

# CAREER CONSIDERATIONS AND FERTILITY INTENTIONS AMONG THE FEMALE DOCTORS WORKING IN THE TERTIARY CARE HOSPITALS IN LAHORE, PAKISTAN. A QUALITATIVE APPROACH

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## Abstract

**Background:** The empirical literatures suggest that valuing the career triggers working women to delay pregnancy and have fewer births. The career advancement opportunities motivate the female doctors to give higher importance to their careers, and are seen to be responsible for low fertility. Therefore, the career preferences among working women have substantially changed the family formation patterns.

**Objective:** Therefore, there is a need to explore the connection between career considerations and fertility intentions among the female doctors working in the tertiary care hospitals in Lahore, Pakistan.

**Materials and Methods:** The nature of the study was cross-sectional, and an exploratory qualitative research design was employed. Regarding the area of study, two tertiary public hospitals were selected, such as Mayo Hospital, Lahore, and Jinnah Hospital, Lahore. The target population was the married female doctors working in the Gynecology, Pediatrics, Gastroenterology, and Ophthalmology departments. A sample size of 50 female doctors (25 from each hospital) was recruited under the eligibility criteria. Before the data collection, ethical approval was accorded from the Institutional Review Boards (IRBs) of the concerned hospitals. The privacy, confidentiality, and informed consent of the participants were also ensured. The semi-structured in-depth interviews were conducted to get answers of three puzzles (i) how do career considerations shape the fertility intentions among the female doctors working at tertiary care hospitals in Lahore, Punjab? (ii) How does the reduced fertility advance the career of female doctors working at tertiary care hospitals in Lahore, Punjab? (iii) What career constraints do female doctors face while performing the work-role and childbearing? The thematic analysis was conducted to establish the themes, sub-themes, and codes from the transcripts.

**Results:** Regarding the demographic information, the mean current age of the respondents was 35 years. The mean age of the respondents at the time of marriage was 26 years. The average number of children was 1.8 per female doctor working in the tertiary care hospitals. The thematic analysis shows that female doctors value career advancement, and it shapes their fertility intentions.

According to the female doctors, combining career considerations and childbearing creates work-family incompatibility. Therefore, they intended to have fewer children. The themes that emerged from the data regarding the career considerations and fertility intentions were valuing career, competing devotions, absorptiveness of job, work-family incompatibility, full-time dual earner couple, supportive behavior of husband and in-laws, and work-family reconciliation, gendered division of labor, more time for childcare, and less career considerations.

**Conclusion:** The findings of the study suggest that career considerations shape the fertility intentions of female doctors working in the tertiary care hospitals, Lahore. Just to keep the work-family balance between the two, they tended to have lower fertility. In the pursuit of career-family compatibility, they prefer to have fewer children.

## INTRODUCTION

The relationship between career considerations and fertility has become a central focus for social demographers interested in fertility intentions among working women. It is theorized that how married female doctors working in the tertiary care hospitals anticipate and shape their fertility intentions. Secondly, how these women make marriage, fertility, and career preference decisions is of critical importance for this study.

The existing empirical literature yields that responsible caring for children creates major tension between career considerations and family formation (Hakim, 2003). The highly involved female doctors who are preoccupied with their job and achieving success in their career are more likely to devote greater effort and energy to the work role, thereby experiencing increased stress levels and tensions between work and family (Yoon, 2017). It is also hypothesized that men's greater household contribution is particularly important for maintaining the work and family compatibility in couples where the wife is employed (Kim, 2017). Secondly, supportive behavior of the husband and in-laws also plays an important role in shaping the fertility intentions and preferences of female doctors (Tanskanen & Rotkirch, 2014).

The prevailing notion is that female doctors with career preference are less likely to give birth (Adsera, 2011). The women who work more hours tend to place more importance on their career advancement. (Sobotka et al., 2011). There is no denying the fact that female doctors working at tertiary care hospitals are more work-centered. Women who have a high commitment to work, they less value on motherhood

(Moen, 2008). The women from this community who did have families tended to find their families around their work. According to Liu and Hynes (2012), higher family-to-work spillover increased the likelihood of a birth and job exit, whereas positive attitudes towards maternal employment and working more hours were associated with a lower likelihood of subsequent birth and job exit.

