Integrative Article

Antinatalist Attitudes and their Implications for Reproductive Health Services: An Integrative Review

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ABSTRACT

Introduction: Fertility reduction has become as a critical demographic problem in Saudi Arabia, accompanied by fast-paced changes in society, education, and economy. This review aims to explore antinatalism as an emerging conceptual lens for understanding hesitant, negative or conditional attitudes toward childbearing in Saudi Arabia, without making assumptions about the relationship between antinatalism and fertility decline.

Objective: This review aims to explore antinatalism as an emerging conceptual lens for understanding hesitant, negative or conditional attitudes toward childbearing in Saudi Arabia, without making assumptions about the relationship between antinatalism and fertility decline.

Methodology: We conducted an integrative review at Umm Al-Qura University, Makkah, Saudi Arabia, from June 2025 to March 2026, because empirical studies explicitly addressing antinatalism in Saudi studies remain scarce, while evidence on this topic is available in quantitative, qualitative, and interpretive research. The review analysed the literature on fertility attitudes, childbearing intentions, delayed motherhood, family planning, contraceptive practices, reproductive awareness, and women's reproductive experiences in Saudi Arabia.

Result: The review found that there is no substitutional evidence for explicit antinatalism is Saudi Arabia. Reproductive reluctance appears to be influenced by a complex interaction of life-stage, education, employment, occupational prospects, fertility awareness, family and community expectations, partner influence, and concerns about responsible parenthood. It was revealed that Saudi attitudes toward reproduction have become more oriented toward preparation and readiness than against parenthood.

Conclusion: Antinatalism in Saudi can be viewed as an evolving discourse rather than an explanatory framework for low fertility rates.

Keywords: antinatalism; fertility decline; reproductive decision-making; childbearing attitudes; family planning.

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INTRODUCTION

Fertility decline has become an important demographic issue nationally and internationally. The General Authority for Statistics indicates that the total fertility rate in Saudi Arabia declined from 2.8 births per woman in 2011 to 2.1 births per woman in 2022, indicating a notable downward trend in fertility[1].

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While official labor-market releases show major gains in women's economic participation[2]. These two trends are important when combine together; fertility is changing in society where women's educational, occupational and social roles are also changings rapidly. In Saudi Arabia, reproductive behaviour cannot be understood solely through demographic counts. It must also be interpreted through the meaning that individuals attach to marriage, parenthood, timing responsibility and quality of life. One concept that may be useful in this regard is antinatalism. In this strict philosophical sense, antinatalism refers to the belief that bringing new people into existence is undesirable[3]. In practice, however, attitudes related to antinatalism may appear in a spectrum ranging from philosophical opposition to childbearing, to ambivalence about parenthood, to preferences for delaying or limiting family size due to ethical, social, psychological, health, or economic concerns[4]. In social research, the concept can also function more broadly as a lens for examine

hesitant, negative, or highly conditional attitudes toward childbearing[5,6]. This broader use is especially relevant where explicit identification with antinatalism is rare, but where indirect forms of reproductive reluctance may nonetheless be emerging. Recent Saudi literature describes declining birth and fertility trends alongside changing attitudes toward childbearing and parenthood and appears to contain more studies on fertility attitudes, parenthood intentions, family planning and reproductive decision-making[7,8] than studies explicitly using the term antinatalism. That makes an integrative review especially suitable, because it can synthesize diverse forms of evidence and identify how antinatalist-type attitudes are discussed, implied or operationalised in Saudi context.

This review is therefore important for three reasons. First, it can clarify whether antinatalism attitudes are actually present in Saudi scholarship or public health discussion, rather than assumed. Second, it can distinguish antinatalism form adjacent concepts such as delayed childbearing, fertility concerns, low fertility intentions, or family planning. Third, it can help policymakers, educators, and women's health professionals interpret fertility delice more carefully and avoid simplistic causal claims. Therefore, the aim for the study is to synthesis published literature relevant to antinatalist attitudes in Saudi Arabia and examine how understanding emerging discourse may inform supportive approach to fertility and family formation, without assuming that antinatalism is the direct cause of fertility decline.

