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นิพนธ์ต้นฉบับ **Original article**

Determinants of fertility decline in developing countries: A Scoping Review

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Abstract

The decline in fertility rates is a phenomenon observed in nearly all countries worldwide, regardless of their level of economic development, and represents a key driver of population aging. This scoping review aimed to systematically synthesize evidence on factors influencing fertility decline among women in developing countries and identify research gaps to inform future studies in similar contexts.

A literature search was conducted through online databases covering publications from 1999 to December 2, 2024, following the PRISMA - ScR guidelines. After screening 4,581 records, 24 studies meeting the inclusion criteria were selected, comprising 19 national - level and 5 international - level studies.

The synthesis identified that fertility decline is determined by multidimensional factors, categorized into four thematic areas: (1) education and socio - economic status, (2) urbanization and living environment, (3) contraceptive use and intermediate determinants, and (4) population policies and cultural influences. Within diverse demographic contexts, these factors contribute to delayed childbearing, reduced total fertility rates, and shifts in reproductive behavior. The identified themes provide a comprehensive overview of the determinants of fertility decline in developing countries and may inform future research and policy development aimed at responding to sustained low fertility.

Keywords: fertility; reproductive health; population; PRISMA - ScR; scoping review

Introduction

Fertility decline is a global trend. [1 - 4] When fertility remains below replacement level for a prolonged period, successive birth cohorts become smaller, gradually transforming the population age structure from a broad - based pyramid into a top - heavy or potentially inverted pyramid. This demographic shift contributes to population ageing and may eventually reduce the size of the working - age population while increasing the old - age dependency ratio. Consequently, a shrinking labor force and contribution base may have to support a growing older population, placing increasing pressure on economic productivity, pension and social security systems, healthcare services, and long - term care provision. These pressures may become particularly pronounced in countries where fertility decline and population ageing occur rapidly, leaving limited time for institutions and social protection systems to adapt. Therefore, understanding the factors driving fertility decline is important for providing countries with an evidence base for developing timely and effective population and family policies.

Many developing countries, in particular, have experienced rapid fertility decline alongside accelerated socioeconomic development and urbanization. [5, 6] The decline in fertility is driven not only by increasing contraceptive use but also by a complex interplay of cultural, social, economic, and individual factors. A comprehensive analysis of these factors is therefore crucial for understanding demographic shifts in these countries and informing policies that respond to their long - term consequences.

To date, several studies have explored the relationship between socioeconomic factors and reproductive behavior. [3] Many studies have concluded that fertility is not only affected by one factor, but by a complex combination of economic, cultural, and social factors, and population policies. [3, 7] These factors shape the reproductive behavior of couples. However, due to the broad scope and multidimensional nature of the issue, studies on fertility often focus on a single or a few factors. This results in a lack of a comprehensive overview of fertility - related factors at the individual, population (national), and population (state) levels. A scoping review is appropriate for reviewing, synthesizing, and systematically classifying existing evidence, thereby identifying research gaps to guide future research. The goal of this scoping review is to synthesize evidence related to fertility decline in developing countries in order to advance the scientific basis for future research. The findings may inform future research and policy in developing countries undergoing similar demographic transitions.

Objectives

This scoping review systematically mapped and synthesized existing evidence on the determinants of fertility decline among women in developing countries to inform further research. The following research

question was formulated: What is known about the determinants of fertility decline in developing countries?

Methods

Protocol and Registration

We developed the protocol following the PRISMA - ScR guidelines. The protocol was developed jointly by the authors and registered with the Open Science Framework (OSF) to ensure transparency and reproducibility. A preliminary version of the protocol is available at https://osf.io/vfhyd/. All significant revisions to the project were recorded and dated on the OSF registration page.

Eligibility Criteria

Inclusion criteria: Publications released from January 1, 1999, to December 02, 2024. Developing countries were defined according to the World Bank income classification at the time of the review. Only studies conducted in countries classified as low - , lower - middle - , or upper - middle - income economies were eligible. The publication also had to be in English and address factors influencing fertility, such as social, economic, policy, geographical, and educational. Exclusion criteria: Publications from non - peer - reviewed journals and grey literature such as conference abstracts, theses, reports, and similar materials.

