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Theory and Review Article

Exploring Benefits and Costs of Childbearing: Current Conceptualizations and Emerging Concerns

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Abstract

This paper delves into the complex interplay of personal, societal, economic, and health-related factors that shape childbearing decisions. By synthesizing diverse theoretical frameworks, we identify overlapping and divergent perspectives on the perceived benefits and costs of parenthood. Notably, we highlight the under-exploration of certain factors, such as health concerns and the impact of climate change, on reproductive choices. By identifying these gaps, we outline key areas for future research. Incorporating these new dimensions into existing studies will lead to a deeper and more current understanding of reproductive decision-making. Consequently, this study underscores the need for comprehensive research to inform effective policies and support systems for families.

Keywords

Family planning, Reproductive Health, Reproductive decision-making, Values of children, Costs of children

Introduction

The decision to have children, or not to have them, extends far beyond the personal implications, impacting individuals and societies on multiple levels. Consequently, it is a central concern across diverse academic disciplines. Evolutionary and developmental psychologists delve into the reasons why people

choose parenthood or remain childless (Kenrick et al., 2010), as this choice significantly affects an individual's quality of life throughout their lifespan (Abramowska-Kmon et al., 2023; Koropeckyj-Cox, 2002; Koropeckyj-Cox et al., 2007; Nomaguchi & Milkie, 2020). The persistent decline in birth rates and the rise in childlessness in many high-income and industrialised countries brings numerous risks to economic growth and constitutes a challenge for policy makers, putting childbearing choices in at the heart of interest of demographers, sociologists or economists (Frejka et al., 2008; Jones, Charles, 2022; Kreyenfeld & Konietzka, 2017; Myrskylä et al., 2009). Moreover, childbearing decisions are also central to the health sciences due to their strong link with reproductive health. These decisions are shaped by health-related factors and hold major implications for overall health (Nirgianakis et al., 2021; Ørbaek et al., 2020; Shi et al., 2022). The way individuals make these decisions—particularly whether pregnancies are intended or unintended—plays a crucial role in determining maternal and child health outcomes (Gipson et al., 2008; Nelson et al., 2022).

In theoretical models of procreation, recent decades have brought a marked shift, with “choice” replacing “chance” as the primary driver of reproduction (de Bruijn, 1999; Miller, 1983; Skirbekk, 2022). In other words, researchers increasingly view childbearing as a result of a relatively rational and conscious decision, reached on the basis of weighing various benefits and costs associated with parenthood. The proliferation of models across various disciplines reveals a diverse range of perspectives on the advantages and drawbacks of parenthood.

The article begins with a brief overview of theoretical models of procreative decisions central to contemporary literature. We pay special attention to the values and costs of children as conceptualized in these models or identified in empirical studies based on them. Next, we compare the available categorizations of values and costs to identify overlapping and inconsistent areas. Rather than providing an exhaustive synthesis of all available evidence, we offer an integrative overview of how the benefits and costs of childbearing are conceptualized across theoretical models and empirical applications. Our primary focus is on identifying marginalized categories that may be important for reproductive choices. In particular, we highlight health concerns related to the potential child, and highlight them as a key area for future research.

Childbearing choices: Rational choice models

A substantial body of theoretical frameworks has emerged across various disciplines, including psychology, economics, and sociology, that investigate factors relevant to procreative decisions and

childlessness (Klobas & Ajzen, 2015; Leocádio, 2021; McAllister & Clarke, 2000; Skirbekk, 2022). While each discipline offers a unique perspective on this issue, many of these frameworks share common foundational principles. For example, several established models of procreative decisions are grounded in rational choice theory, which posits that decisions regarding parenthood are based on an evaluation of the potential costs and benefits associated with having children.

Chronologically, the first model to explicitly apply the concept of rational choice to procreative decision-making was Gary Becker's New Home Economics model, rooted in economic principles (Becker, 1960, 1973). This theory posits that, while children are considered as (in economic terms) important goods, individuals assess the expected financial and time-related costs associated with childbearing against their available resources before choosing to become parents. Consequently, individuals may choose to postpone or forgo childbearing or allocate their scarce resources to a smaller number of children. The model incorporates explicit mechanisms such as time allocation, income effects, and the quality–quantity trade-off, which allow individuals to evaluate childbearing decisions in relation to their available resources. At the same time, its analytical focus is placed predominantly on the costs associated with having children, while it does not address the potential diversity of benefits that parenthood may entail. As a consequence, some scholars have argued that the benefits of having children are insufficiently theorized within this framework, and that motivations for parenthood amount to a “vacuous concept of utility maximization” (de Bruijn, 1999, p. 60).

