

# COVID-19 and fertility intentions: a qualitative study in six regions of Russia\*

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## Abstract

The paper discusses results of a qualitative study conducted in May-June 2021 in six regions of Russia (Astrakhan region, Republic of Bashkortostan, Republic of Kalmykia, Republic of Karachay-Cherkessia, Tomsk region and Yaroslavl region) with the purpose to identify opinions on impact of the COVID-19 pandemic on fertility. Focus groups were held in these regions among childless respondents aged below 35. This allowed to observe influence of the pandemic on intentions to become first-time parents which is critically important for fertility tendencies. Although the survey regions differed considerably by fertility rate and age-specific characteristics as well as by socio-cultural characteristics, key results of the focus groups were rather similar across regions. The respondents in all regions very strictly defined income levels necessary for having a child and also stressed out the need for parents to provide positive psychological conditions for their young off-springs. Assessing their abilities to become “high-quality” parents, the informants relied almost only on their own resources, not counting much upon assistance of elder relatives. Under these views, the pandemic was perceived as a serious obstacle for the “high-quality” parenthood. The informants did not expect the state measures of support for families with children to considerably soften this effect of the pandemic.

## Keywords

fertility, fertility intentions, COVID-19, Russia

**JEL codes:** J13

The general problem the paper discusses is the influence of the COVID pandemic upon fertility. Many studies suggest this influence in Russia and other countries, however its real scale and nature are currently yet to be discovered (see Section 2 for a brief overview of existing studies). Analysis of possible changes in fertility trends in the context of the COVID

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pandemic is of special interest because COVID-19 is the first global pandemic after dramatic fertility changes in the world in the 20<sup>th</sup> century (for example, Vishnevsky 2015: 7-91), resulting in a serious decrease in birth rates and a widespread of family planning methods. Earlier pandemics of comparable scales took place long before those fertility transformations and, as available data show, were followed by only short-term, yet rather steep decline (Siddharth & Yu 2015). Is the impact of the pandemic similar now, when childbearing became much more planned and 'conscious' than it used to be?

For Russia, official country-level statistics did not indicate any serious effect of the pandemic upon total fertility so far. The Total Fertility Rate (TFR) remained stable at the levels of 1.49-1.50 children per woman in Russia in 2020-2021 with the decline to this level initiated and gradually progressing in previous years (for example, Kazenin 2022). However, these figures in no way allow to state that the influence of the pandemic was insignificant and should not be studied. First of all, studies conducted in several countries show that the pandemic so far has more affected fertility intentions, ideals and approaches to family planning rather than actual fertility (see Section 2). These potential consequences of the pandemic in Russia should be investigated, because changes of this kind are often long-standing and tend to persist and affect actual fertility even when their initial trigger becomes irrelevant. Besides, it is well known that regions of Russia differ considerably in reproductive behavior of their population. That is why impacts of the pandemic have to be studied at the regional level, too. For preliminary assessments of effects of the pandemic on fertility and, more generally, on family practices in Russia see (Isupova 2020b; Kalabikhina 2020). The present paper attempts to analyze influence of the pandemic upon reproductive intentions of population in several Russian regions which differed in fertility characteristics before the pandemic. The study used the method of focus groups. The analysis is based on data from a qualitative survey conducted in six Russian regions in May-June 2021. Respondents included men and women aged under 35, who claimed neither to have any children nor expect a child at the time of the survey recruitment.

Section 1 of the paper outlines possible effects of the pandemic upon fertility which are expected within the framework of the current demographic theory. Section 2 summarizes available data on changes in actual fertility and fertility intentions during the pandemic in different countries. Section 3 formulates the study objectives, while Section 4 outlines the study method. Section 5 presents main results, while Section 6 provides for their discussion.

## 1. Expected changes in fertility during the pandemic

Existing studies allow to distinguish at least two possible reasons for postponed childbearing or refusal of earlier plans to have a child during the pandemic.

First, in many studies it is argued that "external shocks" which have changed life conditions of individuals and households within a short time were regularly followed by decreased fertility. This was also observed at those historical stages when family planning methods were already commonly used and, therefore, decline in fertility was mainly induced by giving up fertility *intentions*. Among epidemiological "external shocks" which have had a negative impact upon fertility, the outburst of the Zika virus in Brazil in 2015 can be an illustration (Marteleto et al. 2020). The crisis of 2008-2009, followed by fertility decrease in the developed countries, can be an example of an economical "external shock" (Sobotka et al. 2011). Noteworthy, consequences of these "external shocks" for fertility in

one and the same country could be different across social groups. For example, at the time of the Zika virus outburst in Brazil fertility decrease was especially serious among least educated populations. The economic crisis in the late 2000<sup>th</sup> resulted in stronger relationship between birth probability and family financial status in European countries (Matysiak et al. 2021), i.e. “response” to the crises was different across groups with different economic situation.