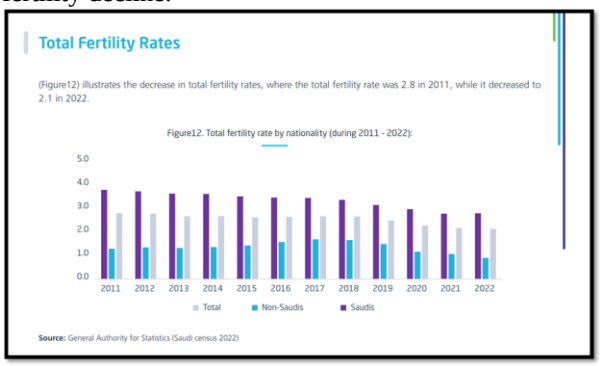


Figure No.1: Total fertility rate from 2011 to 2022

METHODOLOGY

An integrative review was conducted at Umm Al-Qura University, Makkah, Saudi Arabia from June 2025 to March 2026. An integrative review is especially suitable when topic is conceptually broad, draws on multiple study designs and requires synthesis across empirical and interpretive literature. The integrative review is the most appropriate approach for this study because the concept of antinatalism in Saudi context is not yet represented by a single, clearly defined body of empirical research. Instead, relevant evidence is dispersed across different forms of literature, including studies on fertility attitudes, childbearing intentions, family planning, delayed parenthood, reproductive knowledge and women's social experiences. Integrative reviews are particularly suitable for topic because they allow the inclusion and synthesis of diverse methodologies, including experimental and non-experimental research, qualitative and quantitative studies, and other relevant forms of evidence, thereby enabling a more comprehensive understanding of complex and emerging phenomena[9]. This makes the design especially valuable for this study, where the aim to interpret the social, cultural and ethical meanings surrounding reproductive attitudes. In addition, the integrative review supports the development of broader conceptual insights and practice implications by bringing together evidence from varied sources in a critical manner[10].

Literature Search

The literature search focused on concepts related to antinatalism and reproductive decision-making. Search terms included antinatalism, fertility attitudes, childbearing intentions, delayed childbearing, family planning, contraception, reproductive autonomy, fertility awareness, and Saudi Arabia. Because studies explicitly using the term "antinatalism" in Saudi Arabia were scarce, the search was broadened to include studies examining reproductive attitudes and behaviours that could provide insight into reluctance toward childbearing, conditional parenthood, delayed childbearing, and reproductive hesitation.

Eligibility of Evidence

Priority was given to peer-reviewed empirical studies and official Saudi statistical sources. Studies were considered relevant when they addressed fertility attitudes, childbearing intentions, family planning, contraceptive practices, reproductive knowledge, delayed parenthood, reproductive experiences, or social and demographic factors influencing reproductive decision-making in Saudi Arabia. Studies from the broader international literature were also considered when they contributed important conceptual or clinical perspectives on antinatalism, reproductive counselling, fertility awareness, or reproductive decision-making.

Sources of Evidence

The evidence base included official Saudi statistical reports on fertility and female labour-force participation, national and regional cross-sectional studies, studies of fertility awareness and childbearing intentions, research on family planning and contraception, and literature examining women's reproductive experiences and reproductive counselling. Relevant conceptual literature on antinatalism was also included to support interpretation of the emerging discourse surrounding childbearing hesitation and conditional parenthood.

Data Extraction and Organization

Relevant information from the included literature was organized according to the main themes of the review. These included fertility trends, attitudes toward childbearing, delayed parenthood, education and employment, fertility awareness, family and partner influence, family planning, reproductive counselling, and the role of health professionals. Particular attention was given to distinguishing explicit antinatalist beliefs from related but conceptually different phenomena such as delayed childbearing, reduced fertility intentions, conditional parenthood, and family-planning practices.

Data Synthesis

A narrative and thematic synthesis was used because the included evidence represented different study designs, populations, outcomes, and conceptual perspectives. Findings were compared across studies to identify recurrent patterns, areas of agreement, and important differences. The synthesis focused on whether antinatalist-type attitudes were explicitly documented in the Saudi literature or whether reproductive reluctance was more appropriately understood in relation to social, educational, occupational, economic, relational, and reproductive-health factors. The interpretation was deliberately cautious, and declining fertility was not treated as direct evidence of antinatalism. This approach was consistent with the overall objective of examining antinatalism as a possible conceptual lens rather than assuming it to be an established cause of fertility decline.