A complementary perspective was offered by the Value of Children Model (Hoffman & Hoffman, 1973), which emphasized not only economic benefits of parenthood but also non-monetary and emotional advantages. The Value of Children model also draws on the concept of rational choice and represents the first psychological model to explicitly incorporate this concept into the framework of reproductive decision-making. In contrast to the economic model, it focuses primarily on the potential gains related to having children, aiming to explain how these benefits motivate people's decision to become parents.

Building on the foundation established by the Value of Children Model, the Traits-Desires-Intentions-Behavior (TDIB) model took a more comprehensive approach within psychology (Miller, 1994, 2011). Importantly, the TDIB Model considers both the benefits and costs associated with childbearing, categorizing them in relation to basic emotions of affection and fear. The notion of rational choice is also evident in this model, as the recognition and personal relevance of both the desired and undesired consequences of having

children motivate a complex, sequential decision-making process that ultimately culminates in the choice to pursue or forgo parenthood.

While the TDIB Model emerged as the first comprehensive framework to explicitly address individual decision-making regarding childbearing, alternative approaches also build on the concept of rationality. In particular, many European demographers turned to Ajzen's Theory of Planned Behavior (TPB; Ajzen, 1991), originally designed for analyzing any behavior, and adapted it specifically to the context of procreative decisions (Klobas & Ajzen, 2015; Liefbroer et al., 2015). Ajzen's theory emphasizes the influence of individual attitudes, subjective norms, and perceived behavioral control on procreative decisions. The TPB does not explicitly address the costs and benefits of childbearing but incorporates these concepts indirectly through the construct of attitudes. Attitudes reflect beliefs about the positive or negative consequences of a behaviour, serving as a functional equivalent to cost-benefit considerations in the context of parenthood.

Finally, the Cognitive-Social Model (Bachrach & Morgan 2013; Rackin & Bachrach 2016) complements existing frameworks by emphasizing the role of internal cognitive processes in parental decision-making. The Cognitive-Social Model posits that pre-existing cognitive schemas define individuals' perceptions of and approaches to parenthood. Following the basic tenets of this theory, positive schemas of parenthood can shape an individual's self-image as a nurturing and capable caregiver. Consequently, these established internal narratives, can influence the formation of desires or intentions to become a parent. Similar to the TPB, the Cognitive-Social Model does not explicitly incorporate cost-benefit considerations into its framework. However, parental schemas, laden with positive and negative emotions, functionally resemble the aspects considered by cost-benefit models.

Among the listed theoretical approaches, each is fundamentally based on the concept of rational choice, referring to the basic concept of weighing costs and benefits of parenthood before the decision to have a child is made. However, each model includes its own components and uses different terminology (see Figure 1). Each models takes also a divergent approach to the specific costs and benefits of children. Some models (Bachrach & Morgan 2013; Klobas & Ajzen, 2015), treat costs and benefits as mere steps in the decision-making process without delving into their specific nature. In contrast, other models (Hoffman & Hoffman, 1973; Miller, 1994, 1995) place a strong emphasis on identifying and categorizing these costs and benefits in detail. In the next step, we will present the categorizations suggested in theoretical models and related research.