Search Strategy

We conducted a search across multiple databases, including PubMed, Scopus, Cochrane Library, and ScienceDirect, to identify potentially relevant studies. The publications were released from January 1, 1999, to December 02, 2024. The search strategy included geographic terms related to Southeast Asia, and developing countries. Although Africa was not specified as a search term, eligible studies from African countries were retrieved by the databases and met the predefined inclusion criteria. The final search was imported into the Rayyan tool, where duplicate articles were removed. The articles of interest were imported into EndNote for full - text search and screening.

Ethical Approval

Not applicable because this study is a secondary analysis of published literature and did not involve human participants.

Results

Study Selection

In the process of screening and selecting publications, we applied the PRISMA - ScR flow diagram. Figure 1 illustrates the entire screening process. At each stage, two authors conducted independent screening, and discrepancies or inconsistencies were resolved via discussion. The screening and data management process was primarily supported by EndNote.

A standardized data - charting form was developed to extract relevant information from each included study. Extracted data included author, publication year, country, data source, study population, sample size, determinants of fertility decline, and key findings. Data extraction was performed by the first author.

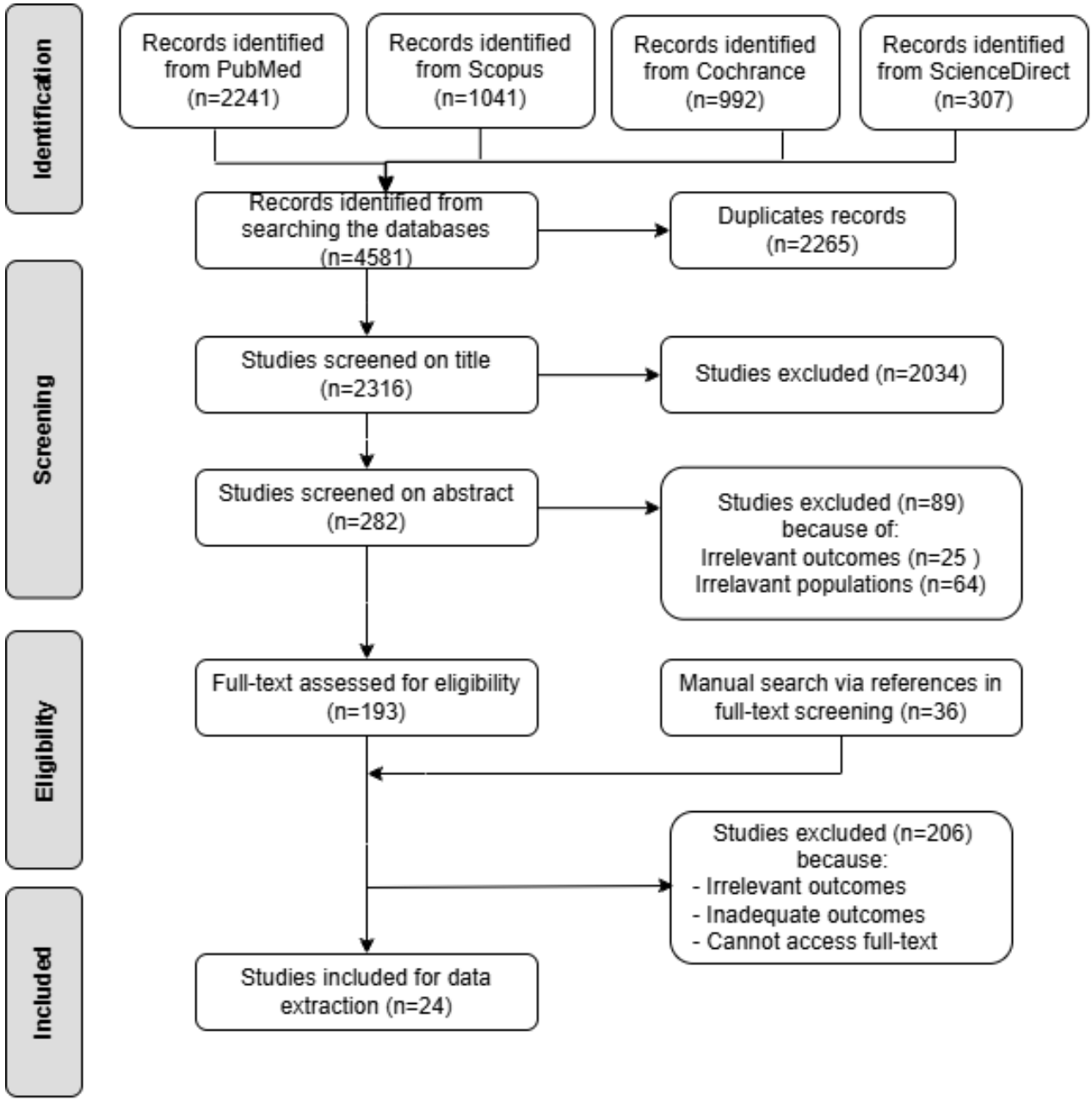

Figure 1. PRISMA - ScR flow diagram of the selection process

Extracted findings were analyzed using an inductive thematic synthesis approach. Determinants identified across studies were coded and grouped into similar categories. Through iterative discussion among the reviewers, these categories were refined into four overarching themes representing the major determinants of fertility decline (Table 1). Within each theme, we summarized the outcomes of studies conducted across various countries to highlight patterns and key factors influencing fertility

Table 1. Ecological factors related to fertility changes

Theme	Main issues/factors	Relevant studies
Education and socioeconomic status	1) Women with higher education tend to have fewer children 2) Higher education associated with late marriage and better job opportunities 3) Economic development enables women to have more options in their careers and limits family size. 4) Education enhancement are correlated with the fertility rate	Yirsaw, Taye[8] Boateng, Oppong[9] Panopoulou and Tsakloglou[10] Rad, Tavakkoli[11] Ali, Ali[12] Atama, Ebimgbo[13] Masih and Masih[14] Orwa, Gatimu [15] Shekhar, Das[16] Nega, Assefa Hailemariam[17] Paulino and Abel[18] Gurmu and Mace[19] Hasan, Islam[20] Shen, Zhao[21] Bradshaw, Perry[22] Nyarko[23]