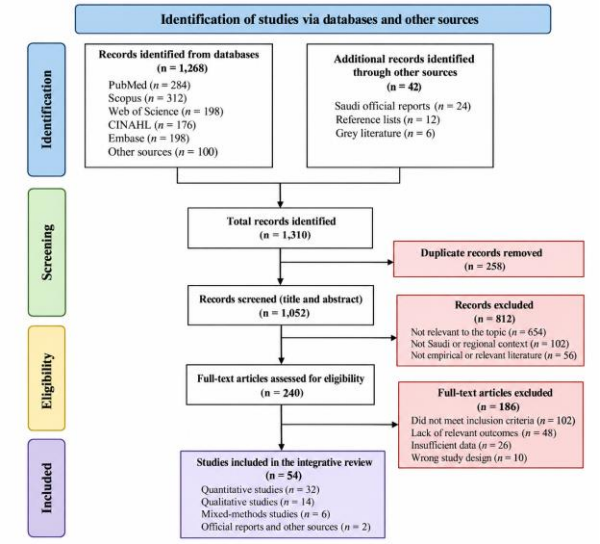


Figure No.2: Identification of studies via databases and other sources.

RESULTS

Saudi fertility decline is an important backdrop to this review. According to data from General Authority for Statistics indicates that the total fertility rate declined from 2.8 to 2.1 births per woman between 2011 and 2022, whereas women have made substantial progress in term of education and workforce participation[11,12]. However, demographic decline alone should not be read as evidence that a society has become antinatalist. This distinction matters because it protects the argument from which overreach. The present review begins from the premise that declining fertility makes the question important, however does not prove the answer. Antinatalism is therefore explored here a potential discourse or attitudinal lens not as demonstrated casual force. The most consist findings from the literature is that explicit antinatalism is not yet well documents is Saudi Arabia. The 2025 national study on women's attitudes toward fertility and childbearing did not identify a widespread rejection of parenthood; instead, it showed that attitude vary according to life stage and psychosocial factors. Similarly, the study of health-professions students found that most participants wanted children and held positive views of parenthood, even though many also planned to delay childbearing[13].

In essence, the Saudi case is not characterized by anti-reproductive sentiments as much as it is by conditions. Parenthood may increasingly be perceived as desirable only under certain circumstances: after educational completion, after career stabilization, after marriage, or when financial and emotional are favourable. In sociological terms, this reflects a movement form normative parenthood toward negotiated parenthood. Such attitude may resemble antinatalism at the margins, especially childbearing is postponed repeatedly or viewed as too burdensome under present conditions, however, they do not have the amount to broad philosophical rejection of childbirth[14]. Saudi studies consistently show that reproductive decision is influenced by education, employment and career aspiration were discussed as influential in decision-making, alongside occupation, income, marriage duration, and service access. Similarly, the national childbearing-attitudes study linked reproductive views to life-stage and educational variables. These findings align with the border social transformation documented in Saudi labor statistics, where women's workforce participation has increased substitutionally, indicating that reproductive behaviour is shaped by both socioeconomic and life-course factors[15-20]. It is evident that increased access to education and employment for women is clearly a positive development. Nevertheless, it also influences the timing of marriage and parenthood. When career-building and economic participation become central to adulthood, childbearing is more likely to be delayed, strategically planned or limited. When it is difficult to balance between work and family commitments, some women may view parenting as something difficult and challenging with their career goals or an impossibility because competing life demands[21].

