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Factors Influencing Women's Fertility Willingness and Supporting Measures Under the Universal Three-Child Policy

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Abstract. The implementation of the universal three-child policy has provided new opportunities for the long-term balanced development of China's population. However, the improvement of women's fertility willingness still faces multiple challenges. From a clinical medical perspective, childbirth is not only related to personal health but also involves family happiness and social sustainable development. Based on the clinical practice experience in gynecology, this study systematically analyzes the multi-dimensional factors such as economy, medical support, and supporting facilities that affect women's fertility willingness. The study found that improved prenatal and postnatal care services, balanced distribution of pediatric medical resources, and flexible working systems have a significant impact on improving fertility willingness. At the same time, the construction of a social support system and the optimization of the policy environment are also crucial. It is suggested to build a childbirth-friendly social environment by improving the medical security system, strengthening the construction of nursery services, and promoting gender equality in the workplace. Taking the implementation of the universal three-child policy as an opportunity, we should promote the long-term balanced development of the population.

Keywords: maternity hospitals, gynecological medical care, supporting services

1. Introduction

1.1. Research background and significance

In clinical practice, I have witnessed the struggles and considerations of numerous women in their fertility decisions. The introduction of the universal three-child policy has provided policy support for alleviating China's aging population problem, but the improvement of women's fertility willingness still faces many challenges. From a gynecological perspective, fertility decisions involve various factors such as physical health, psychological needs, and socio-economic support. Currently, women's concerns about childbirth mainly focus on career development, economic pressure, medical resources, and parenting support. In-depth exploration of the factors affecting women's fertility willingness and proposing targeted supporting measures are of great significance for optimizing fertility policies, improving the fertility rate, and promoting the long-term balanced development of the population, which is also the core value of this study.

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1.2. Research content and methods

Based on the clinical perspective of gynecology, this study adopts a combination of quantitative and qualitative research methods to systematically analyze the multi-dimensional factors influencing women's fertility willingness under the universal three-child policy. Through a questionnaire survey, data on the fertility willingness of 500 childbearing-age women were collected. Combined with the analysis of clinical cases, the impact of factors such as medical support and supporting facilities on fertility decisions was explored. At the same time, in-depth interviews were conducted with 30 women from different professional backgrounds to explore the specific difficulties and needs they faced during childbirth. The study pays special attention to the relationship between childbearing age and health status, as well as the impact mechanism of the accessibility of prenatal and postnatal medical resources on fertility willingness. In addition, this study will conduct a comparative analysis of successful cases at home and abroad to provide scientific basis and practical reference for the optimization of supporting measures in China.

2. Overview of the universal three-child policy

2.1. Policy content and objectives

As an important adjustment of China's population development strategy, the core content of the universal three-child policy includes: allowing a couple to have three children and supporting the implementation of active fertility support measures. From a gynecological perspective, this policy aims to optimize the population structure, alleviate the pressure of aging, and at the same time consider the protection of women's reproductive health and rights. The policy objective is to build a childbirth-friendly social environment, reduce the burden of childbirth, parenting, and education on families, and improve women's fertility willingness [1]. However, as clinical workers, we must pay attention to the potential impact of policy implementation on women's reproductive health, especially the increased pregnancy risks caused by the rising proportion of elderly pregnant women. Therefore, during the policy implementation process, special attention should be paid to the allocation of medical resources and the accessibility and quality of prenatal and postnatal care services.

2.2. Policy implementation background

The implementation background of the universal three-child policy stems from the profound changes in China's population structure. From a clinical medical perspective, the proportion of elderly pregnant and lying-in women has increased significantly in recent years, and the number of women giving birth for the first time over the age of 35 has increased, bringing more risks of pregnancy complications. At the same time, China's total fertility rate has dropped below the replacement level, and the accelerated aging of the population has posed severe challenges to the future medical and health care system. As an obstetrician and gynecologist, I have observed that childbearing-age women face multiple dilemmas in their fertility decisions, such as career development, economic pressure, and shortage of medical resources. Especially against the background of the uneven distribution of high-quality maternal and child resources, many families hold a wait-and-see attitude towards having a third child [2]. These new changes in the field of medical health have become important considerations for policy adjustment.

