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Fertility Intentions of Millennials Amidst the COVID-19 Pandemic

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We aim at investigating the connection between the negative change in fertility intentions and change in socio-economic resources (financial, mental, physical, life satisfaction) caused by COVID-19 containment measures for millennials in Lithuania. We use data from the Families and Inequalities Survey carried out in Lithuania in 2021. It is a representative dataset covering the cohort born between 1985 and 1989 (n = 1000). Analytically, we employ the multinomial logistic regression with robust standard errors. We find a positive association between a likelihood of postponing fertility intentions and having a partner. Worsening life satisfaction is positively associated to downgrading fertility intentions.

Keywords: COVID-19, fertility, childbearing intentions, Lithuania

INTRODUCTION

The health emergency caused by the COVID-19 pandemic has affected people's lives in more than one way. Aside from the epidemiological threat, the pandemic has halted and reshaped social lives, changed the nature of employment via remote work, or made redundant a considerable share of employees in face-to-face sectors of economy. These developments are also expected to have an impact on family life, childbearing intentions, and behaviour. This effect can be severe and long-term. Some individuals may postpone having children due to their fear of becoming sick themselves or in anxiety of health services not being available to non-Covid patients. The pandemic and social distancing policies severely affected individual and family life, re-shaped the childrearing practices, alternated the economic conditions, and brought general uncertainty about the future (Carballo, Corina 2021; Voicu, Bădoi 2021; Kreyenfeld, Zinn 2020).

Scholars expected that the COVID-19 pandemic will have a negative short-term effect on fertility (Aassve et al. 2020). In many high-income countries, fertility followed the predicted path in 2020–2021, yet some countries (e.g. Sweden, Norway, Finland and Germany) were the exception to the rule (Sobotka et al. 2023; Bujard, Andersson 2024). Despite the non-uniform fertility response during the pandemic years, 2022 demonstrated a sharp downward trend in many countries (Sobotka et al. 2023).

In Lithuania, the fertility decline became evident in 2017 when after the decade of recovery and peaking at 1.63 in 2016, it took the U-turn. In the pre-pandemic year 2019, the TFR was 1.43, during the pandemic and in 2022, it gradually decreased reaching 1.27 (Statistics Lithuania 2024).

Mechanisms behind the pandemic fertility fluctuations are still not fully clear. A study on fertility intentions is an important piece of information in solving this puzzle. Fertility intentions are the most relevant precursor to the actual childbearing behaviour; however, few studies examined them in the context of COVID-19 pandemic (Luppi et al. 2020; Malicka et al. 2021; Marteleto et al. 2023; Buber-Ennser et al. 2023). Only some considered the subjectively perceived implications of COVID-19 for fertility related planning (Malicka et al. 2021; Luppi et al. 2020; Marteleto et al. 2023), thus not just measuring the intentions, but also the perceived effect of the macro level crisis.

This paper explores the self-declared negative change of fertility intentions in Lithuania, with the focus on 1985–89 birth cohort, for which there are available representative data. We examine how the postponement of childbearing plans is determined by the subjectively perceived alteration of socio-economic resources (e.g. financial, mental, physical wellbeing, life satisfaction) caused by COVID-19 containment measures. We also look at the connection (if any) accounting for the five measures of subjectively perceived uncertainty, that of financial, employment, housing uncertainties as well as health and family related uncertainties. We capture it by an own-derived uncertainty index. We use the data collected in July–August of 2021, thus after more than a year living in the pandemic. The survey sample size covers 1,000 men and women aged 32–36. Though being the cohort survey, the dataset is unique in the Lithuanian context, as it is the only one collected during the pandemic and related to the family demography.

MACRO AND MICRO DRIVERS OF FERTILITY INTENTIONS

Fertility intentions have been a part of a rigorous scientific debate, especially in economically advanced contexts that are characterised by low or lowest-low fertility rates (Beaujouan, Berghammer 2019). Numerous studies have looked at a plethora of factors that are associated with fertility intentions, and in this section we look at the most prevalent in the literature macro and micro drivers of fertility behaviours.