The review of relevant research studies suggests that there is an inverse relationship between career consideration and fertility (Brehm and Engelhardt, 2015). Women's employment has remained associated with lower fertility. The reason is that career-oriented female doctors are less likely to meet their fertility intentions than non-employed women. It has also been seen that high-earning women who place high importance on their careers and work many hours during their prime childbearing years have often been unable to also meet their fertility intentions (Esping-Andersen, 2009).

## 2. RESEARCH OBJECTIVE

This research study has been conducted to explore and understand the relationship between the career considerations and fertility intentions among female doctors working in the tertiary care hospitals in Lahore, Pakistan.

## 3. MATERIALS AND METHODS

The study was cross-sectional in nature and an exploratory qualitative research design was employed to catch the participants' viewpoints, perceptions, and experiences about the realities attached with the work role and fertility intentions.

Regarding the area of study, two tertiary public hospitals were selected such as Mayo Hospital, Lahore, and Gangaram Hospital, Lahore. The reason for selecting these two tertiary care hospitals was that these were teaching hospitals and offer residency. Most significantly, the number of the target =-population was conveniently available. The target population was the married female doctors working in the Gynecology, Pediatrics, Gastroenterology and Ophthalmology departments. It is quite appropriate to disclose that the number of female doctors was also higher in these departments. A sample size of 50 female doctors (25 from each hospital) was drawn by applying a convenient sampling technique. The eligibility criteria were as (i) married female doctor, (ii) age of 25-49 years, (iii) having at least one living child, and (iv) serving in one of these departments. Before the data collection, ethical approval was accorded from the Institutional Review Boards (IRBs) of the concerned hospitals. The privacy, confidentiality, and informed consent of the participants were also ensured. The semi-structured

in-depth interviews were conducted to get the in-depth information. The semi-structured in-depth interview covers the following major research questions:

1. How do career considerations shape the fertility intentions among the female doctors working at tertiary care hospitals in Lahore, Punjab?
2. How does the reduced fertility advance the career of female doctors working at tertiary care hospitals in Lahore, Punjab?
3. What career constraints do female doctors face while performing the work-role and childbearing?

Transcripts were read through several times to allow the researcher to become familiar with the data. The thematic analysis was conducted to establish the themes, subthemes, and codes from the transcripts. The entire analytical process was repeated to solidify the understanding of career consideration and fertility intentions among the female doctors working at the tertiary care hospitals in Lahore, Punjab.

#### 4. FINDINGS

Table 1. Demographic Characteristics of the Study's Participants

Demographic Characteristics	Percentage (%)	
Current Age (Years)	25-29	14
	30-34	28
	35-39	40
	40-44	18
Age at Marriage (Years)	20-24	22
	25-29	66
	30-34	12
Number of Living Children	1	36
	2	44
	3	20
Departments	Gynecology	34
	Pediatrics	26
	Gastroenterology	22
	Ophthalmology	18
Career Stage	Residency Training	22
	Senior Registrar	34
	Assistant Professor	44
Employment Status of Husband	Employed	86
	Own Business	14
Family Type	Joint	60
	Nuclear	40

Table 1 presents the demographic characteristics of the study's participants. The majority of participants (40%) were between 35-39 years old, followed by 28% who were 30-34 years old, 18% who were 40-44 years old, and 14% who were 25-29 years old. In terms of marriage age, most participants (66%) were married between 25-29 years, 22% were married between 20-24 years, and 12% were married between 30-34 years. Regarding family size, the majority of participants (44%) had 2 living children, 36% had 1 living child, and 20% had 3 living children. The participants were serving in various departments, with 34% in gynecology, 26% in pediatrics, 22% in gastroenterology, and 18% in ophthalmology at the Mayo Hospital and Gangaram Hospital, Lahore. In terms of career stage, most participants (44%) were assistant professors, 34% were senior registrars, and 22% were in residency training. The majority of participants' husbands (86%) were employed, while 14% were running their businesses. Finally, 60% of participants lived in joint families, while 40% lived in nuclear families.

