

The Group Effect of Fertility Intention and Its Psychological Mechanisms

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Abstract

Based on data from the Chinese General Social Survey, this study systematically examines the group effects of fertility intentions among childless individuals. The findings show that reproductive-age individuals living in communities with higher fertility levels have a larger ideal number of children, a lower preference for childlessness, and a stronger tendency to intend to have a second child. This effect is not significant among women, highly educated individuals, and individuals over the age of 40, especially highly educated women. Bootstrap mediation analysis indicates that community fertility levels indirectly affect fertility intentions by altering identification with the value of childbearing and perceptions of the difficulty of childbearing. This study reveals the boundary conditions and psychological pathways of group effects on fertility intentions, providing empirical evidence for optimizing fertility-support policies.

Full Text

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Practical Implications

This study finds that the group effect of fertility intention is significantly suppressed among women who bear higher physiological costs, opportunity costs in employment, and pressures from daily care, especially among highly educated women. This finding suggests that fertility support should not simply rely on creating a positive atmosphere or mobilizing groups. Rather, it should proceed from the perspective of women, who bear the primary costs of childbearing, and effectively alleviate the various real-life difficulties women face in relation to fertility. At the same time, improving gender equality within the family sphere is a crucial breakthrough point for promoting fertility.

Abstract

Based on data from the Chinese General Social Survey, this paper systematically examines the group effect of fertility intention among individuals who have not yet had children. The study finds that among childbearing-age individuals living in communities with higher fertility levels, the ideal number of children is larger, the preference for remaining childless is lower, and the tendency to be willing to have a second child is also higher. This effect is not significant

among women, highly educated individuals, and individuals aged 40 and above, and is especially insignificant among highly educated women. Bootstrap mediation analysis indicates that community fertility levels indirectly influence fertility intention by changing identification with the value of childbearing and perceptions of fertility difficulty. The study reveals the boundary conditions and psychological pathways of the group effect of fertility intention, providing empirical evidence for optimizing fertility-support policies.

Keywords: fertility intention; group effect; mediating effect; heterogeneity analysis

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Abstract

Against the backdrop of sustained global fertility decline, raising fertility intentions among people of reproductive age has become a central public policy concern. Existing research has largely examined their determinants at the macro-structural and individual levels, while meso-level explanations from a social network perspective remain underdeveloped. Yet fertility decision-making is socially embedded and shaped by surrounding others within social networks, giving rise to group effects in childbearing. Drawing on neighborhood social networks, this study incorporates community-level fertility into the analysis of individual fertility intentions and systematically examines the existence, heterogeneity, and mediating pathways of such group effects. It thereby extends fertility-intention research from a social network perspective and provides evidence for improving fertility support policies.

Using data from the 2021 Chinese General Social Survey (CGSS), the study focuses on childless individuals of reproductive age. Multiple linear regression and logistic regression models estimate the effects of community-level fertility on fertility intentions. Subgroup regressions examine heterogeneity by gender,

educational attainment, and age, together with a gender-by-education cross-classified subgroup analysis. A bias-corrected bootstrap mediation analysis tests the psychological pathways of group effect, with endorsement of childbearing values and perceived barriers to childbearing as mediators.

The results reveal significant group effects on fertility intentions. Individuals living in communities with higher fertility levels report a larger ideal number of children, a lower likelihood of preferring childlessness, and a stronger intention to have a second child. These findings remain robust after an instrumental variables approach is used to mitigate potential endogeneity bias. The effects also have clear boundary conditions. Community-level fertility significantly influences men but not women, individuals with lower but not higher educational attainment, and those aged 18–39 but not those aged 40–49. The gender-by-education analysis further shows that among highly educated women, the effect is statistically insignificant and even tends to be negative. The mediation analysis indicates that community-level fertility positively affects fertility intentions indirectly by strengthening endorsement of childbearing values and reducing perceived barriers to childbearing.

This study identifies the boundary conditions and psychological pathways of group effects and makes three theoretical contributions. First, it introduces a social network perspective into fertility-intention research and shows that neighborhood norms have not disappeared but persist heterogeneously. Second, it verifies two psychological pathways—endorsement of childbearing values and perceived barriers to childbearing—addressing the literature’s emphasis on effect identification over mechanism analysis. Third, systematic heterogeneity analysis identifies gender-, education-, and age-specific boundary conditions,

especially the absence of detectable group effects among highly educated women, helping explain the structural constraints they face in childbearing.

