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The Effect of Social Care Support for Children on Women's Fertility Intentions

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ABSTRACT

In recent years, in order to alleviate the pressure of population aging, China has actively promoted the policy of encouraging childbirth, but China is still in a period of low fertility. In this context, this paper uses the data of the 2020 China Family Longitudinal Survey (CFPS) to explore the impact of children's social care on women's fertility intention. The results show that participation in social care does not increase women's fertility intentions, but further discourages women from having children, and this situation affects women living in rural areas more obviously. Accordingly, it is particularly important to strengthen the construction of the social care system for children, reduce the pressure on women's families, and enable women of childbearing age to release more reproductive potential.

KEYWORDS

Social care; Fertility intentions; Child care

1. INTRODUCTION

At present, China's fertility rate is still showing a downward trend, which has affected China's social and economic development [1]. According to the number of births of China's resident population according to the National Bureau of Statistics, from 2016 to 2023, the number of births in China has been declining, from 18.832 million in 2016 to 9.02 million in 2023, and the number of births has dropped by 52.1% in less than ten years. While the number of births in China has decreased significantly, the number of elderly people is rising. In the face of this huge challenge, after several years of family planning policy, the government began to implement the policy of encouraging childbirth in 2011.In 2013, the "two-child policy" was implemented in families where one of the spouses is an only child; In 2016, the "two-child policy" was fully implemented; and then the implementation of the "three-child policy" in 2021, which shows that China's fertility policy has undergone continuous adjustments [2]. Although the policy to encourage childbearing was promulgated, the results of its implementation were not as significant as the family planning policy implemented at that time [3]. The number of births in the last decade is enough to reflect this problem, which shows that the policy has had little effect on unleashing women's reproductive potential, and the follow-up is weak [4].

From the perspective of individuals and families, the process of giving birth to a child is not just a short-term process from pregnancy to childbirth, but a long-term process from pregnancy to childbirth to parenting [5]. Therefore, whether it is for the whole family or for the individual woman, childbirth has a relatively long-term impact on the family and the individual, if it is said that having a child is a woman's obligation and responsibility for the family to reproduce, then women choose to have multiple children, it needs more rational thinking [6, 7]. From the birth of the child to the later

upbringing will profoundly affect the decision of women to have another child, according to the existing research shows that macro economic and policy factors affect women's willingness to have another child [8] Since the promulgation of the policy of comprehensively liberalizing births, the number of births in China has not been improved, and economic and social factors have exceeded the impact of the policy on the fertility rate [9]; According to the National Population and Family Dynamics Monitoring Survey conducted by the National Health Commission in 2019, a considerable number of families are caught in the problem of wanting to have children but not daring to give birth due to the top three reasons of "female workers have difficulty balancing family and work", "unattended infants and young children", and "heavy economic burden [10, 11]". Therefore, the problem of child care needs to be paid attention to, and at the same time, the economic problems caused by childbirth will also be included in the scope of child care choice, because the care process is one of the larger expenses that a family economy needs to bear, and the opportunity and time cost will also restrict women's reproductive behavior for individual women, which shows that China has entered a low fertility period constrained by the economy, opportunity and time cost [12, 13].

From the perspective of social care, there are fewer families where formal care is the main mode of child care [14] Formal market care mainly includes two aspects, one is public market care, and the other is private market care, which mainly includes kindergartens, nurseries, community care facilities, child service agencies of companies or enterprises, and nannies [15]. According to the data of the fourth survey of the social status of Chinese women in 2021, 35.1% of families with children under the age of 3 have a need for "childcare services" However, in fact, only 2.7% of children are cared for by childcare institutions, which shows that there are still very few families in the care of preschool children. Does this still persist when looking at the overall number of children of different ages who need care? According to the data, 76.1% of children aged 0 to 17 in the family are taken care of by their mothers, which shows that mothers are still the main bearers of child care, and the participation of formal care in the market needs to be improved [16].

