

FERTILITY FACTORS FROM THE PERSPECTIVE OF MOTHERS OF LARGE FAMILIES

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Abstract

This study investigates the perceptions of fertility factors among highly educated and Catholic mothers living in Slovak cities who have large families, which are defined as families with three or more children. While considerable research has focused on the determinants of fertility, particularly in relation to the first and second child, the factors influencing the decision to have a larger family remain underexplored. I seek to fill this gap in part by examining how Slovak mothers of large families perceive various fertility factors that have contradictory effects on reproductive behaviour. Using in-depth interviews, the study reveals several heterogeneous perceptions within my homogenous population, especially in the case of factors such as financial costs and institutional childcare. However, the perceived benefits of having children, rooted in religious beliefs, clearly outweighed concerns about career impacts or family budget constraints.

Keywords: large family, fertility, religiosity, female education, family policy.

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INTRODUCTION

A body of literature has explored the contradictory effects of various factors on reproductive behaviour. Some factors correlate with lower fertility rates, like higher levels of educational attainment (Lutz, 2006; Šprocha et al., 2020; Zeman, 2018; etc.) and urbanisation (Šprocha – Bleha, 2021; Connor, 2021; etc.). Others are associated with higher fertility, such as strong religiosity (Frejka – Westoff, 2008; Perry – Schleifer, 2019) and various policy interventions (Fűrész – Molnár, 2021; Guziejewska, 2021; González – Trommlerová, 2021).

However, what happens when a woman's reproductive behaviour is simultaneously influenced by factors with opposing effects? How are these factors perceived, and what are the resultant outcomes? For

instance, little is known about the reproductive behaviour and perception of fertility-related factors among highly educated women living in urban areas who also exhibit strong religious beliefs.

Moreover, existing research tends to focus primarily on first births or, less frequently, second births (Šprocha, 2022; Impicciatore – Tomatis, 2020, Frejka et al., 2016). However, it is the birth of a third child that contributes to raising the fertility rate above the critical fertility replacement rate (Murray et al., 2018; Lutz, 2006). Despite this, limited attention has been paid to the reproductive behaviour of parents in large families with three or more children.

This study aims to address this knowledge gap, and the central research question I seek to answer is:

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How are the various factors that influence reproductive behaviour perceived by highly educated Catholic mothers of large families in urban areas? I conducted in-depth, semi-structured interviews with Slovak mothers of large families (with an average of 4.5 children). Through data-driven coding, I found respondents' perceptions of different fertility factors to be surprisingly heterogeneous. Nonetheless, the respondents unanimously highlighted the key role of religious beliefs in shaping their reproductive behaviour.

THEORETICAL BACKGROUND

The contradictory factors of reproductive behaviour

Among the various factors influencing reproductive behaviour, this study primarily focuses on those that have contradictory effects, such as Christian religious beliefs, a factor that is associated with higher fertility, and higher educational attainment and living in an urban area, factors associated with lower fertility. These are discussed in detail below; however, there are other related miscellaneous factors that should first be mentioned.

For example, many policy factors have been found to be relevant for reproductive behaviour – for example, income, unemployment rate, and level of development (Filoso – Papagni, 2015; Sobotka et al., 2011); female income in particular (Coskun – Dalgic, 2020; Yakita, 2018); the gender pay gap (Arpino et al., 2015); the availability of part-time jobs (Gomes et al., 2012); and housing and rental policy (Sikorska, 2021; Atalay – Whelan, 2021). Family policy and the state's broader social security system also affect reproductive behaviour – for example, the availability of financial support (Fűrész – Molnár, 2021; González – Trommlerová, 2021; Raute, 2019) or the greater availability of early-child education and care institutions (Sanz et al., 2019; Ellingsæter – Pedersen, 2016). The policy factors could thus have either a positive or a negative effect on reproductive behaviour.

