

# A Qualitative Study on the Psychological Experience of Elder Women With Second Child

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## Research Article

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# Abstract

**Objective:** To explore the psychological changes that may take place in older women with a second child from conception to birth. The study has several aims, including the provision of protection of the overall health level of these women; the maintenance of women's position in the labor market; and the promotion of the implementation of the "comprehensive two-child" policy.

**Methods:** Semi-open interviews were conducted on older women pregnant with their second child. These women were recruited from three tertiary hospitals in one province in western China. The interview content was analyzed using the qualitative research method of Japanese scholar Kinoshita Yasuhito's revised version of grounded theory.

**Results:** Four themes were extracted from the psychological experience of the older women with a second child; these were: Life choice; The mixed feelings of motherhood; The backbone of a family; Second children should be cautious.

**Conclusion:** older women with a second child face physical, psychological, life, and other pressures. To ensure the implementation of the "comprehensive two-child" policy, the Chinese government should speed up the establishment of a fertility support system, including education, medical investment, women's employment rights protection, and pension burden. Establish and improve relevant policies.

## Background

In the past decades, China's family planning policy has moved from the rigid One-child policy to the Selective One-child policy that allowed couples to have two children if both parents are single children. Furthermore, to stimulate economic growth, from December 2013, the Selective One-child policy changed and permitted teams to have two children if one of the parents was a single child. Finally, the "comprehensive two-child" policy was brought in October 2015 in response to data showing labor shortages and accelerating the aging process of the population. With the liberalization of the comprehensive two-child policy, advanced-age women, especially advanced-age maternal women, have become the first group of people who "responded to the policy change" to give birth again. The data analysis of the 2018 National Medical Service and Quality and Safety Report Sample Survey shows that the proportion of older women giving birth in all provinces is significantly higher than that in 2016. Furthermore, among all older women, the balance of older women giving birth to a second child was 83.96% [1].

The elderly multipara refers to those who have a second child over 35 years old or 34 years old and over at the time of conception [2]. Due to the higher educational qualification and more vital working ability of women, increasing attention was paid to women, which leads to the research and discussion of the elderly gravida from all sectors of society. The purpose of this study is to explore the psychological changes of the elderly multipara from conception to childbirth to provide references for ensuring women's

overall health, maintaining their status in the labor market, and promoting the further implementation of the "comprehensive two-child" policy.

## Methods

### 1. Design

The present study adopts the modified version of Japanese scholar Kinoshita Yasuji which is rooted in the theoretical research method (Modified Grounded Theory Approach, M-GTA) [3] based on Anselm Strauss and Barney Glaser[4]. Both the M-GTA and the grounded theory approach focus on human emotions, cognitions, and their interaction with society; both advocate theory generation grounded in original data and empiricism, profound interpretations, and verification by application. There are two outstanding strengths of the M-GTA. Firstly, all data analysis is based on an analytic theme, and the viewpoints of an analytical, focused person is helpful to clarify the focus of the analysis. In addition, the M-GTA provides with a unique analytical worksheet (see Table1), that allows to analyze, and interpret the data, recording analysis diary, analyze similar ideas while looking for opposite concepts and then finally form the theory. The M-GTA is particularly appropriate for the purpose of this study because it explores the psychological experience of the elderly multipara, focusing more on the emotions, cognitions, and related background factors.

#### Table1 Analysis worksheet

### 2. Participants

The purposive sampling method was used to select the elderly multipara in three tertiary hospitals in a province in Western China as participants. Inclusion criteria included: (1) Women who gave birth to a second child and was over 35 years of age, or 34 years old and over at conception; (2) Education level and occupation were not exclusion criteria; (3) People who expressed clearly and were willing to cooperate with the interviewer; (4) Willing to participate. Exclusion criteria included: (1) Psychological, cognitive, or mental disability; (2) Participating in other treatments or psychological interventions; (3) Patients with other complications that seriously affected the quality of life; (4) Unable to clearly express their psychological feelings or unwilling to participate. After screening, 15 theoretical samples were included as interviewees subjects.

