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# Session 9

## Fertility Decision Making

Social and Economic Aspects of Fertility Decline  
Population, Family and Reproductive Health

380.655

AY 2008-2009

# Objectives of the lecture

After listening to this lecture and doing the recommended readings students will be able to:

- Identify the theoretical origins of fertility decision making models
- Identify the analytic constructs in models of fertility decision making
  - Identify the difficulties in applying these models to fertility
  - Distinguish between sequential and one time decision making models of fertility
- Describe why fertility decision making models are important for public policy

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# Change Gears

- Up to now considering overall fertility levels in societies and how they change
- The authorities that control a population cannot change its fertility rates the way they can change laws or boundaries
- Even Bongaarts framework doesn't address this, because even he is talking about the *distributions* of e.g. coital frequency or contraceptive use

# What do the various theories we've considered assume about individual behavior?

- Coale “fertility must be under **conscious** control.”
- Ideational: didn't **know** about contraception
- Economic: supply and demand
- DTT, fit between type of economy and fertility

# All assume that people are making **decisions** about fertility

- What do we know about fertility decision making?
  - Theories ultimately emanate from cognitive psychology
    - Health belief model etc.
    - Break mental processes into steps
      - » Attitudes
      - » Behavioral intentions

# Ajzen and Fishbein

- Originators of these ideas
- Been modified by many
- In use in many fields
  - Medical compliance
  - Blood donation (other altruistic acts)
  - Market research
  - Lots of applications to fertility