From a life-course perspective, life events and habits (which may be influenced by other factors, such as religion) play a significant role and can positively or negatively affect fertility (Bianchi – Casper, 2005). The life-course has been conceptualised as a complex process of personal welfare production aimed at securing individual well-being (Huinink – Feldhaus,

2009). Huinink and Kohli (2014) identified several dimensions of the life-course approach. These include the structure of social life, which comprises social relations and the biological conditions of behaviour, the sequencing of events, the interdependence of past, present, and future, and the identification and pursuit of personal goals, such as having children or building a career. Bauer and Kneip (2014) found that past decisions regarding pregnancies, childbearing, and related experiences strongly influence future reproductive choices. Thus, life-course factors can also have contradictory effects on reproductive behaviour.

Religiosity – Christianity

Religion and religiosity have been extensively covered as a fertility factor in studies all over the world (e.g., Heineck, 2006; Peri-Rotem, 2016; Iyer – Weeks, 2020; Dilmaghani, 2019). Here I focus on the role of Christianity, which has been widely identified as a factor that positively influences reproductive behaviour. One of the explanations for this is that the Roman Catholic Church officially bans the use of artificial forms of birth control and supports the idea of large families. For example, research indicates that women who identify as Christian generally have higher fertility rates than women without a religious affiliation (Frejka – Westoff, 2008). And women who reported that religion is 'very important' in their everyday life have higher levels of realised and intended fertility (Hayford – Morgan, 2008). Additionally, regular Christian church attendance is a strong predictor of childbearing in the future (Berghammer, 2012) and, moreover, slightly increase childbearing among Christian women over time (Perry – Schleifer, 2019). Christianity is thus connected with higher fertility intentions as well as higher realised fertility.

However, contradictory evidence has also emerged. Some studies present mixed results. For instance, the phenomenon of 'Catholic' fertility has become less pronounced and fertility rates among Catholics have been converging with the fertility rates of other major religious denominations, a trend that has been described as the end of 'Catholic' fertility (Westoff – Jones, 1979). Similarly, Šprocha and Tišliar (2019) confirmed the existence of a positive relationship between religious beliefs, but the differences in fertility between believers and non-believers are narrowing due to the shift

towards the two-child family model. Elsewhere authors have found that the traditional values promoted by Christianity block liberalisation and postmodernism, which leaves women in a worse position and therefore results also in the decline of fertility (DeRose, 2021). Despite the large body of evidence indicating a positive relation between Christianity and higher fertility, the role of Christian religion and religiosity in reproductive behavior is still questioned.

Higher educational attainment

Many studies dedicated to fertility changes have identified female education as a significant factor negatively affecting human fertility (e.g., Impicciatore – Tomatis, 2020; Šprocha – Potančoková, 2010; Lutz, 2010; Sobotka et al., 2017). Lutz (2017) argues that women's education shapes both their reproductive decisions and their desired fertility goals: while higher educational attainment generally leads to lower fertility due to different career preferences, it may also enhance a woman's potential to achieve higher fertility goals. However, time and opportunity costs pose significant challenges for more educated women with (potential) career ambitions and often discourage them from having children sooner or at all (ibid.).

Career costs include career interruptions, the motherhood penalty, and the gender pay gap. Higher education is generally associated with the postponement of the first child to an older age (Šprocha – Bleha, 2021; Bleha et al., 2018; Sobotka et al., 2011). And research has shown that in welfare social economies, like those in continental Europe, mothers face relatively greater motherhood penalties than those faced by mothers in liberal market economies such as the United States (Lundquist – Eklöf, 2017). Additionally, educational attainment is correlated with a decline in marriage rates, which further negatively affects fertility (Requena – Salazar, 2014). Thus, higher female educational attainment is typically linked to lower fertility owing to factors such as increased career costs.

Urbanisation

The literature indicates that the physical environment significantly influences human reproduction. Urbanisation, connected to higher population density is observed to have a negative effect on fertility rates. Studies have consistently shown that societies

with higher degrees of urbanisation and population density had lower fertility rates in the 19th and 20th centuries (Spolaore – Wacziarg, 2022). Additionally, urbanisation has been associated with value changes that contribute to reduced fertility in urban areas (Connor, 2021; Gries – Grundmann, 2018). In particular, the postponement of childbirth is observed to be more significant in urban areas than in rural areas and this has contributed to a deepening of urban/rural differences in the overall fertility rate (Šprocha – Bleha, 2021). The urban/rural fertility gap is also connected to housing limitations in urban areas and to the fact that urban residents are, on average, more educated than their rural counterparts (Kulu, 2013). Population density, in particular, is found to be a key driver of declining fertility (Rotella et al., 2021).