These findings have important policy implications. Group effects are substantially suppressed among women, particularly highly educated women, who bear greater physiological costs, career opportunity costs, and day-to-day caregiving burdens. Fertility support therefore cannot rely solely on fostering a supportive social climate or collective mobilization. Policies should instead address the practical constraints faced by women, who bear the primary costs of childbearing. They should also promote gender equality within the household, establish incentives for paternal involvement in childcare, and facilitate the redistribution of caregiving responsibilities within families. These measures may constitute a key policy leverage point for supporting childbearing.

Key words: fertility intentions, group effects, indirect effect, heterogeneity

1 Introduction

Maintaining an appropriate fertility level and a reasonable population size is an important cornerstone for achieving long-term balanced population development

and ensuring the sustainable operation of the economy and society. In recent years, China's problem of persistently low fertility has become increasingly severe (Song Jian, 2022), and adjustments to fertility policy have not brought about a clear "fertility rebound" (Feng Xiaotian, 2021). It is evident that the issue of low fertility still needs to be explored by returning to the level of the micro-level intentions of individuals of reproductive age. Existing studies on the factors influencing fertility intentions have mainly proceeded from the macrostructural and microindividual levels. Macro-level studies emphasize the influence of structural factors such as modernization transition, fertility policy, and fertility culture (Zhang Xiaodong et al., 2021; Yu Jia, 2022). Micro-level studies focus on family and individual characteristics, explaining differences in fertility intentions from the perspectives of human capital, economic capital, and social capital, and theoretically extend the "child cost-utility" analytical framework (Leibenstein, 1957). In addition, they also attend to noneconomic factors such as family relations and subjective well-being (Xu Shicun and Feng Rui, 2025).

Research at the macro and micro levels has provided an important foundation for understanding fertility intentions. However, meso-level research from the perspective of social networks has not yet received sufficient attention. As a result, fertility decisions—originally rich in life meaning and deeply influenced by surrounding others and group norms—have been overly simplified in empirical research into isolated rational calculations driven by individual characteristics or structural factors. "The social world is relational" (Bourdieu et al., 1992). Fertility decisions in real life show evident relational embeddedness: people observe, compare, and refer to the fertility practices of others in kinship, neighborhood, friendship, and workplace networks; from these practices they obtain fertility-related information, form perceptions of norms, and revise their own expectations accordingly (Munshi et al., 2006). This phenomenon is precisely the group effect of fertility—that is, an individual's fertility decision is influenced by the surrounding groups within the social network in which the individual is embedded. International studies have found that peer effects and contagion effects in fertility commonly exist among neighbors and religious peers, siblings, colleagues, and community peers (Mishra et al., 2017; Yu et al., 2022; Nie et al., 2021). Chinese scholars such as Zhou Xing (2024) and Li Ying et al. (2025) have also examined the influence of community and friend peers, but have not pursued further discussion. In addition, some studies have found that, as autonomous fertility decision-making has strengthened (Lesthaeghe, 2010), social forces such as social networks and informal norms have gradually weakened, and traditional community-neighborhood norms no longer play a role (Gao Shaofeng, 2022).

How, then, are group effects in fertility realized? According to the Theory of Planned Behavior (TPB), behavioral intention is influenced by behavioral attitudes, subjective norms, and perceived behavioral control (Ajzen, 2002). In the fertility context, these three elements are manifested respectively as individuals' evaluations of the value of childbearing, their perceptions of external expecta-

tions and pressures, and their judgments about the difficulty of childbearing; together, they constitute the complex background of fertility-intention decision-making (Chen Zhen et al., 2026). It can therefore be inferred that changes in fertility cognition constitute an important psychological pathway through which group fertility levels affect individual fertility intentions.

Although existing research has accumulated some findings, research gaps remain. First, whether group forces—especially community-neighborhood norms—continue to play a role amid modernization transition still requires further empirical testing. Second, existing studies have mostly focused on identifying the outcomes of group effects, while lacking in-depth mediation analysis; in particular, discussion of psychological pathways remains clearly insufficient. Third, existing studies have mostly been limited to tests of heterogeneity along a single dimension, and have not sufficiently examined the differentiated manifestations of group effects under the intersection of multiple characteristics such as gender and education, making it difficult to provide empirical evidence for refined policymaking. Accordingly, this paper takes the community-neighborhood networks embedded in individuals' everyday lives as its point of departure, incorporates community fertility levels into a model of fertility intentions, and systematically examines whether group effects exist, their heterogeneous manifestations, and their psychological mechanisms.