From birth to childbearing is a long-term process, in which child care is an important link, how to choose the way to care for children in families with children, to solve the problem of child care and release women's desire to have children plays a vital role [17]. Therefore, this paper uses the data of the 2020 China Family Panel Survey (CFPS) to conduct an empirical study, analyze the current situation of children's social care and fertility intention in China, explore the impact of children's social care on women's fertility intention, and on this basis, deeply understand the relationship between children's social care style and women's reproductive intention by dividing urban and rural areas [18].

The possible innovations and contributions of this paper are as follows: (1) At present, there is little literature to study the influence of public service factors on women's reproductive intention from the perspective of social care. In fact, this factor is inextricably linked to women's fertility intentions. This paper empirically analyzes the impact of children's social care on women's fertility intention, and enriches the research on the influencing factors of fertility intention at the public sphere level. Therefore, this paper uses a binary logit regression model to explore the relationship between children's social care and women's fertility intention, and according to the regression results of the econometric model, it solves the problem of child care, alleviates women's childcare pressure, releases more time and energy, effectively promotes women's reproduction, and provides a reference for the formulation and implementation of relevant policies in China.

2. LITERATURE REVIEW

2.1. Factors Influencing Fertility Intention

The factors that affect women's fertility intentions can be roughly divided into two aspects, economic factors and non-economic factors [19]. Among economic factors, children's education funding has

become an important obstacle for many families to make reproductive decisions, and more and more families choose to invest their income in daily leisure and entertainment, abandoning traditional concepts such as "raising children to prevent old age" and "passing on the family lineage". Among the non-economic factors, the main factors that affect women's fertility intention are personal career development, fertility support policies, personal fertility concepts, and child care [20].

Regarding the influence of economic factors on women's fertility intention, through a survey of one-child families in Shanghai, it is found that new mothers who already have children do not have a high desire to have another child, and there is still a large room for growth, and it is worth noting that the monthly family income has a significant impact on the willingness of women in one-child families to have another child. The government provides certain financial support in the process of child care, taking childcare allowance as an example, which can effectively alleviate the problem of family childcare funds [21]. The Spanish government's policy of providing 2,500 euros of financial support to women who have children has led to an increase in fertility rates, increasing the country's overall birth population by about 6% [22]. However, some studies have shown that financial support does not have an impact on fertility behavior. In the U.S. EITC program, childcare allowance did not have a significant fertility promotion effect among non-white women [23]. In China, some scholars have analyzed fertility intention through the raw data of the fourth national survey, and found that families with higher economic levels will not increase women's fertility intention [24].

Regarding the impact of non-economic factors on women's reproduction, after the introduction of the two-child policy, the "Population and Family Planning Law" as an example of the policy did not enable women to enjoy the benefits such as extended maternity leave given by the policy, but put working women at the risk of being "re-selected" by enterprises, and many women will face salary reduction and suspension due to childbirth, thereby reducing the fertility willingness of working women [25]. However, some studies have said that at present, the influencing factors of fertility intention in our country have changed from policy to endogenous, and in addition to eliminating the intergenerational impact caused by policies, it is also necessary to gather the forces of the government, society, and families to face the "low tide period of fertility [26, 27]". In addition, non-economic factors such as women's age, education level, and participation in employment will affect women's willingness to have children. The older a woman gets, the less likely she is to have another child [28]; The more similar the education level of the couple, the more likely they are to agree on gender equality and the more likely they are to choose to have another child [24].