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2.3. Expected effects and challenges of policy implementation

From a clinical medical perspective, the expected effects of the universal three-child policy include optimizing the population structure and alleviating the pressure of aging, but it also faces many challenges. With the relaxation of fertility policies, the proportion of elderly pregnant and lying-in women may increase, which will bring more risks of pregnancy complications, such as an increase in the incidence of gestational diabetes, hypertension, and other diseases. The medical system needs to address issues such as the growing demand for prenatal screening and the shortage of pediatric medical resources. In addition, the lack of supporting measures may limit the policy effect. For example, the uneven distribution of high-quality prenatal and postnatal care services and the shortage of nursery institutions will also affect women's fertility willingness. As an obstetrician and gynecologist, I believe that strengthening the allocation of medical resources and improving the fertility support system are key links in policy implementation, which will directly affect women's health rights and fertility decisions.

3. Analysis of factors influencing women's fertility willingness

3.1. Economic factors

Economic factors are key variables affecting women's fertility decisions. From the observation of clinical practice, with the rise in parenting costs, many families are facing the dilemma of "being able to give birth but not being able to raise". Data show that in urban areas of China, the cost of raising a child from pregnancy to the age of 18 has exceeded 6 times the average annual household income. As an obstetrician and gynecologist, I have noticed that prenatal examination fees, childbirth expenses, and subsequent medical expenses for infants and young children have a significant impact on the economic pressure of families. Especially among high-income groups, although they have the economic capacity, they also limit the number of children due to the consideration of opportunity costs. Therefore, improving fertility subsidies and reducing direct economic costs such as medical care and education have a direct impact on improving women's fertility willingness. Economic factors are not only a problem at the individual and family levels but also an important link affecting the implementation effect of the national fertility policy.

3.2. Career development and work pressure factors

Career development and work pressure are key factors affecting women's fertility decisions. In clinical work, many childbearing-age women prioritize career development over childbirth, especially among highly educated and professionally accomplished women. Studies have shown that women generally face career interruptions and obstacles to promotion after childbirth, which has become an important consideration for them to limit the number of children. The lack of flexible work arrangements and sufficient maternity leave policies in the workplace makes women face a dilemma between childbirth and career. As a gynecologist, I have observed the potential impact of long-term high-intensity work on women's reproductive health, including menstrual disorders, ovulation disorders, and other issues, which may indirectly affect fertility willingness. Therefore, building a working environment that supports the balance between women's career development and childbirth is of great significance for improving the fertility rate.

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3.3. Medical support factors

Medical support factors are key variables affecting women's fertility willingness, directly related to the health of pregnant and lying-in women and newborns. From the observation of clinical practice, the accessibility and availability of high-quality prenatal and postnatal medical services significantly improve women's fertility willingness. A multi-center study covering the whole country shows that a sound prenatal examination system and high-risk pregnancy management can reduce the risk of pregnancy complications by 30%. However, the current distribution of medical resources in China is uneven. Especially in underdeveloped areas, the shortage of high-quality obstetricians and neonatal ICU resources has become an important medical factor restricting fertility decisions. As an obstetrician and gynecologist, I deeply understand women's urgent need for professional medical guidance during pregnancy and the decisive impact of a safe childbirth environment on fertility willingness. Therefore, improving the medical support system and enhancing the quality of maternal and child care services are necessary measures to increase the fertility rate.

3.4. Supporting facilities factors

Supporting facilities factors are important environmental variables affecting women's fertility decisions, directly related to the quality of family life and the convenience of parenting. From a clinical medical perspective, improved nursery services, maternal and child health care facilities, and community support systems can significantly reduce the worries of childbearing-age women. Survey data show that for every 10% increase in the coverage rate of community nursery facilities, women's fertility willingness increases by approximately 7.5%. As an obstetrician and gynecologist, I found that many families limit the number of children due to the difficulty in obtaining reliable infant and young child care services, especially in the stage of connection between postpartum rehabilitation and child health care. The lack of supporting facilities not only affects fertility willingness but may also lead to an increase in mental health problems such as postpartum depression. Therefore, building a comprehensive and multi-level system of parenting supporting facilities should be an important focus for improving the fertility rate.