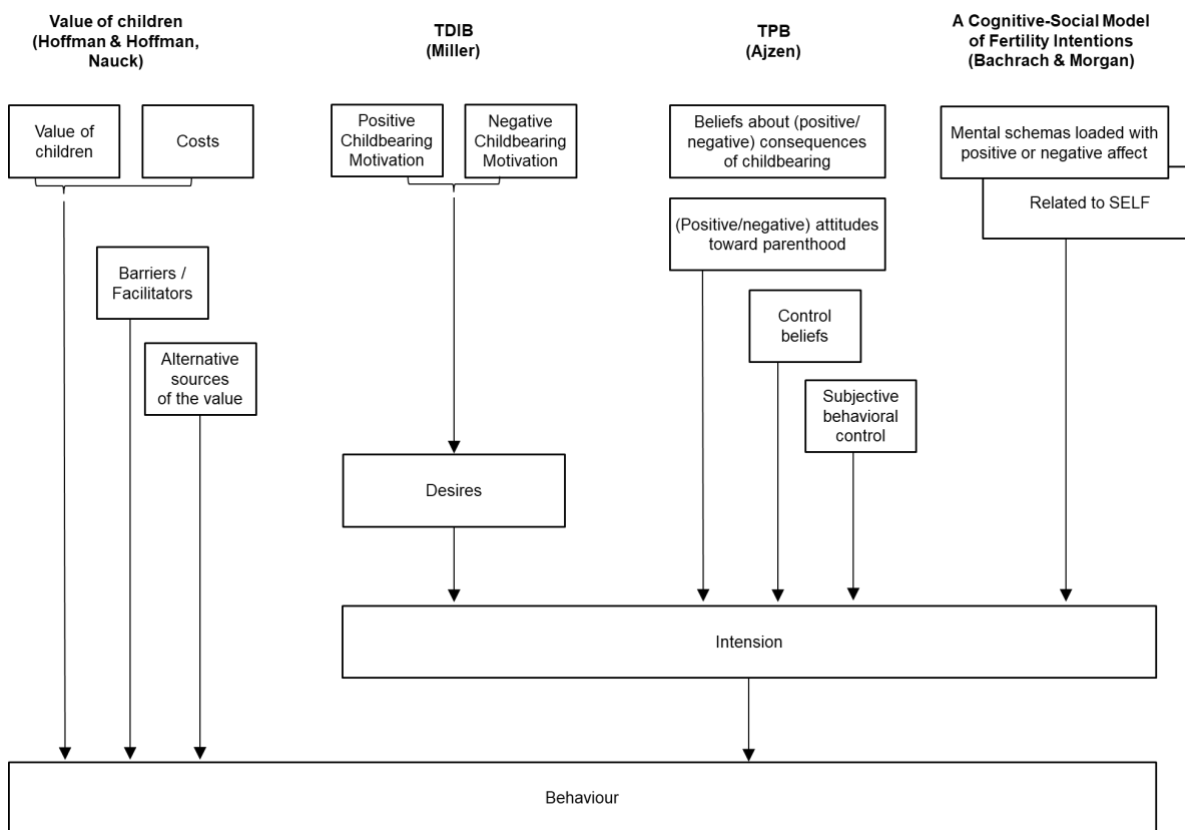


Figure 1. Comparison of theoretical models of reproductive decision-making.

What costs and benefits are related to having children?

The first comprehensive categorization of benefits related to childbearing, which influenced many later studies, comes from the Value of Children model (Hoffman & Hoffman, 1973). Within this approach, the psychological values that drive the decision to have children are categorized into nine distinct categories. These categories were developed based on theoretical considerations and empirical findings, illuminating the multifaceted rewards of parenthood, with a specific emphasis on psychological and social gains.

The VoC model (Hoffman & Hoffman, 1973) conceptualizes the value of children as grounded not merely in individual preferences or subjective motivations, but in socially regulated norms, culturally institutionalized meanings, and structural arrangements that shape expectations surrounding adulthood, family roles, morality, and intergenerational obligations. It distinguishes the following nine categories: (1) Adult status and social identity, which pertains to achieving a socially recognized adult role; (2) Expansion of the self, involving a connection to a larger entity and “immortality”—viewing children as a means to ensure one’s continued existence; (3) Morality, encompassing religion, altruism, the good of the group, norms regarding

sexuality, impulsivity, and virtue—often expressing a desire for loyalty, for instance, to religious communities; (4) Primary group ties and affiliation, such as the emotional fulfilment derived from child-rearing, particularly for women; (5) Stimulation, novelty, and fun, which can provide a distraction from parental worries; (6) Creativity, accomplishment, and competence, gained through the process of raising and educating children; (7) Power, influence, and effectiveness, offering opportunities to shape another person's development; (8) Social comparison and competition, reflecting the pursuit of parental status within peer groups; and (9) Economic utility, including children's contributions to household support and providing security for parents in old age.

The VoC framework has since inspired further research. Subsequent studies frequently focused on a subset of the core categories or employed singular questions to investigate specific values of parenthood (Bulatao, 1981; Fawcett, 1988; Hoffman & Manis, 1979). In later empirical studies, sociologists have primarily emphasized two broad dimensions of child value: economic-utilitarian and psychological-emotional (Ataca et al., 2005; Nauck, 2007; Zelizer, 1994). In more recent publications, the dimension of costs is also explicitly considered. For instance, Nauck (2014) distinguishes two types of values: (1) parental comfort derived from children's support, and (2) stimulation and affection resulting from children's development, as well as (3) the cost of children, covering the financial and time-related expenses associated with child-rearing. Furthermore, he observed that the perceived benefits and costs of raising children can appear at different life stages and evolve throughout the lifespan. For example, immediate emotional benefits can arise from caring for an infant, while long-term effects of childbearing on parents' well-being may cumulate and become evident in older age (Nauck, 2014).

