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Delayed parenthood: Reasons, consequences, and effect on mental health

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Abstract

Delayed parenthood has emerged as a significant social and public health concern in contemporary societies. Increasing numbers of individuals and couples are postponing childbearing beyond the age of 30 years due to factors such as higher education, career aspirations, financial instability, changing partnership patterns, and lifestyle preferences. While delayed parenthood may offer certain socioeconomic benefits, it is also associated with adverse biological, psychological, and emotional outcomes. The present study aimed to examine the reasons for delayed parenthood, its perceived consequences, and the effect of delayed parenthood on mental health. A descriptive cross-sectional research design was adopted. The sample consisted of 150 adults aged 30 years and above, selected using purposive sampling from urban areas. Data were collected using a socio-demographic information schedule, self-structured scales assessing reasons and consequences of delayed parenthood, and the Depression, Anxiety and Stress Scale (DASS-21) to measure mental health. Pearson's correlation coefficient and multiple linear regression analysis were employed for data analysis. The results revealed significant positive relationships between reasons for delayed parenthood, perceived consequences, and psychological distress. Fertility-related stress, partner-related issues, and increasing age at parenthood emerged as significant predictors of depression, anxiety, and stress. The regression model explained a substantial proportion of variance in mental health outcomes. The findings highlight the psychological burden associated with delayed parenthood and emphasize the need for fertility awareness and mental health support for individuals and couples postponing parenthood.

Keywords: Delayed parenthood, mental health, depression, anxiety, stress, fertility

Introduction

Delayed parenthood has emerged as a prominent social and public health issue in contemporary societies. Delayed parenthood generally refers to the decision to have the first child at the age of 30 years or above, with particular concern when childbearing is postponed beyond 35 years. Over the past few decades, there has been a noticeable shift in the timing of parenthood due to rapid social, economic, and cultural transformations. Factors such as prolonged education, increased participation of women in the labor force, career aspirations, economic uncertainty, delayed marriages, changing relationship patterns, and the widespread availability of effective contraceptive technologies have significantly contributed to this trend. While postponing parenthood may offer certain advantages, including career advancement, financial stability, and personal independence, it also carries important biological and psychosocial implications. Advancing age is associated with a natural decline in fertility, increased risk of pregnancy-related complications, and greater reliance on assisted reproductive technologies. Alongside physical health concerns, individuals who delay parenthood often experience psychological and emotional challenges. Fear of

infertility, anxiety related to pregnancy risks, social pressure from family and society, and uncertainty about relationships can contribute to heightened levels of stress and emotional strain.

Mental health concerns such as anxiety, depressive symptoms, and emotional exhaustion are increasingly reported among individuals and couples who postpone childbearing. However, despite the growing prevalence of delayed parenthood, empirical research examining the combined influence of reasons for delay, perceived consequences, and mental health outcomes remains limited. Therefore, the present study aims to examine the reasons for delayed parenthood, its perceived consequences, and the effect of delayed parenthood on mental health using standardized psychological assessment tools.

Materials and Methodology

The present study employed a descriptive cross-sectional research design, which is appropriate for examining relationships among variables at a single point in time. The sample consisted of 150 adults (both men and women) aged 30 years and above who had either delayed their first childbirth or were planning to become parents at a later age.

Participants were selected using a purposive sampling technique from urban areas, as delayed parenthood is more commonly observed in urban and semi-urban populations. A self-prepared socio-demographic schedule was used to collect background information. A self-structured checklist was developed to assess the major reasons for delaying parenthood. The scale covered the following domains: Career and educational reasons, Financial instability, Partner-related issues, Health-related fears, Preference for an independent lifestyle. Responses were recorded in a dichotomous Yes/No format. Higher scores indicated a greater number of reasons endorsed for delaying parenthood. The checklist assessed participants' perceptions of the consequences of delayed parenthood, including fertility-related stress, anxiety about medical complications, social pressure, and emotional exhaustion. Higher scores reflected greater perceived negative consequences associated with delayed parenthood. The DASS-21 is a standardized self-report instrument widely used to assess mental health. It consists of 21 items divided equally into three subscales measuring depression, anxiety, and stress. Data were collected after obtaining informed consent from the participants. Questionnaires were administered individually, and participants were assured of confidentiality and anonymity.

Results and Interpretation

Table 1: Correlation between Reasons for Delayed Parenthood and Mental Health (DASS-21 Total Score)

Variables	r value
Career-related reasons	0.46**
Financial reasons	0.42**
Partner-related issues	0.51**
Health-related fears	0.48**

** $p < 0.01$

The results revealed significant positive correlations between various reasons for delayed parenthood and mental health distress. Partner-related issues showed the strongest association with mental health problems, followed by health-related fears and career-related reasons. This indicates that individuals experiencing uncertainty in relationships or fear related to health and fertility are more likely to experience elevated levels of depression, anxiety, and stress.

Table 2: Correlation between Consequences of Delayed Parenthood and Mental Health

Consequences	r-value
Fertility-related stress	0.54**
Anxiety about medical complications	0.49**
Social pressure	0.45**
Emotional exhaustion	0.58**

All perceived consequences of delayed parenthood were significantly associated with poorer mental health. Emotional exhaustion showed the highest correlation with psychological distress, suggesting that prolonged stress related to fertility concerns, medical risks, and social expectations adversely affects emotional well-being. Fertility-related stress also demonstrated a strong

relationship with mental health problems.

Table 3: Multiple Regression Analysis Predicting Mental Health (DASS-21)

Predictor Variables	β	t-value	p-value
Career-related reasons	0.21	3.14	0.002*
Partner-related issues	0.28	4.26	0.000*
Fertility-related stress	0.31	4.89	0.000*
Age at delayed parenthood	0.19	2.97	0.004*

$R^2 = 0.47$, $F = 31.62$, $p < 0.001$

Multiple regression analysis revealed that fertility-related stress was the strongest predictor of mental health problems, followed by partner-related issues, career-related reasons, and age at delayed parenthood. The model explained 47% of the variance in mental health outcomes, indicating that both psychosocial (Career-related, partner related and age at delayed parenthood) reasons and biological factors (Fertility-related stress) play a substantial role in influencing mental health among individuals experiencing delayed parenthood.

Conclusion

The present study provides empirical evidence that delayed parenthood is influenced by multiple psychosocial and demographic factors and has a significant impact on mental health. Reasons such as career aspirations, financial concerns, relationship-related issues, and health fears contribute to the postponement of parenthood and are associated with increased levels of psychological distress. The findings further demonstrate that perceived consequences of delayed parenthood, particularly fertility-related stress and emotional exhaustion, are strongly linked to depression, anxiety, and stress. Regression analysis confirmed that fertility-related stress and partner-related issues are the strongest predictors of poor mental health among individuals delaying parenthood, followed by age at delayed parenthood and career-related factors. These results suggest that delayed parenthood is not only a reproductive issue but also a psychological concern that requires attention. Overall, the study underscores the importance of fertility awareness, early psychological screening, and counseling services for individuals and couples who postpone childbearing. Addressing both reproductive and mental health needs may help reduce psychological distress and support informed decision-making regarding parenthood.

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