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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
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 - Distinguish between sequential and one time decision making models of fertility
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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

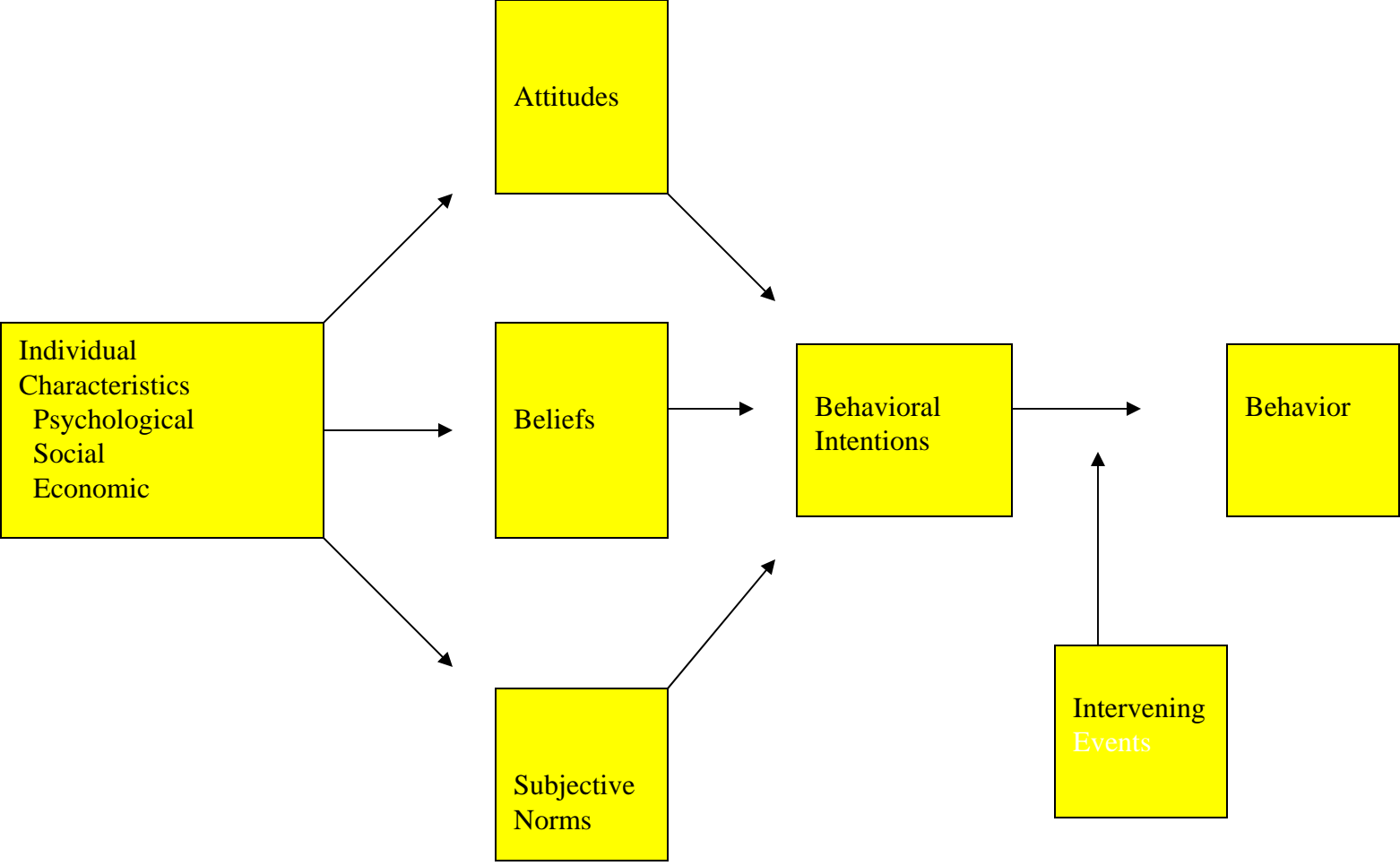
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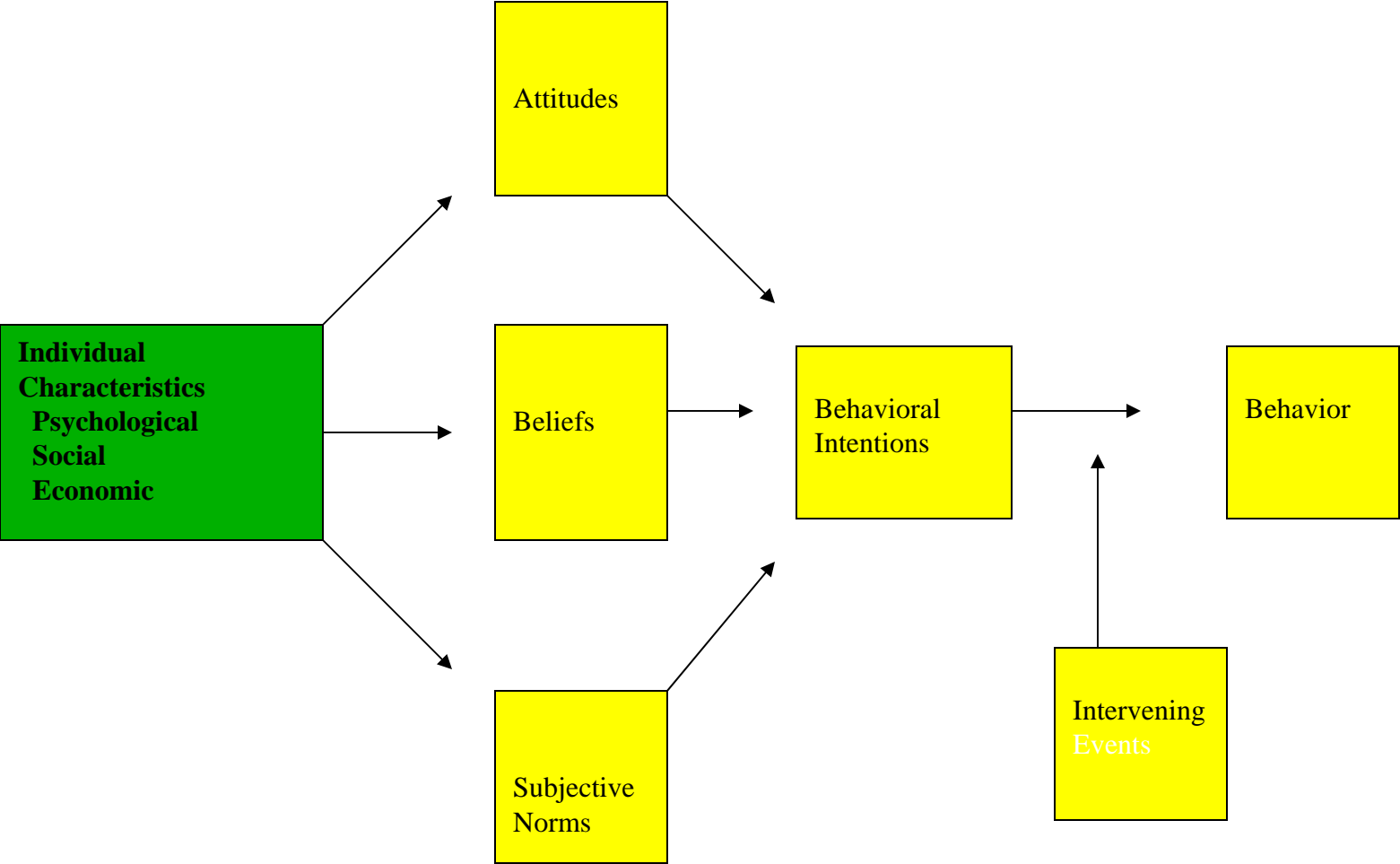
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In what follows:

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

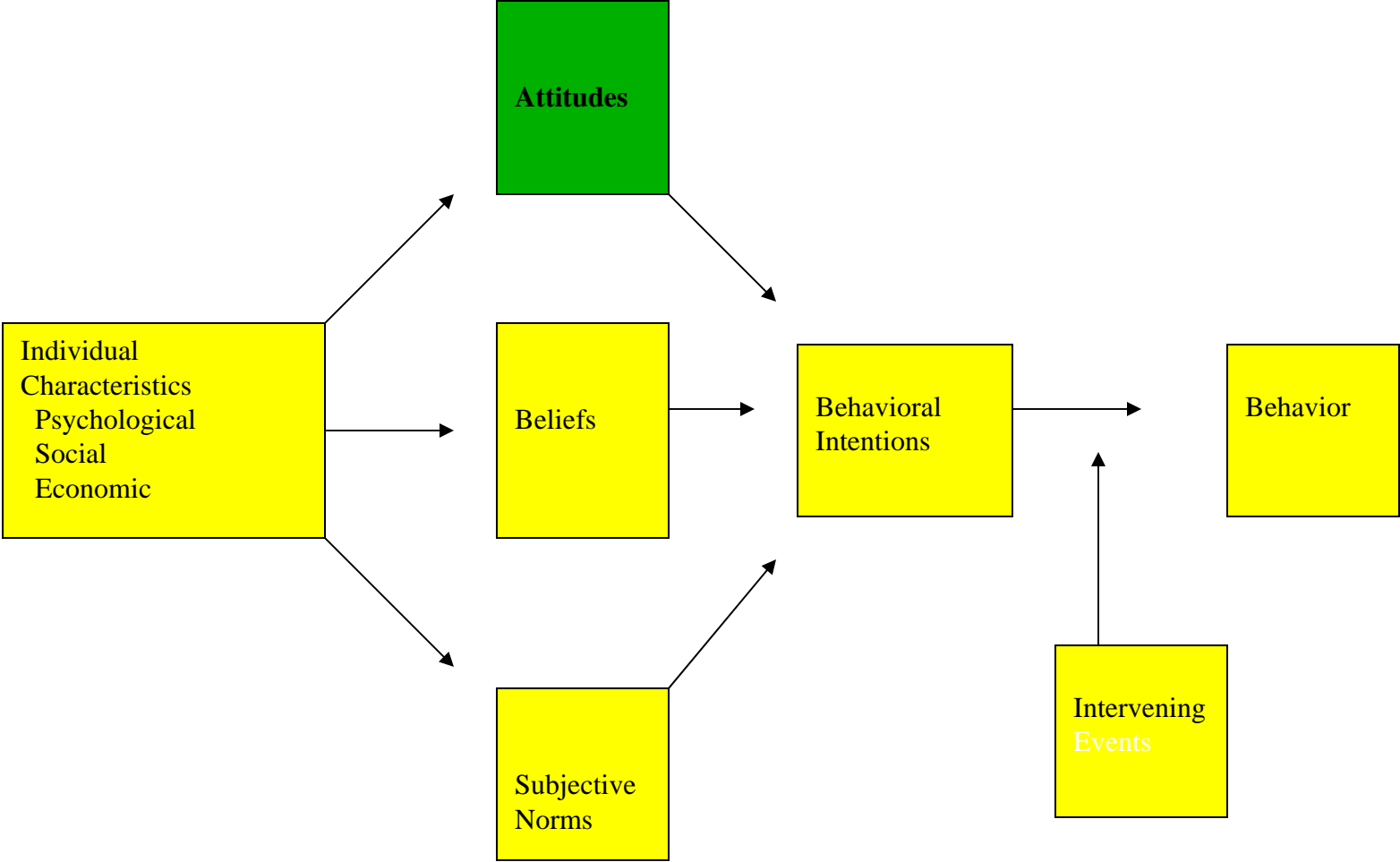




Individual Characteristics

