

SOCIAL WORK IN ACTION

The Effects of COVID-19 on Choosing to Have Children in the State of Hawai'i

December Maxwell PhD, MSW; Jin Young Seo MSW, BSocSc;
Rebecca L. Stotzer PhD, MSW, MA

Social Work in Action is a solicited column from the social work community in Hawai'i. It is edited by HJHSW Contributing Editor Sophia Lau PhD, of the Thompson School of Social Work & Public Health at the University of Hawai'i at Mānoa.

The COVID-19 pandemic has changed the world. Significant research has focused on the direct physical health outcomes related to infection, disparities in infection, and risk factors related to other health conditions. Less well studied are the social conditions that have arisen due to changes in the economy, mobility, social life, and other family dynamics. At the crossroads of these issues are the changes in families' and individuals' choices to start or grow their families through the birth of a child.

The number of births in Hawai'i has been declining at a rate of about 1-2% per year since shortly after World War II. This means that in the last five years there were between 200-500 fewer babies born each year than the prior year. This trend matches national trends, where Hawai'i and the United States (US) are now seeing fewer babies being born each year than are needed to maintain current population levels.¹ Hawai'i has also been faced with the departure of many citizens due to high cost of living and various other economic and social factors, showing a population decline overall from the 2010 to 2020 Census.

During the pervasive uncertainty of the pandemic during 2020 and 2021, many people across the US and the world chose not to have babies.² According to vital statistics data made available by the Department of Health, in Hawai'i there were 1000 fewer babies born in 2020 than 2019, which is 500-800 fewer than what we would have expected, representing a 6% decline in babies being born that year rather than the expected 1-2% decline. While that significant decrease lasted only for the first year of the pandemic, the state did not show a rebound, and instead stayed at the 2020 level in 2021. There were only 200 fewer babies born in 2021 than 2020, but this number reflects 200-500 fewer births than would have been expected without the pandemic. While all the data has not yet been finalized for 2022, the first half of the year suggests a very small, less than 0.5% gain over the first half of 2021, but birth counts are lower than expected than if there had not been a pandemic. Overall, this suggests that there are somewhere between 1000 and 1500

expected babies that were not born during the 3 years of the pandemic.

Hawai'i County showed the least impact of the pandemic on birth counts, with a difference of only 20 births between 2019, 2020, and 2021. However, Honolulu, Kaua'i, and Maui Counties all showed a steep decline from 2019 to 2020. While Honolulu and Maui Counties both reported a similar number of births from 2020 to 2021, only Kaua'i County showed a rebound that has been described in the continental US,³ reporting 30 more births in 2021 than those reported in 2019 before the pandemic.

For those who still did have a baby from 2020 to 2023, the experience of having a baby for first time mothers during the pandemic has been found to have been a particular challenge. Maxwell et al⁴⁻⁵ and Praetorius et al⁶ conducted 4 separate studies on becoming a mother during the COVID-19 pandemic, 1 of which included a Hawai'i specific population. The findings of the Hawai'i specific study indicated that the experience in the perinatal care environment varied wildly based on geographic location in Hawai'i and that reductions in care (time and quality), disempowering environments, traumatization (such as obstetric violence and medically unnecessary interventions), and limited care choices all impacted maternal mental health experiences. The perinatal care environment prompted cultural concerns as well,⁵ as many participants did not feel as though providers represented their culture, nor did the environment support them culturally (either through lack of providers that looked/spoke like them, representation in health care media, not understanding familial structures and norms, or within the birthing environment specifically). This disparity in perinatal care, including hostile or burned out providers or lack of providers, prompted new mothers to feel dissatisfied with their birthing process and wishing for more holistic, trauma-informed care.