Table No. 1: Summary of Results of the Integrative Review

Theme	Main findings
Fertility trend in Saudi Arabia	The total fertility rate declined from 2.8 births per woman in 2011 to 2.1 births per woman in 2022. This decline occurred alongside major social changes, including increasing women's education and workforce participation.
Evidence of explicit antinatalism	The reviewed literature did not provide strong evidence that explicit antinatalism is widespread in Saudi Arabia. Most studies described changing reproductive attitudes rather than a broad rejection of parenthood.
Conditional attitudes toward parenthood	Parenthood was generally viewed positively, but childbearing was increasingly linked to certain conditions such as completion of education, career stability, marriage, financial security, and emotional readiness.
Education and employment	Education, employment, career aspirations, occupation, income, marriage duration, and access to services were identified as factors influencing reproductive decision-making. Increasing women's participation in education and employment was also associated with changes in the timing and planning of childbearing.
Fertility awareness and reproductive knowledge	Delayed childbearing may coexist with limited awareness of age-related fertility decline. The review highlighted the importance of improving fertility knowledge, particularly among young adults and university students.
Family and partner influence	Reproductive and family-planning decisions were influenced by partner involvement, family expectations, and community attitudes, indicating that reproductive decisions are shaped by both individual and social factors.
Family-planning experiences	Women's family-planning experiences were affected by limited knowledge, misconceptions, partner influence, and inconsistent access to supportive reproductive guidance.
Role of health professionals	Nurses, midwives, obstetricians, and other health professionals may influence reproductive decision-making through counselling and fertility education. Their influence depends on the quality, tone, and assumptions underlying the counselling provided.
Barriers affecting reproductive counselling	Health professionals may face barriers including limited time, insufficient training, personal beliefs, and structural constraints, which can influence the quality of contraceptive and reproductive-health counselling.
Overall interpretation	Antinatalism appears more appropriately understood as an emerging discourse or conceptual lens rather than a proven cause of fertility decline in Saudi Arabia. Reproductive decisions appear to be influenced by education, employment, timing, fertility knowledge, partner and family influence, and concerns about readiness and responsible parenthood.

DISCUSSION

A more critical of the literature suggests that the role of health professionals in relation to antinatalist or childbearing-hesitant attitude is neither uniformly protective nor inherently neutral. Midwives, nurses, obstetricians and other health professional dealing with women during reproductive age are often positioned as trusted source of fertility information and reproductive guidance, yet the evidence indicates that their impact depends heavily on the quality, tone and assumptions embedded in counselling[22]. In the Saudi context, women's experiences of family planning were shaped by limited knowledge, misconception, partner influence and inconsistent access to supportive guidance, which suggests that professional input my either reduce uncertainty or leave it unresolved[23]. Similar findings emerge from studies of border evidence in that women favour respect, individuality, and collaborative approaches to contraceptive counselling rather than directive methods, which suggests that inadequate counselling might exacerbate rather than mitigate reproductive ambivalence among these women[24]. Research on provider counselling research after childbirth also reveals the possibility that clinical encounters might have an impact on family planning decisions among women, which further highlights the importance of understanding the effects of provider encounters not only on contraceptive use but also reproductive decision making[25]. On the other hand, systematic review studies about providers' perspectives reveal the presence of different barriers for health care professionals that include time pressures, lack of training, personal beliefs, and structural constraints, which might contribute to how they deliver contraceptive counselling and interpret women's

concerns regarding reproductive issues[26]. This is especially important in relation to midwives and obstetricians, whose authority in reproductive care may legitimize either fertility-supportive counselling or a more risk-focused discourse that unintentionally frames childbearing as medically, socially, or personally burdensome. International guidance recognizes health workers as central to family-planning service delivery and task-sharing models, but this also underscores the responsibility of those professionals to provide balanced, evidence-based, and women-cantered care rather than care that privileges institutional convenience or provider preference. First, fertility literacy should be strengthened[27]. The evidence shows that delayed childbearing may coexist with limited awareness of age-related fertility decline. This suggested the need for better education on fertility timing, reproductive health, life-course planning, especially among young adult and university students[28-31].

CONCLUSION

The present integrative review implies that antinatalism in Saudi Arabia can be regarded as an emerging paradigmatic approach rather than a proven cause of declining fertility rate. The official Saudi data and published Saudi studies confirm demographic changes show evolving attitudes toward fertility, family planning, and parenthood. Nevertheless, the existing literature suggests that the claim about widespread prevalence of antinatalism in Saudi Arabian society cannot be supported nor can it be considered a cause for fertility decline independently form other reasons. The evidence implies to a reproductive decision shaped by education, employment, delayed timing, knowledge gaps, partner and family influence, and ethical concerns about readiness and responsible parenthood.

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