### 3. Data collection

Data were collected using a semi-structured in-depth interview focused on the participants' real psychological experience from March to May 2019. Before the interview, a first draft of the interview outline was set according to the research objective and relevant literature. The method of the interview was finally determined through pre-experiment, repeated focus groups, and revision. The main content of the interview's outline included the following questions: Is this pregnancy planned? Why do you want a

Concept	mentality change during pregnancy
Definition	A mother's gratitude and joy erupts from her struggles
The original	<p>1. We started to worry about the fetus, we thought: the baby will be safe. After all, it's just the beginning. We need to be positive. (A-5-2)</p> <p>2 We were upset for 8 days, I had a b-scan 8 days ago because we wanted to check the fetal heart rate and so on. We made the decision that day to abort the fetus. By the time she took the B ultrasound that day, his body length had grown 1/3 of his total body length, which was very fast. Then We decided to abort the fetus. We go to the director again. His attitude is that his heart is beating so well. Why, it's very, very hard on me. And then I thought, okay, I'm going to have this baby. (A-9-1)</p> <p>3. I've decided to abort the child, and then the doctor said that you have a relatively large number of days, then you go to do a B ultrasound, B ultrasound doctor said, you see this little guy is moving happily, I did see, (A-9-2) and (A-9-1). Then he showed me the shape of the B-sonogram, and it was really a very clear picture of a child, where he had his head, and then four legs (laughing and gesturing on the table), and then I could see a complete shape, so I saw this, and I thought... (A-9-3)</p> <p>4. Later, when I decided to have this baby, when I calmly accepted this matter, in fact, my heart was full of gratitude and joy. In an instant, I was no longer obsessed with the drugs, smells, radiation and all the other things I had taken before. I thought, this child is mine and is mine. If God wants her to come now, I will accept it and will not worry about any other reasons. D-4-3</p>
Analysis of the diary	

second child? What is the impact of having a second child on your family, work, and health? How do you feel after pregnancy? Before the interview, the researcher explained the purpose and the content of the study to the participants and obtained written informed consent. Subsequently, the researcher and the participants agreed on an appropriate place for the interview to happen. Each interview lasted 30 ~ 45 min; it was audio-recorded and documented by written notes. During the interview, participants were encouraged to fully express their true thoughts and experiences. To ensure the rigor of the data, their feelings or opinions were confirmed in time, questioned continuously and verified to ensure the accuracy of the information.

#### 4. Data analysis

To improve the authenticity and accuracy of the data, each interview was transcribed verbatim (and its associated records sorted out) within 24 hours after it was conducted [5]. Data were analyzed using the M-GTA, focusing on the psychological experience and cognitions of the elderly multipara and the

interaction between the elderly multipara and society. Continuous comparative analysis of the original data was performed [6].

The analysis method included the following steps:

(1) Read the interview contents carefully and determine the analytic theme and analytical focused person. The analytic theme was the psychological experience of the elderly multipara, and the analytical focused person was the elderly multipara; (2) Compare the analytic theme and the analytical focused person; find specific examples from the interview to give a concept name, extract each concept in high accordance with the definition. Similar and opposite examples were interpreted based on the definition of each concept and the analysis diary was recorded to make an analysis table; (3) Focus and constantly compare both similar and opposite concepts and analyze the interrelationship between them during the process of analysis. Carry out integration to improve the abstraction of the concept and then refine the theme; (4) Further analyze the relationship between each theme, summarize the psychological experience of the elderly multipara, and make a relationship structure diagram. To ensure the authenticity of the data analysis, the research team met together every week to discuss and analyze, listen carefully to the opinions of the team members, avoid subjective analysis by researchers, and ensure the appropriateness of the content. Once data were analyzed, the results were extracted and confirmed with the interviewees to ensure their accuracy.

## **Ethical Approval**

The experimental protocol of the present study was performed by the national guidelines and was exempted from the requirement of ethical approval after the review by the Medical Ethics Committee of the People's Hospital of Ningxia Hui Autonomous Region, China. The resulting manuscript was given the authorization to be submitted for publication. The review approval number was [2021-LL-001]. Before the interview, participants were informed about the research objective, the content of the interview, and the principle of voluntary participation. Participants were reassured that the study did not present any adverse effects and that personal privacy was not disclosed. A code replaced the participant's confidential information, and all research data was managed by a true person following a dedicated plan. The dedicated person countersigned the informed consent form after obtaining the signature from each participant.