Urbanization and Living Environment	1) Women in urban areas tend to have fewer children than those in rural areas. 2) The cost of child - rearing, work pressure, and health care assessment motivate women to have fewer children 3) Types of work also affect the number of children. 4) Urbanization enhancement are correlated with the fertility rate	Orwa, Gatimu[15] Shekhar, Das[16] Nega, Assefa Hailemariam[17] Paulino and Abel[18] Gurmu and Mace[19] Hasan, Islam[20] Shen, Zhao[21] Nyarko[23] White, Muhidin[24] Keskin and Çavlin[25] Agadjanian[26] Timæus and Moultrie[27]
Contraceptive use and mediating factors	1) Contraceptive use helps women control their childbearing time. 2) Unmet need for contraception, frequency of contraceptive use, and women's age are intermediate to the fertility rate.	Masih and Masih[14] Orwa, Gatimu[15] Shekhar, Das[16] Paulino and Abel[18] Hasan, Islam[20] Shen, Zhao[21] Bradshaw, Perry[22] Nyarko[23] Timæus and Moultrie[27] Muza[28] Abdelghany, El Abbbasy[29] Onagoruwa and Wodon[30]
Influence of policies and cultural factors	1) Population policies and cultural environment are linked to the fertility trend 2) The combination of population and education improvement decreases the fertility rate 3) Lack of relative policies might lead to a tendency towards voluntary childlessness or a one - child family.	Rad, Tavakkoli[11] Masih and Masih[14] Orwa, Gatimu[15] Shekhar, Das[16] Nega, Assefa Hailemariam[17] Hasan, Islam[20] Shen, Zhao[21] Bradshaw, Perry[22] Nyarko[23] Keskin and Çavlin[25] Timæus and Moultrie[27] Bora, Saikia[31]

Source: Authors' synthesis

As shown in Table 1, socioeconomic status and education have an impact on fertility. Numerous studies show a negative connection between fertility and women's education. Similar patterns have been found in Ethiopia, Iran, Ghana, and Bangladesh. [8, 9, 11, 31] Higher educational attainment was associated with later marriage, greater access to reproductive health resources, and better job opportunities. In addition, socio - economic conditions were also reported to influence couples' childbearing decisions. [12, 13]

Women who live in urban areas typically have fewer children than those who live in rural areas. Studies reported that higher child - rearing cost, work obligations, and better access to family planning and healthcare services were associated with lower fertility. These patterns have been found in Ghana, Turkey, and Mozambique. [24 - 26]