Second, it has been demonstrated many times that economic uncertainty can be a factor decreasing fertility. According to majority of studies on fertility, labor market instability and high risks of unemployment are most often considered as the primary components of this uncertainty (for example, Comolli & Vignoli 2021; Gozgor et al. 2021). Obviously, uncertainty of this kind can be caused by other things rather than only “external shocks” of the epidemiological or economic type, however such “shocks” can increase economic uncertainty affecting fertility. An important result of studies on the relation between economic uncertainty and fertility is that reproductive intentions can be affected by both uncertainty directly associated with economic experience of a family, and a feeling of uncertainty prevailing in the family’s social network (Yu & Sun 2018).

## **2. Fertility and reproductive intentions in the time of the pandemic: what is known so far**

Data on changes in fertility intentions and actual fertility in different countries during the pandemic are still rather fragmentary and preliminary. Without claiming to be a comprehensive review of available studies, we will present here only some results showing, on the one hand, the scale of the pandemic impact on fertility, and on the other hand, a rather complex, «nonlinear» nature of this influence. In most European countries and North America, the first wave of the pandemic (spring 2020) was followed by a serious decline in fertility manifested in the decreased number of births in November-December 2020 and January 2021 compared to the same months of the previous year (Sobotka et al. 2021). Specifically, in 13 countries of the European Union (UN) for which data were available by the end of 2021 (Belgium, Denmark, Germany, Hungary, Italy, Latvia, the Netherlands, Portugal, Slovenia, Spain, Sweden, Finland, France) the overall decrease in the number of births added up to 4.7% in November 2020, 6.4% in December 2020 and 9% in January 2021. However, this decrease by no means corresponded to the previous trends in most of these countries, even in the countries with fertility decreasing before the pandemic yet in low gear. However, the first wave “shock” did not last long: already in March 2021 the overall number of births in these countries was 4.1% higher than in March 2020, and until summer 2021 deviations from the birth numbers in the previous year were within 2%. Similar dynamics was observed in the U.S. However, in countries closer to the initial epicenter of COVID19 - Japan and South Korea, the first wave “shock” was more significant and was not followed by a quick recovery of fertility levels. In those countries the number of births decreased by about 15% by the end of 2020 compared to the similar month of 2019 with negative dynamics dominating almost throughout 2021 (Seredkina 2022).

Available studies on fertility intentions during the pandemic also focus on changes in intentions mainly during the first wave. Surveys and social network analyses have identified a strong tendency towards postponed births in countries with different levels of economic development and different socio-cultural characteristic, including some countries in Western

and Southern Europe (Luppi et al. 2020), the U.S. (Lindberg et al. 2020), China (Zhu et al. 2020), and Moldova (Emery & Koops 2022). Most studies were mainly focused on impact of the pandemic on short-term fertility intentions (within a year). Results on the above-mentioned countries also showed that changes in fertility intentions during the pandemic could be different across different population groups. At least for some of these countries, a higher probability of earlier intentions to have a baby being postponed have been identified in the following groups of respondents:

- those facing especially hard financial consequences of the pandemic or having especially negative expectations about its consequences;
- least-educated respondents (who could feel themselves especially vulnerable during the pandemic);
- women of earlier reproductive age (aged under 30; this age group may have higher chances to fulfill their earlier fertility intentions in the future); and
- those with a negative opinion about anti-COVID policy in their country.

### 3. Objectives of the study

Given the theoretical expectations and results of available studies on fertility intentions during the COVID-19 pandemic in other countries, the study aimed at covering the following questions in the context of Russia:

- Is the pandemic an important factor for decision-making about childbearing? What is exactly the impact as viewed by potential parents?
- What other factors are most crucial for respondents in terms of decision-making about childbearing during the pandemic?
- Do respondents consider state policy measures on household support during the pandemic and pronatalist policy measures important for making decisions about childbearing?

We have attempted to answer these questions regarding childless men and women aged under 35. Focus on this age group was substantiated by the current age structure of fertility in Russia. Despite serious changes within the recent decades, the share of children born to mothers and fathers aged under 35 is still dominant, making reproductive intentions in these age groups crucial for fertility trends.