## **Results**

1. General information of participants(see Table 2 )

### **Table 2 General information of participants**

2. M-GTA results revealed four major themes about the psychological experience of the elderly multipara;

Project	n=15	Project	n=15
Age $\bar{x} \pm S$ , year	37.67 $\pm$ 1.19	Delivery mode of the first child[n(%)]	
Highest Educational Qualification[n(%)]		Caesarean section	3 $\times$ 20.00
Senior high school	3 $\times$ 20.00	Vaginal delivery	12 $\times$ 80.00
Junior college	3 $\times$ 20.00	Gender of the first child [n(%)]	
College	9 $\times$ 60.00	Male	9 $\times$ 60.00
Postpartum time $\bar{x} \pm S$ , day	3.00 $\pm$ 0.73	Female	6 $\times$ 40.00
Planned pregnancy [n(%)]		Delivery mode of the second child[n(%)]	
Yes	10 $\times$ 66.67	Caesarean section	10 $\times$ 66.67
No	5 $\times$ 33.33	Eutocia	5 $\times$ 33.33
Employed during pregnancy[n(%)]		Gender of the second child[n(%)]	
Yes	11 $\times$ 73.33	Male	8 $\times$ 53.33
No	4 $\times$ 26.67	Female	7 $\times$ 46.67
		Time between two births $\bar{x} \pm S$ , year	12.8 $\pm$ 2.17

these were: life choice; mixed feelings of being a mother again; the backbone of family; be cautious to have a second child. Nine sub-themes were further elaborated, and these included: willing or not to have a second child; calmness and second heartbeat of experienced mothers; helplessness and restlessness of the elderly body; concerns about the future; independent parenting of children; family burden; the second child should be born as early as possible. With the full liberalization of the second child policy, the "second child fever" has gradually emerged. Most of the elderly multipara were affected by the general environment and decided to have a second child under the premise that economic conditions and their capabilities would remain similar. However, some elderly women decided to have a second child without being prepared, regardless of the circumstances, and considering the advantages of a second child being a companion for an older child.

From pregnancy to childbirth, they experienced a series of psychological experiences: As elderly multipara, the contour and heartbeats of infants made them excited once again; however, they became more worried about the health condition of the child rather than their own health care; Due to the advanced age, most of them had severe reactions during pregnancy and difficulty in giving natural birth. Therefore, they had to choose the cesarean section along with slow and hard postpartum recovery. Besides the long and arduous process of raising children from scratch and not being able to spend time

consistently with the child also overwhelmed most elderly multipara; Most of them were indispensable in taking on central family and work responsibilities and the arrival of the second child made them have no choice but to resign because they could not balance family and work. As older women with second children, they offered their experience and suggested caution, calling on women not to blindly have a second child, and to be mentally and physically prepared, and finally decide as soon as possible if energy permits. (see Figure 1)

### **Theme 1: Life decision**

It is a major life decision for elderly multipara to have a second child. One reason that explained this decision was the "second child fever", along with the economic condition and the feasibility to rear one more child. Another reason consisted in the unplanned pregnancy. When a woman is not prepared to raise a second child, she may make a decision under the pressure of other family members, and usually the focus is in having a second child that would provide company for an older child. C: "Well, due to recent improvement of our economic condition, I felt that, my current child was feeling a little lonely, and this gave me the urgency to discuss the option of having a second child with my husband". D: "Many colleagues, relatives and friends around me were giving birth to a second child and brainwashed me and my husband into doing so too. My mom persuaded me by saying 'Your only child will have to take care of four elderly people in the future, how can she manage that? Don't you worry about she will be stressed out?' These words touched me, maybe, and I finally decided to have one more child after thinking for a long while." F: "Honestly, my husband and I have been struggling since the two-child policy was rolled out because we wanted to give our son a sibling that would provide company, while there are no elderly people in my home and I am not young any longer. We hadn't made up our mind but now since I'm pregnant, we decided to have it."

