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Emotion and Fertility Intentions in Times of Disaster: Conceptualizing Fertility Responses to the COVID-19 Pandemic and Beyond

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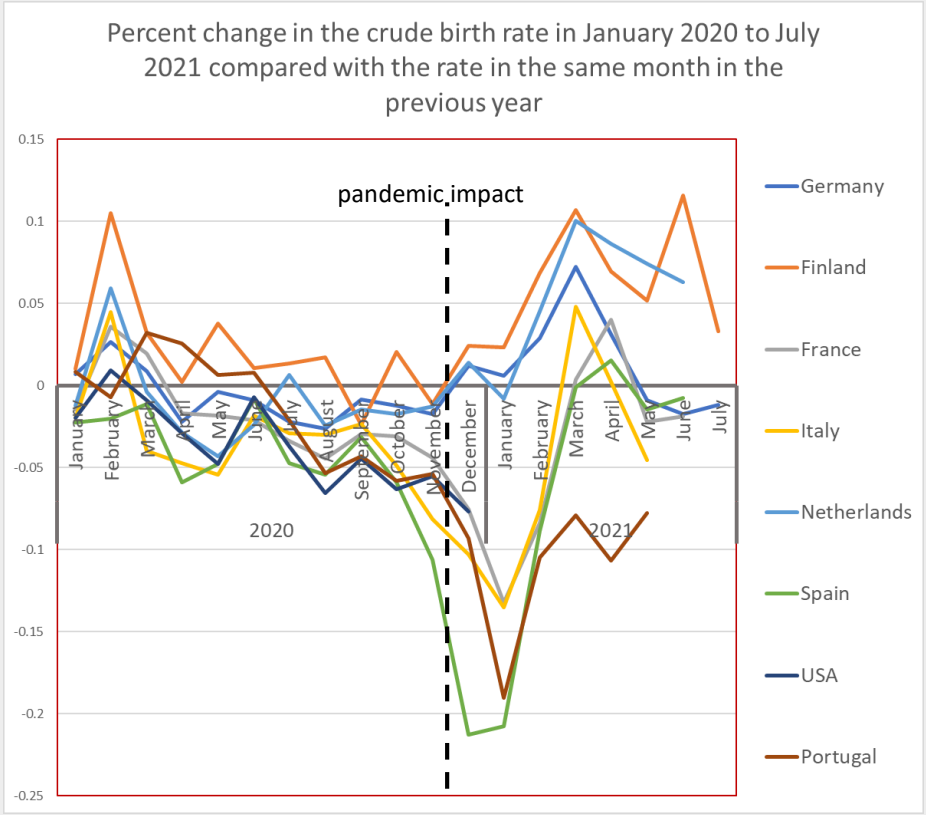
Pandemic Babies? Conference

Fertility Response to Disasters



Source: STFF Database, own calculations

Why does it vary?

Which factors drive the disaster impact on fertility preferences and behavior?

Fertility Response to Disasters—Previous Demographic Explanations

Replacement-, Physiological-, Insurance- & Hoarding:

- Mortality of own child or expectations of future mortality trigger childbearing (Lloyd and Ivanov 1988; Nobles 2016; Nobles, Frankenberg, and Thomas 2015)

(Economic) Uncertainty:

- Unemployment, increased job insecurity, and reduced income affect childbearing-decisions (Ayllón 2019; Kreyenfeld 2016; Sobotka et al. 2011; Vignoli, Mencarini, and Alderotti 2020)

Rapid Attitudinal and Cultural Change:

- Sociopolitical shocks (e.g. break down of Soviet Union) and community level disasters (e.g. Oklahoma bombing) lead to value shifts which affect childbearing (Conrad, Lechner and Werner 1996; Rodgers, John and Coleman 2005)

Fertility Response to Disasters: *Shift Focus to Psychological Factors*

Main Hypothesis:

- ***What* happens** (e.g. disaster) affects fertility preferences and behaviors systematically via being ***channeled*** through ***how people feel about*** it.

- Role of psychological factors ***more salient*** during crises: ***Uncertainty increases importance of affect in decision-making*** (Faraji-Rad and Pham 2017)





Fertility Response to Disasters:
Shift Focus to Psychological Factors & Approaches

Terror management theory:

- Feelings of existential terror & death awareness are managed via seeking closeness to others, and by pursuing (first or continued) parenthood to create sense of comfort and immortality (Solomon 2019; Solomon, Greenberg, and Pyszczynski 2000)

Uncertainty intolerance and worry approach:

- Whether individuals worry about the future in 'uncertain' circumstances is contingent on their uncertainty tolerance (Dugas, Gosselin and Ladouceru 2001, Miceli and Castelfranchi 2005, Buhr and Duas 2009)
- In extension, not uncertainty per se but perceived uncertainty and worry reduce childbearing desires & intentions and fertility

Research Qestion

Are anxiety, anger, loneliness and worries about health and finances felt during the first Covid-19 wave associated with changes in fertility preferences?