2 Research Design

2.1 Data Source

This study uses data from the 2021 Chinese General Social Survey (CGSS). The CGSS is China's earliest nationwide, comprehensive, and continuous cross-sectional survey project. The sample-screening procedure is as follows (see Figure 1): first, variables relevant to the study were selected, and observations with missing values were removed. Second, based on the World Health Organization's age definition for the reproductive-age population, the sample was restricted to individuals aged 18 to 49; to address the possible issue of reverse causality in cross-sectional data, only childless respondents were retained. The final valid analytical sample consisted of 1,502 observations.

Figure 1. Flowchart of research sample screening

- **Data preparation**
 - Original CGSS2021 sample (n = 8,134)
- **Sample screening**
 - Sample obtained after selecting relevant variables and removing missing values (n = 7,827)
 - Excluded samples, for the following specific reasons (n = 6,325):
 1. Individuals not in the reproductive-age stage (n = 4,709)
 2. Individuals who had already had children (n = 1,616)
- **Included in the model**
 - Final sample included in the model (n = 1,502)

2.2 Variable Selection

The dependent variable is fertility intention, measured by the ideal number of children. Specifically, it is derived from the CGSS questionnaire item: “If there were no policy restrictions, how many children would you like to have?” The original numerical response is used to measure the level of fertility intention; responses indicating 0 children are coded as 1 and responses greater than 0 are coded as 0 to measure a preference for non-childbearing. Among respondents with fertility intentions, the reported number of children is coded as 1, 2, or 3 (three or more) to measure preferences regarding the number of children.

The independent variable is the community fertility level. Specifically, after identifying respondents from the same community according to the CGSS community codes, the average number of children born is calculated as the indicator of the community’s fertility level. In this study, each community involved includes no fewer than 10 interviewed households, which ensures the stability of the community-level fertility estimate.

The mediating variables are fertility value and fertility difficulty. Fertility value is measured by the mean of two CGSS questionnaire items: “Being a mother is one of the most fulfilling things for a woman” and “Children are the most important people in the family.” Fertility difficulty is measured by the mean of two items: “One needs to own a home in order to have children” and “Parents should buy houses for their children.” In China, under the traditional belief that “only with a house can there be a home” and the real constraints of high housing prices, housing has become an important indicator for measuring the difficulty of childbearing. A large body of research has confirmed a strong negative correlation between housing pressure and fertility intentions (Li Yonghui et al., 2021).

In addition, the study also controls for gender, age, educational attainment, log income, marital status, religious belief, household registration status, health status, family economic status, and province variables. Details of all variables are shown in Table 1.

Table 1. Descriptive statistics of all variables

Variable name	Variable description	Mean	Standard deviation	Minimum	Maximum
Fertility-willingness level	Respondent's ideal number of children; continuous variable	1.579	0.849	0	10
Infertility preference	Ideal number of children is 0 = 1, otherwise = 0; categorical variable	0.103	0.304	0	1
Fertility-quantity preference	Ideal number of children: one child = 1, two children = 2, three or more children = 3; categorical variable	1.733	0.550	1	3
Community fertility level	Average number of children born in the community; continuous variable	1.499	0.614	0.25	4

Variable name	Variable description	Mean	Standard deviation	Minimum	Maximum
Fertility value	Continuous variable	3.582	0.956	1	5
Fertility difficulty	Continuous variable	2.931	0.996	1	5
Gender	Female = 0, male = 1; categorical variable	0.495	0.500	0	1
Age	Continuous variable	30.787	8.953	18	49
Educational attainment	Years of education received; continuous variable	13.263	3.639	0	19
Individual income	Log-transformed; continuous variable	8.410	4.569	0	16.019
Marital status	Unmarried = 0, married = 1; categorical variable	0.451	0.498	0	1
Religious belief	No religious belief = 0, has religious belief = 1; categorical variable	0.057	0.232	0	1

Variable name	Variable description	Mean	Standard deviation	Minimum	Maximum
Hukou	Rural = 0, urban = 1; categorical variable	0.498	0.500	0	1
Health	Continuous variable	3.985	0.877	1	5
Household economic status	Continuous variable	2.764	0.700	1	5