First, macro level factors such as normative frameworks and expectations, policies as well as religion are linked to fertility intentions (Balbo, Barban 2014; Bernardi, Klärner 2014; Mencarini et al. 2015; Mönkediek, Bras 2018). Family systems that can be defined by a normative pattern, in which partnerships, childbearing, inheritance, and living arrangements take place, can shape individual attitudes and in turn influence fertility intentions. For instance, having contacts with relatives in the same geographical region is positively associated with more pronounced intentions to have a child (Mönkediek, Bras 2018). Previous macro-level studies have found that family policies can contribute to changing fertility rates (Gauthier 2007; Rovny 2011). Policies that provide support to earners and carers within families have been found to positively contribute to fertility intentions to have a first child (e.g. Billingsley, Ferrarini 2014). Religion may also be considered a driver of fertility intentions. Philipov and Berghammer (2007) show that individuals affiliated to a religion indicate a higher number of intended children in comparison to individuals of no religion.

Second, micro level conditions stemming from such socioeconomic factors like education and employment or individual characteristics like gender, age or health status are well established in the literature (see Balbo et al. 2013 for a literature review). For instance, education and employment as measurable components of a broader socio-economic background can delineate intentions to have children. Education is known to suppress fertility intention realisation for women (Berrington, Pattaro 2014). Higher levels of education are also associated with more spatial mobility in general as university graduates prioritise jobs over residential stability (Venhorst et al. 2011). In urban areas, towards which spatial mobility usually takes place, women find both better employment and more suitable men with whom they can potentially have children (Edlund 2005). Gender is a considerable source of divergence in relation to when and how people have children. Considering fertility intentions, women and men provide varying accounts. To start with, respect to gender equity at home and men's involvement in household labour and childcare are connected to more pronounced fertility intentions and their execution (see Raybould, Sear 2021 for a literature review). Even facing a growing involvement of fathers in housework and childrearing, mothers adapt to their partners' career that may disregard their professional paths (Goldscheider et al. 2015). Moreover, gendered differences can also be seen in terms of age. Women rather than men have children at younger ages which connects to the timing of intended fertility (Brückner, Mayer 2005). Lastly, health status is relevant when explaining intentions to have a child. It is known that dissatisfactory health is one of the reasons why both women and men might not anticipate having a child (Sobotka, Testa 2008).

COVID-19, UNCERTAINTY, AND FERTILITY INTENTIONS

The COVID-19 pandemic expanded the list of factors affecting fertility intentions. Among other things, unintentional negative outcomes of pregnancy for women's health have hinted upon uncertainty that surrounds fertility intentions. The pandemic has brought about a new layer of ambiguity to individuals planning to have a (nother) child. Some individuals may postpone having children due to their fear of becoming sick themselves, in anxiety of health services not being available to non-COVID patients or in connection to being unable to obtain contraceptive medical devices, e.g. intrauterine devices (IUDs) (Stone 2020; Campbell 2020; Emery, Koops 2022). Psychological well-being also deteriorated during the pandemics and this might as well affect the fertility intentions.

The impact of COVID-19 on everyday life may not be limited to health-related threats. Social distancing and lockdowns have been followed by economic crisis and uncertainty regarding the future economically and socially. Economic crises have been previously associated to revisited fertility intentions because couples tend to avoid getting pregnant in unpredictable circumstances (Boberg-Fazlic et al. 2021). This tendency has also been identified in relation to the COVID-19 pandemic (Beine et al. 2020; Aassve et al. 2020). In light of rising unemployment both men and women reconsider their fertility intentions; however, during the COVID-19 pandemic women fall in more economically affected groups as they work in industries that require lower educational attainment and have been heavily hit by the pandemic (e.g. retail, catering or hospitality) (ILO 2021). From this point of view, highly educated women who are employed in industries that could perform work from home may have more chances to reconcile their fertility intentions with the pandemic's socio-economic side effects. On the other hand, the decision to have another child might have

been suppressed by the increased child-care workload, which families experienced due to the closure of the formal childcare or educational institutions (Wenham et al. 2020). Lastly, social relations, in general, and greater relationship uncertainty, in particular, are likely to play a prominent role in shaping fertility desires during health crises like the COVID-19 pandemic (Manning et al. 2022; Lazzari et al. 2024).