Hypotheses & Measures

TM: Terror Management

General fear and negative emotion (anxiety, loneliness, anger) and ***health worries*** triggered by 'threat' will ***intensify desire to reproduce***

General anxiety, loneliness, threat to health perception ↑ fertility (desires/intentions)

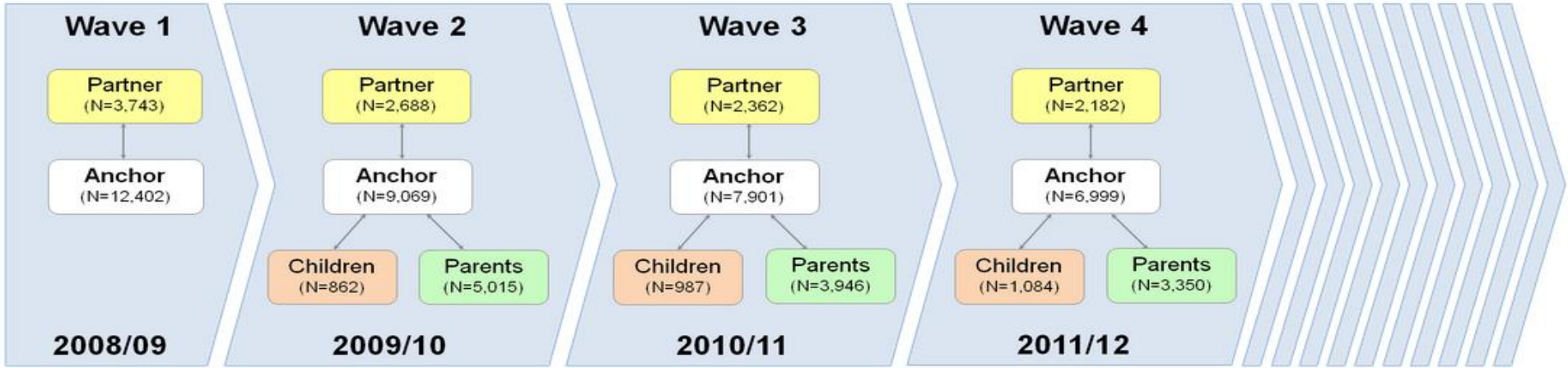
UM: Uncertainty Perception Model

Worries related to economic conditions, health & social stability will lead to ***decline*** in fertility **desires / intentions / conceptions**

Specific worry and anxiety about economic situation, health, social stability ↓ fertility (desires/intentions)

Data

pairfam
Panel Analysis of Intimate Relationships and Family Dynamics



Data Collection Timing

FERTILITY DESIRES

Wave 12 /
2019-2020

First Lockdown in
Germany ca. March 15th
2020

Extra Wave COVID
March-May 2020

EMOTION

N=704

FERTILITY DESIRES

Wave 12 collected Nov 2019 – March 2020

Wave 12 finalized May-July 2020

Dependent Measure and Model

"*Disregarding constraints, how many kids would you ideally like to have*?" (coded as 0-4+)

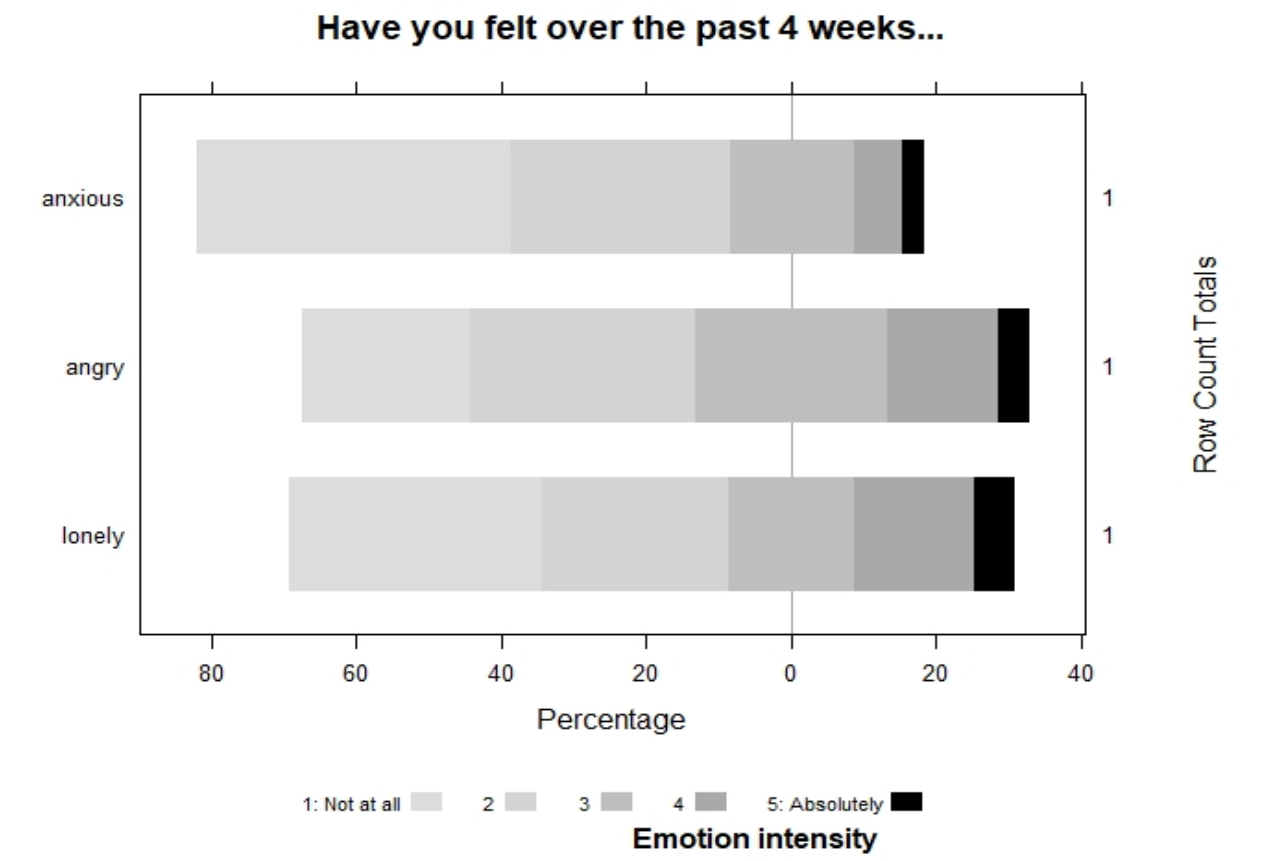
Outcome Variable:

Change in fertility desires from wave 11 (2018/19) to wave 12 (late spring/summer 2020)

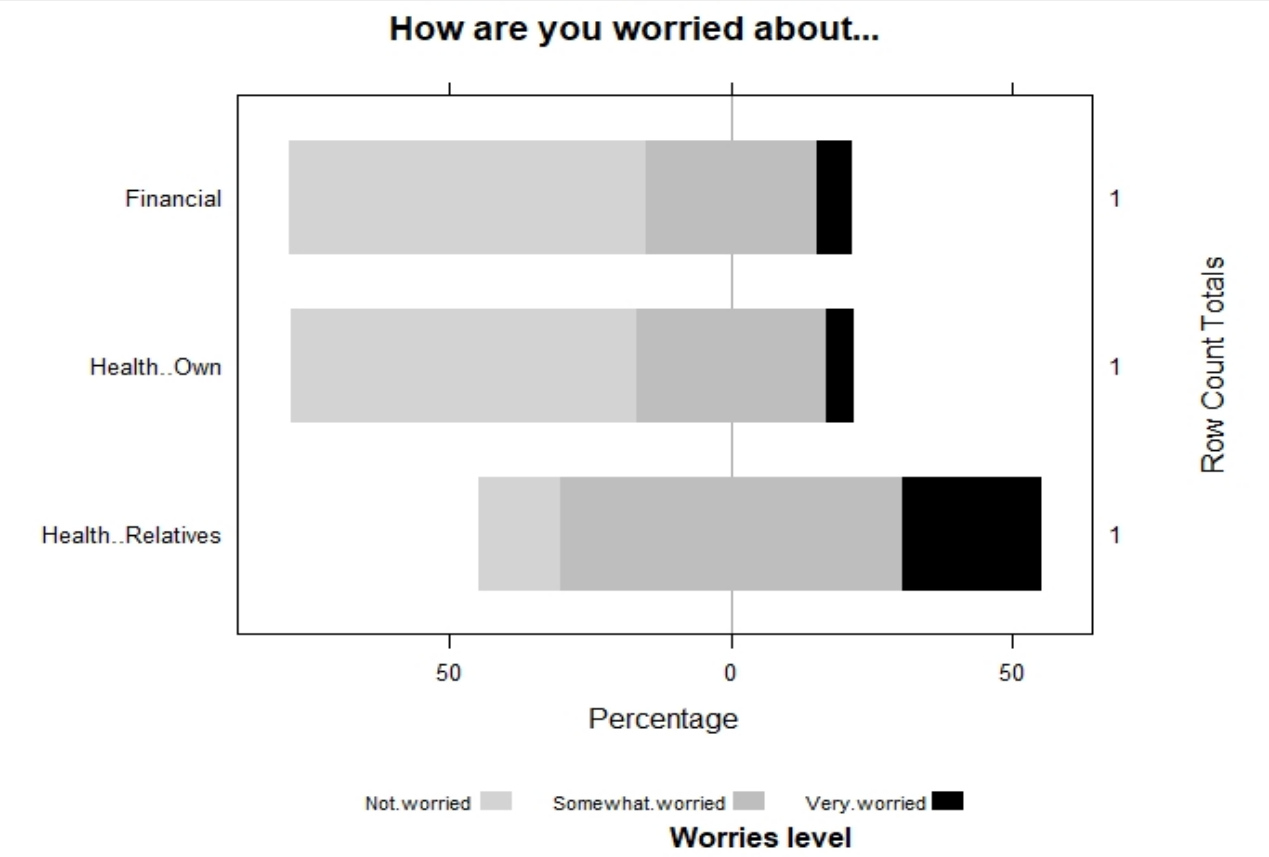
Multinomial model: 1) stayed the same, 2) increased, 3) decreased