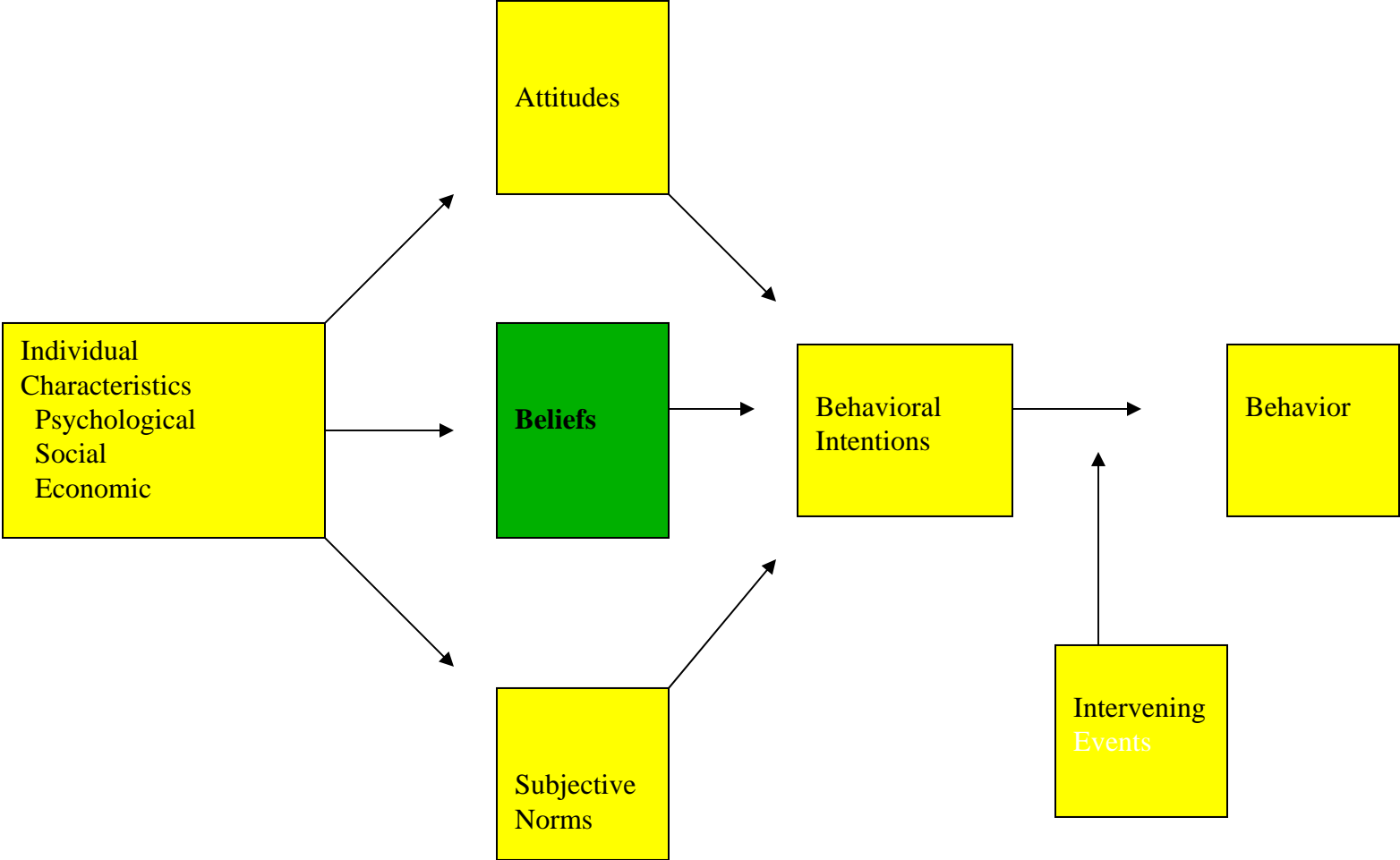
- Culture
- Religion
- Current Social Policy
- Current Economy
- Individual Economic Position
- Psychological Traits