2.3 Data Analysis Strategy

First, we test whether a group effect of fertility willingness exists. Since the level of fertility willingness is a continuous variable, infertility preference is a binary variable, and fertility-quantity preference is a multi-category variable, the baseline models are estimated using OLS, binary Logit, and multinomial Logit, respectively. All models include individual-, household-, and province-level control variables, and standard errors are clustered at the community level. After the baseline models, the instrumental-variable method is used to mitigate endogeneity bias. Second, heterogeneity analysis is conducted by running regressions separately by gender, education, and age groups, and further by cross-classifying gender and education. Third, mediation-effect analysis is performed using the Bootstrap method with 5,000 repeated resamples to construct 95% confidence intervals and test the mediating effects of fertility value and fertility difficulty.

3 Empirical Results and Analysis

3.1 Baseline Regression Results

Table 2 reports the baseline regression results for the association between community fertility level and the fertility willingness of individuals who have not yet had children. Without adding control variables, community fertility level is significantly positively correlated with individual fertility willingness ($\beta = 0.209$, $SE = 0.045$, $p < 0.001$). After adding control variables, this positive effect remains significant ($\beta = 0.155$, $SE = 0.052$, $p = 0.003$). This indicates that community fertility practices embedded in daily life are an important predictor of individual fertility willingness. The infertility-preference model shows that community fertility level has a significant negative effect on infertility preference ($\beta = -0.488$, $SE = 0.205$, $p = 0.017$), indicating that individuals in

communities with higher fertility levels are significantly less likely to form a preference for having no children. In the fertility-quantity preference model, with two-child preference as the reference group, the results show that community fertility level has a significant negative effect on one-child preference ($\beta = -0.220$, $SE = 0.098$, $p = 0.025$), whereas its effect on three-child preference is not significant ($\beta = 0.236$, $SE = 0.296$, $p = 0.425$). This reveals the boundary of the group effect: that is, community fertility level is more likely to promote a shift from one-child preference to two-child preference, but it is difficult to encourage decisions for three-child fertility, which involve higher costs and resource constraints.

Table 2 Baseline Regression Model Results

Variable	Fertility-quantity preference (two-child preference)		Fertility-quantity preference (two-child preference)		Fertility-quantity preference (two-child preference)		Fertility-quantity preference (two-child preference)	
	level (ideal number of children)	level (ideal number of children)	level (ideal number of children)	level (ideal number of children)	level (ideal number of children)	level (ideal number of children)	level (ideal number of children)	level (ideal number of children)
Community fertility level	0.209***	0.155**	-	-	-	-	0.543**	0.236
	(0.045)	(0.052)	(0.148)	(0.205)	(0.090)	(0.098)	(0.194)	(0.296)
Control variables	Uncontrolled	Controlled	Uncontrolled	Controlled	Uncontrolled	Controlled	Uncontrolled	Controlled
N	1502	1502	1502	1502	1347	1347	1347	1347
R ²	0.023	0.103	0.022	0.166	0.007	0.056	0.007	0.056

Note: Values in parentheses are robust standard errors clustered at the community level; two-tailed significance levels: $p < 0.05$, $p < 0.01$, $p < 0.001$ (same below). To save space, coefficients and standard errors for all control variables are not shown; interested readers may request them from the author.

3.2 Endogeneity Treatment

Although the study restricts the sample to individuals who have not given birth in order to alleviate the problem of reverse causality, endogeneity bias may still arise from omitted variables. For example, unobserved factors such as the level of regional economic development and public services may simultaneously affect the community fertility level and individuals' fertility intentions, thereby biasing the estimates. Therefore, the instrumental-variable method is used for correction, with the "county-level average fertility level" serving as the instrumental variable (IV) for the community fertility level. This variable is measured as the average number of children born in other communities within the same county, excluding the community where the respondent resides. On the one hand, fertility levels across different communities within the same county are strongly correlated, satisfying the relevance condition for IV selection. On the other hand, the fertility level of other communities does not directly affect the fertility intentions of childless individuals in the focal community, satisfying the exogeneity condition for IV selection.