Control variables: age, education, sex, partnered, parenthood status

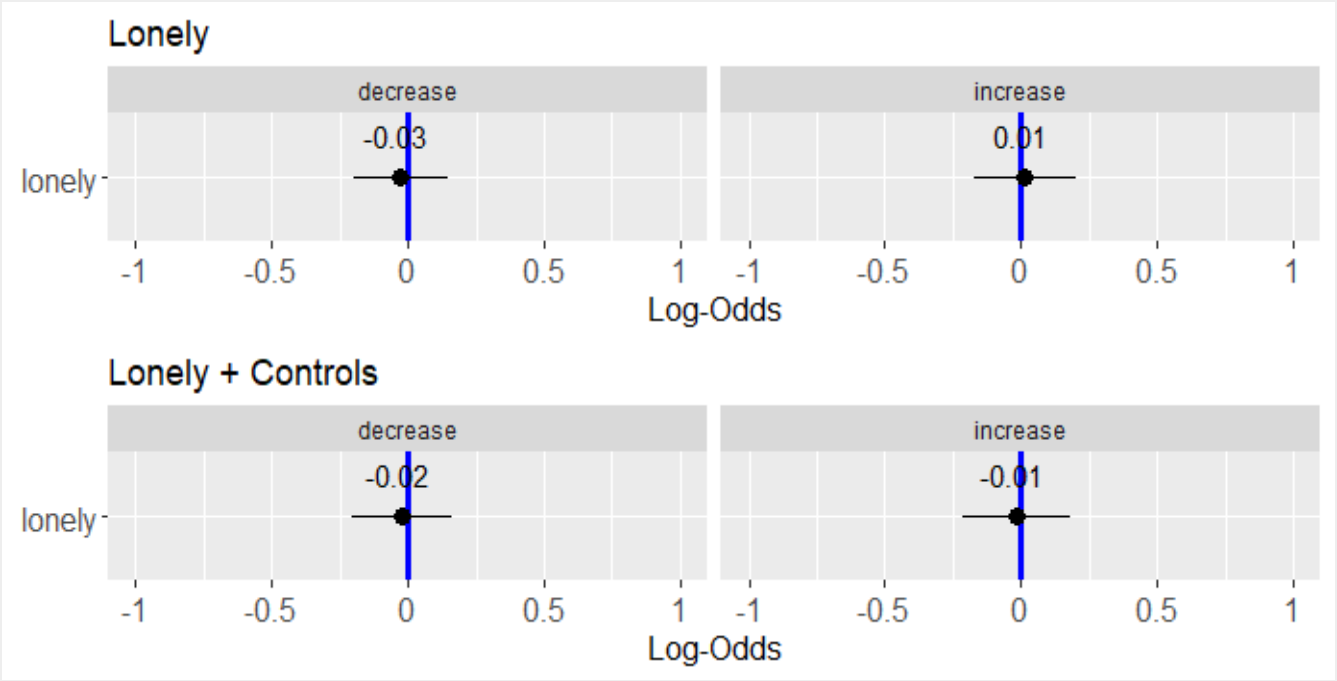
Measures: Emotion



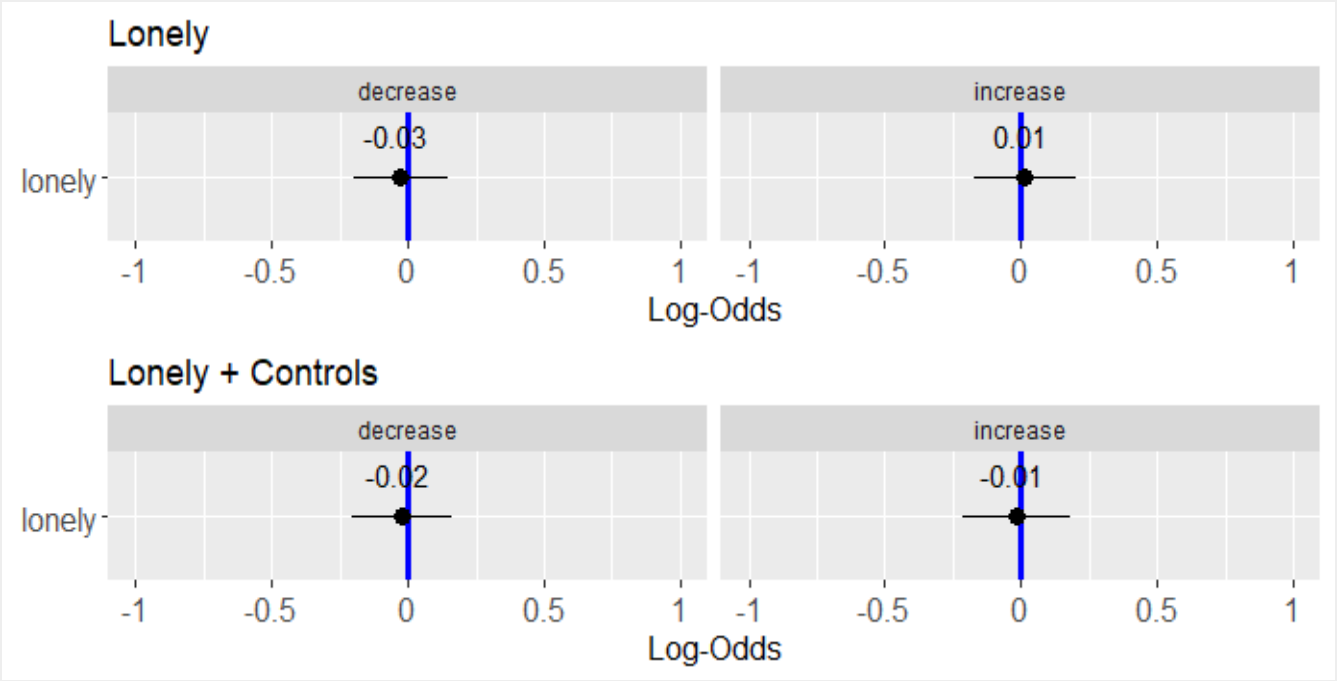