This is where “demand” side factors operate



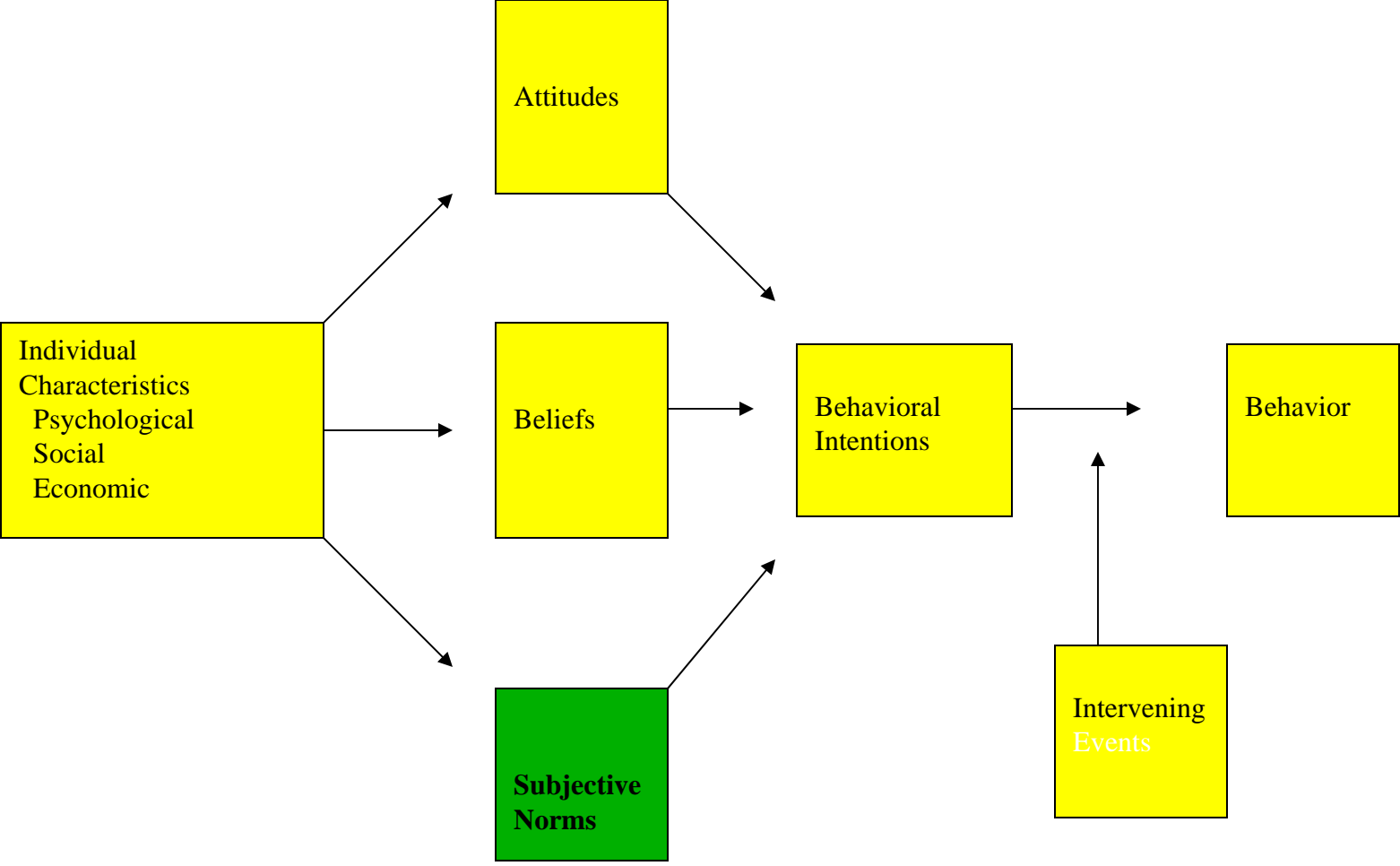
Attitudes

- 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