There are numerous examples illustrating how various levels of population density and urbanisation affect human reproductive behaviour. In Slovakia, for instance, the fertility of the Roma differ based on the urban/rural context (Šprocha – Bleha, 2018). A slower decline in fertility has been observed in rural areas of Latin America and other developing countries (Lerch, 2019), as well as in Nepal (Adhikari, 2010) and Romania, where significant fertility changes have occurred nationwide, driven by disparities in regional development (Jemna – David, 2018). Thus, spatial differences, particularly the process of urbanisation, is one of the critical factors of reproductive behaviour.

Research question and aims

The literature highlights the contradictory effects of various fertility factors, but a significant gap remains in our understanding of individual perceptions and of the interactions among these factors. Reproductive behaviour typically involves joint decision-making by both partners. Some studies suggest that neither women nor men dominate these decisions; instead, it is a joint decision, with one partner occasionally exercising veto power (Bauer – Kneip, 2013). However, women often appear to have a greater influence over decisions regarding higher-parity births, likely due to the disproportionate impact such decisions have on their women's lives, as evidenced in the German context (Bauer – Kneip, 2014). Similarly, Swedish research suggests that women's intentions become more decisive once, when a couple already has a child

(Duvander et al., 2020). Additionally, much of the existing literature has focused on women's fertility intentions, perceptions, and realised fertility when examining the effects of factors such as religiosity (e.g., Frejka – Westoff, 2008; Hayford – Morgan, 2008), education, career costs, and the motherhood penalty (Lutz, 2017; Lundquist – Eklöf, 2017). Thus, while it is important to examine reproductive behaviour, including, for instance, relational dynamics and men's intentions, much of the literature emphasises the role of women/mothers, who are more affected by childbirth(s).

Following these literature streams, this study observes the perspectives of women/mothers on fertility factors. I specifically focus on the population affected by factors that have contradictory effects on fertility – namely, highly educated and strongly religious Catholic women living in urban areas who have three or more children. This study seeks to address these gaps in knowledge and asks *how various factors of reproductive behaviour are perceived by highly educated Catholic mothers of large families in urban areas?*

Given the exploratory nature of this research, I do not formulate specific hypotheses. Instead, the aim is to observe how individuals perceive the mentioned fertility factors as fertility variables. In particular, I observe perceptions of the following factors: stronger religiosity and Catholic religious beliefs (e.g., Frejka – Westoff, 2008; Perry – Schleifer, 2019), education and related career ambitions (e.g., Lutz, 2017; Sobotka et al., 2017); life course factors such as the role of the nuclear family, peer behaviour, and positive experiences with previous

pregnancies and childbirths (Bauer – Kneip, 2014); and policy-related fertility factors, such as state financial incentives (e.g., Fűrész – Molnár, 2021; González – Trommlerová, 2021; Raute, 2019) and the availability of kindergartens and part-time employment opportunities (Sanz et al., 2019; Sobotka et al., 2019).

METHODS

A case: large families in Slovakia

I have demonstrated that increased female educational attainment and urbanisation negatively influence fertility, while religious beliefs and certain policy factors may have a positive impact. These trends have consistently been observed in Slovakia (Šprocha et al., 2020; Zeman, 2018; Šprocha – Ďurček, 2018; Sobotka et al., 2011). Regarding fertility trends, the mainstream population remains at or below the fertility replacement rate (Table 1 below). Together with Czechia, Slovakia is experiencing the postponement of cohort fertility and an increase in the level of childlessness (Šprocha, 2023). But one part of the population is an exception to these trends and have a much higher fertility rate. Šprocha and Bleha (2018) have already described the 'islands of high fertility' that exist among lower-educated women, mostly in rural areas, regions with a larger share of the Roma population. However, regardless of this ethnic group, one part of the majority population also appears to have more children. Data show (see Table 1 below) that there has been a subtle increase in the share of third and higher-order births. This trend is observed despite the fact that the overall