The fact that the survey is limited to childless respondents only was due to the following reasons. On the one hand, in general terms, it is natural to assume that becoming first-time parents suggests significant changes in the life of a couple, often more serious than birth of a subsequent child. Therefore, it can be expected that consequences of the pandemic for the first-child intentions could be especially serious. On the other hand, the mentioned about study on fertility intentions in Western and Southern Europe in the first months of the pandemic (Luppi et al. 2020) demonstrated that respondents who had already had at least one child by the time of the pandemic were more likely to refuse their earlier plans for childbearing. A possible explanation of this tendency is that for childless couples, especially in late reproductive ages, the postponement of childbearing was fraught with serious risks of remaining childless. It should be noted here that in Russia, with its ultimate childlessness level lower than in most countries of Western and Southern Europe, this factor could be even stronger. All in all, childless informants gave a chance to observe the potentially multidirectional effects of the pandemic on first-child intentions.

## 4. Method

The focus group method proved to be prospective for studies on life strategies and plans of younger generations in Russia (see (Isupova 2020a) for up-to-date use of the method in studies on the Russian youth). This method allows to observe variety of approaches used by the respondents to plan their future and factors they rely upon in planning. Admittedly, focus groups give less opportunities to study 'deeper', intimate aspects of the development of childbearing intentions than individual in-depth interviews. Unavoidable cultural constraints although present in varying degree in different regions selected for the study, made it difficult to discuss such aspects in the format of a collective conversation. However, the focus groups allowed to observe variety of opinions on factors outside the respondents' intimate personal life which they considered important for their reproductive plans. The pandemic here was on a par with socio-economic conditions in the neighborhood and in the region where respondents live, state social policy towards younger generations, situation in health-care and social protection, etc.

The focus group discussions were held according to one and the same guidelines in six regions of Russia in May-June 2021. In each region one focus group was held at the regional center and one or two interviews in a small town or rural area. Focus groups were held separately in regional centers in all regions. If only one focus group was held outside the regional center, it included both respondents residing in small town and rural area. In this case the rural or urban residence of each participant in the dialogue was identified. Most rural respondents came from relatively big settlements (with at least 1000 of population). This allowed to expect relatively small differences in their living conditions and that of respondents from small towns.

From 8 to 14 respondents took part in each focus group. Overall, 14 focus groups were held, the total number of participants equaled to 127. Men/women ratio, as well as proportions of respondents aged 18-24, 25-29 and 30-34 were nearly equal in most of the focus groups. Marital status was not controlled at the recruitment. In each group, the resulting proportion of married respondents or in civil union was not lower than 70%. Respondents with higher education accounted for up to 40% of participants in each focus-group. Ethnic composition of respondents correlated with ethnic composition of population at the territories where the survey was held.

We attempted to avoid recruiting respondents who had been acquainted with each other before the focus group. This was feasible in regional centers, while could be more problematic in small towns and rural areas. Spouses or partners never participated together in focus groups.

The following regions were selected for the survey: Astrakhan region, Republic of Bashkortostan, Republic of Kalmykia, Republic of Karachay-Cherkessia, Tomsk region, and Yaroslavl region. The selection was guided by the attempts to include region of the Russian Federation that considerably differed in first-birth levels and age characteristics. For example, the Astrakhan region was interesting as the one with the first-child Total Fertility Rate (TFR1) higher than the Russian average in 2020, with mother's mean age at first birth (MAB1) lower than the country average (see Table 1). In the Tomsk region, TFR1 was lower and MAB1 higher than the Russian average. In the Republic of Bashkortostan both of these parameters were quite close to the country levels. The Yaroslavl regions was an example of a region where TFR1 in 2020 was close to the country level, while MAB1 was lower than the Russian average. Karachay-Cherkess Republic was included in the survey as a region where

MAB1 was close to, but TFR1 considerably lower than the country levels in 2020. Finally, the Republic of Kalmykia was considered as a region with one of the lowest TFR1 in 2020 compared to most other regions of Russia, with MAB1 lower than the Russian average.

Thus, the regions selected for the study are diverse in terms of their first-child birth rates in previous years (see Table 1).

It has to be emphasized here that our comparative cross-regional study did not aim to be representative for the country as a whole in any sense, rather than only documented similarities and differences in respondents' opinions in the selected regions.

**Table 1.** First-time births in the regions selected for the survey, 2020

	TFR1 (children per woman)	MAB1 (years)
Tomsk region	0.54	26.06
Republic of Kalmykia	0.44	25.01
Republic of Karachay-Cherkessia	0.50	25.86
Republic of Bashkortostan	0.59	25.99
Astrakhan region	0.64	24.82
Yaroslavl region	0.59	26.35
Russian Federation	0.62	25.96

Source: Federal State Statistics Service (Rosstat).