Measures: Worries



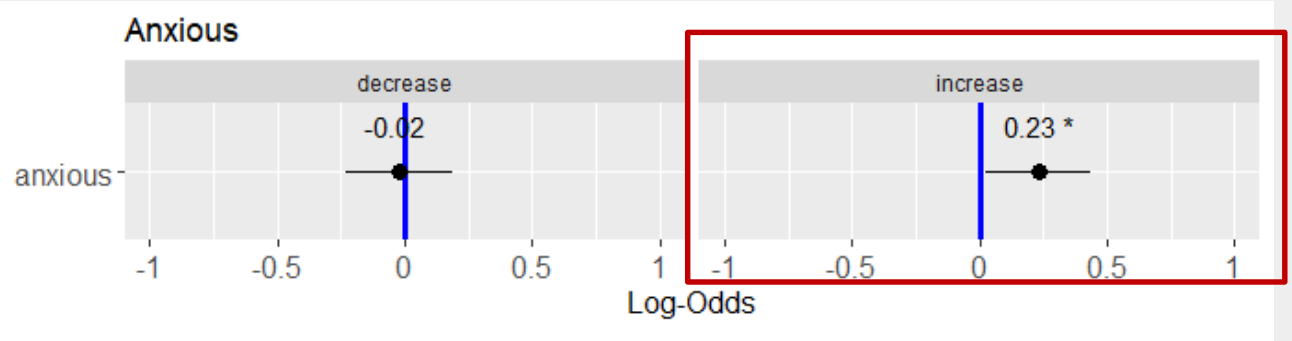
Results: TM / Loneliness

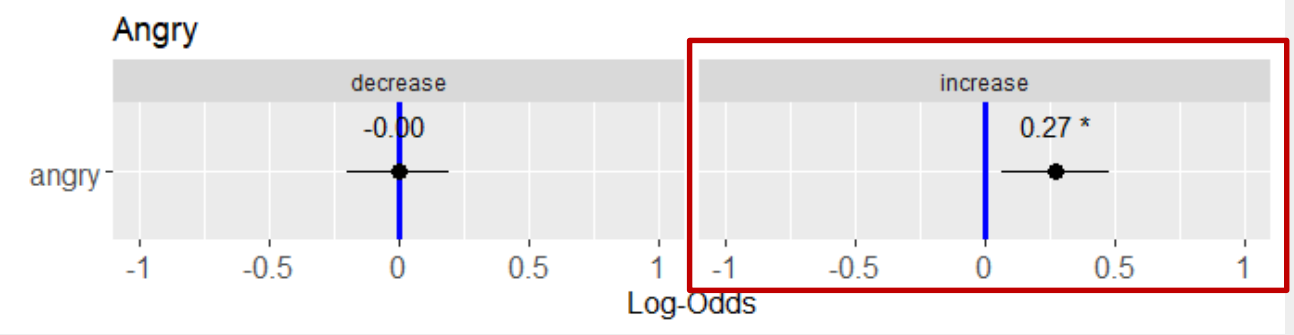