### **Theme 2: Mixed feelings of being mother again.**

The key theme 'Mixed feelings of being a mother again' considers that the participants went through a range of psychological transformations from pregnancy to delivery. Although pregnancy at an advanced age is extremely difficult, the elderly multipara was calm because they had the experience of being a mother once and that provided the happiness and excitement of motherhood again. At the same time, they are more worried about the health condition of the child due to advanced age. They inevitably lack confidence, thinking about the effort needed to raise a baby from scratch with the worry that they may not see the future of the child. Among the sub-themes, "helplessness and anxiety of the elderly body" and "calmness and second heartbeat of experienced mothers" existed in opposition.

**Helplessness and restlessness of the elderly body:** Most of the older women who gave birth to a second child had severe reactions during pregnancy. They were very worried about the health of their children during pregnancy. The Cesarean section had to be chosen due to the difficulties in giving birth, making the recovery after delivery slow. E: "This time, it seems to be really different from the first child, regardless of reaction and physical strength. In the first three months, the reaction was bad and so uncomfortable, I vomited when I ate, or I feel like vomiting when I smelt something wrong. I could not sleep well at night,

so I felt so worried. I felt much more uncomfortable than the first child pregnancy.” F: “This time will certainly be harder because of the cesarean delivery. Besides, I am ten years older than before. The physical situation is getting worse as well. I’m tired after just walking few steps and want to do nothing but to lie down”.

**Calmness and second heartbeat of experienced mothers:** Because of the experience as a mother, the elderly multipara pays more attention to the health of the second child than their own health care during pregnancy. The 4D contour, heartbeats, and creamy fragrance of infant trigger natural motherhood once again which made them extremely cheerful and happy: D: “Because I am an elderly mother, I paid more attention to the child’s health during pregnancy. But I was not as nervous as the last time since I have now experience.” E: “The baby’s 4D contour can be seen clearly and they look energetic and cute. Although it has been more than ten years since I had my first child, I’m still excited to see that again.”. D: “A new-born baby is so adorable! Had I not been pregnant again, I would have forgotten how nice the skin and the milky fragrant of the baby is! The family was excited around her as if they had never seen a baby.”

**Concerns about the future:** worrying about the difficulty and length of raising a baby from scratch and fear of aging and not being able to see the future of the child. A: “The first child just entered the first grade and the second one has just been born, which means there is a gap of about six years between them. I can’t even imagine how I will raise this child into an adult.”C: “I’m already 38 years old while he was just be born so I will be over sixty years old when he grows up. I just feel like, there is a huge gap between our ages. I am afraid that I will not be in good health in the future. I am afraid that I will not be able to see him getting married and having children.

### **Theme 3: Backbone of family**

The key theme ‘Backbone of family’ comments mainly reported that the elderly multipara with a second child have to take care of the older child, the newborn and the whole family. They are the indispensable backbone of the family. Some of them would choose to resign from work because they were too burdened and some of them continued to do heavy-duty work under financial pressure.

**Independent parenting of children:** All of the participants decided not to rely on the elderly (grandparents), and independently raise their two children. Because of the second child, the elderly mothers had to consider the double pressure of work and family. After evaluating the family’s financial situation, some chose to resign, while others could only continue to work under the heavy burden. A: “I have no option but to resign. To be honest, I am worried about committing my first child to my parents’ care, because I took care of my first baby since he was born. Since I’m pregnant and the school is far from home, there is absolutely no way to drive back and forth.” D: “I originally planned to quit my job in order to take care of my two children, but because my family situation is complicated and my husband’s income is not enough, If I resigned, my husband would have been under great pressure. So, after discussing it, I decided not to resign, but continue to work harder.

**Family burden:** The elderly multipara is independent and competent enough to deal with everything in the family, even during their pregnancy: A: "I was still driving after being pregnant for over 36 weeks to pick up the first child. The circumstances did not permit hospitalization. How I wish I could insist until my child finished her final exams. However, the only thing my parents cared about was that if I were hospitalized there would be no one to take care of the family and to tutor my first child in homework" C: "I take care of everything in the family, including the studying stuff of my first child in second grade in junior high school. By the way, the grandparents are too busy to help me."