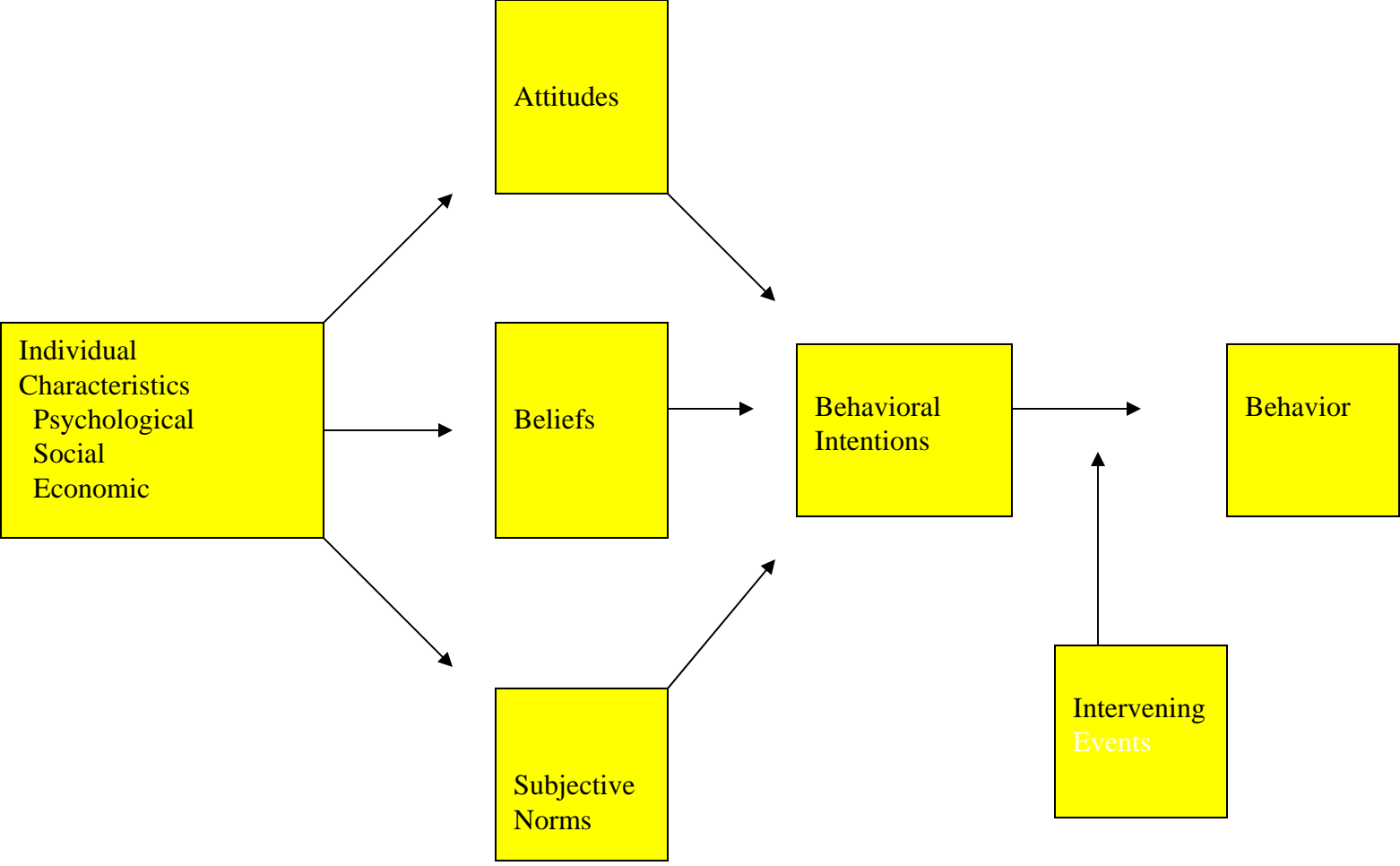
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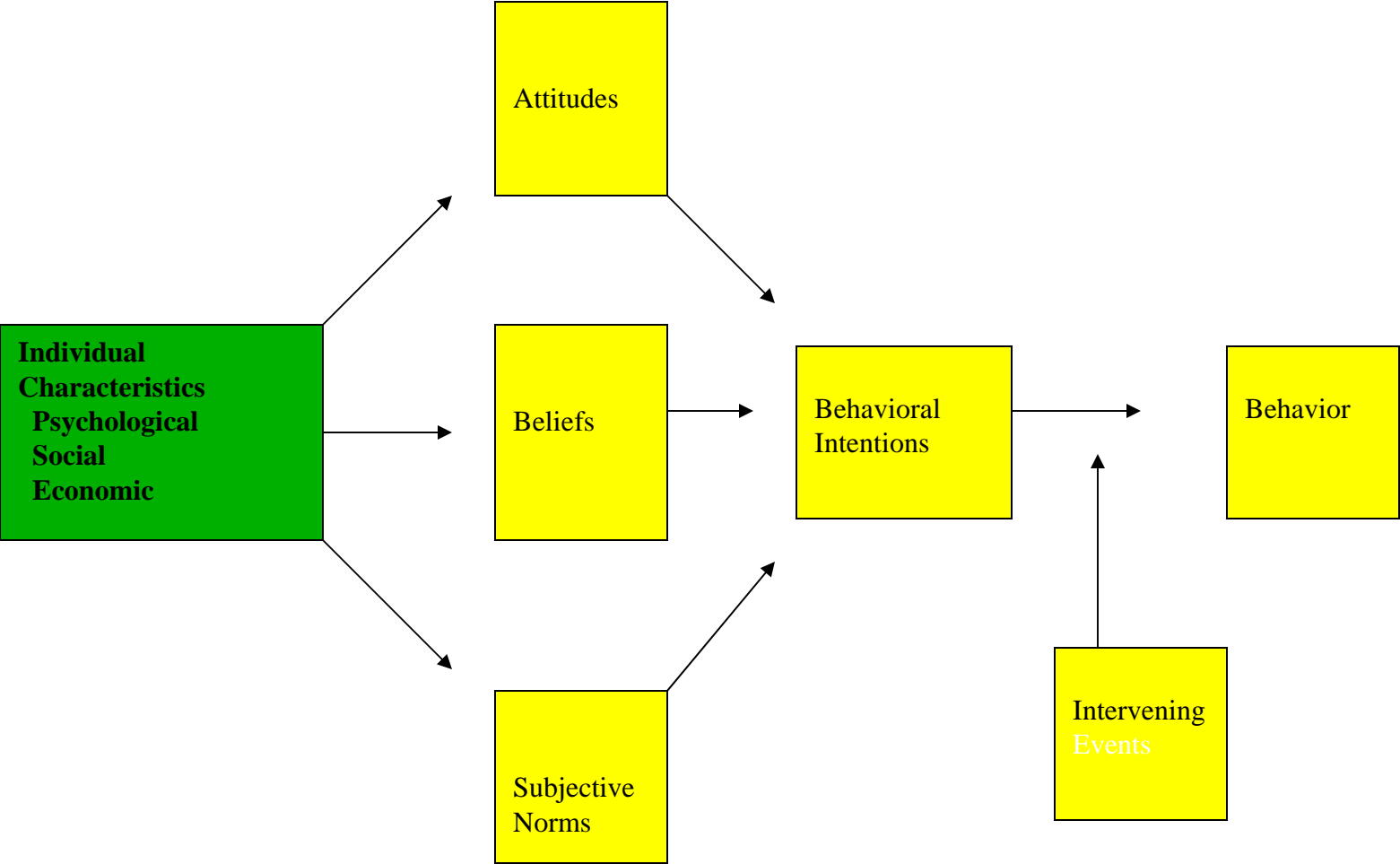
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## In what follows:

- Outline the basic constructs of a cognitive decision making model
- Highlight how it has been applied
- Discuss some of the problems and issues

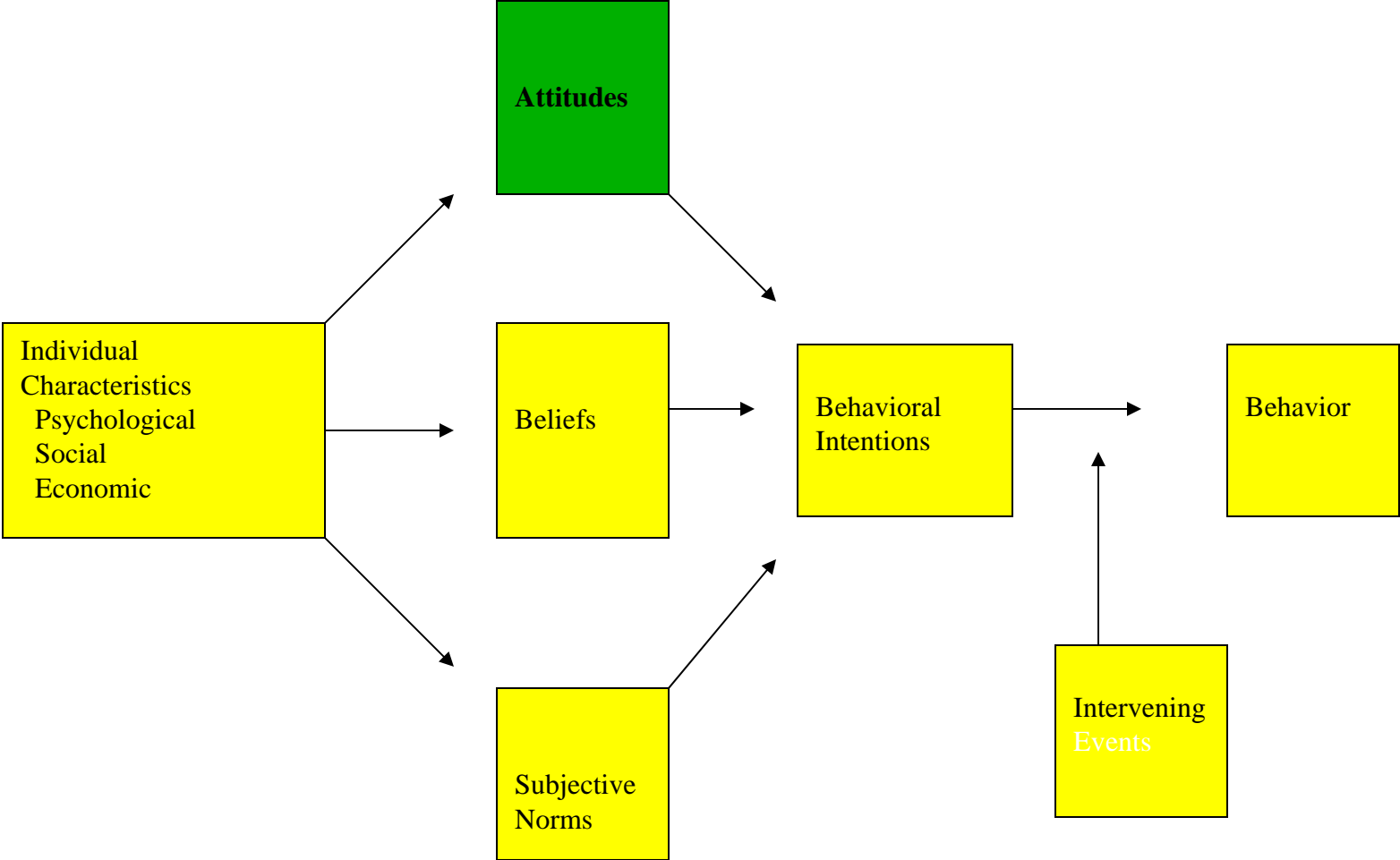




# Individual Characteristics

- Culture
- Religion
- Current Social Policy
- Current Economy
- Individual Economic Position
- Psychological Traits