Results: ~~TM~~ / Loneliness

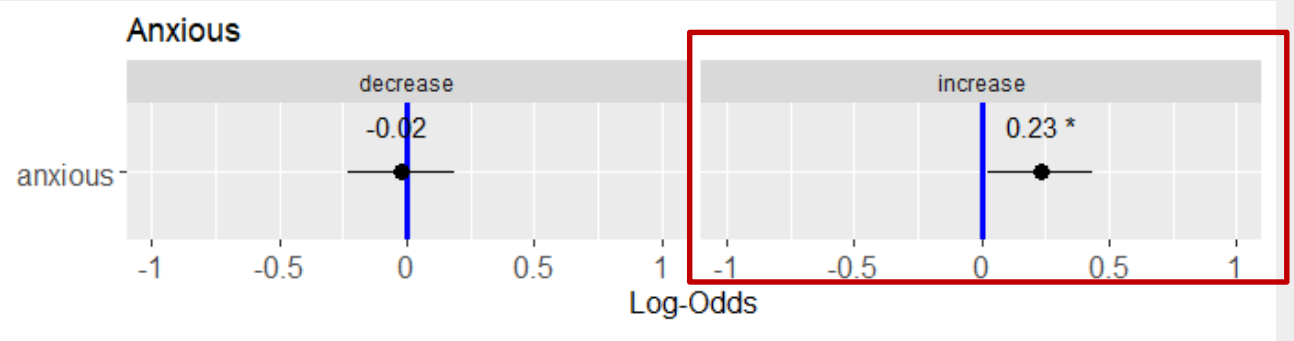


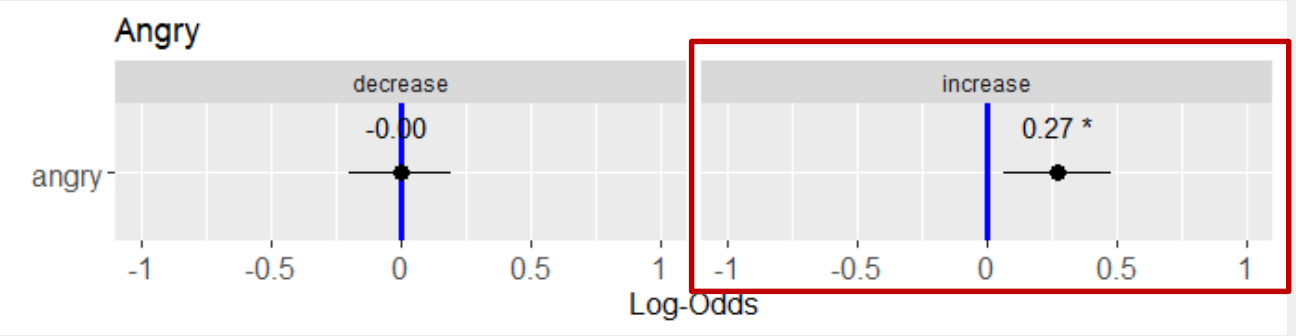
Results: TM / Anxiety, Anger