Table 3 reports the estimation results of two-stage least squares (2SLS). The first-stage regression results show that the county-level average fertility level is highly positively correlated with the community fertility level ($\beta = 0.705$, $SE = 0.093$, $p < 0.001$). Meanwhile, the joint significance test has an F value greater than 10, indicating that there is no weak-instrument problem. The second-stage regression results show that, after alleviating the endogeneity problem, the peer effect on individual fertility intentions remains significant ($\beta = 0.236$, $SE = 0.068$, $p = 0.001$), and the conclusion of this paper is robust.

Table 3 Endogeneity Treatment

Variable	First stage: Community fertility level	Second stage: Fertility intention level
Community fertility level		0.236**
Community fertility level		(0.068)
County-level average fertility level	0.705***	
County-level average fertility level	(0.093)	
Control variables	Controlled	Controlled
N	1502	1502
R^2	0.560	0.077

3.3 Heterogeneity Analysis

From the perspective of gender heterogeneity, the effect of community fertility level on men's fertility intentions is positive and significant ($\beta = 0.200$, $SE = 0.075$, $p = 0.008$), while it is not significant for women ($\beta = 0.096$, $SE = 0.064$, $p = 0.134$). Men usually do not directly bear the physiological costs of childbirth or the main pressure of childrearing, and their fertility intentions are more susceptible to influence from the external environment and people around them. By comparison, women's fertility decisions require simultaneously weighing multiple real-world constraints, such as physical costs, career development, and caregiving responsibilities, which may suppress the peer effect.

Table 4 Grouped Regression Results

Variable			Low education	High education	Low-education male	Low-education female	High-education male	High-education female	18-39	40-49
	Male	Female								
Community fertility level	0.200** (0.075)	0.096 (0.064)	0.222** (0.068)	0.074 (0.067)	0.216* (0.103)	0.206* (0.097)	0.193* (0.096)	- (0.080)	0.150** (0.057)	0.131 (0.111)
Control variables	Controlled	Controlled	Controlled	Controlled	Controlled	Controlled	Controlled	Controlled	Controlled	Controlled
N	743	759	698	804	327	371	372	432	1175	327
R ²	0.106	0.156	0.139	0.081	0.194	0.190	0.088	0.149	0.105	0.153

From the perspective of educational heterogeneity, the peer effect on fertility intentions is significant among those with low education (below university level) ($\beta = 0.222$, $SE = 0.068$, $p = 0.001$), but not significant among those with high education (university level and above) ($\beta = 0.074$, $SE = 0.067$, $p = 0.268$). Compared with those with low education, highly educated individuals are more likely to make independent decisions based on rational judgments such as career development, expected parenting quality, and opportunity costs, and are therefore less influenced by community norms.

Further examining the cross-grouping of gender and education, the peer effect on fertility intentions is significant among low-education women ($\beta = 0.216$, $SE = 0.103$, $p = 0.036$), low-education men ($\beta = 0.206$, $SE = 0.097$, $p = 0.034$),

and high-education men ($\beta = 0.193$, $SE = 0.096$, $p = 0.044$). Among high-education women, however, it is not significant and even shows a negative tendency ($\beta = -0.021$, $SE = 0.080$, $p = 0.794$). Highly educated women often face more

higher opportunity costs of childbearing and work-family conflict, making fertility decision-making more cautious. At the same time, stable career paths and a relatively independent economic foundation give them stronger autonomy in reproductive decision-making (Zhao Ping and Hu Yongmei, 2026); therefore, external group norms are less able to exert influence.

From the perspective of age heterogeneity, the group effect of fertility intentions is significant among individuals aged 18–39 ($\beta = 0.150$, $SE = 0.057$, $p = 0.009$), but not significant among individuals aged 40–49 ($\beta = 0.131$, $SE = 0.111$, $p = 0.240$). Younger people's fertility arrangements have not yet been fully settled, making them more susceptible to the influence of the fertility practices of those around them in social interactions. At the same time, they are in the critical window period in which society expects them to complete childbearing, and thus they are more sensitive to age norms (Chang Baorui et al., 2021). Individuals over the age of 40, however, have largely exited this window period; at the same time, their fertility intentions fluctuate less, and the group effect correspondingly weakens.