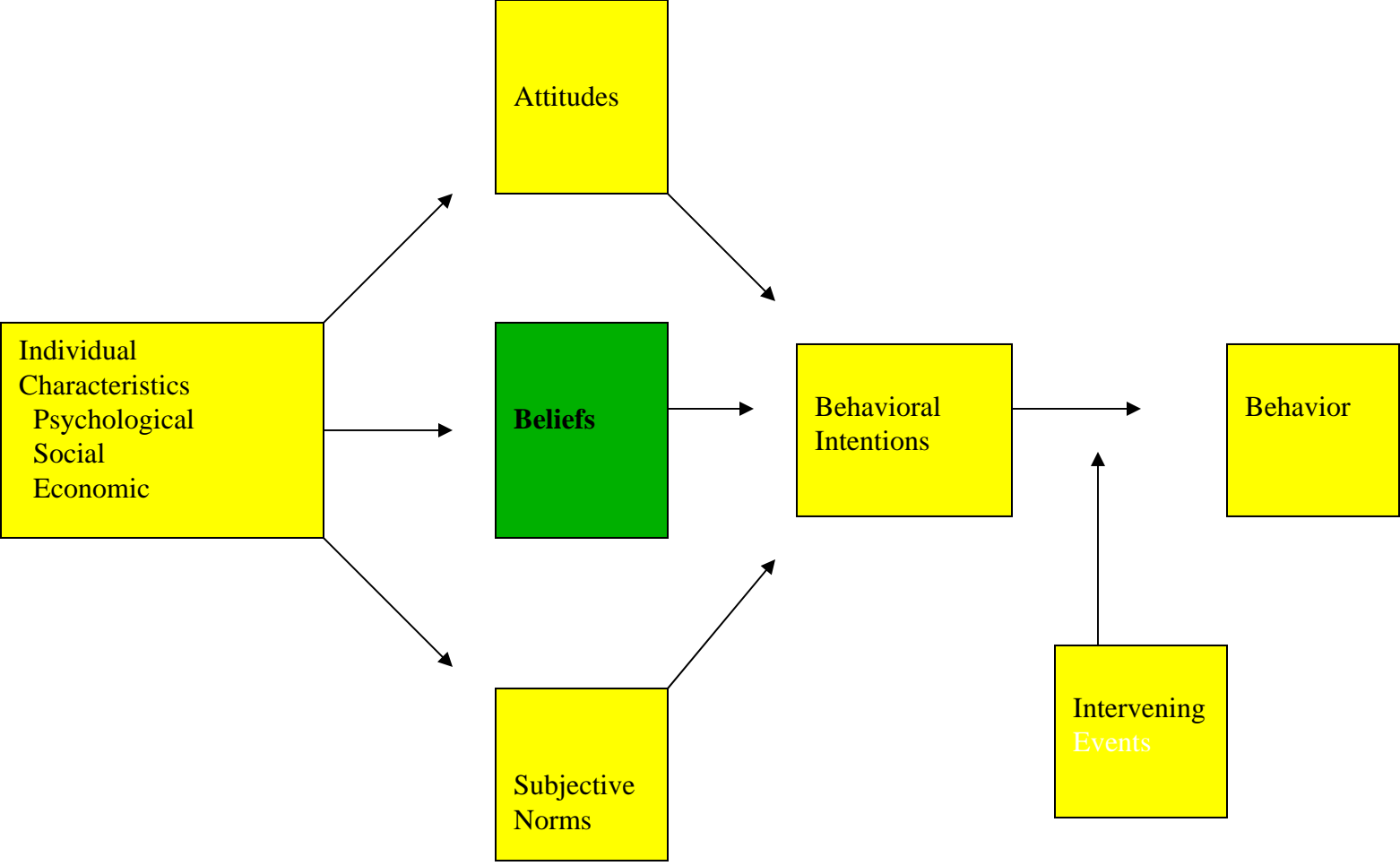
This is where “demand” side factors operate