#### **Theme 4 Be cautious to have a second child.**

The key theme 'Be cautious to have a second child' revealed that the elderly multipara advised the majority of women not to blindly have a second child from their own experience. They need to be fully prepared in all aspects and decide as soon as possible.

**Having a second child blindly is not advisable:** Elderly mothers with second children believe that other families need to carefully consider the matter of having a second child, and encourage other families not to have a second child if they do not have the ability to raise one more child. A: "I think having a baby should be determined carefully since giving birth is undemanding but then children need to be looked after and educated. If you are not capable enough or not confident about raising children well, you should be prudent in making decisions. Don't blindly encourage fertility." J: "I think women have to think about their future before having a second child, especially about their work. See, I had to resign to look after the child. Actually, I really did not want to be a housewife, but I had no choice."

#### **The second child should be born as early as possible:** Before the elderly multipara

decides to have a second-child, they must comprehensively evaluate their age and physical condition, and they must decide to have a second child as early as possible in consideration of their health conditions. D: "I think a woman should have a child earlier, and she should be fully prepared before she wants it. Otherwise, it will be bad for hers and the child's health and she will be hassled by the feeling of unease during pregnancy." E: "If you plan to have a second child, you have to plan early and stop being in two minds. You can't let nature take its course as women's energy tends to be used up. Otherwise, not only you but your children will also have a rough time."

## **Discussion**

Since the liberalization of the "universal two-child" policy, the proportion of elderly multipara has been increasing day by day. According to a survey report, 78.43% of women aged  $\geq 35$  had the willingness to have a second child [7]. Another study also indicated that the proportion of elderly multipara increased by 5.8% and the cesarean section rate of second child increased by 1.2% [8]. Among 15 elderly pregnant women in our study, 10 chose to have a second child without giving much thought, and the other 5 decided to have the second child after multiple considerations. This is mainly due to the concentrated release of the strong willingness to have a second child of the post-75s with fertility. However, with the

development of the economic and social modernization, the direct cost of children has risen. China's many-year family planning policy has created the phrase "4:2:1" that consisted of two sets of grandparents, one set of parents, and one child. Couples who are both only children would have to support four grandparents and one child, meaning that if they had a second child, the pressure would be even greater. Pension burden significantly squeezes the willingness to bear children. In addition, natural childbirth is not easy for the elderly pregnant woman due to the old age or the fact that they had a cesarean section for their first child. The fear for the delivery process and the gradually decreasing rate of successful vaginal delivery promote the high rate of the cesarean section.

Research suggests that advanced age increases the risk of disease by 1.5 to 2 times [9]. The study by Schummers et al. [10] also reported the same conclusion. The risk of hypertensive disease in pregnancy is especially high in pregnancies after 35 years of age. The present study did not find pregnancy complications, but this may be due to the small sample size. However, elderly mums took the risk of diseases and harder delivery. In fact, because they had to face more risks during the pregnancy process, they preferred the cesarean section along with slow recovery after delivery and lacked physical strength. The elderly pregnant woman faced various challenges and therefore,

Suffered from different degrees of psychological stress which made their mental state different from that of ordinary younger first-time mother. Social expectation, family pressure, child-rearing desires and other factors may have led to negative psychological state. Moreover, sociological studies have shown that advanced pregnancy has a negative impact on female human capital, which further increases the gender income gap [11]. In our study, the elderly multiparas went through the pregnancy process smoothly and experienced the happiness of being a mother again, but they were worried about the future. They accepted the heavy responsibility of taking care of the family and raising children independently. Those with less financial pressure could choose to resign and focus on taking care of the family. Those with heavier financial pressure had to take care of the family, raise the children and work to earn money, and therefore had to endure the double pressure. Because modern women are more independent, their reproductive behaviors are closer to their emotional needs.