2.2. The Impact of Social Care on Fertility Intention

In the study of social care and fertility intention, some scholars have suggested that institutional care in the market does not increase women's fertility intentions, and that the high cost of institutions in urban areas has suppressed the number of children [29, 30] Reducing the cost of childcare services provided in the market can improve women's fertility intention and fertility behavior to a certain extent [31]. At present, most of the research on child care and women's fertility intention is still at the theoretical level, and a small number of scholars use empirical analysis. According to the results of the 2017 survey on the fertility status of the three provinces in Northeast China, compared with traditional family care, the child care provided by the society significantly reduces women's fertility intention, which is mainly due to the high proportion of family income required for social care support [32]. Nowadays, the cost of childcare services is high, and the number of nurseries and kindergartens in prefecture-level cities will affect whether families will choose institutional care. Previous studies have found that formal care provided in the market has a significant negative impact on fertility intention, but this negative effect is significantly weakened in areas with a high number of kindergartens per capita in prefecture-level cities. If the average childcare cost of prefecture-level cities is high, it will still inhibit women's fertility intention [33]. Although the vast majority of current studies have shown that the availability of social care has an impact on women's fertility intentions, there are also studies that suggest that childcare services do not affect fertility intentions [34].

To sum up, there have been many studies on fertility intention and child care at home and abroad, especially in recent years, which have achieved very valuable research results, but the existing research still has shortcomings. First, the data. The existing literature uses data from relatively old or regional samples, which are not time-sensitive and cannot reflect the recent situation, and the regional sample data are relatively one-sided, which cannot evaluate and analyze the relationship between the social care status of children and women's fertility intentions across the country. Second, the research perspective. More attention has been paid to the impact of child care on women's labor supply, children's behavior, and children's health at home and abroad, and most of the child care methods only consider family care based on intergenerational care [35, 36], ignoring the fact that social services provided in the public sphere also play a vital role in the childcare process. Third, the empirical aspect. Most of the domestic studies are qualitative, few scholars have conducted empirical research, and a small number of empirical studies have only taken regional samples for analysis, which is not convincing in explaining the overall phenomenon of the whole country. This paper uses the latest survey data of the 2020 CFPS, which comes from 25 provinces/municipalities/autonomous regions in China, to provide more rigorous data for the study. In addition, this paper explores the impact of children's social care support on women's fertility intention, and conducts heterogeneity analysis at the urban-rural level to reveal the relationship between social care and fertility intention, which supplements the existing literature.

3. DATA SOURCES AND PROCESSING

3.1. Data Sources and Processing

This study uses data from the China Family Panel Studies (CFPS) in 2020 as the main analysis object. Since 2010, the CFPS project has been implemented by the China Social Survey and Data Center of Chinese University, and five full-sample follow-up surveys have been conducted in 2012, 2014, 2016, 2018 and 2020, aiming to reflect China's social structure and social changes by collecting detailed information about Chinese families and individuals. The CFPS database is known for its wide coverage, large amount of data, fast update cycle, and multiple information dimensions.

Based on the research needs of this paper, the main variables were mainly selected from the 2020 CFPS Individual Self-Response Questionnaire and the Children's Parent Response Questionnaire, while the other control variables and instrumental variables were derived from the Family Economy Questionnaire, the Individual Self-response Questionnaire and the Children's Parent Response Questionnaire. Firstly, the data required for the personal self-response questionnaire were cleaned, and the samples of women of childbearing age aged 20~49 years old were screened out based on important personal characteristic variables such as age, gender, and household registration. Secondly, the data of the children's parents' questionnaire were screened, and the samples of children required for the study were selected, and the characteristic variables of children were retained. Thirdly, the household economic questionnaire was cleaned to retain important family characteristic variables. Finally, according to the 2020 family sample code, the screened variables in each questionnaire were merged horizontally, and the duplicate invalid samples were eliminated, and a total of 1731 valid samples were obtained, including 1019 samples with social care participation and 712 samples without social care.

3.2. Econometric Model

This paper mainly studies the impact of children's social care on women's fertility intention, and uses the CFPS individual self-response questionnaire to answer "fertility intention in the next two years" as a measure of women's fertility intention, and assigns values of 1 and 0, respectively. Based on the fact that the explanatory variables are binary variables, the binary logistics regression model is used

as the research model in this paper to further explore whether the use of social care for children will have an impact on women's fertility intention, and the econometric model is as follows:

$$\ln\left(\frac{P_i}{1-P_i}\right) = \beta_0 + \beta_1 social\_care_i + \beta_2 X_i + \mu_i \quad (1)$$

Among them, P_i represents the probability that female i has the desire to have another child, $social\_care_i$ indicates whether female i's existing children have social care, X_i represents other variables that exist and affect female fertility intention, i.e., control variables, and μ_i are the residual terms of the equation.