# Attitudes

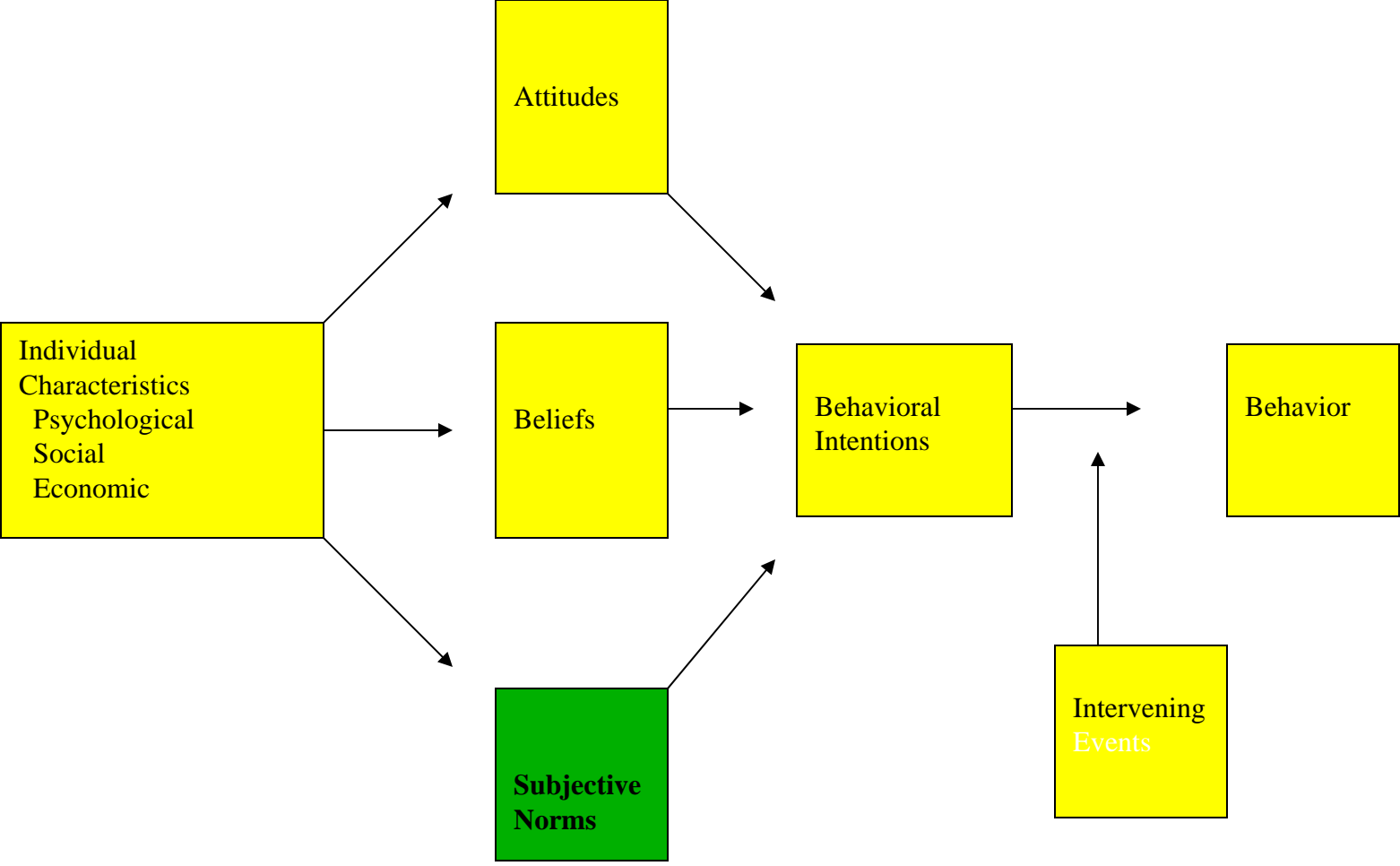
- Orientation toward things
  - Not liking to touch your body (condoms)
  - Adverse to taking medicine (OC)
- Connotations
  - Past experiences, associations
    - Experiences with doctors
- Affect
  - Is the behavior something you feel strongly about?
    - Donation to library, do you like to read?
    - Do you like children?
    - Do you find children very difficult?