It should be noted here that selection of particular regions for the survey among regions with similar fertility characteristics was guided by feasibility of conducting the survey in different regions rather than any formal procedure. Furthermore, it was hardly possible to take into account interregional differences in characteristics of the pandemic when selecting the regions, due to problems with data on COVID mortality in the Russian regions (Kobak 2021). It is interesting in this connection that almost no differences in assessments of the COVID-associated health risks were detected among respondents from different regions and types of settlement.

The focus-group guidelines included questions not only on the pandemic and fertility plans/intentions before and during it, but also general views on parenthood, ideal number of children etc.

It was generally not possible to discuss if and how these general views changed during the pandemic: respondents were more inclined to discuss their current perception of "high-quality" family life and parenthood regardless of time as well as pandemic-driven changes in individual intentions and plans. Methods of focus groups were designed to encourage a dialogue on topics proposed by the moderator. The moderator formulated each topic as broad as possible, and when differences in the respondents' views on these questions were detected, the moderator attempted to provoke a discussion to maximum engage all participants.

## 5. Results

### The ideal number of children and age of parenthood

The decision to remain child-free was perceived by the majority in focus groups in all regions and all types of residence as an exotic choice. Almost all respondents reported an intention to have at least one child. Two or three children were often mentioned as the ideal:

*My ideal of the family is three children, but only if my husband and I have a secure, well-paid job. (Ufa, female, 25 years old)*

*I would rather have one child as you can spare more time, energy and resources on one child than on two children. (Tomsk region, male, 23 years old)*

These quotations also demonstrate that childbearing was perceived by the respondents as a matter of informed choice, which can be done only when conditions for “quality” upbringing of the child are met. The respondents found this approach dominating among people of their age in their neighborhoods:

*We, our generation, have much fewer children born because of foolishness of their parents. (Astrakhan, male, 28 years old)*

At the same time, during focus groups the opinion was frequently expressed that in different social strata different fertility ideals and different approaches to decision-making on childbearing prevail. For instance, some respondents stated that in remote rural areas people often decide to give birth “by order of nature” without properly assessing their possibilities to provide for necessary conditions for the child:

*If you head for remote villages, there is normal to have six or seven children. Three kids are not considered as a large family, and it has always been so. There are some villages where you’ll find no roads at all. The only way to get there in winter is that a tractor has made the roads. And these families have too many mouths to feed. (Bashkortostan, rural area, female, 34 years old)*

By contrast, respondents assume that families of highest wealth strata are characterized by “cautious” decisions about childbearing:

*If you’ve achieved some success, you either have one child or no children at all. This is because you simply don’t have time to spare or you can’t be sure that you’ll manage to provide your child with all necessary things. (Tomsk region, a small town, male, 28 years old)*

In Karachay-Cherkess Republic, the only region of the North Caucasus covered by the survey, some special views on fertility ideals were expressed. For respondents from that region, an important goal was that their children have enough siblings, so that they could get support in their adulthood:

*One child depends on their parents a lot, while two children are more independent and support each other. Three children in a family seem to be a complicated organization with a generation gap. This is what I can see in different families. It’s being less and less often that three kids can find some common ground altogether. When there are four, someone will always get along with another one. (Cherkessk, male, 30 years old)*

The attitude towards early motherhood was predominantly negative among the informants. They also expressed a shared disagreement about the opinion that there exist certain age “limits” before reaching which men and women should become parents. It was often pronounced that it is exactly the present-day young generation who has abandoned these views, typical of their parents. Some respondents explained it by influence of the Western culture:

*Now this critical age (of giving birth) is somehow fading into the background. (Tomsk region, rural area, female, 34)*

*This trend from the Western culture didn't exist before. Now young people are more westernized. I went to Lithuania in 2016. They consider a norm to have a baby after 35, even around 40 years of age. This might be the result of the general trend towards European culture, as people follow Western cultural trends, fashion for culture, fashion for professions, etc. (Astrakhan, female, 26 years old)*

The tendency towards less “regulated” fertility behavior noted by the respondents in their generation is expressed not only in the higher variability in the age of parenthood. Some focus group participants also remarked that the earlier preference for having a child quite soon after marriage is currently becoming less common:

*There has been a division between people who see children as the main purpose for creating a family, and they are heading to it with confidence. While others just think about making a family without putting this particular sense in it, and they have fewer children. (Cherkessk, male, 25 years old)*