3.4 Mediation Effect Analysis

The mediation effect was tested using the PROCESS program in SPSS (Hayes, 2013). The results show that the confidence intervals for both the mediation effect and the indirect effect do not include 0, indicating that changes in fertility cognition constitute an important psychological pathway through which the group effect on fertility intentions operates. Specifically, the community fertility level can significantly enhance individuals' recognition of fertility value ($\beta = 0.123$, $SE = 0.034$, $p < 0.001$) and reduce their perception of fertility difficulty ($\beta = -0.104$, $SE = 0.045$, $p = 0.021$), thereby increasing fertility intentions. In the process through which individuals construct fertility cognition, the community fertility level plays a key role in behavioral demonstration and information transmission through the reference-group effect (Umla, 2001). On the one hand, a high-fertility community environment provides individuals with more observable fertility practices, giving them more opportunities to perceive the emotional satisfaction, close family relationships, and social recognition brought about by childbearing, thereby strengthening their perception of the value and meaning of fertility. Although individuals in high-fertility environments may also observe negative experiences such as career-development losses, marital conflicts, and intergenerational conflicts associated with childbearing, against the current background in which fertility values are generally becoming more positive, the positive signals transmitted through positive observation may have greater marginal incremental value than known negative expectations. On the other hand, when individuals observe that most families in the community

are able to actually complete childbirth and childrearing, this behavior itself constitutes a form of “social proof” (*social proof*), which can effectively reduce individuals’ subjective assessment of the difficulty of childbearing and strengthen their confidence in fertility.

Table 5 Results of mediation-effect analysis based on the bootstrap test

Variable	Fertility value: co-efficient	Fertility value: standard error	Fertility difficulty: coefficient	Fertility difficulty: standard error	Fertility intention level: co-efficient	Fertility intention level: standard error
Community fertility level	0.123***	0.034	-0.104*	0.045	0.131***	0.038
Fertility value					0.156***	0.029
Fertility difficulty					-0.066**	0.022
Control variables	Controlled	Controlled	Controlled	Controlled	Controlled	Controlled
Provincial effects	Controlled	Controlled	Controlled	Controlled	Controlled	Controlled
N	1474	1474	1474	1474	1474	1474
R ²	0.181	0.181	0.024	0.024	0.101	0.101

Bootstrap test results (95% confidence level, 5000 resamples)

Effect category	Effect	Coefficient	Standard error	95% confidence interval	Significance
Direct effect		0.131	0.038	[0.057 0.206]	Significant
Mediating effect	Total mediating effect	0.026	0.007	[0.013 0.042]	Significant
Mediating effect	Fertility value ($a_1 \times b_1$)	0.019	0.006	[0.008 0.033]	Significant

Effect category	Effect	Coefficient	Standard error	95% confidence interval	Significance
Mediating effect	Fertility difficulty ($a_2 \times b_2$)	0.007	0.004	[0.008 0.015]	Significant

4 Discussion

Against the backdrop of continuously increasing autonomy in reproductive decision-making, individual fertility intentions still show a significant group effect. Among unmarried individuals living in communities with high fertility levels, the ideal number of children is higher, the preference for remaining childless is lower, and the willingness to have a second child is also stronger. Meanwhile, the community fertility level influences the formation of fertility intentions by changing recognition of fertility value and perceptions of fertility difficulty. Notably, the group effect of fertility intentions

There are clear boundaries: it is not significant among women, those with higher education, and individuals aged 40 and above. In particular, among highly educated women it is not only insignificant but even shows a tendency toward negative association. Highly educated women typically face more pronounced pressures related to career advancement, motherhood penalties, anxiety over childrearing quality, and competition for time. External group norms are no longer sufficient to offset their real-life constraints on childbearing, and may even inversely inhibit the formation of fertility intentions.

The policy implications of this study are as follows. First, group effects are not policy tools that can be amplified without limit. Relying solely on atmosphere-building or group mobilization is not only unlikely to enhance women's fertility intentions, but may also intensify the gap between spouses' intentions, transforming external pressure into an implicit pronatalist pressure borne by women within the family. Fertility policy should shift from raising intentions to reducing real burdens, accelerating detailed reforms in areas such as economic subsidies, childcare services, flexible work, and occupational protections, so as to genuinely reduce women's burden of childbearing. At the same time, gender equality—especially gender-equal development within the family—should be treated as an important policy lever. A paternal childcare incentive system should be established, guiding men to convert fertility intentions heightened by group effects into concrete actions such as sharing childcare costs and providing spousal support. Unfortunately, current fertility-policy research has rarely touched on gender inequality within the family. Promoting this stalled “gender revolution” may be a key breakthrough for encouraging fertility.

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Note: Figure translations are in progress. See original paper for figures.

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