# Beliefs

- Do you believe the behavior is wrong or illegal?
  - Convictions that contraception is wrong
- Do you think the behavior might make you sick?
  - Beliefs about side effects of contraceptives
- Do you think it won't matter for some reason?
  - Hopelessness, expectations of death

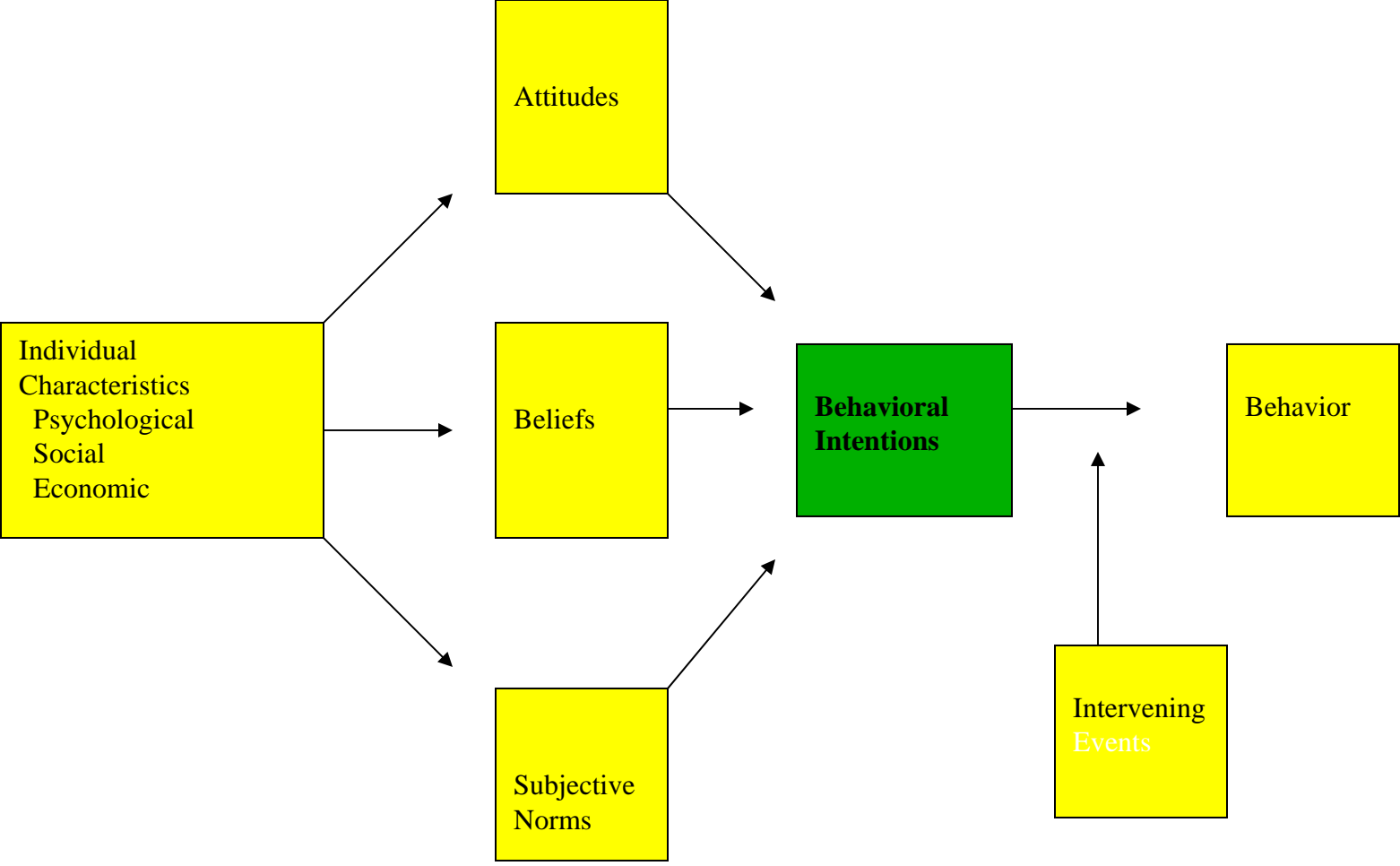


# Subjective Norms

- What do people you know think?
  - What are the attitudes and beliefs of significant others?
- How important are those people to you?
  - Perhaps someone feels strongly, but you usually don't agree with that person
- Are your perceptions accurate?
  - Do you actually know?