Proximate and intermediate determinants of fertility, such as contraceptive use and marriage - related exposure, were commonly identified across the reviewed studies. A study from Zimbabwe found that contraceptive use enabled women to control the timing of childbearing. [28] Evidence from Egypt showed that intermediate factors - particularly unmet need for family planning, discontinuation of contraceptive methods, the number of discontinuations, and under - five child mortality - had stronger total effects on recent births than direct factors such as exposure to family - planning messages, women's employment status, wealth, and age. [29] In addition, a multi - country study across 15 African and South Asian countries reported that later marriage was significantly associated with lower fertility. [30] Collectively, these findings underscore the more direct and immediate roles of proximate and reproductive - timing factors in translating broader socioeconomic conditions into fertility outcomes. In particular, contraceptive behavior and the timing of marriage and first birth shape whether and when childbearing occurs and therefore constitute key pathways of fertility decline. By contrast, distal socioeconomic factors generally operate indirectly by influencing these reproductive behaviors and life - course transitions.

A study in Iran found that women's fertility patterns differed according to religion, socioeconomic status, and place of residence. [11] In Bangladesh, the rapid fertility decline between 1980 and 2014 was associated with the combined effects of population policies and improvements in women's education. [31] A study in Turkey showed that declining fertility may increase the proportion of women having only one child or remaining childless in the absence of pronatalist policies. [25]

Figure 2 provides a descriptive visualization of the determinants identified across the included studies. Socioeconomic status; education; urbanization and living conditions; contraceptive use, and other mediating factors; demographic policies; and cultural influences were among the most frequently reported themes.

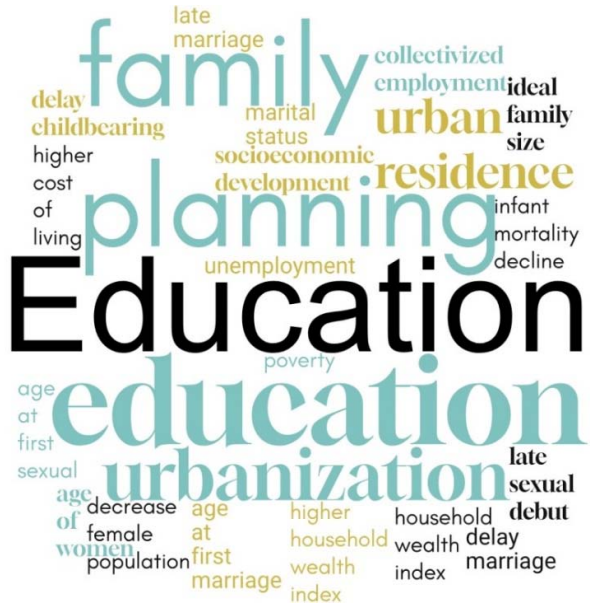

Figure *2*. Word cloud of determinants of fertility decline in developing countries

This word cloud illustrates the major factors influencing fertility decline identified in included studies. The size of each word reflects its relative prominence in the reviewed sources. Key determinants include education, urbanization, family planning, residence, marital status, age at first marriage, delay in childbearing, and household wealth index. The figure is presented as a descriptive visualization and is not intended as a method of evidence synthesis.

Source: author's construction

Discussion

This scoping review indicates that fertility decline in developing countries, with evidence primarily from Asian countries and several studies from Africa is a clear and consistent trend, even in countries with low economic development. The predominance of nationally representative survey and census data in the included studies strengthens the credibility and generalizability of the available evidence. In addition, government - led family planning programs have been identified as key factors in expanding access to contraceptives and contributing to fertility reduction. [32 - 34]

Women's education and socioeconomic conditions emerge as core determinants, with a consistent association between higher educational attainment and delayed marriage and smaller family size. [32, 35, 36] This relationship may be explained by several interconnected mechanisms. Women with higher educational attainment are more likely to postpone marriage and childbearing, participate in the labor market, and have greater autonomy in reproductive decision - making. Education also improves access to reproductive health information and family planning services, enabling women to better plan the timing and number of births. Together, these factors contribute to lower fertility levels across different socioeconomic settings. Once low fertility becomes entrenched in highly educated and economically advanced societies, however, reversing the decline can be particularly

difficult. Fertility decisions in these contexts are shaped not only by the direct financial costs of raising children but also by opportunity costs, work–family incompatibility, housing and employment uncertainty, and the unequal distribution of caregiving responsibilities. Evidence indicates that cash benefits alone generally have no or only modest and often temporary effects on fertility, sometimes changing the timing of births rather than increasing completed family size. [37, 38] Consequently, sustained fertility recovery is likely to require comprehensive and long - term structural support rather than financial incentives alone.