Many participants noted the lack of perinatal mental health care and awareness in Hawai'i. Perinatal mood and anxiety disorders (PMADs) are a spectrum of emotional complications that can

affect expectant or new parents during pregnancy or the first year after birth. PMADs often include depression, anxiety, obsessive-compulsive disorder, post-traumatic stress disorder, and bipolar mood disorders and psychosis.⁷ PMADs are common, affecting at least 1 in 7 birthing people during pregnancy or the first year after childbirth.⁷⁻⁸ Common risk factors that contribute to PMADs include history of depression, depression and anxiety during pregnancy, neuroticism, low self-esteem, postpartum blues (“baby blues”), stressful life events, and poor relationships or social support.⁹ Hawai‘i is currently the 51st in access to mental health care, with the ratio of mental health providers to patients in need being higher than the national average.¹⁰ Given that certain populations in Hawai‘i have higher than national rates of postpartum depression (particularly Native Hawaiian, Samoan, Filipino, Chinese, and Japanese)¹¹ the current shortage of mental health care providers might exacerbate the sliding birth rates as hesitancy surrounding limited access could contribute to people’s decisions to have babies.

Another key finding of the study indicated that new parents had to rely heavily on their ‘ohana (family) for support, childcare, and often, housing. Many participants noted if not for their ‘ohana they would have to move off-island. For some, it is possible this choice between high cost of living and staying in Hawai‘i and having a family might prompt them to either relocate or to simply not have babies. Furthermore, findings from all 4 studies showed that pervasive uncertainty, or the uncertainty following unrest related to financial, political, and even climate insecurity, heavily impacted their mental health experiences and exacerbated mental health symptomatology. This pervasive uncertainty could potentially be a contributor to the sliding birth rates, especially in Hawai‘i, during and after the COVID-19 pandemic. Following other natural disasters, such as hurricanes and tsunamis, as well as in the wake of economic downturn, fertility rates dropped¹²⁻¹³ so it is possible that COVID-19 associated factors are contributing to the low birth rates as well.

In Hawai‘i, the factors contributing to pervasive uncertainty such as job insecurity, rising costs of living, limited childcare options, and changes in perinatal health care policies were exacerbated by the remote nature of the state, potentially inhibiting more people from making the decision to have babies. The cost of living in Hawai‘i is over 18% higher than the national average, considering geographic location, the high price of goods and services due to shipping to the state, and the high cost of living in comparison to the “low income” relative to those costs.¹⁴ This has become a risk factor for PMADs during COVID-19 as the factors attributed to high cost of living have been directly impacted by the pandemic. For example, the large decrease in shipments of food and supplies to Hawai‘i has created a price increase for goods and services as well as increased food insecurity across the state.¹⁴ Similarly, the general cost of living in Hawai‘i has remained high in recent years and has gotten higher since the COVID-19 pandemic. In addition, the pandemic has had serious

impacts on the familial environment including changes in child care availability and pricing, returns away from work-at-home options, and more, that make it harder for families to choose to have children, or to have additional children. Indeed, many participants in the study indicated that lack of child care was a huge concern for them when having babies and the shortage contributed to their anxiety.

Like many industrialized nations such as Monaco, South Korea, Andorra, and Greece that have seen significant declines in their fertility rates, Hawai‘i must not lose sight of how ensuring that the state has policies and practices that are pro-family is important to the overall health and well-being of the state on economic and individual levels. Fewer children mean fewer workers as they become working adults, and fewer workers means less taxes being paid into the state revenues, which support many taxation-based safety net programs. Hawai‘i has the highest life expectancy in the US. While longevity itself is a strength in Hawai‘i’s population, with fewer children, there will be fewer carers for these aging adults, both within families and as potential employees in elder care facilities. The long-term effects could also mean fewer skilled professionals in a state that is already classified as medically underserved in the majority of our counties. If there are fewer quality perinatal care providers, particularly ones with the necessary cultural sensitivity to practice in Hawai‘i, it is possible that fewer people will choose to have babies here, further impacting our fertility rate. The lack of qualified mental health practitioners, particularly those specialize in perinatal mental health, is a concern for those considering having babies especially given the other contextual factors of living Hawai‘i which may inhibit their decisions to contribute to the birth rate.

While the pandemic created a “baby bust” for Hawai‘i, it highlights the fact that it may be time for Hawai‘i to have conscious conversations about how to manage a declining fertility rate. Hawai‘i seems unlikely to have a “baby boom” following our pandemic baby bust, and creating a realistic goal for population size in the state will require significant community discussion, as well as an increase in family-supportive policies and services.

Authors’ Affiliation:

- Department of Social Work, Thompson School of Social Work and Public Health, University of Hawai‘i at Mānoa, Honolulu, HI

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