For psychologists, the VoC model similarly inspired exploration of diverse dimensions of costs and benefits of parenthood. Among others, it informed Miller's theoretical foundations of the Traits-Desires-Intentions-Behaviour (TDIB; Miller, 1994, 1995), although the TDIB categorisation of values and disvalues of parenthood took a different form. First, in the model, the two essential components are Positive Childbearing Motivation (PCM) and Negative Childbearing Motivation (NCM). In the Childbearing Questionnaire (CBQ), based on the TDIB Model, Miller (1995) operationalized these motivations into narrower dimensions related to both childrearing benefits and costs. The first category (PCM) encompasses five subdimensions: (1) the joys of pregnancy, birth, and infancy; (2) traditional parenthood related to upholding family traditions and fulfilling religious beliefs; (3) the satisfactions of child-rearing associated

with parenting an older child; (4) feeling needed and connected, through a lifelong bond with a child; and (5) the instrumental values of children tied to the early milestones of parenting. The second category (NCM) includes four subdimensions: (1) the discomforts of pregnancy and childbirth; (2) fears and worries of parenthood, which may arise from various challenges during a child's development; (3) the negatives of childcare, in terms of time, energy, and financial resources; and (4) parental stress, primarily related to fears of weakening the spousal relationship due to parental responsibilities (Huczewska et al. 2023; Miller, 1995).

Even a cursory examination of the above categorizations reveals a significant diversity in the description of the dimensions of gains and losses that parenting can bring. Difficulties in establishing universal categories are further evident in different empirical findings. A good example is the Childbearing Motivation Scale (CMS), grounded in the TDIB Model and empirically validated in the Portuguese context (Guedes et al., 2015). Despite the fact that CBQ (Miller, 1995) and CMS (Guedes et al., 2015) share the same theoretical foundation, they differ in the categorization of positives and negatives of parenthood. It is evident already in the number of categories they consider and their labels. Within the framework of positive motivation, Guedes and colleagues (Guedes et al., 2015) distinguished: (1) personal fulfilment, which highlights intrinsic rewards of parenthood, including bonding, pregnancy, and fulfilling biological instincts; (2) continuity, which includes the desire to perpetuate the family name and establish familial bonds; (3) couple relationship that relates to stronger bonds between the parents as the result of childbearing, and (4) socioeconomic aspects emphasize external motivations for childbearing, such as viewing parenthood as means to fulfil societal expectations. The Negative motivation scale consists of: (1) physical suffering and body-image concerns related to pregnancy, childbearing and birth; (2) marital stress, focuses on difficulties in maintaining partnership autonomy, lifestyle, and intimacy; (3) childbearing burden and immaturity, which include perceived insufficient readiness and emotional immaturity; (4) financial problems and economic constraints, highlights the impact of socioeconomic challenges related to childbearing, and (5) social and ecological worry, which reflects concerns about children's future challenges, driven by social and environmental factors.

In the literature, other empirically derived classifications of benefits and costs of having children can be found, adding to the complexity. For instance, the questionnaire proposed by Langdridge et al. (2005) offers a unique set of items phrased as “reasons for and against” having children. They identified four central reasons for having children and six against it. The reasons for included: (1) carrying on the family name; (2) biological drive; (3) strengthening the parents' relationship; and (4) personal enjoyment. The reasons against included:

(1) the partner's wishes; (2) having less time with a partner; (3) emotional strain; (4) career interference related to childbearing; (5) high responsibility, and (6) a lack of patience for parenting. While the items echo some of the values and disvalues of children mentioned in previous approaches, the utilization of singular items, without grouping them into categories hinders direct comparison with previous models.

Finally, Avison and Furnham (2015) conducted exploratory analyses focusing solely on the costs of parenthood. They sought to understand the motivations underlying voluntary childlessness. The authors identified five subdimensions of these motivations, including: (1) popular reasons for voluntary childlessness, like a preference for a more independent lifestyle; (2) physical and medical concerns, including the fear of having a child with disabilities; (3) issues particularly relevant to women, such as difficulties in balancing motherhood with professional aspirations; (4) ideological reasons for childlessness, connected with environmental concerns or not seeing children as a source of fulfilment; and (5) intrinsic reasons for not having children, attributed to personal characteristics, such as lacking maternal instinct or perceiving parenthood as not in line with one's personality.