They pay more attention to good quality parenting and to improve their children's quality of life and this virtually increases pressure. Therefore, summing up their own experience, they called on senior women to carefully consider having a second child. According to statistics, after the "universal two-child" was released in 2016, the number of births rose to 17.86 million, a record high since 2000, but then it fell to 17.23 million in 2017, and has fallen sharply in 2018 [12]. Whether or not the universal two-child policy worked in terms of stimulating childbearing, after the "two-child fever" passed is still to be answered. Only relying on the universal two-child policy may not be enough. Housing, education, medical care, and pension burdens interfere with the willingness to give birth. In recent years, housing prices and education costs have risen significantly. Public kindergartens are seriously insufficient, and thus families have to choose expensive private kindergartens. Medical expenses keep growing, and although women's labor participation rate is high, their employment rights and the protection of their interests are not enough.

These reasons make the cost of child-rearing unsustainable. It takes a lot of time and energy to give birth to and bring up children. Women need to balance their work-life and their families carefully.

Forecasts show that China's birth population is about to decline sharply, and it will drop to more than 11 million in 2030, a decrease of 1/3 compared with 2017. To ensure that the implementation of the universal two-child policy effectively stimulates childbirth and prevents the population from falling sharply, it is suggested that the state accelerates the establishment of a childbirth support system to encourage birth vigorously. Firstly, we should increase investment in education and medical care, maintain long-term stability in housing prices, and reduce the direct cost of child-rearing. Secondly, to balance work and family, the state should provide a detailed subsidy system of childbearing and diversified childcare services. In terms of economic subsidy, for example, women who give birth in Japan can receive a one-time childbirth budget of 420,000 yen and a child (under the age of 12) allowance of about 10,000 yen per month.

Diversified childcare services should be provided to achieve a balance between work and family. It is recommended that investment in preschool education should be significantly raised, by vigorously increasing the supply of public kindergartens, and therefore, increasing the enrollment rate of 0-3 years old. Because inter-generational care is standard in our country, financial encouragement should be implemented for inter-generational care. That would increase the enthusiasm of grandparents to care for each other and reduce the pressure on parents. Other recommendations include: increasing medical investment; advance the reform of the medical and health system; effectively reduce medical expenses; improving the protection of women's employment rights; reduce the employment gap between men and women; implement childbirth tax incentives for enterprises; and accelerate the construction an effective mechanism for sharing childbirth costs between the state, the enterprises and the families. Germany, South Korea, Japan, and Singapore all provide training for women's re-employment after childbirth. Australia has passed legislation to protect women's right to postpartum work. China could potentially learn from these countries.

## Conclusion

This study shows that elderly women with a second child face physical, psychological, life and other pressures, and they will also encounter various unpredictable difficulties in the long process of parenting. Therefore, more women are staying in the wait-and-see and hesitating stage. The decline in the population after the "second child fever" has passed fully illustrates this point. Therefore, it reminds us that the national fertility stimulus policy may not be enough to simply rely on the liberalization of the fertility policy. To ensure the implementation of the fertility policy, we should speed up the construction of a fertility support system. Establish and improve relevant policies in terms of burden.

At the time of the writing of this paper, the country has liberalized the three-child policy to further encourage and stimulate female childbirth and prevent population decline. In response to the above-mentioned problems of the exposure of older women with second-children, the country's various

guarantees can be implemented simultaneously to encourage childbirth. The policy can be truly implemented.

## **Limitations**

Study's objective was limited to the elderly multipara in western China. Therefore, it is difficult to reflect the overall situation of the psychological experience of the elderly multipara nationwide. In the future, we will consider expanding the scope of the research objective further by increasing the sample size for more in-depth research.

## **Abbreviations**

Not applicable

## **Declarations**

### **Competing interests**

The authors declare that they have no competing interests.

### **Authors' contributions**

All authors participated in study design, data collection, analysis, interpretation, and manuscript drafting, Yurong Ge was responsible for the overall study design and data analysis, and responsible for the integrity of the whole study, Jingyuan Zheng, Fen Zeng and Qianyi Chen participated in the analysis and interpretation of the data and prepared the English manuscript, Xin Zhang analyzed the data, Ike Kitili was in charge of the English proofreading.

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## Availability of data and materials

The dataset supporting the conclusions of this article is include within the article (and its additional files).