Table 1 Demographic indicators: third- and higher-order live births, birth rate, and total fertility rate in Slovakia, 2012–2022

Year	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
% of live births in 3rd and next order ¹⁾	20.3%	19.9%	20.0%	19.9%	19.4%	19.6%	19.3%	19.3%	19.9%	20.4%	21.0%
Birth rate ²⁾	10.70	10.58	10.59	10.25	10.58	10.65	10.58	10.47	10.39	10.43	9.64
Total fertility rate ³⁾	1.39	1.40	1.42	1.40	1.48	1.52	1.55	1.57	1.59	1.63	1.56

Note: The birth rate is not adjusted for the change in the population's age structure.

Source: 1) Author's calculation based on data from the Statistical Office of the Slovak Republic (2023).

2) Human Mortality Database (2024); UN, World Population Prospects (2024).

3) UN, World Population Prospects (2024).

birth rate is slightly, but steadily decreasing and total fertility rate is fluctuating.

Regarding welfare and family policy provisions, Slovakia – as a post-communist European welfare state regime, like Poland and Czechia – has a family policy²⁾ that is characterised by long parental leave combined with relatively low cash benefits. Research has shown that Slovak women tend to prefer direct financial benefits over indirect and income-dependent tax credits, and they are in favour of flexible working hours (*Filadelfiová – Gerbery, 2014*). According to *Lutherová et al. (2017)*, the traditional male breadwinner model persists, and women tend to favour home care over institutional childcare and often leave the workforce because of the gender pay gap and the family's economic situation. This behaviour may also be influenced by the prevailing myths about childcare, such as the perceived necessity of maternal care and the dangers of nurseries, as *Hašková et al. (2012)* described in the context of Czechia. In this context, scholars have identified the 'norm of threeness', according to which mothers should remain at home full-time with their child until the child reaches the age of three (*Saxonberg, 2014*).

In Slovakia, the dominant religion is Christianity and especially Catholicism. However, there has been a steady decrease in religiosity. Based on Slovak census data, a steady decline in the percentage of people who consider themselves Christian Catholics was measured: 63.7% (1991), 73% (2001), 65.9% (2011), and 55.8% (2021) (*Statistical Office of the Slovak Republic, 2023*). There are few studies on the relation

between religious and reproductive behaviour in Slovakia. For instance, *Šprocha and Tišliar (2019)* support the existence of a positive relationship between religious beliefs and fertility in Slovakia: women who are not religious had and still have smaller families, lower fertility, and a greater probability of being in a childless or one-child family. But the differences in fertility are narrowing because of a stepwise shift towards two-child families, which is becoming the predominant family model regardless of religious beliefs (*ibid.*).

Recruitment and sample

I used a recruitment questionnaire that asked about the level of education, religiosity, number of children, etc., to select the most appropriate respondents. The questionnaire was distributed between 13 March and 16 April 2023,³⁾ and the aim was to select a non-random and biased sample of a specific population: women who identified themselves as strong Catholic believers and who were also highly educated and the mother of three or more young children and were living in a city in Slovakia.⁴⁾ Overall, the questionnaire covered a sample of parents of large families (n=236), while only a portion of respondents provided their contact information (n=116). After selection I contacted 36 respondents who matched the required characteristics (women, strongly religious Catholics, with at least three children and a higher level of educational attainment living in an urban area). The response rate to interview invitations was 34.8%. I conducted 10 interviews.⁵⁾

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- 2) Slovak family policy can be described in brief as the male bread-winner model based on many but low financial incentives. Standard maternity leave lasts 28 weeks and can be transferred to another person. Leave is paid and the amount replaces seventy-five per cent of a wage. Eligibility depends on a person's past contribution to the social insurance system. Paid voluntary paternity leave has been implemented recently following the initiative of the EU and lasts for 14 calendar days. Maternity leave is followed by paid parental leave, which lasts until a child's third birthday and the leave allowance is fixed as a monthly flat-rate payment (300 to 400€). There are also several other financial measures, such as the child benefit or tax benefit.
 - 3) I distributed the questionnaire through two channels: 1) the popular Slovak website Modrý Koník (Blue Pony), which deals with the topics relating to the family and motherhood; 2) the internal conversation channels of Christian-Catholic communities (Ladislav Hanus Community and Anton Neuwirth College).
 - 4) 'Cities' and 'urban areas' in Slovakia are defined by Act No. 205/2023 on Municipal Government, Section 21. For example, cities must meet the condition of having a population of at least 5,000 permanent inhabitants and of being an 'economic, administrative and cultural centre'. All the respondents in my research lived in cities at the time of the research (as listed in Table 2).