Key differences between categorizations of benefits and costs of childbearing

Categorizations of costs and benefits of childbearing vary widely across theoretical models and empirical studies, making direct comparisons between research findings (and the cumulation of knowledge) difficult. We systematically compared dimensions of these categorizations, their labels and definitions. Where available, questionnaires developed to measure costs and benefits of childbearing were examined item by item. All the analyzed material is presented in Supplementary Material 1. In this chapter, we present the key differences between the categorizations and challenges in comparing them.

Before delving into specific differences, it is important to note the shared elements of the analyzed perspectives. Researchers consistently identify emotional fulfilment, gaining social status, and children's support to elderly parents as key positive aspects of parenthood (Guedes et al., 2015; Hoffman & Hoffman, 1973; Miller, 1995). Conversely, negative aspects include the physical and emotional challenges of pregnancy, strain on parents' relationship and financial burdens (Avison & Furnham, 2015; Guedes et al., 2015; Miller, 1995). Regardless of these core similarities in the way costs and benefits are formulated within the rational choice framework, we identify four major types of discrepancies between the models.

First, a key variation in how costs and benefits are conceptualized lies in the differing number of dimensions related to comparable concepts. While three dimensions are distinguished in one categorization, another might encompass the same aspects under a single dimension. For instance, five categories distinguished by Hoffman & Hoffman (1973), related to such values of parenthood as positive emotions, stimulation, accomplishment, or social status (see Figure 2.1. for details), conceptually align with three dimensions in the TDIB model (Miller, 1995), while both the CMS (Guedes et al., 2015) and Nauck's (2007) framework encompass these elements within a single dimension, yet with different labels. These variations in labelling and number of dimensions are also evident in the categorization of costs. While Miller (CBQ), and Nauck employ unidimensional categories to cover the cost of childbearing related to financial expenditures, time and general burden of childbearing, both Guedes (CMS) and Avison propose dual-category frameworks for these costs (see Figure 2.2.).

Second distinction lies in the varying precision of operationalization across different approaches. This variation is evident in the number of items in the questionnaires designed to assess specific aspects. For example, the CBQ (Miller, 1995) assesses the impact of a child on a romantic relationship with a single item, "Strengthening our marriage through a child". In contrast, the CMS (Guedes et al., 2015) dedicates an entire subdimension, "Couple relationship", comprising four items: "Strengthening partnership ties", "Fulfilling partner's project", "Growing as a couple", and "Fulfilling a shared project". This diversity in dimensional structure and measurement precision highlights the challenges in comparing empirical results of studies using different conceptualizations of parental motivations.

Third, questions intended to assess similar constructs reveal substantial interpretive differences across different models. For instance, in the analysed questionnaires include items related to support that children can provide to their elderly parents. Nevertheless, while CMS asks explicitly about financial support ("Having a source of economic support", Guedes et al. 2015), Nauck (2007) employs a more general question "Children can help you when you are old", which may indicate financial or practical support. Alternatively, in CBQ (Miller, 1995), the item phrased as "Having my child provide me with companionship and support later in life" is included in "Feeling needed and connected" dimension, suggesting more emotional-psychological interpretation. Different formats of these questions may result in respondents' divergent interpretations, and can influence their answers, further limiting comparability of the research findings.

Finally, the fourth type of disparity between the analyzed categorizations is visible in how similar content gets categorized differently across instruments, resulting in inconsistent terminology. For example, the CBQ (Miller, 1995) categorizes “Feeling a baby move and kick inside” under a distinct category of “Joys of pregnancy, birth, and infancy”, while in CMS “Pregnancy experience” aligns with the “Personal fulfillment” subdimension, which also encompasses items like “Creating a family” (Guedes et al. 2015). In turn, the original VoC model (Hoffman & Hoffman, 1973) mentions joys of pregnancy within a wider category of „Stimulation, new, positive experiences from parenthood”.