A shift in the first-time parenthood to older ages has gotten a number of quite rational explanations from the respondents, including the need to obtain a sufficient income level before becoming a parent; the desire to achieve certain advances in professional career before having a child; the desire to obtain some degree of “psychological maturity” before upbringing children:

*Yes, this age (when women have the first baby) is rising as a possible result of some social, financial conditions. People ponder more now on raising their child. That's why they are hesitant and make up their mind only later. (Kalmykia, rural area, female, 30 years old)*

*These days I meet more people among my peers who are not ready to become parents yet, everyone strives for self-realization. So, this generation gap definitely exists. (Tomsk, male, 32 years old)*

*If you have a history of childhood trauma, you had conflicts in your family or don't feel confident enough and then what if you tell your kid something wrong or misact. Then how will they be able to grow up if I have caused a psychologically damage to them... (Tomsk, male, 32 years old)*

## **Influence of the pandemic upon reproductive intentions**

The respondents acknowledged two ways in which the pandemic had influenced their fertility intentions. First, they considered medical risks generated by the pandemic as a reason to postpone childbearing:

*A newborn is a weak creature yet to adapt to the environment. The pandemic causes a high risk of getting sick for both parents and their baby. Also, the quarantine means restrictions so that I can't actually go out, have a stroll, go to see a doctor as there are too many people and we take risk of becoming infected. Due to this risk we aren't planning children now. (Kalmykia, rural area, male, 22)*

The risk for the mother to get infected with COVID-19 at the maternity hospital was separately mentioned as a serious reason not to have children during the pandemic.

Second, the pandemic was considered a strong factor of economic uncertainty causing people to postpone childbearing. This was justified by expectations of new waves of the pandemic and views that the pandemic would have long-term economic consequences. In all regions the respondents acknowledge that among their social contacts there are couples who planned to have a child but have given up their plans because of economic risks related to possible future lockdowns:



*Now this pandemic is likely to affect people's intentions not to have children. It's unpredictable how many waves we are to expect, what kind of (virus) mutation we may face next. There is information that tomorrow the third wave will be announced and we all will be locked down. Which means lay-offs and so on. (Astrakhan, female, 25 years old)*

The respondents expected the negative economic consequences of the pandemic last longer than the pandemic itself and influence fertility even after decline in the risks directly related to the virus:

*Everyone will experience economic factors. Prices have soared while we haven't fully recovered to go back to work. Some suffer from disease complications; their working capacity has fallen. Our region mainly relies on workshops but they were shut down during the quarantine and some are not operating yet. (Cherkessk, male, 27 years old)*

It was also suggested that fertility could strongly decrease in those social groups, which were more economically affected by the pandemic than others. Owners of small enterprises were mentioned as an example:

*For example, my wife is individual entrepreneur. It's not catering and she didn't get any support, she kept paying her taxes, but there were no orders placed, no work for her. Actually, this situation, you know, doesn't encourage even considering the idea of having a baby. (Astrakhan, male, 29 years old)*

Some respondents, predominantly in the regional centers, expected that long term consequence of the pandemic would be not only economical, but also psychological, as general level of anxiety among younger population would increase and people would expect new risks for their usual way of life. This, as the respondents stated, would affect reproductive intentions:

*In my view, this pandemic has showed us all that anything may happen, and this is really frightening, because you live quite good and then one day something happens and then no one is safe. This fact scares me and makes me put off plans for children. (Tomsk, female, 31 years old)*

At the same time, some informants were confident that the pandemic would make postpone childbearing only those couples who were already hesitant about it, but those with strong intentions to have a child would not give up their plans:

*I believe those people who planned for having a baby will get one anyway, but those who have been hesitant before, they might put it off. (Tomsk, male, 26 years old)*

## **Factors relevant for decision-making on childbearing**

In general, most respondents agreed that people in their regions were rather "exigent" in making decisions about childbearing. Many conditions are considered necessary for becoming parents. A common opinion was that this "exigence" makes the younger generation in their regions different from their parents as well as from people in some other countries:

*If you look back at the Soviet times, you'll see that people then were more relaxed about this question of becoming parents. (Cherkessk, male 27 years old)*

*Take India, for instance. Well, don't they have enough problems? They keep on giving births, even can become first in the world very soon. They don't bother about any problems in the country, such as politics or healthcare, which is not the best out there. And still they carry on with babies. (Elista, male, 25 years old)*

Quite expectedly, the most important condition for childbearing concerned income level. A family income was considered secure only when both spouses have a stable employment:

*Under these circumstances, it's by all means a stable employment. Should we experience a different economic, political situation, the answer could be different. (Ufa, male, 28 years old)*

*Right now, the economic situation is harsh, so it's better for both (parents) to have a job. (Astrakhan region, a small town, male, 28)*

Only a small number of respondents in the regional centers were ready to consider professional skills which allow for high freelance incomes as a source of financial stability comparable with a stable employment.