Table 2 below summarises the respondents' basic characteristics. On average, the women were 39 years old, the biological⁶⁾ mother of 4.5 children, and all of them were practising Catholics living in urban areas across all the regions of Slovakia, and they had at least a higher level of university degree (a master's degree) in various fields, yet most of them were on parental leave.

In-depth semi structured interviews

I used the method of in-depth semi-structured interview. It combines prepared questions and the possibility to ask spontaneous questions or let the respondent talk freely (see Adams, 2015; Minichiello et al. 2008). The interviews were conducted by the author either in

person or via an online video-call (Microsoft Teams platform) with an audio recording and the written consent of each respondent.⁷⁾

The interviews lasted approximately one hour and followed a prepared interview guide. The recordings were manually transcribed and analysed using qualitative text analysis and a data-driven strategy (see Garrett et al., 2017) in Miro software. The primary coding categories were the variables of reproductive behaviour discussed above: religion, education, career, childcare, lifestyle preferences, family policy, and others. These were further supplemented by several ad hoc, data-driven codes, such as leave policies and part-time employment. Accordingly, the Results sec-

Table 2 Characteristics of the respondents

Respondent's code	Number of children	Age	Level of education attainment	City of residence	Employment type
R1	4	44	Master	Prešov	Full time
R2	5	41	PhD.	Trenčín	Part-time
R3	4	39	Master	Bratislava	Parental leave
R4	6	42	Master	Bratislava	Parental leave
R5	4	32	Master	Prešov	Parental leave
R6	3	39	Master	Trnava	Parental leave
R7	3	42	PhD.	Ružomberok	Full time
R8	5	40	Master	Žilina	Part-time
R9	4	31	Master	Bratislava	Parental leave
R10	6	39	PhD.	Trnava	Parental leave

Source: Author.

- 5) Regarding the ideal number of in-depth interviews, Guest et al. (2006) suggest that six interviews in a non-random homogeneous sample could be enough and 12 interviews ensure saturation (see also Kavanaugh – Ayres, 1998). In my case, I achieved saturation with the sample of 10 interviews, as individual respondents' testimonies overlapped in several aspects – for example, the central role played by religious beliefs in respondents' reproductive behaviour or their perception of the two-child norm in society. Indeed, it would be useful if future research focused on expanding this sample, possibly to comprise a sample of, for instance, non-religious mothers of huge families, as I note later.
- 6) Although the questionnaire did not specify the form of parenthood (biological, adoptive, surrogate, etc.), I know from the interviews that the children listed for each respondent are the mothers' biological children born in marriage to their current husbands.
- 7) The interviewer and all the respondents signed a personal data protection protocol that included the possibility to withdraw from the research at any time for any reason. The research was approved by the ethics commission of the Faculty of Social and Economic Sciences of Comenius University in Bratislava under identification number 161-6/2023.

tion below is organised into three main data-driven sections focusing on the dominant coding categories: religiosity and family policy. These topics were the ones discussed most extensively by the respondents during the interviews. Within the broader discussion of public policies below, a particular emphasis is placed on the role of childcare services, leave policies, and financial incentives, as these were the factors that respondents mentioned most.

Limitations

At this point, it is essential to acknowledge several limitations of this study. First, the research is based on a very specific sample comprising highly educated, Catholic mothers of large families residing in Slovak cities. Moreover, my research is focused on perceptions of fertility factors, not causal relations. This focus limits the possibility of generalising findings on the influence of Christianity, education, and urbanisation as fertility factors, as no control group was included. Future research could address this limitation by incorporating additional samples, such as Catholic childless women or non-religious mothers of large families.