Urbanization and mass media also play supporting roles by improving access to reproductive health services and promoting small - family norms through the "diffusion of innovations" process. [32, 39] Beyond disseminating reproductive health information, mass media and urban social networks expose individuals to lifestyles in which later marriage, fewer children, and greater investment in each child are increasingly portrayed as markers of modernity, personal autonomy, and upward social mobility. Through repeated exposure, social learning, and interaction with urban peer networks, small - family preferences may gradually become socially accepted and even aspirational norms. Urban environments may further reinforce fertility decline through multiple pathways. Compared with rural areas, urban households generally face higher housing and child - rearing costs, while women are more likely to pursue higher education and employment. These conditions increase the opportunity costs of childbearing and encourage the postponement or limitation of births. In addition, better access to reproductive health services in urban settings facilitates the adoption of modern contraceptive methods. At the same time, enduring cultural influences, particularly Confucian values, continue to shape reproductive behavior through their effects on the timing of marriage, contraceptive practices, and family - size preferences. [34, 40]

Taken together, these findings show that reproductive behavior is shaped by both individual circumstances and broader policy environments. Family planning, comprehensive sexuality education, childcare, parental leave, and employment protection can help couples achieve their desired timing and family size, whereas inadequate support may contribute to delayed or forgone births and unintended childlessness. Responses to persistent low fertility should therefore address structural barriers rather than rely solely on short - term financial incentives.

Regional differences highlight the importance of sociocultural context. In Asia, economic development, women's education, and effective family - planning policies have been associated with more rapid fertility decline. By contrast, early marriage, polygyny, and high child mortality have tended to sustain higher fertility and slow the fertility transition in parts of sub - Saharan Africa. [41] These regional differences indicate that fertility change results from multiple interacting determinants operating at the individual, household, community, and policy levels. Population

policies alone are therefore unlikely to be sufficient. In countries experiencing persistent low fertility, cash transfers and pronatalist appeals may have limited effects unless they are combined with investments in women's education and economic opportunities, affordable childcare, parental leave, employment protection, and a more equitable distribution of caregiving responsibilities. Such measures can reduce the pressure on women to choose between employment and parenthood and therefore require a coordinated, multidimensional policy response. In Vietnam, evidence remains limited, particularly regarding the effectiveness of fertility - related policies. Most existing studies have used cross - sectional data, limiting causal inference and highlighting the need for further quantitative research using longitudinal or intervention designs.

Limitations

This scoping review was conducted with careful adherence to the standard PRISMA - ScR guidelines. Our study has some limitations. First, although we aimed to comprehensively identify studies on the determinants of the fertility decline, the literature search was conducted up to early December 2024; therefore, studies published after this date were not included. Second, we only selected and extracted data from published studies written in English, which may have introduced language and publication bias and excluded relevant evidence in other languages or in the grey literature. Third, our search strategy was limited to the selected databases and predefined search terms. Consequently, some relevant studies may have been missed. Therefore, the findings should be interpreted with caution and may not fully represent the entire body of fertility decline in developing countries.

Conclusion

This scoping review indicates that fertility decline in selected developing countries is a result of the interaction between various factors such as women's education levels, socio - economic status, urbanization, contraceptive use, and policy contexts. Education and economic opportunities enable women to delay childbearing, and urban residents and family planning services support smaller family sizes. These findings highlight the need for integrated, context - specific population and reproductive health policies. Strengthening women's education and equitable access to family planning services may help countries respond more effectively to changing fertility patterns.

Recommendation

Future research should clarify how specific cultural contexts shape reproductive behavior and examine younger generations' motivations for having children, fertility intentions, preferred family size, and reasons for postponing or foregoing births. Such research is particularly needed in Vietnam, where evidence on the reproductive preferences of younger adults remains limited. Longitudinal and mixed - methods studies are also needed

to distinguish voluntary childlessness from unrealized fertility intentions and to evaluate the long - term effects of pronatalist policies under conditions of persistently low fertility. Governments should consider policies that reduce the costs of family formation and child - rearing, such as affordable childcare, housing support, parental leave, and employment protection, thereby enabling individuals who desire children to realize their reproductive intentions.

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