The explanatory variable is whether the woman has plans to have another child. Judging by the respondent's question of "whether she will have children in the next two years" in the personal self-answer questionnaire, if she knows family planning, it is determined that the interviewed woman has the intention to have children, and the value is 1; Conversely, the assignment is 0. The explanatory variable in this paper is whether children participate in social care, which is mainly measured by two indicators. In this paper, the age of children is set to include whether children aged 0~15 years old participate in social care, and two criteria are used to measure them due to the large age span. First of all, whether preschool children under the age of 6 participate in social care is judged by "who takes care of the child during the day" in the questionnaire of children's parents, and if the kindergarten or nursery school bears the main care responsibility, it is determined that the child participates in social care, and the value is 1; Conversely, the assignment is 0. Secondly, whether children aged 6~15 years old participate in social care are judged by using the questionnaire "in the past 12 months, whether your family has paid school meals, school accommodation, and school bus fees to the school where your child attends", and if this part of the fee is paid, it is regarded as children's participation in social care, and the value is 1; Otherwise, the assignment is 0. In addition, the control variables in this paper are set to three aspects: female individual characteristics, child characteristics and family characteristics, as shown in Table 1.

Table 1. Variables

The type of variable	The name of the variable	Variable definitions and comments	Variable attributes
Explanatory variables	Social care	Whether the child is being cared for in a kindergarten, nursery or school 0—No, 1—Yes	Binary variables
Explanatory variables	Fertility intentions	Whether you will have children in the next two years 0— No, 1—Yes	Binary variables
Control variables	age	The age of the individual	Continuous variables
Individual characteristics of women	Account type	Female household status 0 - agricultural household registration, 1 - non-agricultural household registration	Binary variables
	Health status	Health status 0 – unhealthy, 1 – average, relatively healthy, very healthy, very healthy	Binary variables
	Years of schooling	0 - illiterate/semi-literate, 6 - primary school, 9 - junior high school, 12 - high school/technical school/technical school/vocational high school, 15 - junior college, 16 - bachelor's degree, 19 - master's/doctorate	Ordinal variables
	Spousal income satisfaction	Satisfaction with the spouse's financial contribution to the family 1 - very dissatisfied, 2 - somewhat dissatisfied, 3 - average, 4 - somewhat satisfied, 5 - very satisfied	Ordinal variables
	Satisfaction with spouse's participation in housework	Satisfaction with the spouse's contribution to the family in the housework 1 - very dissatisfied, 2 - somewhat dissatisfied, 3 - average, 4 - somewhat satisfied, 5 - very satisfied	Ordinal variables
	Reception attitude	A woman's recognition of having children is complete 1 - strongly disagree, 2 - somewhat disagree, 3 - generally, 4 - somewhat agree, 5 - strongly agree	Ordinal variables
Child characteristics	The age of the child	The age of the youngest child in the family	Continuous variables
	The number of children already in the family	The number of children the family has born	Continuous variables
	Whether there are already boys in the family	Whether there are male children born to the family 0—No, 1—Yes	Binary variables
Family characteristics	Household income status	The logarithm of the total household economic income	Continuous variables
	The location of the residence	Urban-rural classification based on data from the National Bureau of Statistics 0 - rural, 1 - urban	Binary variables
	Generational care	Whether your parents have helped you with household chores or babysitted children in the past 6 months 0—No, 1—Yes	Binary variables
	Frequency of intergenerational divergence	Disagreements between parents and grandparents over their children 1 - never, 2 - rarely (1 time a month), 3 - occasionally (once a week), 4 - often (2-4 times a week), 5 - very often (5-7 times a week)	Ordinal variables
	Frequency of disagreements between husband and wife	Disagreements between the child's parents 1 - never, 2 - rarely (1 time a month), 3 - occasionally (once a week), 4 - often (2-4 times a week), 5 - very often (5-7 times a week)	Ordinal variables