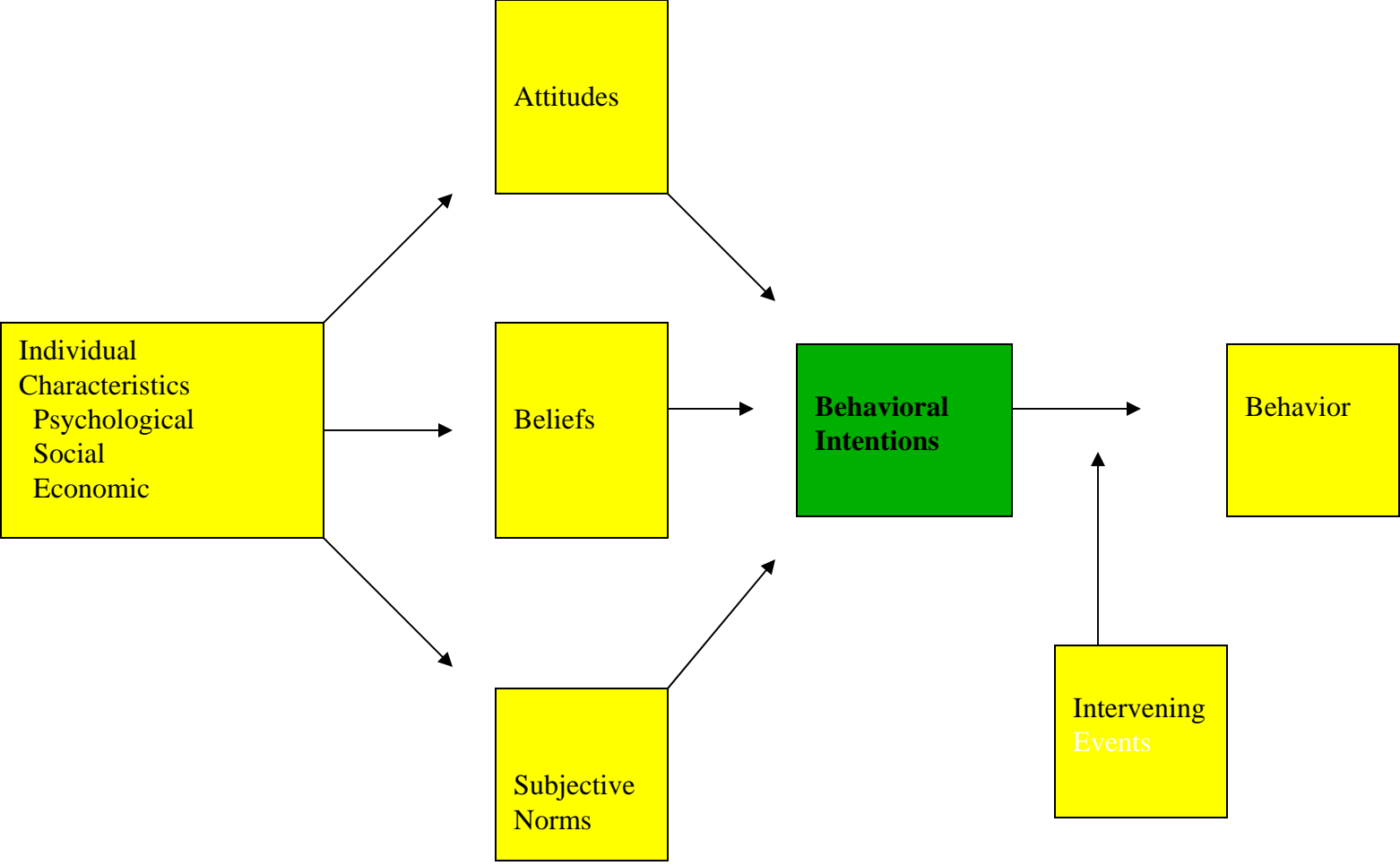


Subjective Norms

- 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