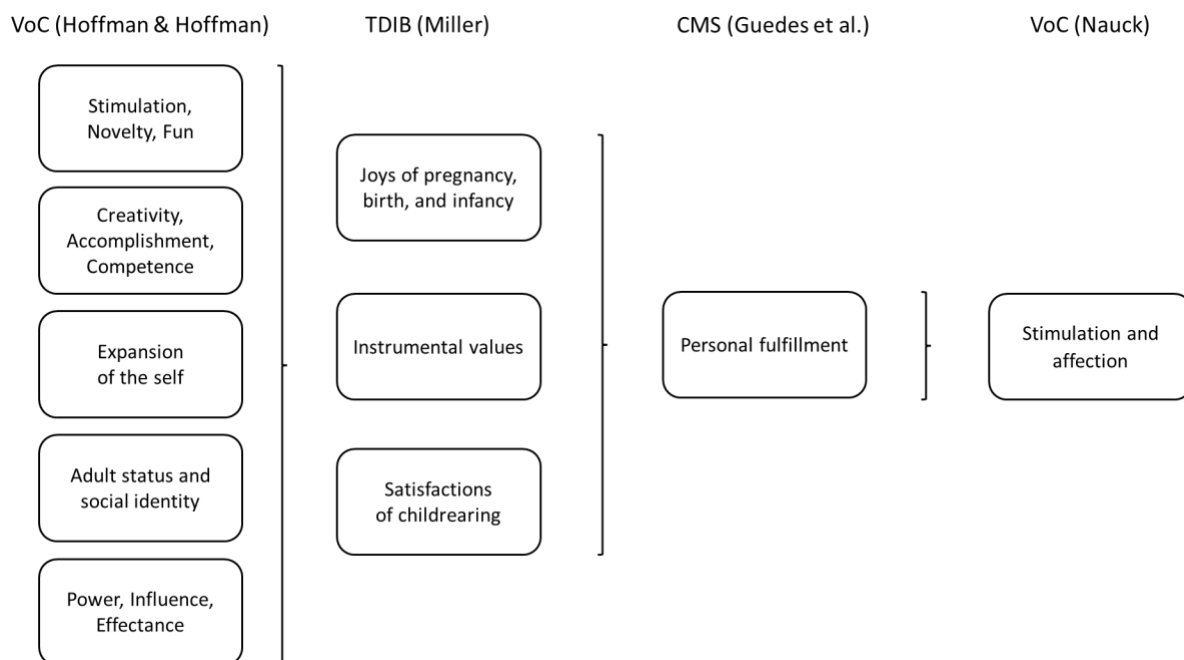


Figure 2.1. The figure illustrates the discrepancies between different conceptualizations of parental benefits.

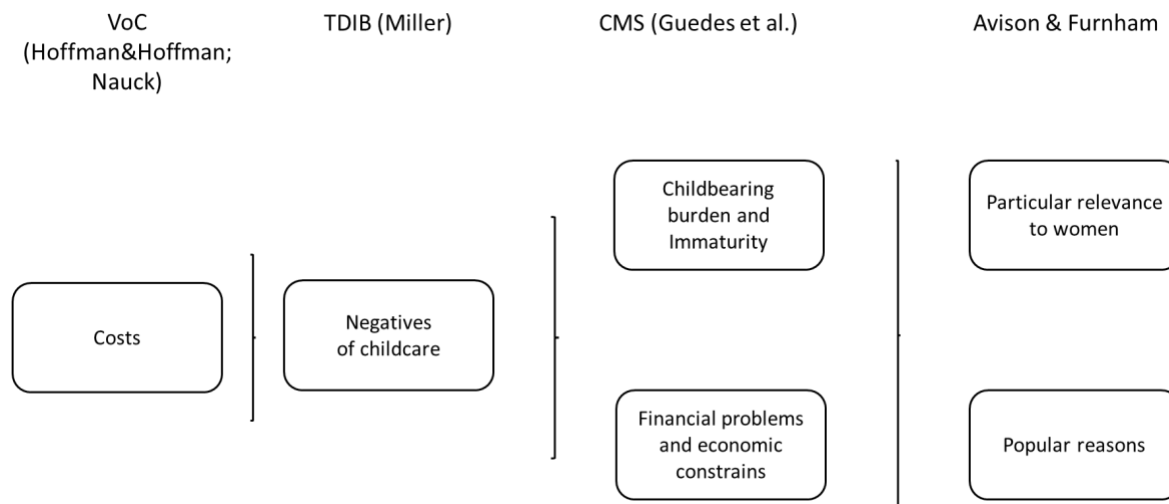


Figure 2.2. The figure illustrates the discrepancies between different conceptualizations of parental costs.