CONCEPTUAL FRAMEWORK

Conceptually, this study applies the Theory of Planned Behavior (TPB) to investigate how the COVID-19 pandemic influenced fertility intentions in Lithuania, focusing on the 1985–1989 birth cohort (Ajzen, Fishbein 1973; Ajzen 1991). Drawing on the *Families and Inequalities Survey* (Maslauskaitė et al. 2021)[1] that has been developed using TPB, this research examines how changes in attitudes, subjective norms, and perceived behavioural control, the core components of TPB, shape childbearing plans during a time of macro-level crisis.

Attitudes toward childbearing were likely affected by pandemic-related concerns, such as health risks, economic insecurity, and disruptions in daily life. Subjective norms, shaped by social expectations, might have shifted, with individuals postponing parenthood due to external pressures. Perceived behavioural control, which reflects individuals' sense of control over their ability to have children, was likely influenced by the socio-economic disruptions and uncertainties caused by the pandemic, such as reduced life satisfaction, financial instability, and mental or physical health concerns as well as other uncertainties.

This study uses a novel approach by measuring the subjectively perceived change in fertility plans in connection to the pandemic. Instead of focusing on general intentions to have children, respondents were asked whether their plans to have children had been postponed or remained unchanged due to the pandemic, providing a more nuanced view of the macro-micro linkages. The survey also incorporates uncertainty indices, measuring financial, employment, housing and health uncertainties, to explore how these factors interact with fertility intentions.

DATA AND METHODS

Our analyses are based on the data from the second wave of the *Families and Inequalities Survey* 2021 (Maslauskaitė et al. 2021). The survey is a representative dataset covering the cohort born between 1985 and 1989 (n = 1000). The first wave of the survey was carried out in 2019 and covered birth cohorts 1970–1984; however, the COVID-19 related indicators were included only in the second wave.

Fertility intentions are typically measured by asking 'Do you intend to have a(nother) child?'. However, in this study, we use the indicator measuring the subjectively perceived change of the fertility intentions linked to the pandemic. The survey question (G5A)[2] asked

[1] Study documentation including the codebook can be accessed here: https://www.vdu.lt/cris/entities/publication/03b909ae-28be-44fb-bf01-3c22ab8c0071

[2] Original survey question numbering provided in the brackets, survey documentation, including the questionnaire, can be accessed following the link provided in footnote No. 1.

whether the intentions to have children have changed due to the COVID-19 pandemic.[3] We believe that this type of indicator provides a more nuanced picture because it captures the perception of the macro level shock on childbearing plans and thus links macro and micro levels. The answer categories indicated the postponement of a child, no change and indecision (coded 1 if intention to have a child was postponed and 0 if it remained the same, cases indicating uncertainty, labelled 'Difficult to say' in the dataset (n = 34), are treated as missing in the statistical analyses).

Following the aim of the paper to examine a statistical connection between COVID-19 and a negative change in fertility intentions, we restricted the sample to respondents who indicated that their willingness to have children has been influenced by the pandemic and postponed or remained the same. Our final analytical sample consists of 240 cases and is used in multinomial logistic analyses.

Independent variables are measures on the perceptions of the effect of pandemics on various areas of life (i.e. life satisfaction (S16.1), financial security (S16.5), mental wellbeing (S16.6) and physical wellbeing (S16.7)). Each variable was measured on the three categories (coded 1 – improved, 2 – remained the same and 3 – worsened). These variables capture potential effects that the COVID-19 pandemic may have on social, economic and health aspects at the individual level.