Results: TM ✓ / Anxiety, Anger

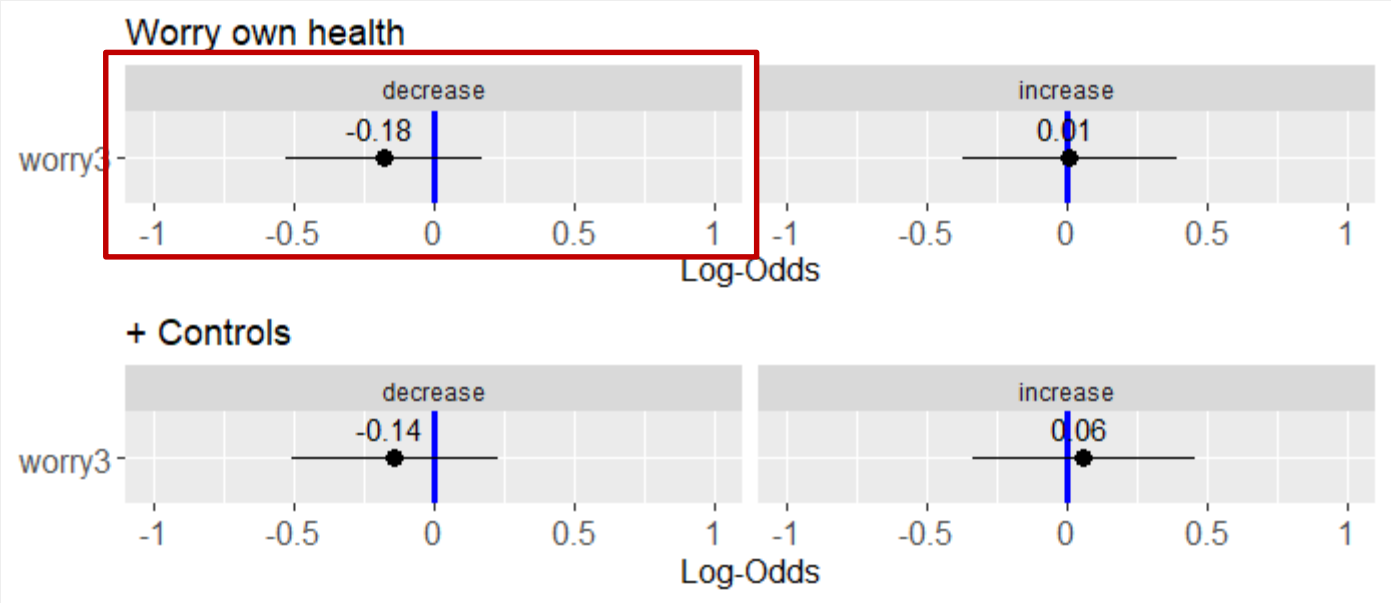




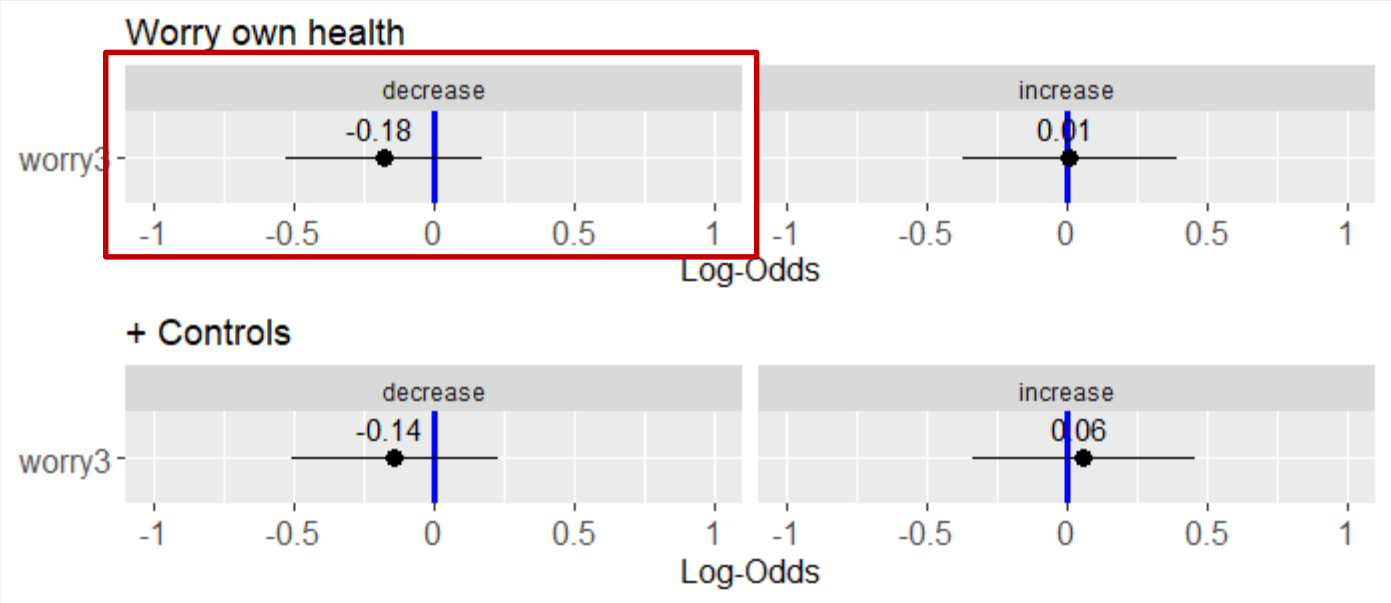
Results: TM + UM / Relatives' Health Worries

