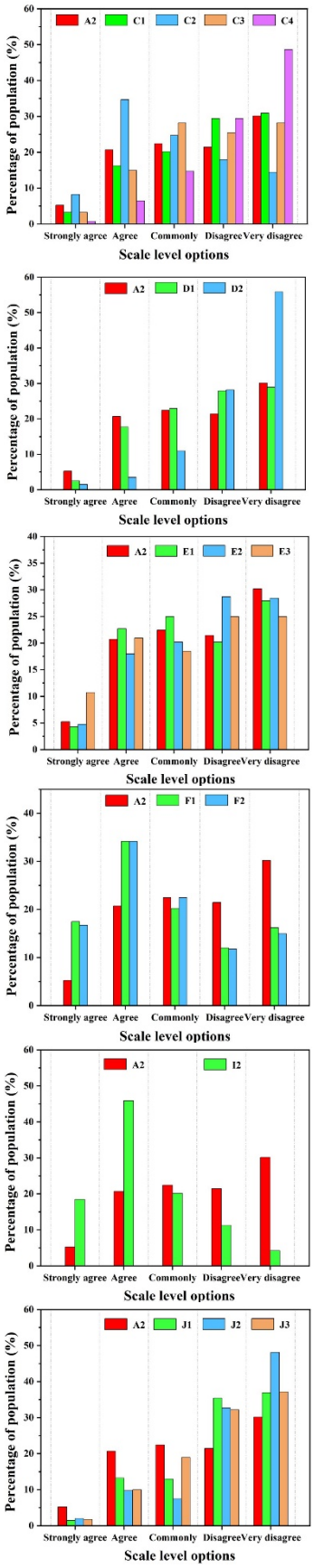


Figure 2. Comparative Analysis

As the comparison shows: factors C2, E3, F1, F2 and I2 have a role in increasing fertility intentions, with I2 being the most significant. (Ps: C2: partner's willingness; E3: collective rearing; F1, F2: fertility policy support; I2: fertility damage reduction.)

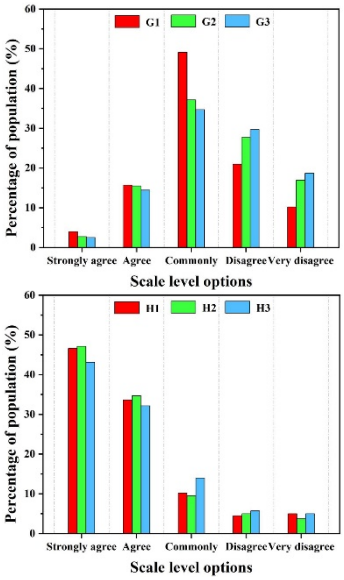


Figure 3. Analysis of Factor Importance Assessment for Groups G and H

Figure 3 shows that economic factors are clearly important in reaching a consensus among the group of highly educated young people of childbearing age, with a more significant tendency for two factors, namely, one's own current economic situation and the burden of childbearing costs, to influence fertility intentions.

4. Conclusion

Based on the responses to the 401 questionnaires about highly educated young people of childbearing age, it is easy to see that the most important factors affecting the willingness of highly educated young people of childbearing age are the following five factors.

Factor 1: Additional financial expenses caused by childbearing

Factor 2: The impact of childbirth on career, study and life.

Factor 3: Physical damage caused by childbearing

Factor 4: Partner's willingness and support

Factor 5: Salary level and social welfare policies.

In the course of the study, we learned that there is also a considerable portion of subjects who believe that they choose not to have children because of their own dislike of children, their aversion to relatives' children, etc., and that there are many impressionistic factors of personal preference, and that fertility intentions will change as they grow older. However, the direction is also not the direction we can try to make improvements, and working in the direction that can actually change fertility intentions is the real way to increase fertility, that is, to reduce the cost of childbearing and strengthen the support for childbearing.

On the one hand, the State needs to continue to develop medical technology and strengthen the conditions for women's medical care and post-natal recovery, so as to alleviate the physical injuries caused by childbirth and the pains of the birthing process. While attaching importance to the physical damage caused by childbirth, the damage at the mental level also needs further attention; strengthen the publicity related to caring for pregnant women, attach importance to the mental problems of pregnant women and women in labor, emphasize equality between men and women and the construction of families, and call on and encourage men to raise their awareness of the process of women's

childbearing, strengthen the protection of the family, strengthen the caring for and care of pregnant women and women in labor, and share the responsibility of childbearing, so as to alleviate the fear of childbirth itself among highly educated young people of reproductive age. Highly educated young people of childbearing age are fearful of childbirth itself, and are able to increase their willingness to give birth to a certain extent at the family level. On the other hand, improving maternity protection for women, reinforcing the social responsibility of enterprises, eliminating unequal treatment of women due to maternity, establishing a sound maternity support system, raising the overall wage level of the population, strengthening maternity protection, maternity subsidies, and other policies can be effective in raising the willingness to give birth at the level of the government and state institutions.

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