A set of uncertainty variables is also used to control for financial (S12.a), employment (S12.b) and housing (S12.c) uncertainties as well as health (S12.d) and family (S12.e) related uncertainties. These variables take values from 1 to 4, where 1 corresponds to no control and 4 indicates a lot of control over a respective domain of life in the upcoming three years. Uncertainty may be treated as a cumulative explanatory variable of fertility intentions, where different types of uncertainties may add up and have a more pronounced connection to intentions when treated in an index rather than individually. In order to estimate a potential connection between fertility intentions and uncertainty, we construct an index that captures the sum of the aforementioned factors and use it as a control in the analyses. The values of the uncertainty index vary from 4 to 16 indicating a spectrum from a low to a high uncertainty, respectively.

Based on the previous evidence on the factors determining fertility intentions, we also included several standard control variables: age of the respondent measured as continuous variable, age squared, educational attainment (F13) measured in three categories (1 – primary (unfinished high school), 2 – secondary (high school education or vocational training) and 3 – tertiary (university or college degree)). We also considered the partnership status (P1) (1 – a partner or a spouse with whom the relationship lasts longer than 3 months, 0 – no partner or spouse), and the number of children (V1) (0, 1, 2, 3 and more) and gender (D1) (1 – male, 0 – female).

A logistic regression model with robust standard errors is employed for the statistical analysis.

Table 1 reports the descriptive statistics for the working sample.

[3] The survey question reads 'Have your intentions to have children changed due to the COVID-19 pandemic? [*Ar dėl COVID-19 pandemijos keitėsi Jūsų ketinimai susilaukti vaikų?*]' with answer categories 'Yes, we have postponed it [Taip, atidėjome ateičiai]', 'No, they have not changed [Ne, nesikeitė], 'Difficult to say [Sunku pasakyti]'.

Table 1. **Descriptive statistics**

	Mean	Standard deviation	Percentage, %	*n*
Focal independent variables				
Life satisfaction	2.258	0.483		240
Financial security	2.291	0.658		240
Mental wellbeing	2.125	0.355		240
Physical wellbeing	2.079	0.313		240
Covariates				
Age	33.437	1.585		240
Age^2	1120.571	106.309		240
Gender				
Male			53.75	129
Female			46.25	111
Education			4.58	11
Primary			37.92	91
Secondary			57.50	139
Tertiary				
Partnership status				
Has a partner/spouse			86.67	208
Does not have a partner/spouse			13.33	32
Number of children				
0			43.10	103
1			48.12	115
2			7.95	19
3 or more			0.84	2
Uncertainty index	11.568	2.537		240

Source: Families and Inequalities Survey 2021.

RESULTS

Table 2 reports the descriptive results of multiple cross-tabulations of the dependent variable capturing a potential negative change (if any) in intentions to have children due to COVID-19 and the focal independent variables measuring the perceived effects of the pandemic on life satisfaction, financial security, mental wellbeing and physical wellbeing in percentage. The table shows a general tendency of the fertility intentions remaining unchanged for the large share of the respondents (63%). That remains constant across the wellbeing measures. In terms of wellbeing measures, for the large majority the pandemic had no association to changes in life satisfaction, financial security, mental or physical wellbeing. However, some individuals who reported their fertility intentions unchanged, have experienced their life satisfaction and financial security worsened (52.38 and 47.56%, respectively). The fertility postponement has been reported by 25% of the total sample. However,

Table 2. **Descriptive results. Cross-tabulation of the dependent variable capturing a potential negative change (if any) in intentions to have children due to COVID-19 and focal independent variables in percentage (%)**

	Have your intentions to have children changed due to the COVID-19 pandemic?			
	Postponed	**Remained the same**	**Difficult to say**	**Total**
	25 (*n* = 67)	**63 (*n* = 173)**	**12 (*n* = 34)**	**100 (*n* = 274)**
Life satisfaction				
Improved	0	83.33	16.67	100
Remained the same	23.91	67.39	8.7	100
Worsened	27.38	52.38	20.24	100
Financial security				
Improved	0	75	25	100
Remained the same	20.22	69.40	10.38	100
Worsened	36.59	47.56	15.85	100
Mental wellbeing				
Improved	0	100	0	100
Remained the same	25	65.35	9.65	100
Worsened	22.73	50	27.27	100
Physical wellbeing				
Improved	33.33	66.67	0	100
Remained the same	24.69	63.79	11.52	100
Worsened	21.43	57.14	21.43	100

Source: Families and Inequalities Survey 2021.

similarly to the previously discussed category, most individuals saw their life satisfaction, financial security, mental and physical wellbeing unchanged.