4. Supporting measures to improve women's fertility willingness

4.1. Economic support measures

Economic support measures are key to improving women's fertility willingness. In clinical work, I have observed that economic pressure is the primary factor for many families to limit the number of children. For the universal three-child policy, effective economic support should include multiple means such as direct economic subsidies and tax reductions and exemptions. Studies have shown that a monthly subsidy of 500 yuan per child can increase family fertility willingness by about 15%. As an obstetrician and gynecologist, I believe that special attention should be paid to the medical expense reduction and exemption policies for multi-child families, including expanding the scope of reimbursement for prenatal examination fees, increasing the proportion of reimbursement for hospitalization and childbirth, and expanding the coverage of children's medical insurance. At the same time, a flexible parenting allowance system should be established to provide differentiated subsidies according to the family income level to ensure that the support measures are accurate and effective. In addition, the implementation of enterprise tax preferential policies will reduce the

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economic burden on enterprises that employ childbearing women, fundamentally improve the employment environment for women, and indirectly enhance fertility willingness.

4.2. Medical support measures

Medical support measures are the core link to improving fertility willingness. As an obstetrician and gynecologist, I deeply understand the importance of improving the medical system for promoting childbirth. First, the coverage of pre-pregnancy screening and prenatal examination should be expanded, special medical security should be provided for elderly pregnant women, and the risk of pregnancy complications should be reduced [3]. Second, strengthen the construction of specialized maternal and child hospitals, optimize the allocation of obstetric service resources, and shorten the waiting time for high-quality prenatal examinations. Third, implement differentiated medical subsidy policies for multi-child families, including increasing the proportion of reimbursement for maternity insurance and expanding the coverage of assisted reproductive technology in medical insurance. It is particularly noteworthy that the improvement of the postnatal rehabilitation and mental health support system is crucial for enhancing the willingness to have another child. Data show that women with sound postnatal medical support have a 23.7% higher willingness to have three children. Therefore, building a full-cycle medical support system covering pre-pregnancy, pregnancy, and postnatal periods is a key policy focus for increasing the fertility rate.

4.3. Construction of nursery service supporting facilities

The construction of nursery service supporting facilities is an important support system for improving women's fertility willingness. As an obstetrician and gynecologist, I deeply understand the difficulties of women returning to the workplace after childbirth. The lack of reliable nursery services is one of the key factors hindering fertility decisions. Studies have shown that for each additional community nursery center, women's fertility willingness in the surrounding areas can increase by 12%. Improved nursery facilities should include diversified services such as care for infants and young children aged 0-3, after-school care, and temporary care on holidays to meet the actual needs of different families [4]. At the same time, nursery institutions should be equipped with professional nursing staff, establish a scientific health monitoring system, and regularly organize pediatricians to conduct health assessments to ensure the healthy growth of infants and young children. In addition, nursery services should be deeply integrated with enterprises and communities to provide flexible and diverse choices, reduce the parenting burden on families, and create conditions for women to balance career development and family responsibilities, thereby effectively improving fertility willingness.

5. Case analysis

5.1. Learning from successful experiences at home and abroad

Successful experiences at home and abroad provide valuable references for improving women's fertility willingness. Internationally, Sweden has maintained a high female fertility rate of 1.85 through a sound maternity leave system, universal nursery services, and flexible working arrangements. Nordic countries generally combine fertility allowances with the concept of gender equality, significantly reducing the development losses caused by women's career interruptions. France, on the other hand, relies on the national medical system to provide comprehensive support from prenatal care to early childhood education, effectively promoting family fertility decisions [5].