Missing elements: New perspectives in research on values and disvalues of children

Our systematic comparison of the available categorizations of the costs and benefits of parenthood revealed another challenge: the marginalization of certain elements in cost-value deliberations that may be critical in contemporary societies. We focus on two such elements that potentially add to the perceived negatives of childbearing: environmental concerns and concerns related to a child's health. Both elements are virtually absent from the analyzed frameworks (or represented by single items), yet the literature shows that their importance has been increasing in recent years. This indicates a significant gap in existing research, as these concerns remain poorly integrated into the theoretical frameworks and empirical studies addressing fertility decisions.

In all the considered categorizations, environmental concerns are only addressed in the approach suggested by Guedes and colleagues (2015). Their CMS questionnaire includes one item, “Being afraid of exposing a child to environmental degradation”, under the dimension of “Social and ecological worry”. However, emerging adults are increasingly recognizing the importance of considering climate change when making decisions about parenthood (Dillarstone et al., 2023; Hickman et al., 2021). Concerns in this sphere may lead individuals to reconsider childbearing plans, potentially opting for smaller families or childlessness (Bodin & Björklund, 2022; Schneider-Mayerson & Leong, 2020).

Importantly, environmental concerns may take two distinct (though closely related) forms. On the one hand, some individuals may choose to remain childless to reduce their environmental impact (Davis et al.,

2019; Powdthavee et al., 2024). Driven by a deep concern for next generations, these individuals often feel a moral obligation to contribute to a more sustainable future (Skirbekk, 2022). For instance, they may believe that having fewer children is a significant step towards environmental stewardship, helping to minimize their carbon footprint (Wynes & Nicholas, 2017). This decision can be seen as a form of environmental activism, where individuals use their reproductive choices to advocate for a more sustainable future. In this case, the costs of children are perceived not from an individual perspective, but from a global one.

In other cases, individuals may consider costs of childbearing in a world, where they will need to shield their offspring from environmental hazards (Arnocky et al., 2012; Smith et al., 2023). These hazards may have a direct impact on children (e.g., unpredictable weather changes, waves of heat or floods), or carry indirect, long-term health implications. For example, the deteriorating air quality associated with climate change can contribute to concerns about increased risk of asthma and other respiratory diseases or even cardiovascular and neurological outcomes (Haines & Patz, 2004; Rocque et al., 2021). Moreover, climate change can negatively impact mental health, thereby influencing various life domains (Clayton et al., 2017; Ingle & Mikulewicz, 2020; Obradovich et al., 2018; Padhy et al., 2015). This may contribute to concerns about the future psychological well-being of the potential child.

In general, concerns about the future health of offspring or the risk of physical or mental conditions that a child may be born with or develop over the course of their life have been largely overlooked in the analyzed frameworks. Medical and health-related factors are primarily addressed in relation to (in)fertility, pregnancy discomforts and complications, or physical suffering during birth (Avison & Furnham, 2015; Guedes et al. 2015; Miller, 1995). Potential parents' concerns regarding their future child's health have been included only marginally or blended with other aspects. For instance, Miller (1995) included a single, very specific item addressing concerns about "Having a baby who is born deformed" as part of the "Fears and Worries of Parenthood" dimension. The risk of passing a genetic condition to a child or having a child with disabilities was incorporated in only one categorization (Avison & Furnham, 2015), although it was merged with concerns about the mother's health. The risk of passing a genetic condition to a child was also considered by Guedes and colleagues (2011), but the item related to it was dismissed after empirical validation of the questionnaire.

Women's health is an important topic when it comes to reproductive choices. Research indicates that diseases, such as adenomyosis, cystic fibrosis, asthma, obesity or diabetes can significantly influence

pregnancy complications and neonatal outcomes (Nirgianakis et al., 2021; Obeagu et al., 2023; Rejnö et al., 2014; Timur et al., 2018; Ørbaek et al., 2020). Women with health problems may experience birth difficulties, including emergency C-sections or preterm deliveries, posing risks to a child's health (Rejnö et al., 2014; Timur et al., 2018). Additionally, children born to mothers with bad health conditions may have low birth weight and gestational age or intrauterine growth restriction (IUGR) (Rejnö et al., 2014; Timur et al., 2018; Ørbaek et al., 2020). Some of these health conditions, such as diabetes, can exacerbate neonatal outcomes, including the need for neonatal intensive care (Rejnö et al., 2014; Timur et al., 2018). Moreover, potential consequences for children may include cognitive impairments and, in severe cases, death (Obeagu et al., 2023).