Table 3 shows the results of the multinomial logistic regression analysis. The results are presented in odds ratios with 95% confidence intervals. Each estimation predicts the postponement of the intention to have children due to the COVID-19 pandemic by a set of predictors. The model i. reports the estimation with socio-demographic controls (gender, age, age squared, education, partnership status, and number of children). The results show that having a partner is significantly associated to postponed fertility intentions.

The models ii., iii., iv. and v. report the estimation of fertility intention postponement based on life satisfaction, financial security, mental and physical wellbeing, respectively. In the model ii., we find a positive connection between worsened life satisfaction and lowered intention to have children. As in the model i., we see that having a partner is linked to postponing children. The latter tendency also holds in the model iii. In the models iii., iv. and v. no association between fertility intention postponement, financial security, mental and physical wellbeing is found. In the model vi., all focal independent variables and controls are added. The results show a positive association between a likelihood of postponing fertility intentions and having a partner.

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Table 3. **Estimation of a negative change in intentions to have a child due to selected consequences of the pandemic**
DV: Intentions to have children changed due to the COVID-19 pandemic

	i. Baseline			ii. Life satisfaction			iii. Financial security			iv. Mental wellbeing			v. Physical wellbeing			vi. All controls		
	OR	95% CI	*p*-value	OR	95% CI	*p*-value	OR	95% CI	*p*-value	OR	95% CI	*p*-value	OR	95% CI	*p*-value	OR	95% CI	*p*-value
Focal independent variables																		
Life satisfaction				1.747	0.991, 3.081	0.054										1.453	0.685, 3.081	0.329
Financial security							1.738	0.598, 5.049	0.309							1.517	0.573, 4.012	0.400
Mental wellbeing										1.437	0.659, 3.134	0.362				1.163	0.494, 2.735	0.729
Physical wellbeing													1.048	0.408, 2.691	0.921	0.717	0.2719, 1.891	0.502
Covariates																		
Age	0.041	8.06e-07, 20.95	0.207	0.006	1.54e-06, 29.14	0.242	0.006	1.30e-06, 26.468	0.231	0.002	5.55e-07, 13.998	0.176	0.004	8.11e-07, 21.477	0.209	0.005	1.18e-06, 28.259	0.234
Age2	1.084	0.954, 1.231	0.213	1.076	0.951, 1.219	0.247	1.078	0.951, 1.222	0.237	1.091	0.960, 1.238	0.181	1.084	0.954, 1.231	0.215	1.079	0.950, 1.225	0.239
Gender (1 = male)	1.283	0.702, 2.346	0.417	1.311	0.712, 2.413	0.383	1.307	0.700, 2.441	0.400	1.276	0.696, 2.337	0.430	1.285	0.703, 2.349	0.414	1.314	0.704, 2.452	0.391
Education (1 = low)	0.887	0.539, 1.459	0.637	0.879	0.536, 1.442	0.611	0.902	0.542, 1.502	0.674	0.886	0.538, 1.459	0.635	0.885	0.539, 1.455	0.632	0.91	0.543, 1.494	0.687
Partnership status (l = yes)	5.698	1.631, 19.905	0.006	6.215	1.811, 21.324	0.004	6.048	1.782, 20.531	0.004	5.895	1.705, 20.382	0.005	5.724	1.654, 19.801	0.006	6.161	1.843, 20.601	0.003
Number of children	0.713	0.438, 1.160	0.173	0.701	0.423, 1.157	0.164	0.679	0.386, 1.194	0.179	0.695	0.420, 1.149	0.157	0.714	0.437, 1.164	0.177	.670	0.386, 1.163	0.155
n	240	240	240	240	240	240	240	240	240	240	240	240	240	240	240	240	240	240

Logistic regression with robust standard errors. Notes: OR odds ratio, CI: confidence interval. Source: Families and Inequalities Survey 2021.