# Subjective Norms

- In the case of fertility, joint decision making
- Couple models



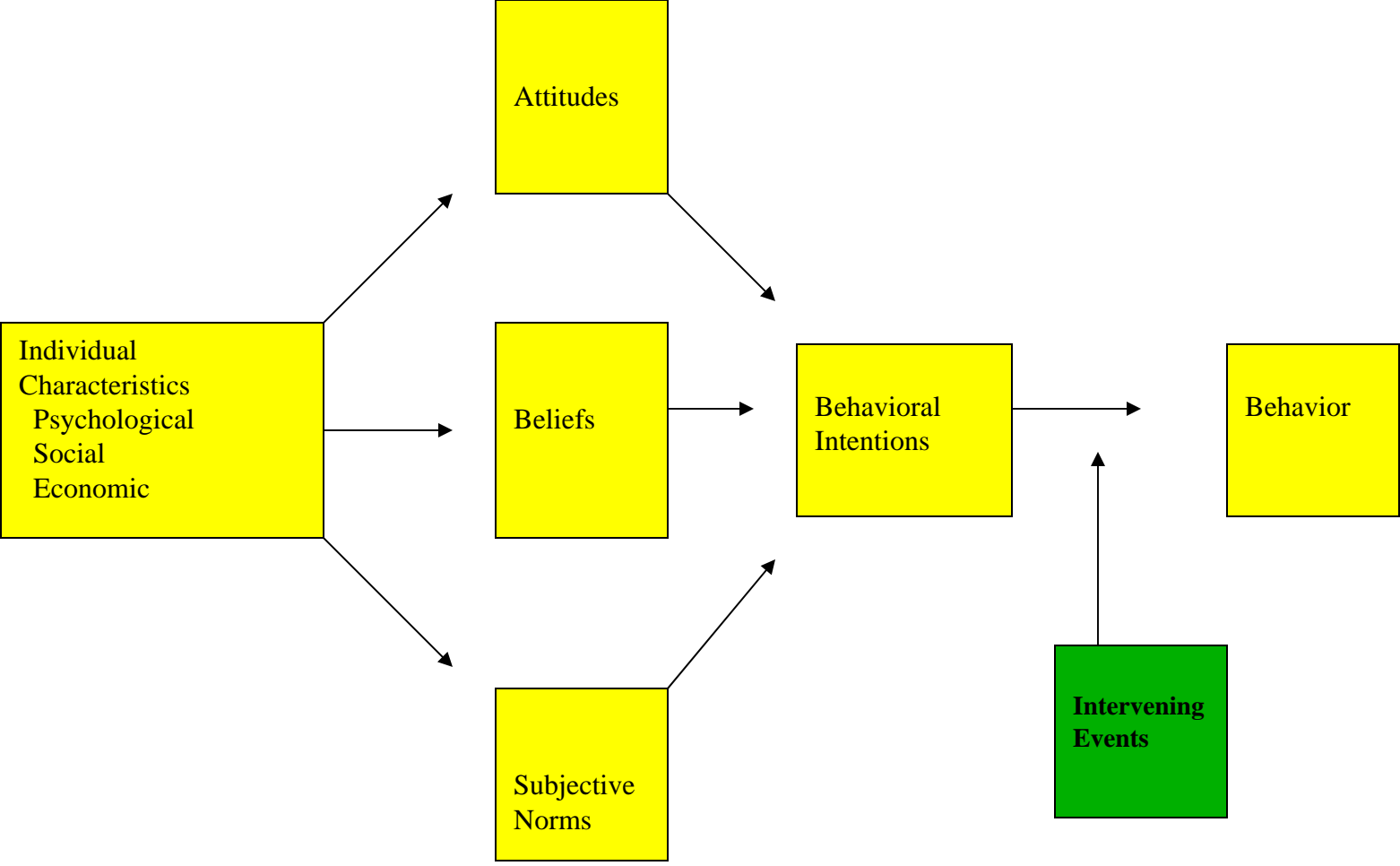
# Behavioral Intentions

- No one does anything without intending to do it
  - Must form an intention
  - Based on attitudes, beliefs and subjective norms
- Probably the most problematic part of the model
  - Forced sex
  - Unexpected sex