4. ANALYSIS OF THE IMPACT OF CHILDREN'S SOCIAL CARE SUPPORT ON WOMEN'S FERTILITY INTENTION

4.1. Regression results

Table 2. Basic regression results

	(1)	(2)
variable	Fertility intentions	Marginal effects
Social care	-0.544***	-0.032***
	(0.206)	(0.012)
age	-0.137***	-0.008***
	(0.028)	(0.002)
Account type	0.442*	0.026*
	(0.255)	(0.015)
Health status	0.217	0.013
	(0.431)	(0.025)
Years of schooling	-0.013	-0.001
	(0.034)	(0.002)
Spousal income satisfaction	0.066	0.004
	(0.128)	(0.007)
Satisfaction with spouse's participation in housework	0.008	0.000
	(0.092)	(0.005)
Reception attitude	0.073	0.004
	(0.077)	(0.004)
The age of the child	-0.099**	-0.006**
	(0.041)	(0.002)
The number of children already in the family	-0.642***	-0.037***
	(0.234)	(0.014)
Whether there are already boys in the family	-0.561**	-0.033**
	(0.226)	(0.013)
Household income status	-0.160	-0.009
	(0.134)	(0.008)
Residential location	0.041	0.002
	(0.226)	(0.013)
Generational care	-0.004	-0.000
	(0.220)	(0.013)
Frequency of intergenerational divergence	0.285*	0.017*
	(0.156)	(0.009)
Frequency of disagreements between husband and wife	-0.091	-0.005
	(0.136)	(0.008)
Constant terms	5.234***	
	(1.784)	
N	1731	1731
Concentrate: *** p<0.01, ** p<0.05, * p<0.1, the standard error in parentheses.		

In this paper, the STATA17 is used to estimate the above binary logistic model to analyze the impact of children's social care on women's fertility intention. As can be seen from Table 2, regression (1) shows that children's social care has a significant negative impact on women's fertility intention, and

through focusing on (2), it can be seen that the probability of women with social help to take care of children is 3.2 percentage points lower than that of women without social care help, and it is significant at the 1% significance level, which is the same as the previous theoretical and empirical results [7]. This result may be due to the quality of public services provided by society and the cost of childcare. The quality of public services may not be sufficient for all families, and the high cost of private services is a burden on families, especially for families with middle income and below, where the high cost of childcare significantly inhibits their desire to have children.

4.2. Endogeneity Test

In this paper, it has been found through basic regression that social care of children significantly reduces women's fertility intention. In order to further analyze the influence of children's social care on women's reproductive intention, this paper conducts an endogeneity test to find out whether there is an endogeneity between children's participation in social care and women's reproductive intention. On the other hand, there may be missing variables in the regression model, and the level of social and economic development and family cultural background may have different degrees of impact on women's reproductive attitudes and children's acceptance of social care. Both of these conditions can lead to biased estimates of the relationship between children's social care and women's fertility intentions, which affects the accuracy and reliability of the study conclusions.

In order to effectively solve the bias of regression results caused by endogeneity, this paper deals with the endogeneity of the model in order to solve the above problems. The two-stage least squares method (2SLS) was selected as the model for endogeneity test, and in the selection of instrumental variables, the total expenditure of tuition and miscellaneous fees and education expenses was selected as the instrumental variables of social care. These two instrumental variables are related to endogenous explanatory variables, but not to the explanatory variables, which meet the requirements of exogeneity.

Table 3 shows the results of the endogeneity test using the two-stage least squares (2SLS) model using instrumental variables, and by observing the regression results of the first stage (3), the total expenditure of tuition, miscellaneous fees and education expenses has a significant impact on social care. Secondly, by observing the regression results of the second stage (4), the instrumental variables have a significant negative impact on women's fertility intention, which is consistent with the basic regression results. In order to further ensure the accuracy of the endogeneity test, the weak instrumental variable test and the over-recognition test were also passed. Combined with the test results, it can be seen that the regression results have passed the endogeneity test.