Results: TM ✓ + ~~UM~~/ Relatives' Health Worries

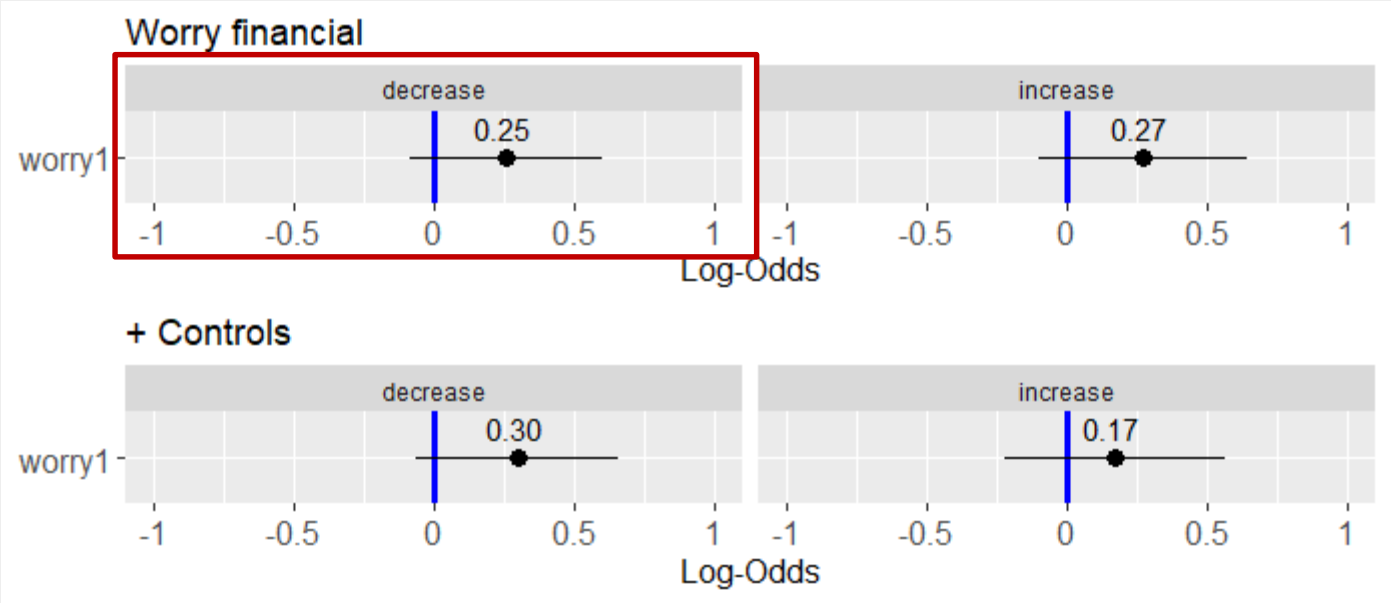
Results: TM + UM / Own Health Worries



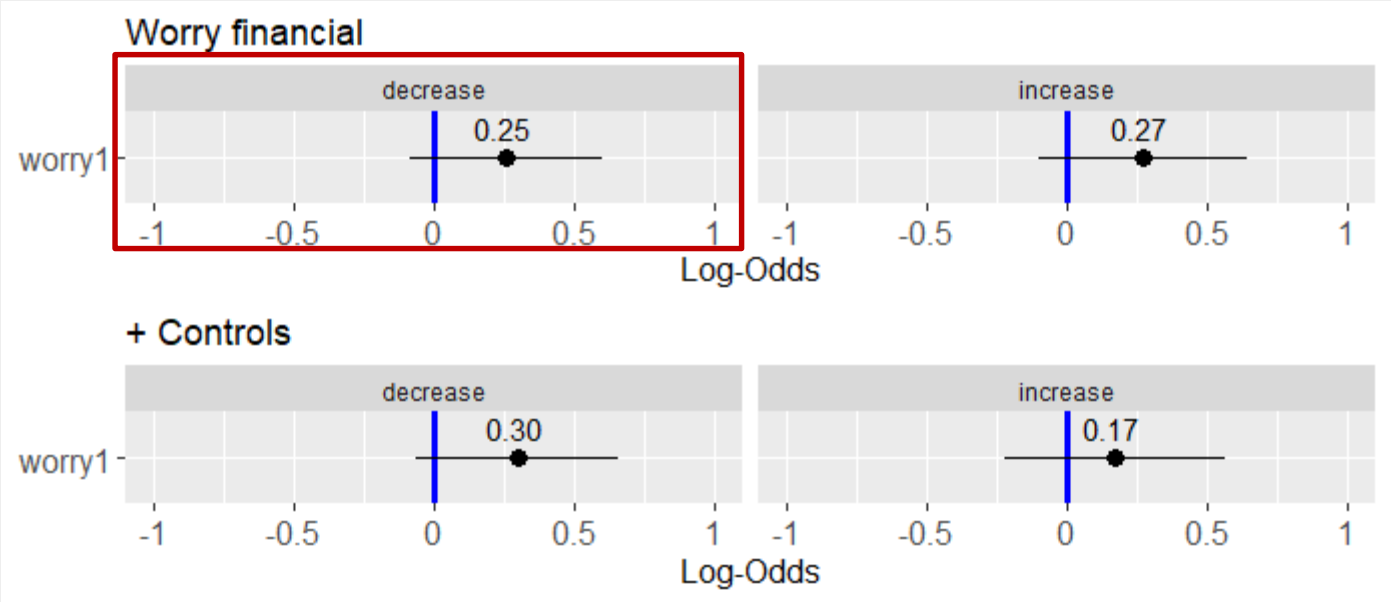
Results: ~~TM~~ + UM ✓ / Own Health Worries



Results: UM / Financial Worries



Results: UM ✓ / Financial Worries



Conclusions

- Psychological pathways may underlie disaster-fertility-preference relationship
- Terror Management✓ (anxiety, anger, relatives' health worry)
- ~~Terror Management~~ (loneliness, own health worry)
- Perceived Uncertainty Model ✓ (financial & own health worry)

Limitations and Discussion

- Analyses are exploratory, simple, lack statistical power
- Unobserved heterogeneity? Personality? Life circumstances? Moderators (individuals, couples, culture)?
- Findings unique to disaster moments?
- We don't examine fertility behavior--preference implementation may be affected by disaster itself

- What does it all mean for fertility change in times of disaster?
- Does emotion distribution predict (short or longer term) shifts in preferences, or actual change in fertility in disaster times?

➢ Promising avenue for future research

Thank you!

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