The respondents were rather clear about monthly income levels which they considered necessary for a one-child family (below are income levels which the participants of focus groups agreed upon after a discussion): Bashkortostan, regional center: 120-150 thousand rubles; Bashkortostan, small town: 40-50 thousand rubles; Bashkortostan, rural area: 40-70 thousand rubles; Tomsk region, regional center: from 60 (if the family does not have to rent an apartment) to 200 thousand rubles; Tomsk region, small town: 100 thousand rubles; Tomsk region, rural area: 50-80 thousand rubles; Kalmykia, regional center (Elista): 60 thousand rubles; Kalmykia, rural area: 40-60 thousand rubles; Karachay-Cherkessia, regional center (Cherkessk): from 50 (if the family does not have to rent an apartment) to 70 thousand rubles; Karachay-Cherkessia, small town/rural area: 50 thousand rubles; Astrakhan region, regional center (Astrakhan): 70-120 thousand rubles; Astrakhan region, small town/rural area: 70-80 thousand rubles. Listing these income levels, the respondents emphasize that they are not easy to achieve and mainly achievable only when both parents work.

It was also acknowledged by many respondents that their own views on income levels necessary for having a child were not shared by many other young people in their places of residence. So not only intergenerational differences, but also differences within the younger generation were viewed by the respondents:

*But if you take the locals for example, they don't see difficult circumstances as a problem. They are still having kids, borrowing money, taking out loans. They find it quite normal. (Bashkortostan, rural area, female, 18 years old)*

Requirements concerning housing conditions were also quite high. They often concerned not just the size of an apartment or a house, but providing a child with his own life space from the earliest days of life:

*There should be enough space for parents at home and obviously a room for a child. (Astrakhan, male, 24 years old)*

The idea that housing conditions should in the first turn provide for psychological comfort of all family members agrees with the high general value of psychological comfort of parents acknowledged by the respondents. Remarkably, this was not at all specific to large "post-industrial" cities: for example, in rural area of Bashkortostan informants mentioned that many couples there turn to psychologists when they prepare to become first-time parents

For most respondents marriage registration before having a child was positively valued, but was considered more of a tradition rather than a necessity:

*That marriage must be registered in order to have children is something my parents insist on. That is a Soviet mindset. However, for instance, in Europe the things are different – you may live with your partner for twenty years, have three or four children together and only afterwards register the marriage. Practically speaking, it doesn't affect anything, it's only a psychological matter. (Astrakhan region, small town, male, 25 years old)*

Interestingly, despite support for the "traditional" view on necessity of marriage registration, the traditional distribution of gender roles within family, treating the man as breadwin-

ner and the women as the keeper of the household, was not popular. Female respondents, speaking about their plans to become mothers, emphasized that they found it necessary to have a sufficient level of their own income. This view, however, was mainly explained by practical considerations, such as unwillingness to be dependent upon partner's earnings, potential instability of relations with the partner etc., rather than values of equal gender relations:

*My view is that I should rely only on myself. Yes, when you have a husband that's good, he earns money, but I feel better when I myself can provide my child with all necessary things (Astrakhan, female, 27 years old)*

*A man who has separated from his family and children is a normal situation in modern Russia. This is how the society works nowadays. This family may expect some penny ante alimony at best. In any case, you have to calculate how to provide a living for your kids beforehand. (Tomsk region, a small town, female, 29 years old)*

Parents or other relatives who could be of help in upbringing children were also considered as a positive, but not crucial factor for making decisions about fertility. This factor was generally higher appreciated in small towns and rural areas compared to regional centers. Some respondents, however, acknowledged that the Russian pension reform had limited the possibility for grandparents to participate in the upbringing of their grandchildren, what, in the opinion of those respondents, had a negative impact upon fertility.

*We have had the retirement age increased and those people who could have retired and brought up their grandchildren by now are still working. And this situation also influences the birth rate. The working people don't become parents once they can't have their own parents looking after their babies. (Tomsk region, small town, female, 29 years old)*

Quality of kindergartens, school education, health care in their area of residence were not treated by the respondents as a factor of high importance in taking decisions about having a child. Respondents in rural areas most negatively assessed the level of medical care out there. They have related it to "optimization" of medical system which took place in Russia in the 2010<sup>th</sup>. Rural residents have mentioned insufficient number of doctors in local medical institutions, that it is impossible to have any serious medical examinations outside regional centers.