Table 3. 2SLS regression results of the effect of children's social care on women's fertility intention

variable	(3)	(4)
	Stage 1 Social care	The second stage is fertility intention
age	0.001	-0.007***
	(0.52)	(-5.47)
Account type	-0.014	0.019
	(-0.48)	(1.17)
Health status	0.038	0.016
	(0.89)	(0.66)
Years of schooling	0.007**	0.001
	(2.52)	(0.56)
Spousal income satisfaction	-0.002	0.001
	(-0.13)	(0.13)
Satisfaction with spouse's participation in housework	0.002	0.003
	(0.15)	(0.59)
Succession attitude	0.003	0.005
	(0.36)	(0.94)
The age of the child	-0.008*	-0.006***
	(-1.95)	(-2.81)
The number of children already in the family	-0.068***	-0.049***
	(-4.16)	(-4.46)
Whether there are already boys in the family	0.009	-0.036**
	(0.33)	(-2.45)
Household income status	0.072***	0.009
	(4.34)	(0.73)
Residential location	-0.041	-0.007
	(-1.61)	(-0.52)
Generational care	0.024	-0.002
	(0.94)	(-0.13)
Frequency of intergenerational divergence	0.007	0.018*
	(0.38)	(1.77)
Frequency of disagreements between husband and wife	-0.027*	-0.010
	(-1.73)	(-1.10)
Total expenditure on education	0.021***	
	(3.82)	
Tuition	0.113***	
	(4.65)	
Social care		-0.243***
		(-2.72)
Constant terms	-0.329	0.474***
	(-1.48)	(3.77)
N	1,731	1,731
R^2	0.059	
Concentrate: *** p<0.01, ** p<0.05, * p<0.1, the standard error in parentheses.		

4.3. Robustness Test

In order to ensure the robustness of the regression results, the econometric model and tail reduction were used to test the analysis results. Since the explanatory variable in this paper is whether women

have the desire to have children, this variable is a binary variable, so the binary Probit model is used to test, and the econometric model is also applicable to this paper as well as the original model. In addition, in order to avoid the influence of extreme values on the regression results and the bias of the estimates, the outliers in the data are shrunk at the 1% level, and the outliers in the replaced samples have an impact on the regression results.

Table 4. Robustness test results of the effect of children's social care on women's fertility intention

	(5)	(6)	(7)	(8)
	Fertility intentions	Marginal effects	Fertility intentions	Marginal effects
Social care	-0.280***	-0.032***	-0.544***	-0.032***
	(0.104)	(0.012)	(0.208)	(0.012)
age	-0.066***	-0.008***	-0.137***	-0.008***
	(0.011)	(0.001)	(0.024)	(0.001)
Account type	0.195	0.023	0.442*	0.026*
	(0.123)	(0.014)	(0.243)	(0.014)
Health status	0.122	0.014	0.218	0.013
	(0.216)	(0.025)	(0.449)	(0.026)
Years of schooling	-0.010	-0.001	-0.013	-0.001
	(0.013)	(0.002)	(0.028)	(0.002)
Spousal income satisfaction	0.023	0.003	0.067	0.004
	(0.055)	(0.006)	(0.115)	(0.007)
Satisfaction with spouse's participation in housework	0.011	0.001	0.009	0.001
	(0.045)	(0.005)	(0.090)	(0.005)
Reception attitude	0.030	0.003	0.073	0.004
	(0.041)	(0.005)	(0.081)	(0.005)
The age of the child	-0.052***	-0.006***	-0.099**	-0.006**
	(0.019)	(0.002)	(0.040)	(0.002)
The number of children already in the family	-0.319***	-0.037***	-0.641***	-0.037***
	(0.081)	(0.009)	(0.177)	(0.010)
Whether there are already boys in the family	-0.280**	-0.032**	-0.561***	-0.033***
	(0.109)	(0.013)	(0.214)	(0.013)
Household income status	-0.083	-0.010	-0.163	-0.010
	(0.073)	(0.008)	(0.153)	(0.009)
Residential location	0.021	0.002	0.043	0.002
	(0.109)	(0.013)	(0.218)	(0.013)
Generational care	0.004	0.000	-0.003	-0.000
	(0.113)	(0.013)	(0.224)	(0.013)
Frequency of intergenerational divergence	0.139*	0.016*	0.285**	0.017*
	(0.073)	(0.008)	(0.145)	(0.008)
Frequency of disagreements between husband and wife	-0.032	-0.004	-0.091	-0.005
	(0.067)	(0.008)	(0.134)	(0.008)
Constant terms	2.487**		5.272***	
	(0.974)		(1.989)	
N	1731	1731	1731	1731
Concentrate: *** p<0.01, ** p<0.05, * p<0.1, the standard error in parentheses.				