#### **4.1 How do career considerations construct fertility intentions among the female doctors working at tertiary care hospitals in Lahore, Punjab?**

The medical field offers extensive career advancement opportunities that span a long-term trajectory. Notably, there is a significant increase in the number of female doctors at the tertiary level. Given the gendered division of labor prevalent in our patriarchal society, this study aimed to explore the complex dynamics and mechanisms underlying career considerations and fertility intentions among female doctors working in tertiary care hospitals in Lahore. Through in-depth analysis, the following themes emerged from the transcripts:

##### **4.1.1 Valuing Career**

It is a striking observation that career advancement and fertility are intricately intertwined. Career considerations significantly influence fertility decisions, and conversely, fertility intentions can impact career trajectories. As one female doctor astutely noted:

"For career advancement, it's crucial for female doctors to limit their childbearing roles. The medical

field demands long hours, and most female doctors prioritize their careers over childbearing. I, too, delayed my first pregnancy for two years due to my residency training, underscoring the sacrifices we make for our profession."

##### **Another female doctor echoed this sentiment, stating:**

"It's an undeniable truth that prioritizing a career in medicine reduces fertility among female doctors, particularly those serving at tertiary levels. Balancing work and childbearing creates a significant constraint to career advancement. I've experienced this firsthand, having two children with a 7-year gap between them. My career development was paramount, and I'm grateful for my husband's support and cooperation."

##### **A third female doctor candidly shared:**

"I prioritized my career, working extensive hours during my prime childbearing years. Consequently, I couldn't meet my in-laws' expectations regarding fertility. I've only two children, which is my completed family size. It's clear that career ambitions often take precedence over family pressures."

These quotes reveal that female doctors often prioritize career advancement over motherhood, with career development being their primary interest and childbearing a secondary consideration. This highlights the complex trade-offs that women in medicine face in balancing their professional and personal lives.

##### **4.1.2 Competing Devotions**

In the realm of competing devotions, female doctors navigate the dual roles of professional and domestic responsibilities, often juggling duties both inside and outside the home. As one female doctor poignantly observed:

"The interplay between family environment, working hours, and institutional settings defines the dynamics of gender, work, family, and work-family conflict. Childbearing and career considerations are often at odds with each other. I strategically completed my residency training before marriage, thereby challenging traditional domestic gender roles and embracing a more public, career-oriented identity. I have one child, aged 5, and my husband, also a

medical practitioner, and I don't plan on having another child anytime soon."

Another female doctor corroborated this perspective, stating:

"My husband and I, both senior registrars, have one child, and we've adopted a dual breadwinner model with shared childcare responsibilities. It's clear that when partners share responsibilities and roles, it empowers women to pursue their career aspirations, even in the face of competing devotions."

These quotes highlight the complex negotiations that female doctors undertake to balance their professional and personal lives, often requiring strategic planning, support from their partners, and a redefinition of traditional gender roles.

#### 4.1.3 Absorptiveness of Job

The prioritization of high-career importance is often linked to longer working hours, and women with a strong career orientation tend to be more absorbed in their jobs. This increased job absorption, whether full-time or part-time, can lead to a decrease in the likelihood of childbirth. As one participant insightfully noted:

"Female doctors who are deeply invested in their careers and prioritize professional advancement, like myself, are less likely to have subsequent children. Our career focus often takes precedence over family planning."

Another participant echoed this sentiment, stating:

"A strong emotional investment in one's profession can significantly impact reproductive decisions. As a female doctor, my dedication to my career has led me to delay having a second child, illustrating the intricate balance between work and family life."