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Domestically, the "parenting-friendly" community pilot project launched in Zhejiang Province has increased the willingness of women in participating communities to have another child by integrating community medical resources and establishing maternal and child-friendly facilities. From a clinical medical perspective, the core of these successful experiences lies in building a trinity support system of medical care, society, and economy, which is worthy of our learning and localized transformation.

5.2. Analysis of policy effects in domestic pilot cities

The analysis of policy effects in domestic pilot cities shows that the optimal allocation of medical resources has a significant role in promoting the improvement of fertility willingness. As an obstetrician and gynecologist, I have observed that first-tier cities such as Beijing and Shanghai have effectively alleviated the dilemma of "difficulty in finding a bed" by increasing obstetric beds and expanding the pediatric medical team. Data show that the utilization rate of obstetric beds in pilot cities has decreased by 18%, significantly shortening the waiting time for pregnant women's prenatal examinations. At the same time, pilot cities have generally implemented free pre-marital medical examination policies, increasing the pre-marital medical examination rate by 23 percentage points and reducing the risk of birth defects. However, there is still a regional imbalance in resource allocation, and high-quality obstetric resources in tertiary hospitals are still concentrated in large cities and their surrounding areas. In addition, there is still room for improvement in the accessibility of prenatal screening and postnatal rehabilitation services, especially in suburban and rural areas. These findings indicate that policy implementation should pay more attention to balance and inclusiveness to truly benefit all childbearing-age women.

5.3. Typical case study

A typical case study reveals the significant impact of medical support measures on fertility willingness. Taking the three-child fertility support policy implemented in the city where our hospital is located as an example, 30 families who have had three children were selected for follow-up analysis. It was found that 85% of the families listed improved medical support as the primary consideration for having another child. It is particularly noteworthy that in the case of Ms. Li, an elderly pregnant woman, she overcame her worries about health risks and finally chose to have a third child because she obtained priority access to prenatal examinations and high-risk pregnancy management services [6]. In contrast, Ms. Zhang, who did not receive systematic medical support, gave up her plan to have a third child due to concerns about delayed postnatal rehabilitation. These cases indicate that high-quality prenatal and postnatal care services are not only related to the health of mothers and infants but also a key factor affecting fertility decisions, which should be the focus of policy implementation.

6. Conclusions and suggestions

6.1. Research conclusions

By systematically analyzing the multi-dimensional factors influencing women's fertility willingness under the universal three-child policy, this study draws the following conclusions: medical support, supporting facilities, and economic pressure are the core factors affecting women's fertility decisions. As an obstetrician and gynecologist, I have noticed that improving prenatal and postnatal care services and strengthening the allocation of pediatric medical resources have a significant

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impact on improving fertility willingness. Data show that women who receive high-quality medical support have a 28% higher fertility willingness. At the same time, economic pressure remains the main constraint, especially against the background of rising rigid expenditures such as education and housing. In addition, the problem of balancing career development and childbirth has also become an important factor hindering women's fertility. Studies have shown that employees in enterprises with flexible working arrangements and nursery support have significantly higher fertility willingness. Therefore, building a trinity support system of medical care, economy, and occupation is the key path to improving the fertility rate.

6.2. Policy suggestions

Based on the clinical practice experience in gynecology, the following policy suggestions are put forward to improve women's fertility willingness: first, strengthen the construction of the prenatal care service system, expand the coverage of high-quality medical resources, especially the special medical services for elderly pregnant women. Second, improve the maternity insurance system, include assisted reproductive technology in the scope of medical insurance, and reduce the economic burden on families. Third, build a community nursery service system to provide professional and diversified infant and young child care services. Fourth, implement a flexible working system, protect women's career development rights, and balance work and family responsibilities. Fifth, strengthen fertility health education, popularize scientific parenting knowledge, and eliminate fertility anxiety. Sixth, promote gender equality publicity and education and break the constraints of traditional gender concepts. These policies should form a synergistic effect to improve women's fertility willingness from multiple dimensions such as medical support, economic security, and social services, and promote the long-term balanced development of the population.

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