It can be seen from Tables 4(5) (6) that the regression results of the binary Probit model are basically consistent with the basic regression results after the change of measurement method, and the relationship between children's social care and women's fertility intention is significantly negatively

correlated in both models, and both show that children's participation in social care can increase women's fertility intention by 3.2 percentage points. After Table 4(7) (8) deals with the outliers of household income, the significance of the key variables is still negatively correlated with the sign, and is significant at the 1% level. Based on the regression results after replacing the econometric model and tail shrinking, it can be inferred that the basic regression results in this paper are robust.

4.4. Heterogeneity Analysis

Table 5. Heterogeneity between urban and rural areas: the impact of children's social care on women's fertility intention

	City		Countryside	
Variable	(1) Fertility intentions	(2) Marginal effects	(3) Fertility intentions	(4) Marginal effects
Institutional care	-0.455	-0.027	-0.650**	-0.036**
	(0.307)	(0.018)	(0.298)	(0.017)
age	-0.176***	-0.010***	-0.106***	-0.006***
	(0.039)	(0.002)	(0.031)	(0.002)
Account type	0.110	0.007	0.773**	0.043**
	(0.324)	(0.019)	(0.376)	(0.021)
Health status	0.561	0.033	0.139	0.008
	(0.678)	(0.040)	(0.645)	(0.036)
Years of schooling	0.069	0.004	-0.046	-0.003
	(0.050)	(0.003)	(0.034)	(0.002)
Spousal income satisfaction	-0.056	-0.003	0.182	0.010
	(0.161)	(0.009)	(0.171)	(0.009)
Satisfaction with spouse's participation in housework	-0.047	-0.003	0.091	0.005
	(0.131)	(0.008)	(0.133)	(0.007)
Succession attitude	0.266**	0.016**	-0.120	-0.007
	(0.125)	(0.007)	(0.112)	(0.006)
The age of the child	-0.058	-0.003	-0.136**	-0.008**
	(0.058)	(0.003)	(0.056)	(0.003)
The number of children already in the family	-0.606**	-0.036**	-0.676***	-0.037***
	(0.294)	(0.017)	(0.229)	(0.013)
Whether there are already boys in the family	-0.925***	-0.055***	-0.256	-0.014
	(0.306)	(0.018)	(0.322)	(0.018)
Household income status	-0.293	-0.017	0.011	0.001
	(0.202)	(0.012)	(0.210)	(0.012)
Generational care	-0.159	-0.009	0.194	0.011
	(0.306)	(0.018)	(0.346)	(0.019)
Frequency of intergenerational divergence	0.413*	0.024*	0.142	0.008
	(0.220)	(0.013)	(0.199)	(0.011)
Frequency of disagreements between husband and wife	-0.330	-0.019	0.113	0.006
	(0.211)	(0.012)	(0.177)	(0.010)
Constant terms	6.989**		2.435	
	(2.752)		(2.865)	
N	859	859	872	872
Concentrate: *** p<0.01, ** p<0.05, * p<0.1, the standard error in parentheses.				