These quotes highlight the complex relationship between career dedication and reproductive choices, suggesting that women who prioritize their careers may opt for smaller family sizes or delay childbearing.

#### 4.1.4 Delaying Pregnancy

Existing research highlights that working women often postpone pregnancy due to career considerations, as motherhood can pose significant challenges to career advancement for women dedicated to their profession. This phenomenon is poignantly illustrated by the experiences of female

doctors, who frequently face demanding schedules and high stakes in their careers.

One participant shared a personal anecdote that underscores this point: "I got married during my residency training and strategically delayed pregnancy for two years, as the subsequent year would be pivotal for my final examination. After a thorough discussion with my husband, we mutually decided to plan for a baby after I completed my residency. This calculated decision enabled me to concentrate on my career objectives without any undue distractions."

Another participant corroborated this perspective, stating: "The five-year interval between my first and second child was instrumental in propelling my career forward. During this period, I achieved a significant milestone by getting promoted to assistant professor, which was a direct result of my unwavering commitment to my profession and the unwavering support of my husband."

These narratives not only highlight the deliberate choices career-oriented women make to balance their professional and personal lives but also underscore the importance of supportive partnerships in facilitating these decisions.

#### 4.1.5 Fewer Children

Research suggests that women with a strong devotion to their work often experience lower fertility rates and have fewer children. Career considerations and prioritizing professional advancement can motivate women to delay or forego childbearing. This phenomenon is insightfully captured by the experiences of female doctors, who frequently face demanding careers and high expectations.

##### One participant astutely observed:

"It's undeniable that a woman's career preferences and fertility intentions are intricately linked. With a 10-year marriage duration, I have only two children, which is consistent with the trend that female doctors working in tertiary care hospitals tend to have smaller family sizes."

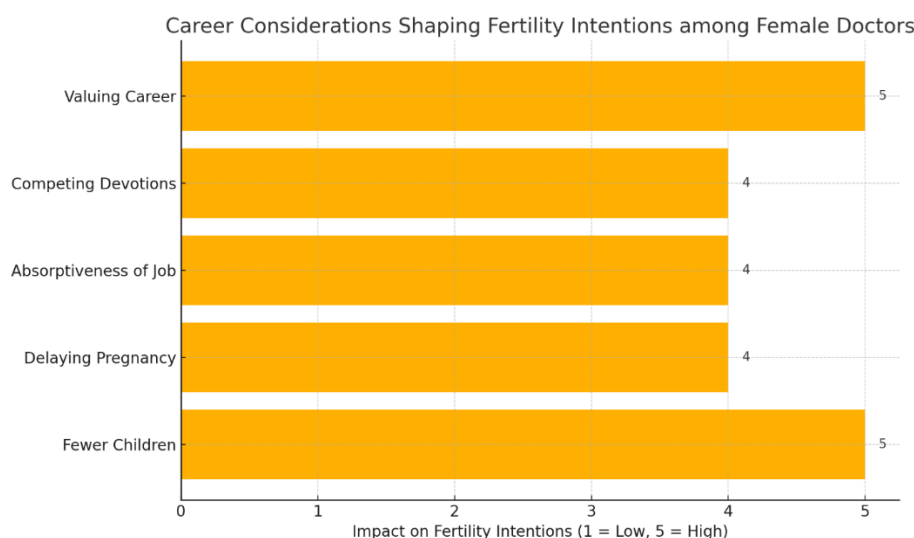
##### Another participant provided further insight, stating:

"When family responsibilities encroach upon work life, it can lead to an increased likelihood of having

more children and potentially exiting the workforce. Conversely, having fewer children allows women to pursue maternal employment, work longer hours, and reduces the likelihood of job exit."

These observations highlight the complex interplay between career dedication, family responsibilities, and reproductive choices, underscoring the challenges women face in balancing their professional and personal lives.

**Figure 1.** Here is a visual representation of how career considerations shape fertility intentions among female doctors in tertiary care hospitals in Lahore, Punjab. Each theme is rated on a scale of 1 to 5 based on its impact, highlighting the critical factors such as valuing career and fewer children, which have the strongest influence.