Second, the study concentrates on the perceptions and opinions of mothers, excluding the perspectives of fathers (husbands or partners of the respondents). This omission represents another significant limitation and highlights the need for future research to explore the attitudes of fathers in this context. Based on my findings, the role of husbands as the potential initiators of continued fertility in particular needs further exploration.

Finally, the use of in-depth interviews as the primary research method imposes certain constraints. While this qualitative approach provides valuable insights, it lacks statistical representativeness. Nonetheless, the conclusions can be generalised at a conceptual level, offering new knowledge about the perceptions of fertility factors within a specific sample. Follow-up research, particularly research employing a mixed-methods approach, could further substantiate and expand upon the findings presented here.

RESULTS

Religiosity dominates fertility decisions

Our findings revealed several common patterns, notably the prominent role of religious beliefs in the

perception of various factors of reproductive behavior. Respondents claimed that: '[Faith] certainly played a big role [in decisions about reproduction]. Certainly, in the process of not being selfish, not prioritise a career' (R4) 'that was God's way with us and that's the way it was meant to be. (...) I put it in God's hands and that's what's best for us. I try to practise my faith in my daily life and that's what I teach my children. Because everything, wealth and possessions, are fleeting, but I need to be close to God and everything else will follow' (R5). Moreover, the respondents specified that practising their faith relates to sexual morality and in some cases can result in uncontrolled fertility: 'we didn't want contraception or anything like that' (R9).

In many cases, the role of religiosity was perceived in the context of life-course factors – for instance, growing up in a nuclear family: 'neither of us was an only child and we are from Christian families where more children are blessing. (...) I saw multi-child families as a gift' (R1); 'My dad's one of nine kids, my mom's one of four, I have many cousins. We all have a Christian background...' (R7).

Generally, coming from grown up in or having extensive experience with a large nuclear family was perceived as influential factor on one's own reproduction: 'Me and my husband are scouts and there it's about big and strong families (...) and at the same time we were all pregnant with my sisters (R1)' 'I met many peers, friends, and they were all from large families, of eight or more children. (...) And I saw the dynamics of those large families, and it was very appealing. It was so powerful. I longed for what I saw there. (...) And my husband had a similar experience, such a personal experience, meeting a larger family. That was such a fundamental experience, very inspiring' (R9).

The role of husbands was also perceived as important: 'It certainly played a big role that my husband was very open to it, that he wanted another child. And the fact that he gave me such support, that he respected me and that he thought of me as wise...' (R4); 'my husband was so open that we will have seven children' (R10).

And finally, I found that the social networks and communities that families create to share experiences and material items and to spend time together also played a significant role: 'Naturally, as the number of children grows, I come into contact with families who live similarly, have a similar number of children, and

are of a similar age, so the interests of all the family members probably overlap. (...) The help of that close community, the mutual help, is important' (R10).

Conflicting policy preferences

However, in my very homogenous group of respondents I found heterogeneity in their perceptions of some fertility factors, such as different lifestyle preferences that resulted in a large family, different views on policy measures like nurseries and part-time jobs, or contradictory statements about the role of one's financial situation. For example, several respondents stated that a large family was neither their ideal nor their preference: 'I was also saying to myself [that] this [large family] is not for me. The tiredness of being a mother was discouraging me (...) after my first child I was crying on my husband's shoulder so much that I didn't want what I had. I would rather go to a business centre to make money instead of taking care of a baby that's crying here, and I don't know what he wants and what this is for' (R5). These women described how they must have undergone a radical change in their own mindset when they were having more and more children: 'For me, too, there must have been such a big change and shock' (R4).

Further, the respondents mostly spoke in favour of the state's various financial incentives and leave policies. The women claimed that their 'family income [had] increased significantly when the tax bonus was introduced' (R4); 'I have always enjoyed Slovakia's three-year parental leave ... I see this as a very good policy for Slovak families (...) A three-year opportunity to stay at home is a gift' (R1).