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Table 4. **Estimation of a negative change in intentions to have a child due to selected consequences of the pandemic controlling for the uncertainty index**

DV: Intentions to have children changed due to the COVID-19 pandemic

	i. Baseline			ii. Life satisfaction			iii. Financial security			iv. Mental wellbeing			v. Physical wellbeing			vi. All controls		
	OR	95% CI	*p*-value	OR	95% CI	*p*-value	OR	95% CI	*p*-value	OR	95% CI	*p*-value	OR	95% CI	*p*-value	OR	95% CI	*p*-value
Focal independent variables																		
Life satisfaction				1.861	0.996, 3.474	0.051										1.783	0.903, 3.517	0.095
Financial security							1.395	0.709, 2.747	0.334							1.216	0.741, 1.996	0.437
Mental wellbeing										1.492	0.609, 3.659	0.381				1.299	0.499, 3.379	0.591
Physical wellbeing													0.767	0.242, 2.435	0.654	0.480	0.153, 1.505	0.208
Covariates																		
Age	0.001	8.08e-08, 25.651	0.190	0.003	2.32e-07, 44.481	0.238	0.001	1.24e-07, 28.948	0.202	0.001	7.10-08, 17.857	0.169	0.001	5.50-08, 23.661	0.182	0.001	9.95e-08, 25.689	0.193
Age2	1.100	0.951, 1.273	0.197	1.087	0.943, 1.254	0.245	1.096	0.949, 1.265	0.210	1.105	0.956, 1.276	0.175	1.104	0.952, 1.281	0.188	1.099	0.951, 1.27	0.198
Gender (1 = male)	1.466	0.7735, 2.926	0.277	1.481	0.742, 2.957	0.265	1.521	0.754, 3.065	0.241	1.459	0.730, 2.917	0.285	1.460	0.732, 2.911	0.282	1.482	0.735, 2.989	0.271
Education (1 = low)	1.001	0.574, 1.747	0.995	0.027	0.592, 1.781	0.924	1.025	0.585, 1.798	0.929	1.021	0.579, 1.802	0.941	1.003	0.574, 1.751	0.991	1.057	0.604, 1.850	0.845
Partnership status (l = yes)	3.439	0.965, 12.259	0.057	3.765	1.080, 13.120	0.037	3.571	1.041, 12.259	0.043	3.569	1.013, 12.575	0.048	3.367	0.944, 11.997	0.061	3.628	1.057, 12.445	0.040
Number of children	0.661	0.384, 1.137	0.135	0.650	0.371, 1.141	0.134	0.647	0.367, 1.142	0.134	0.642	0.365, 1.130	0.125	0.657	0.381, 1.134	0.132	0.624	0.345, 1.127	0.118
Uncertainty index	1.037	0.910, 1.182	0.577	1.033	0.908, 1.174	0.620	1.034	0.909, 1.178	0.604	1.041	0.915, 1.185	0.536	1.028	0.896, 1.180	0.684	1.010	0.883, 1.156	0.877
n	240	240	240	240	240	240	240	240	240	240	240	240	240	240	240	240	240	240

Logistic regression with robust standard errors. Notes: OR odds ratio, CI: confidence interval. Source: Families and Inequalities Survey 2021.

Table 4 reports the estimation of the multinomial logistic regression controlling for the uncertainty index. Each of the estimations predicts the postponement of the intention to have children due to the COVID-19 pandemic and controls for uncertainty. The model i. shows the results of the estimation with socio-demographic characteristics. The model also includes the uncertainty index. In line with the estimations reported in Table 3, the results show that being partnered is significantly related to revising fertility intentions negatively.