## 4.2 How does the reduced fertility advance the career of female doctors working at tertiary care hospitals in Lahore, Punjab?

The reduced and limited fertility of female doctors working in tertiary care hospitals can significantly impact their careers in various ways. Some key themes that emerge from this context include:

### 4.2.1 Work-family compatibility

The pursuit of career advancement often gives rise to work-family conflicts, making it challenging for women to balance their professional and personal lives. As a result, many women prioritize their careers by limiting their fertility. This sentiment is echoed by the experiences of female doctors, who frequently face demanding schedules and high expectations.

One participant shared a thoughtful perspective: "I've managed to strike a remarkable balance between my professional and familial life. My husband and I carefully planned our work and family life in a harmonious way. For instance, we deliberately planned our first child after two years of marriage,

and we shared the responsibility of childcare, which worked out beautifully."

Another participant corroborated this view, stating: "Women who work long hours often struggle to juggle work and family responsibilities. Many female doctors have even had to leave their jobs due to the incompatibility of work and family demands. However, I've been fortunate to have an excellent work-family balance by limiting my fertility and spacing out the birth of my second child by six years."

These narratives highlight the importance of strategic planning and decision-making in achieving a balance between career and family life, and demonstrate how limiting fertility can be a deliberate choice for women who prioritize their careers.

### 4.2.2 Husband's support

It is undeniable that a husband's support plays a pivotal role in his wife's career considerations. The husband's influence can be particularly significant in decisions regarding the number and spacing of

children within the family. This dynamic is poignantly illustrated by the experiences of female doctors, who often face demanding careers and challenging schedules.

One participant shared a heartfelt account: "In my case, the interval between marriage and the birth of my first child was just 11 months. When my baby was only two months old, I had to prepare for the first part of my residency examination, which proved to be an incredibly challenging balancing act. However, I must acknowledge the unwavering support and cooperation of my husband, who took on significant childcare responsibilities, including feeding our child, allowing me to focus on my studies and ultimately pass my examination with distinction."

Another participant echoed this sentiment, stating: "Reducing fertility is only feasible with the support and willingness of the husband. My husband and I jointly decided to have three children, spaced five years apart. Currently, I have two school-going children, and we have no plans for a third child. We're both focused on advancing our careers and moving forward, and this decision has enabled us to achieve our professional goals."

These narratives underscore the critical role that husbands play in supporting their wives' careers, particularly in navigating the complex interplay between family planning and professional advancement.

#### 4.2.3 Full-time dual earner couples

Reduced fertility can provide opportunities for full-time employment for both husbands and wives in the medical field. Dual-earner couples who work full-time often prioritize their careers over parenthood. This phenomenon is insightfully illustrated by the

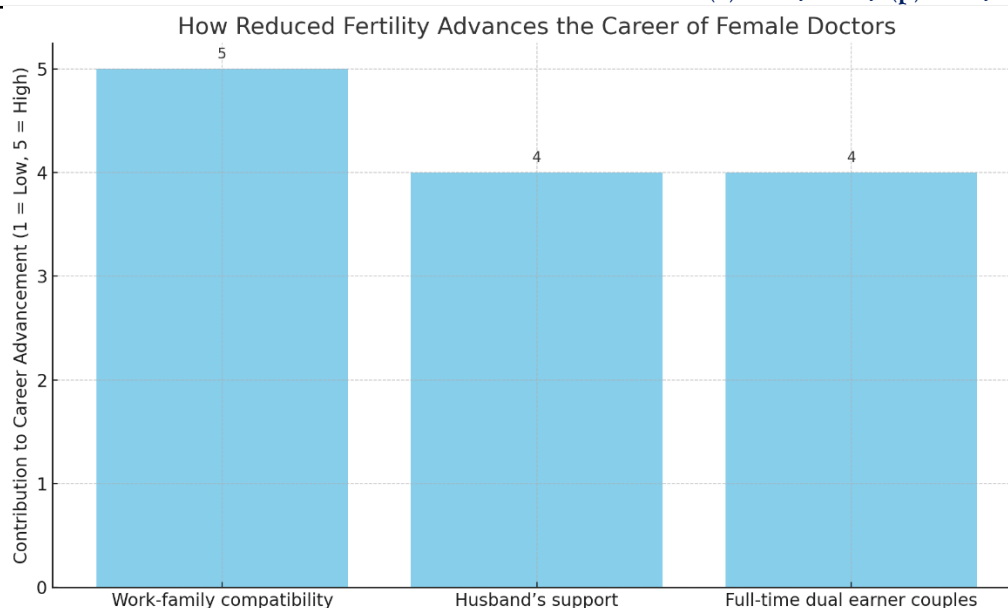
experiences of female doctors who have made deliberate choices about their family size and career advancement.