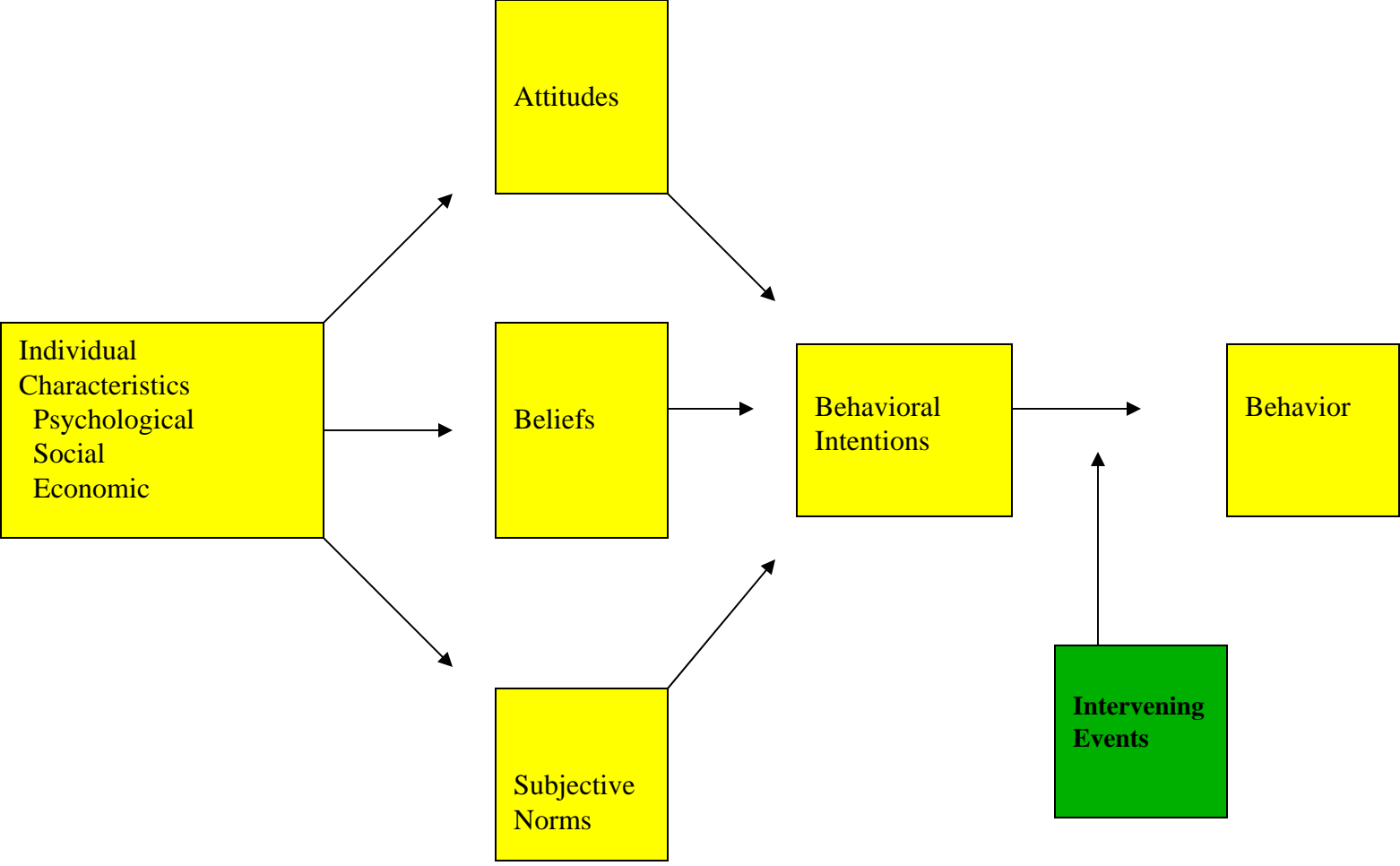


Behavioral Intentions

- 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

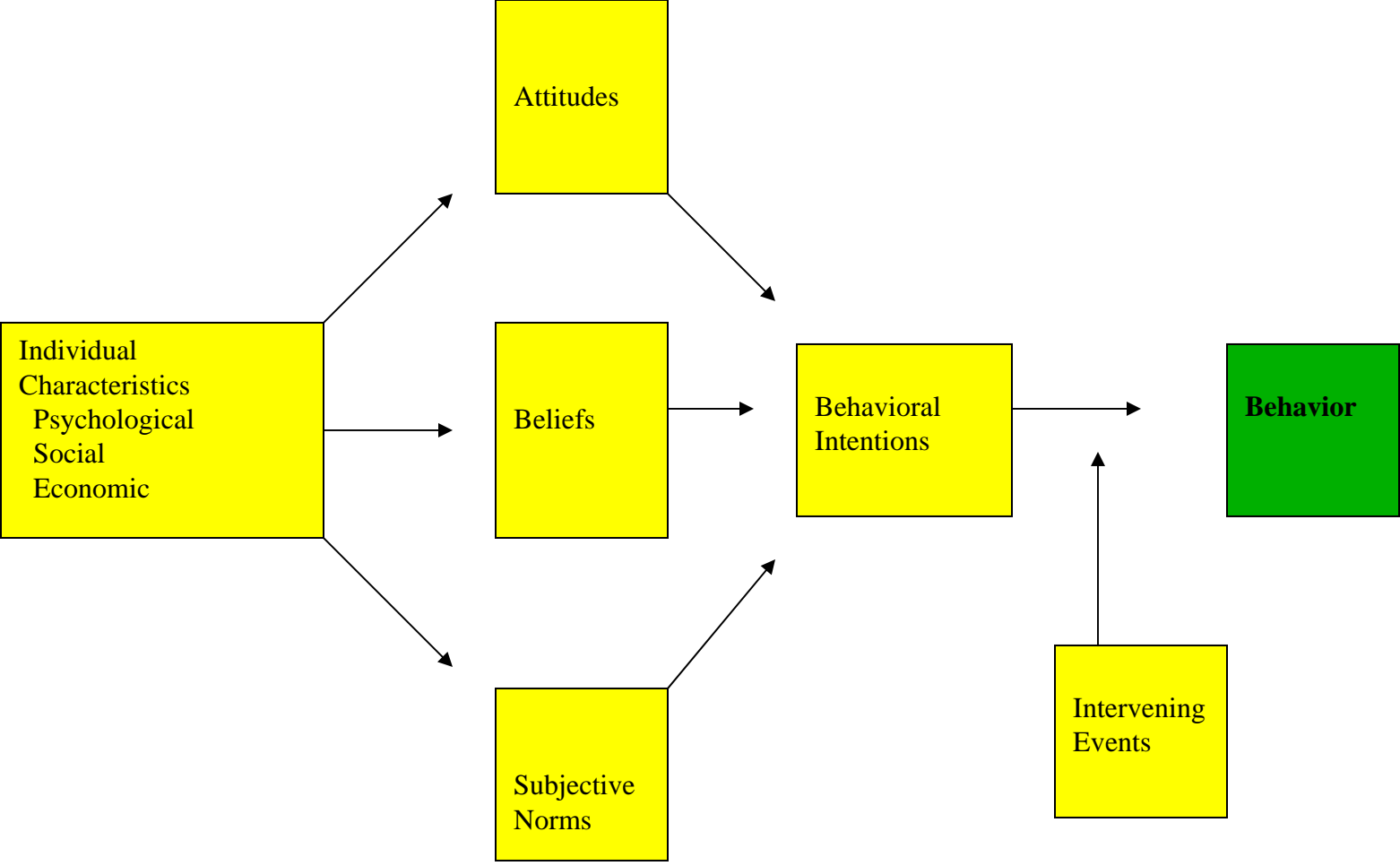
Measurement of Fertility Intentions

- 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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