On the one hand, the respondents have quite modest family budgets and live within their budget's limitations: 'We buy a lot on sale, I take advantage of discounts, I don't cook any expensive food, but simple. It continues with clothes. I only buy everything second hand' (R9); 'I pay for one night [on holiday] as much as another family pays for two nights. It all costs us twice as much. holidays and flights, etc.' (R2). On the other hand, they all strongly denied the importance of any economic arguments when deciding about childbearing: 'Actually, the question of finances never came to the table when I was deciding on another life [a child]' (R10); 'I don't think it's a question of policy or finances' (R2); 'I came from a family where I didn't

have any expensive things and I lived in a modest way, so the economic aspect was never a factor in whether to have a baby or not. It was never a reason' (R1).

Similarly, some respondents expressed a need for labour market support for economic reasons: 'I would somehow amend the full-time jobs or create the option to have shorter working hours at a higher salary for a mother' (R2); 'Definitely yes, to encourage part-time jobs in some way ...' (R6). And one respondent considered labour market support important because of the career costs to mothers: 'I know women who are lawyers, doctors, or researchers who struggle with losing their career. They just love their job and would also like to achieve something in work life, and they are just looking for balance' (R9).

In contrast, other women rejected any ideas about supporting mothers' labour market attendance – for example, with nurseries, which would allow mothers to be more active on the labour market: 'to me, a nursery is the worst crime in the world, and it seems like a crime against a child, and even a kindergarten for a three-year-old seems like a crime against a child' (R7); 'I wouldn't support nurseries with public policies' (R3); 'I think if you [as a woman-mother] are doing well in that world [business] then you aren't at home and your family misses you' (R9). And some respondents spoke out directly in favour of gender stereotypes: 'I believe that the most important thing for a child is its mother' (R6).

Negative perceptions of some public policies

I found that the state's incentives and welfare system provisions can also be negatively perceived and can demotivate people away from continual fertility. Some women claimed it an injustice when they were not supported financially despite their bigger costs: 'I was so angry that so much energy, strength, care, study time, and everything, and not only during the day but at night and all the time, that a mother spends, and then the policy is set up so that a person is not motivated to have a big family unless they have some higher values. It's totally demotivating' (R5).

The women spoke in particular about general social provisions favouring maximum two-child families, especially when discussing economic issues: 'Everything is designed for one or two children' (R2); 'it would be great if ideal families were not just two

parents and two children but larger families' (R4) 'two children are without thinking. (...) with the third child the thinking starts that it's already a sacrifice' (R7).

The housing situation was mentioned many times, and one respondent claimed that housing is 'the most important thing when planning [children], everyone wants to live in their own home.' (R6). And it poses a complication for large families: 'It all depends on housing, and real estate prices are unbelievable' (R6); 'if there could be some support for better mortgages for large families when they come to the housing limit' (R3).

Similarly, I found negative perceptions of health policy. In many cases the women mentioned having negative experiences with health care in Slovak hospitals during and after a childbirth, which they had to overcome when they got pregnant again: 'I didn't want to go through those almost traumatic experiences [childbirths] anymore' (R2); '[childbirth] turned out to be quite outside my expectations (...) So it was a strongly negative experience.' (R5); 'It [childbirth] had a very negative impact on me. (...) My dignity as a human being was trampled on and that was very difficult and I had to process that for a few months' (R10).

DISCUSSION AND CONCLUSIONS

This study addresses a gap in the understanding of how individuals perceive fertility factors with contradictory effects, such as the influence of higher educational attainment on the one hand and strong religiosity on the other. The research question in this study asks *how various factors of reproductive behaviour are perceived by highly educated Catholic mothers of large families in urban areas?*

Our findings reveal that strong religiosity and Catholic beliefs are perceived by respondents as central factors in their reproductive behaviour, overshadowing other factors such as the nuclear family, financial considerations, or career costs. While these other factors are also relevant, their significance varied across the sample. Indeed, far more empirical evidence would be required to support the existence of a causal relationship between religiosity and reproductive behaviour leading to large family, but that lies outside the scope of the present research. But the present results are consistent with previous research emphasising the

positive effects of strong religiosity on fertility (e.g., Frejka – Westoff, 2008; Perry – Schleifer, 2019).