One participant shared a compelling perspective: "My husband and I both work at the same hospital, where we share roles and responsibilities. We have one child, aged 5, and after our public hospital duties, we also maintain a private practice in the evenings. It's undeniable that limited fertility has provided us with the opportunity to focus on our careers and achieve our professional goals."

Another participant offered a contrasting view, stating: "I've compromised on my career growth due to my higher fertility preferences. With three children, managing my hospital duties has become increasingly challenging. Meanwhile, my husband's career is thriving, with a successful public hospital role and private practice. Unfortunately, my career is stagnating, and I'm finding it difficult to pursue my professional aspirations with a larger family."

These narratives highlight the complex relationship between fertility, career advancement, and professional dedication among medical professionals, particularly women. By choosing to limit their fertility, some couples can prioritize their careers and achieve greater professional success.

**Figure 2.** This bar chart visually illustrates how reduced fertility contributes to the career advancement of female doctors working at tertiary care hospitals in Lahore, Punjab. Each theme represents a factor facilitating professional growth, with "Work-family compatibility" scoring the highest, indicating its significant role in enabling career success through planned fertility choices.



### 4.3 What career constraints do female doctors face while performing the work-role and childbearing?

While navigating the demands of their profession and childbearing, female doctors encounter a range of complex career constraints. The key challenges and constraints that emerged from the transcripts are outlined below:

#### 4.3.1 Work-family incompatibility

Female doctors who are deeply invested in their careers and strive for success often devote considerable effort and energy to their work, which can lead to increased stress levels and tension between their professional and family lives. This sentiment is echoed by the experiences of many female doctors, who face significant challenges in balancing their work and family responsibilities.

One participant poignantly observed: "Childbearing can trigger work-family incompatibility, which has become a major constraint for my career growth. I'm constantly torn between my professional and family responsibilities, and it's a difficult balancing act. Based on my experience, I would advise my colleagues to carefully plan their professional lives and fertility intentions to minimize potential conflicts."

Another participant offered valuable insights, stating: "Using contraception before the first pregnancy and

having lower expectations for family size can create employment-family compatibility. On the other hand, devotion to family can constrain devotion to career considerations, leading to work-family incompatibility. Women need to strike a balance between their professional and family responsibilities."

These narratives highlight the complex interplay between career dedication, family responsibilities, and work-family compatibility, underscoring the challenges that female doctors face in navigating these competing demands.

#### 4.3.2 Gendered division of labor

The societal expectation that child-rearing and childbearing are solely the responsibilities of women can hinder their career advancement and confine them to domestic roles. This phenomenon is insightfully illustrated by the experiences of female doctors, who often face challenges in balancing their professional and family responsibilities.

One participant shared a thought-provoking perspective: "My husband and I both work at the same hospital with similar responsibilities. However, while he pursues private practice in the evenings, I'm unable to do so due to my responsibilities at home, including caring for our son, managing household chores, and cooking. This division of labor highlights the societal expectations placed on women."