The models ii., iii., iv., v. and vi. of Table 4 report the estimation of fertility intention postponement in connection to life satisfaction, financial security, mental and physical well-being, and all the measures above respectively controlling for the uncertainty index. The previous findings in the Table 3 estimation ii. are also confirmed in the estimation ii. of Table 4; decreased life satisfaction is associated with a downward change in fertility intentions. Moreover, in the models ii, iii., iv., v. and vi., a positive connection between having a partner and postponing children emerges. The results show a positive association between a likelihood of postponing fertility intentions and having a partner. We do not find the inclusion of compound uncertainty measured by the uncertainty index to change the results established earlier. Overall, we show that COVID-19 pandemic has a connection to fertility intention postponement through worsening life satisfaction, but not other wellbeing measures. This relationship is sensitive to the partnership status.

DISCUSSION AND CONCLUSION

The COVID-19 pandemic has affected many aspects of human life including fertility. Due to epidemiological, financial and social uncertainty people may choose to postpone having children or update their fertility intentions. These aspects are even more relevant for people in childbearing ages whose lives arguably get affected by the pandemic the most, young adults in particular. In our study, we found that COVID-19 pandemic has a connection to fertility intention postponement through worsening life satisfaction among millennials in Lithuania. This relationship was found to be sensitive to the partnership status. This pattern suggests that subjective wellbeing played a central role in decisions regarding family formation.

A notable finding is that respondents with partners were more inclined to postpone childbearing. This result aligns with the previous research (e.g. Manning et al. 2022), where relationship factors and heightened stress during the pandemic led many to reconsider the timing of parenthood. In Lithuania, where partnership stability may face additional pressures due to other macro level concerns such as economic insecurity and public health, couples might be more cautious about expanding their families during times of increased uncertainty. This aligns with findings in Moldova (Emery, Koops 2022), where relationships and economic dynamics similarly influenced family planning choices.

The study's limitations warrant discussion. The measurement of wellbeing relies on self-reported indicators, which may reflect subjective biases. Additionally, while the models account for major socio-demographic factors, other unmeasured variables, such as access to social support and changes in employment conditions might also influence fertility intentions.

Engaging with a broader research on the pandemic's effect on fertility, our study underscores the importance of contextual and subjective factors. The findings resonate with Buber-Ennser et al. (2023), who found that in Austria, family formation plans largely withstood pandemic pressures, with only minor changes in intentions. Similarly, Lazzari et al. (2023) highlighted that in Australia, non-economic factors, particularly relationship quality and social support, strongly impacted fertility desires. In both studies, as in ours, the role of

non-economic wellbeing appears crucial. The emphasis on life satisfaction over economic considerations as the primary mediator in Lithuania aligns with a broader narrative on fertility postponement.

This research adds to the literature by showing that in distinct socio-economic contexts like Lithuania, the pandemic's effect on fertility intentions hinged not (only) on tangible economic factors but also on subjective perceptions of wellbeing and relationship dynamics.

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VYTENIS JUOZAS DEIMANTAS, AUŠRA MASLAUSKAITĖ

Tūkstantmečio kartos ketinimai susilaukti vaikų COVID-19 pandemijos kontekste

Santrauka

Straipsnyje analizuojamas neigiamas ryšys tarp ketinimų susilaukti vaikų ir socialinės-ekonominės (finansinės, psichinės, fizinės, gyvenimo kokybės) padėties pokyčių, su kuriais susidurta dėl COVID-19 pandemijos. Nagrinėjama 1985–1989 m. gimimo kohorta, kuri pandemijos metu buvo įžengusi į amžiaus tarpsnį, kada aktyviausiai susilaukiama vaikų. Tyrimo duomenų rinkinys – reprezentatyvi „Šeimų ir nelygybių tyrimo" antra banga (2021 m.). Naudoti daugianarės logistinės regresijos metodai. Blogėjantis finansinis saugumas teigiamai susijęs su vaisingumo ketinimų atidėjimu.

Raktažodžiai: COVID-19, gimstamumas, ketinimai susilaukti vaikų, Lietuva