Furthermore, I found that the perceived role of religiosity is often implicit. Rather than prescribing a specific number of children, religious beliefs typically discourage contraception and abortion while emphasising personal sacrifice, and this indirectly contributes to larger family sizes. The perception of religiosity as a key factor may also reflect broader views on gender relations and attitudes towards gender roles related to parenthood and motherhood, which influence reproductive behaviour. Accordingly, the perceived pivotal role of religiosity in reproductive behavior can be interpreted as a factor that primarily demotivates individuals from using contraception and abortion rather than explicitly motivates individuals to have a(nother) child or a large family.

Based on the expressed perceptions I propose that the role of Catholic religious beliefs should be understood in terms of their influence on 'reproductive behaviour' rather than 'reproductive decisions'. This distinction is important because, for my respondents, having children is less a matter of conscious decision-making and more an expression of a lifestyle rooted in reproductive non-control driven by their faith.

Interestingly, within the homogenous sample, I identified heterogeneous patterns in perceptions on life-course and policy factors. Some respondents emphasised the importance of their nuclear family, the broader social environment, or their experience with large families, suggesting that social networks, whether familial or peer-based, play a significant role in shaping fertility decisions. These past experiences are generally viewed as critical factors in fertility choices, which is consistent with the findings of Huinink and Kohli (2014). Respondents highlighted the importance of large family communities, which contributed to their continual fertility. This phenomenon mirrors the earlier observations of Huinink and Feldhaus (2009).

Regarding financial incentives and work-life balance measures, respondents expressed contradictory views. Most were supportive of the state's various financial incentives to offset their increased financial costs, which is in line with the findings of Filadelfiová and Gerbery (2014). Most notably, policies aimed at addressing housing issues were seen as highly desir-

able, as the current housing situation poses a challenge for large families. This finding is consistent with earlier research demonstrating that housing insecurity negatively affects fertility, as has been shown, e.g., by Sikorska (2021) for Poland and by Atalay and Whelan (2021) for Australia.

In contrast, and paradoxically, respondents strongly rejected the notion that policy factors should determine family size, claiming that financial considerations were not a central factor in their decision-making, despite acknowledging the high financial costs associated with raising children. This apparent inconsistency can be understood through the lens of rational choice theory (see e.g. Becker, 1960): even though large families face significant financial costs, children are perceived as having a higher intrinsic value, a perception driven by strong religious beliefs.

Some respondents also emphasised the need for labour market incentives because of economic reasons and opportunity costs. These perceptions about the need to support mothers in the labour market align with the narrative identified by Garrett *et al.* (2017), describing 'paid work as a luxury', where mothers express a desire to work but are hindered by childcare costs and labour market conditions. In contrast, all the respondents unanimously supported the usefulness of extended paid leave, with some rejecting the idea of promoting work-life balance. One respondent even described nursery care as 'the worst crime in the world'. The expressed gender stereotypes, particularly those highlighting mothers as 'primary caregivers', align with stereotypes commonly noted in academic literature (Valiquette-Tessier *et al.*, 2019). According to Hašková *et al.* (2012), myths about ma-

ternal care being essential until a child reaches the age of three and the dangers of nursery schools are prevalent in the Czech context, which is similar to the Slovak one. Experts such as psychologists and paediatricians have also perpetuated the idea that 'children under the age of three should stay with their mother' (Hašková – Dudová, 2017). This reflects the norm of 'threeness' described by Saxonberg (2014). My findings indicate that this belief is particularly widespread among the interviewed mothers of large families.

Additionally, I found that the state's incentives and welfare system provisions can be negatively perceived and may discourage further fertility. Some respondents highlighted the 'two-child norm' in society, the policy realm, and the market as well, which discourages people from having a large family. This has been documented in past academic research, e.g. by Sobotka and Beaujouan (2014), who found that across Europe the ideal family size consistently oscillate around two children.

To conclude, the findings and limitations of this study suggest future directions of research. Most notably, the range of heterogeneous perceptions observed within my otherwise homogenous group of respondents suggests the need for a deeper investigation into the reasons behind these contradictions, particularly regarding financial and career costs. The various perceptions of institutional early childhood care also require further exploration. Lastly, I recommend that future research include a sample of Catholic childless women, non-religious mothers of large families, and the fathers of large families, the populations that were not represented in my study.

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