**Another participant offered a nuanced analysis:**

"The cultural context and sex role orientation in our society dictate the roles deemed appropriate for women. The socialization of women as primary child-bearers and secondary workers with limited commitment to career advancement perpetuates a gendered division of labor. This expectation can limit women's opportunities for professional growth and development."

These narratives underscore the complex interplay between societal expectations, gender roles, and career advancement, highlighting the challenges that women face in navigating these competing demands.

**4.3.3 More time to child-care**

The relationship between fertility and career advancement can be complex, with fertility often acting as a significant constraint on women's professional growth. The demands of childcare can impede career considerations for female doctors, requiring a substantial investment of time and energy. This sentiment is echoed by the experiences of many female doctors, who face challenges in balancing their work and family responsibilities.

One participant astutely observed: "The unavailability of affordable childcare substitutes can significantly impact the career development of female doctors. Childbearing and childcare are traditionally

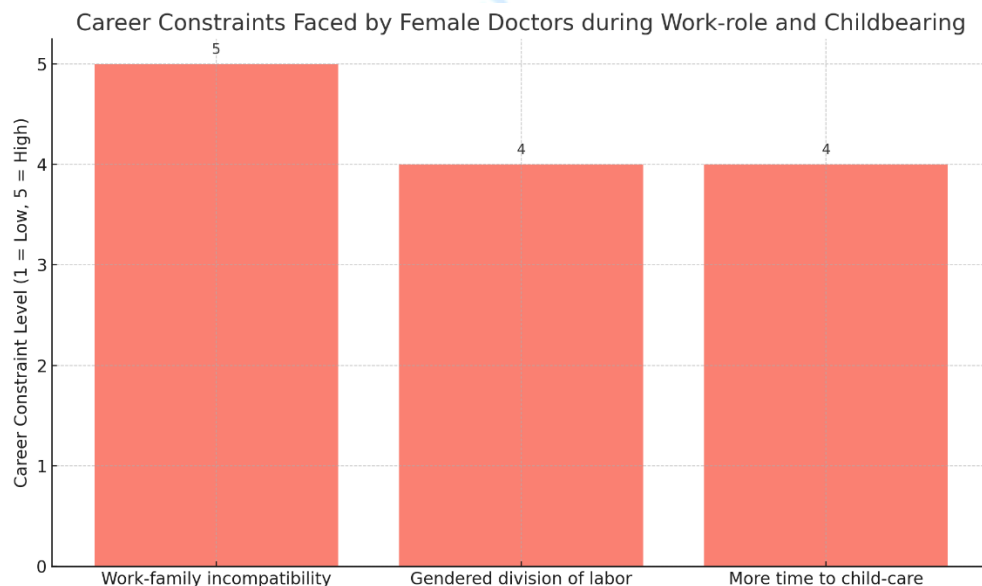
viewed as domestic responsibilities, and the lack of support in these areas can come at a substantial cost to career growth and development."

**Another participant candidly shared:**

"Increasingly, female doctors are prioritizing family life and childbearing over career advancement. They're valuing the importance of nurturing and caring for their children, rather than solely focusing on professional success. I identify with this perspective, having chosen to prioritize my family life and children throughout my career. With three children within six years of marriage, my family has been my primary focus."

These narratives highlight the intricate relationship between fertility, childcare, and career advancement, underscoring the challenges that female doctors face in navigating these competing demands.

Figure 3. This chart illustrates the main career constraints female doctors face while managing both their professional duties and childbearing. "Work-family incompatibility" stands out as the highest constraint, closely followed by the "Gendered division of labor" and the significant time demands of childcare, indicating how deeply societal norms and caregiving responsibilities impact career progression.