Concerns about childbirth and maternal and infant well-being during the transition to motherhood can contribute to the development of pregnancy-related anxiety, a distinct psychological condition affecting expectant mothers (Brunton, 2018). Women with a personal health history—particularly related to genetic diseases—frequently express concerns about their child's well-being and harbor fears related to mortality, including their own and that of their unborn child (Ross, 2015; Xavier et al., 2013).

Personal experiences, coupled with a growing understanding of inherited genetic conditions (Hershberger et al., 2012; Quaid et al., 2010), may contribute to rising concerns about transmitting health issues to offspring, and change one's expectations of parenthood. This is evident in how individuals seek genetic counselling prior to conception (Patton et al., 2024) or encourage their partners to undergo testing, particularly if they themselves have a hereditary condition (Rance & Skirton, 2019). Even when already pregnant, medical test results indicating a child's genetic disorder (e.g., Down syndrome) may lead couples to consider terminating the pregnancy (Laberge et al., 2019), as the challenges related to the child's health and potential future suffering are perceived as costs too high for them to bear.

Considered together, such worries indicate that reproductive choices may reflect evolved mechanisms designed to evaluate risks and maximize reproductive success rather than merely addressing short-term medical or social issues. This pattern of concerns can be viewed through an evolutionary lens, suggesting that they reflect adaptive reproductive strategies. From this perspective, individuals are motivated to maximize the survival and future reproductive success of their offspring, in line with principles of parental investment and life-history theory. Although the present article does not elaborate on evolutionary models in detail, acknowledging this perspective underscores the potential to connect proximate psychological mechanisms

(e.g., health-related worries) with ultimate explanations rooted in evolutionary theory (Apostolou & Kagialis, 2025).

Conclusion

Given the contemporary trends of declining fertility and population aging, comprehending the underlying factors driving these demographic shifts is essential across diverse academic disciplines. At the individual level, reproductive choices play a crucial role in well-being, and perceived joys and concerns related to pregnancy and parenthood may affect maternal and infant outcomes. A multitude of theoretical models and questionnaires have been developed to investigate procreative decision-making, highlighting the importance of a variety of benefits and costs associated with parenthood for people's choice for or against having children. Nevertheless, existing conceptualizations provide a multifaceted view, encompassing diverse categories of positives and negatives of childbearing, focusing on different dimensions and using inconsistent labelling. By highlighting these differences, this article raises awareness among researchers and encourages a more nuanced interpretation of study results, fostering a deeper understanding of the factors influencing reproductive decisions.

Additionally, some aspects of the costs and benefits associated with childrearing remain unexplored or understudied. In light of the changing needs and challenges faced by individuals of reproductive age, it is crucial to incorporate these considerations into current assessments of parental decision-making. Particular attention should be paid to factors such as concerns about a child's future health, as this important dimension has not been sufficiently addressed so far. Identifying novel factors, categories, or subdimensions and integrating them into existing cost-benefits models of reproductive decision-making can open new research avenues. In particular, cross-cultural and longitudinal studies could reveal the relative importance of these new elements in people's reproductive choices, which could significantly enhance our understanding of current childbearing patterns. Building on these insights, an evolutionary perspective suggests that reproductive decisions can also be viewed as adaptive strategies aimed at maximizing offspring survival and reproductive success. This perspective further provides a framework to examine potential sex differences, as mothers may form stronger emotional bonds with offspring due to the certainty of genetic relatedness, while fathers' investment may be influenced by potential paternal uncertainty (Apostolou & Kagialis, 2025). Comprehensive analysis of various costs and benefits related to childbearing may have substantial implications for policymakers, healthcare providers, and social service organizations in developing programs

and support systems for families. By understanding the complex factors influencing parental decision-making, policymakers can tailor policies to address the specific needs and challenges faced by parents. Midwives and other healthcare providers can offer more personalized, evidence-based guidance, ensuring supportive care throughout the reproductive and parenting journey. Social service organizations can design programs that effectively meet the evolving needs of families, enhancing maternal well-being, infant health, and overall family resilience.

In conclusion, this review of parental decision-making models underscores the complex understanding of factors influencing reproductive choices. By examining existing frameworks, we have identified key disparities in the approaches employed within the literature. Moreover, our overview provides a solid ground for the identification of previously overlooked aspects of the costs and benefits associated with childrearing. Through further research, we can gain a deeper understanding of the motivations, challenges, and experiences shaping the decision about being a parent in current societies.

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