### **Attitudes towards state pronatalist policy**

Respondents showed good knowledge of current state pronatalist measures, especially about the maternity capital and conditions under which it is granted at birth of the first and second children, about the possibility to get state subsidies for paying mortgage credits at birth of the third child, etc. Although the respondents were childless at the moment, most of them were highly interested in knowing all details about the state support which they could get if they became parents. Moreover, almost all respondents have hardly doubted that payments of the maternity capital had a stimulating effect upon fertility:

*The policies on raising birth rates seem to be effective... Because the population decline in Russia is dramatic. (Astrakhan, female, 21 years old)*

*Why is the birth rate increasing? The number of benefits provided by governments is rising. (Tomsk region, rural area, male, 18 years old)*

*We have many families without their own accommodations. So that down payment on mortgage by the government (through the maternity capital) is significant. (Cherkessk, male, 26 years old)*

At the same time, it was acknowledged that the positive effect of the maternity capital could become weaker because of the pandemic:

*I have some evidence among my friends; in quite a number of families only one instead of both (partners, spouses) appeared to have a job. If before the pandemic they had planned a baby, now they refused because of their earnings' decline. And it's happening even despite provision of the maternity capital. (Tomsk region, small town, male, 31 years old)*

Besides, same aspects of the current system of the maternity capital payments were criticized in all regions.

First, some respondents expressed the opinion that the maternity capital mainly increased fertility among most vulnerable social groups, who could hardly provide for good education and appropriate living conditions for their children even if they got this financial aid:

*It seems to me that such a measure of social policies provides the growth of a lower class who can't afford to pay for education, healthcare, can't have a proper home for their children. They become parents only to get this money. (Bashkortostan, small town, male, 34 years old)*

*It's a very big part of the population coming from dysfunctional families. They live and survive with the help of such children manipulations. But they don't really care about upbringing their children. (Tomsk region, rural area, male, 24 years old)*

*A lot of people from that group which don't have either a stable employment or their own homes will be happy (to get the maternity capital for the first child). They will give birth even faster while the program is working. (Kalmykia, rural area, male, 22 years old)*

Second, some respondents acknowledged negative consequences of the fact that the maternity capital was most often used for paying mortgage. They were of the opinion that this resulted in a considerable increase in real estate prices:

*The percent on which the maternity capital has been increased by was the same as the housing prices have risen (Tomsk, female, 24 years old)*

Interestingly, this opinion was expressed by a non-economist and provoked a vivid discussion among other participants. This shows that not only the state pronatalist policy by itself, but also its economic consequences were of high interest to the respondents, despite the fact that they did not have children yet.

Third, some respondents complained that the sum of the money granted as the maternity capital allowed to purchase a house or an apartment only in areas with poor infrastructure and low living conditions. These assessments were expressed even in Kalmykia, where housing prices are generally considerably lower than in most other regions of Russia:

*One may get the maternity capital and buy (a home) in a village where there is no maternity hospital, shortage of medical staff. (Kalmykia, rural area, female, 30 years old)*

Finally, speaking about payments of the maternity capital after the birth of the first child, the respondents expressed the opinion that this would "accelerate" birth of the first child, but would hardly influence total fertility.

In light of these assessments, it does not come as a surprise that respondents for most part were not ready to consider receiving the maternity capital as a key factor influencing their fertility intentions:

*I see the maternity capital as a support but not a key factor. If we have it, that is fine. However, it is not so crucial (for making a decision on having a child). (Astrakhan region, small town, male, 32 years old)*

Among other measures of state pronatalist policy, respondents were well aware of subsidies to low income families with children. These subsidies were criticized for their small size and difficulties related to their receipt:

*Oh, what a sum of money (a child monthly benefit)! Only a week, I guess, can you live on 12,000 (rubles). A friend of mine, she is a single parent, she earns under 20,000 a month on average, but due to some bonuses it turned out that she earns 119 (rubles) more than the subsistence minimum to be eligible for getting this child benefit. And, in this way, she lost this very 11,000. As far as I know, you may get it for a child from 3 to 7 years old. (Kalmykia, rural area, female, 30 years old)*

Practical implementations of the state program “Young family” also was criticized. Within that program, subsidies for purchase of accommodation are granted to young families. Bureaucratic difficulties in getting the subsidies as well as short terms within which the purchase had to be done after getting the subsidy were mentioned as weaknesses of the program:

*There’s excessive bureaucracy on the youth program. I am aware that in other regions young people do access housing without much delay. So that’s not a problem of the federal government, but rather our local one. (Cherkessk, male, 26 years old)*

*With the young families program, many families have been waiting for their certificates for decades, and when at the end you finally receive it, they would tell you to exchange it for some housing in a month. Many people simply refuse it, because it’s impossible to find a suitable flat in such a short time. (Astrakhan region, small town, male, 32 years old)*

## 6. Discussion and conclusions

The focus groups have allowed to explore views on becoming parents in the time of the pandemic among residents of regional centers, small towns and rural areas in six regions of Russia. Since only childless participants aged under 35 were recruited for the focus groups, their results mainly helped analyze how the pandemic had influenced views of those people considering the possibility of becoming first-time parents.

It is important to emphasize that the method of our study (focus groups) does not provide for making any quantitative assessments of fertility in Russia or at least in the regions under study during the COVID and post-COVID era and comparing them with tendencies observed in other countries (see Section 2). However, the study made it possible to consider key approaches to reproductive decision-making used by the respondents during the pandemic.

The general approaches pursued by the respondents in relation to making decisions about having children well corresponded to the values and life priorities associated with the Second Demographic Transition, a complex of social, psychological and demographic changes started in most countries of Europe in the 1960s – 1990s (Sobotka 2008). The following views shared during the focus groups are especially typical of societies with the completed or almost completed Second Demographic Transition:

- lack of the idea that it is “obligatory” for a woman to have a certain number of children by a certain age, disagreement with the idea of “socially approved” age of motherhood;
- orientation towards “high-quality” parenthood with high expenditures on children, development of maximum comfortable conditions for children including positive psychological climate in the family.

It has to be emphasized that these views were nearly equally shared by respondents from regions with different pre-pandemic fertility characteristics, by respondents from regional centers, small towns and rural areas. Respondents of these types of residence perceived this

approach to parenthood as typical of their generation as opposed to the generation of their parents. This does not agree with the common opinion that the Second Demographic Transition in Russia has so far affected mainly largest cities or even only those part of their population involved in postindustrial economics. It is interesting to note that some qualitative surveys held in the 2010s have demonstrated stricter 'norms' for age of motherhood shared by respondents. Even interviews held in Moscow and the Moscow region with highly "modernized" family and reproductive practices, showed that respondents generally adhered to rather strict "normative" ages for the first-time parenthood (Voronova & Moiseeva 2016). At our focus groups relevance of such norms for most part was denied.

Opinions on the role of mothers and fathers in upbringing children ill-fitted in the gender equality ideals of the Second Demographic Transition. Although women who participated in the focus groups found it important to have their own sources of income during the parenthood, they explained this mainly by potential instability of their relations with the partner or by risks for the partner to lose his job, rather than adherence to gender equality principles.

It was exactly the idea of "high-quality" parenthood so typical of the Second Demographic Transition, that justified postponed childbearing in the short-term perspective or at least a more cautious attitude towards such plans during the pandemic. Respondents saw several risks in the pandemic for such "high-quality" parenthood, the standard of which was clearly defined during the focus groups.

First of all, negative economic consequences of the pandemic for families with children were acknowledged, including risks of unemployment or, at least, inability to guarantee the income level necessary for having a child. Whatever time for the pandemic to end, respondents suggested that its economic consequences would be much longer than the pandemic itself. In these circumstances, respondents assessed their possibility to have a child counting only on their own resources: even in rural areas and even at the North Caucasus, a part of Russia usually considered as more "traditional" in terms of intergenerational relations within families, not much was said about support from elder relatives, but the necessity for both parents to have an income was emphasized instead.

Psychological consequences of the pandemic were considered important by the respondents. For them, long term consequences of the pandemic included uncertainty about the future, expectation of new events with negative consequences for family life and parenthood. Strengthening of these psychological tendencies was seen as a reason for even greater "caution" in decision-making about childbearing.

Finally, short term risks of the pandemic impact on fertility intentions were also acknowledged. These mainly included medical risks, such as the risk of getting infected in health care facilities, including children's facilities, and COVID-19 consequences for pregnant women.

The pandemic failed to make the respondents change their "fertility ideals", including ideal total number of children, ideal age of childbearing, etc. However, the risks mentioned above were considered as potential obstacles for achieving these ideals in the nearest future.

Finally, the respondents' attitude towards state pronatalist policy measures was generally positive, but they did not expect these measures have a serious impact upon reproductive behavior during the pandemic. However, though being childless, the respondents demonstrated a good knowledge of various support measures for families with children and interest in implementation of such measures in their regions.

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