Based on the urban-rural division of the National Bureau of Statistics, the samples were divided into urban and rural areas according to where women lived, and the number of samples obtained was 859

and 872, respectively. According to the urban-rural heterogeneity regression results of the impact of children's social care on women's fertility intention in Table 5, the results show that sending children to social institutions and providing care services by institutions has a significant negative impact on rural women's fertility intentions. In the sample of urban women, children's participation in social care also had a negative effect on the fertility intention of urban women, but it was not significant.

In the rural sample, children's participation in social care reduced the probability of women having a rebirth plan by 3.6 percentage points, and was significant at the 5% level. In the urban sample, children's participation in social care reduced the probability of women having a second child by 2.7 percentage points, which was not significant. This result suggests that children's participation in social care in rural areas is more likely to inhibit women's fertility than in urban areas. Combined with the current social situation, although China has been committed to promoting the development of rural areas in recent years, implementing the rural revitalization strategy, rural construction actions, etc., there are still different degrees of gap in urban and rural development. In terms of public service systems, the development of urban areas is still significantly faster than that of rural areas, which means that children living in cities have more opportunities to receive better and more robust care services, and women are more comfortable leaving their children to social care.

5. SUMMARY

With the development of society and the improvement of policies, more and more families have begun to pay attention to the education and growth environment of their children. However, due to the pressure of work and the accelerated pace of life, many parents are unable to spend enough time with their children, resulting in them facing the problem of emotional loss and insufficient education. As a result, social care services for children have been developed to support these families. The existing social support theory aims to provide necessary help to individuals when they face the pressure and challenges of life, so that they can better adapt to the environment and reduce the negative impact of stress, which is also the main reason why many women in families of childbearing age reduce their willingness to have children when facing the contradiction between childbirth and work. Therefore, taking the necessary measures to balance the contradiction between family and work can help to increase women's willingness to have children. Previous studies have focused more on the impact of child care on women's labor force participation, and fewer scholars have focused on women's fertility intentions. This paper conducts an empirical study to explore the impact of children's social care support on women's fertility intention.

Contemporary families are paying more and more attention to the all-round and high-quality growth of their children. Quality child care not only ensures the healthy development of children, but also improves the quality of life of the whole family. As living standards improve, people are more concerned about the quality of life of individuals and family members than just the size of their families. This phenomenon is contrary to the implementation of the country's policy of calling for active childbirth. If the social market can provide affordable and high-quality care services to help children grow, so that women can better balance work and family life, and to a certain extent, women's fertility will be enhanced. However, due to the inadequacy of public services and supporting facilities, and the high cost of childcare, women's plans to have children are further discouraged. This paper uses the latest CFPS research data in 2020 to analyze the relationship between social care and fertility intention, and confirms the above conclusions. In addition, given that there is still an imbalance in economic development and public service development between urban and rural areas, and that social care services for children in rural areas are relatively backward, rural women who entrust their children to social care are more likely to be significantly affected than urban women and are less willing to have children.

In order to better support the "three-child" birth policy, it is necessary to increase the fertility willingness of the majority of women of childbearing age. In terms of social care for children, the

government should continue to increase investment in the child care system, including financial subsidies and tax incentives, and support the establishment of more public child care centers and the provision of higher quality services. Effective policy support to provide affordable childcare services for low- and middle-income families, and the government and private sector can work together to provide more high-quality, affordable childcare centers and kindergartens to reduce the burden of childcare on families. For children and adolescents, the government can give more financial support to schools, so that children in school can receive more adequate care, such as small dining tables, school bus services, after-school tutoring, etc., so as to reduce women's responsibilities and burdens in child care, reduce their life pressure, and release more enthusiasm for childbearing. In addition, there is a need to establish a community support network to provide family support services, such as sharing parenting resources and organizing parent-child activities, to strengthen the connection and support between families. Businesses should also be encouraged to implement measures such as flexible working hours, remote work or part-time working hours to help parents, especially mothers, balance work and family life.

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