## 5. DISCUSSION

The explored findings of our research study were highly congruent with the studies conducted in different countries. Our major findings were that the medical field is a career pursuing and offers long working hours. Most of the female doctors delay their pregnancy and value their careers. It was also found that combining the work and childbearing roles creates a constraint in the way of career development and family formation. Therefore, they prefer to delay pregnancy during the prime years of fertility. Similarly, a research study conducted by Martin Garcia (2010) indicated that long-hours employment creates difficulty for women to combine work with family responsibilities, especially if formal childcare institutions do not follow women's work time. Therefore, these women could opt for a strategy of reduced fertility, particularly in the absence of informal childcare arrangements provided by partners, (close) relatives, or others. The female doctors also revealed that they were able to create work-family balance by competing devotion. This was the prime reason to limit their childbearing role.

The absorptiveness of the job among the female doctors was highly prevalent, and they were less likely to report a subsequent birth. The rational consumption theory of family reproductive behavior also supports this study that individuals follow a rational balance between utility and cost in reproductive behavior (Becker, 2008).

It was also found that birth intervals from marriage to first birth and subsequent births proved very helpful for female doctors to pursue their career and endeavor to work-family compatibility. A research study also supported this by indicating that some people choose to marry later and have children later, or get pregnant without getting pregnant, to pursue their careers (Glavin et al., 2020).

Fewer children also encourage maternal employment with more working hours. The current working women of childbearing age may have just entered the workplace or are in the rising stage of their careers. When there is a conflict between having children and accompanying them with their career development, they will weigh the pros and cons and may reduce the chance of having children (Ruthbah, 2020).

Most importantly, female doctors indicated that shared gender roles and responsibilities, such as childcare and domestic chores, play an integral role in creating balance between career considerations and family formation. Zhang et al. pointed out that family support, especially the help of elders to take care of their children, can alleviate the work-family conflict of working women, thereby enhancing their willingness to bear children (Zhang et al., 2021). The support of the husband was a decisive factor in the career development of the female doctors. It was also revealed that shared responsibilities inside the home encourage full-time dual-earner couples.

It was also found that high fertility triggers work-family incompatibility. The work-family conflict incompatibility refers to individuals playing different societal roles but with limited time and energy. When meeting the needs of one role, it will inevitably lead to the exclusion of another role, resulting in conflict (Begall & Mills, 2011).

And, most of the female doctors leave their employment. The findings of a study are also consistent with our research that high fertility costs risks such as reduced room for promotion, damaged career, and even exit from the labor market (Kan et al., 2019). Further, the child-rearing responsibilities also unleash a gendered division of labour. Brinton et al. (2018) figured out that female employees' retirement age is ten years less than that of male employees. Compared with men, women have less time in their entire careers, and because of multiple births, female employees cannot have more time to devote to work outside the home.

In our society, child-rearing is only considered the business of a woman. The women not only need to bear the responsibility of raising and educating children in the family, but also need to undertake the task of work outside the home. They are vulnerable groups in the whole process of childbearing and child-rearing (Chen & Guo, 2022). It was also recognized that child-rearing is a domestic and traditional role of a woman.

## 6. CONCLUSION

All the above findings and discussions can be concluded that female doctors work long hours at tertiary care hospitals. To create work-family compatibility, they prefer to have fewer children. By

competing with work devotion and valuing career, they practice long birth intervals. The responsibility of raising and educating children is also a constraint in the way of advancing a career and family formation. Most of the female doctors, while meeting the needs of one role, lead to the exclusion of another role, resulting in role conflict. The supporting role of the husband and in-laws has also been recognized for the career considerations of the female doctors. It can be inferred that working women reduce fertility to play an integral role in their career considerations and child-rearing in a desired way. In the context of Pakistan, half of the total population is female, and they have no equitable access to the workplace. They only play their role of mothering and childbearing. Resultantly, the representation and participation of females in the workforce are dismal and bleak. On the one hand, it triggers the women's dependency and economic predicaments for the country, while on the other hand, it unleashes the unrestrained population growth. In this dreary scenario, it is high time to encourage female participation in the workforce, and there is also a need to create a conducive working environment for women. It will help to boost the female participation in the workforce and it will impact on their fertility potential. As the findings of the study also indicate that female doctors working at the tertiary-care hospitals had fewer children in order to create a balance between career advancement and family formation.

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