# Measurement of Fertility Intentions

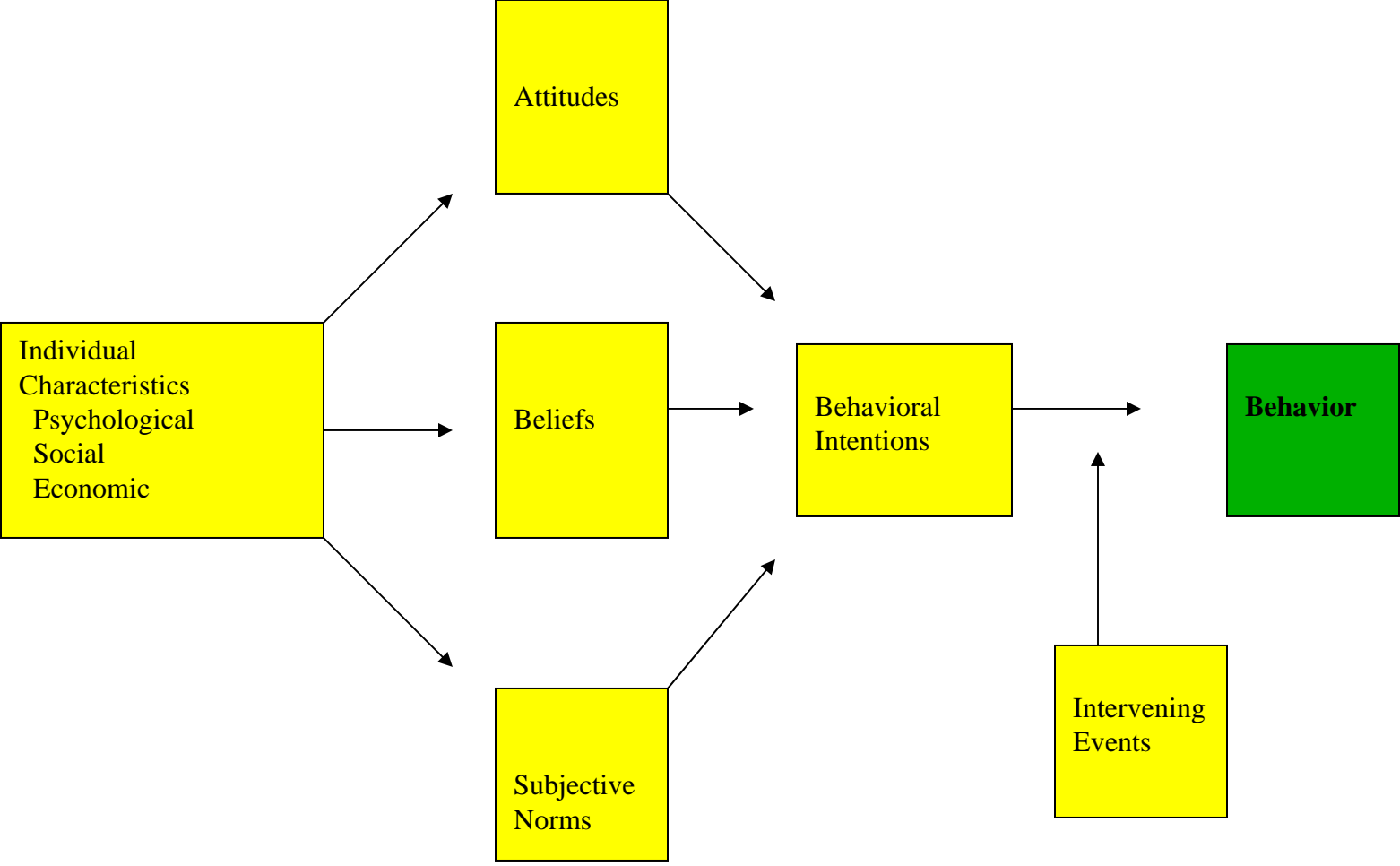
- If?
- How many?
- When?
  - Two models: sequential and one time





# Intervening Events

- Time (found to be very important in blood donation)
- Coercion (this is where you could incorporate forced sex)
- Weakening of Intention
- Changes in attitudes, beliefs and subjective norms
- Life course factors
  - Never marry
  - infertility



# Behavior

- Contraception or Proception
- Not birth or not
  - Infertility
  - Failure to find a partner
  - Partner separation or death
  - Contraceptive failure
  - Unexpected partnership

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# Why is this important?

- How to influence people's behavior in family planning programs
  - Concept of “unmet need”
    - People who claim to not want a(nother) child(now), but who are not using contraception

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