## Consent for publication

Not applicable

## Ethics approval and consent to participate

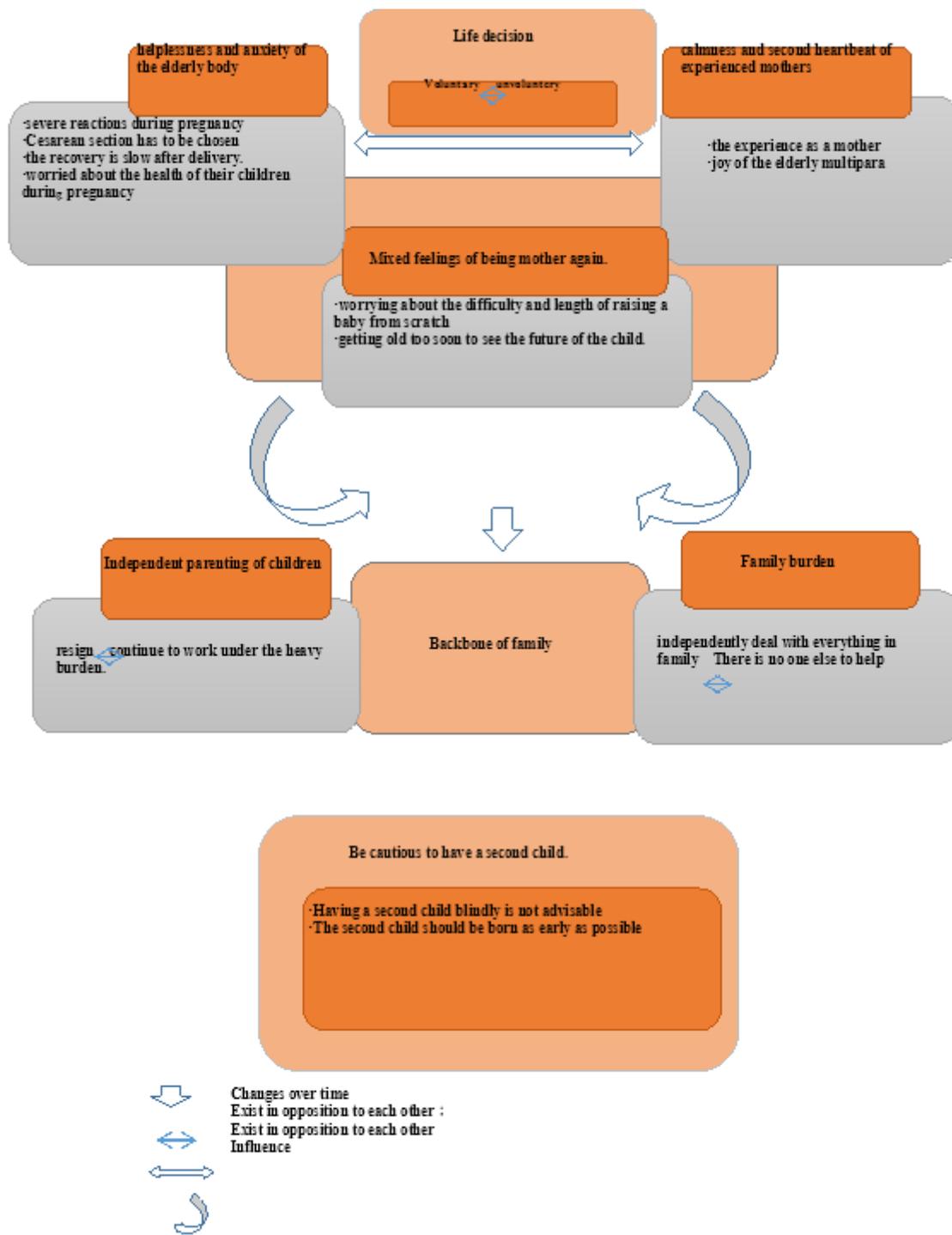
This study states that all the experiment protocol have been performed in accordance with the guidelines of national and has been exempted from the requirement of ethical approval after the review by the Medical Ethics Committee of the People's Hospital of Ningxia Hui Autonomous Region, China, and the paper has been approved for publication. The review approval number is [2021-LL-001]. Before the interview, the research object was explained to the research object, the content of the interview, and the principle of voluntary participation. Written informed consent to participate in the study was obtained from all participants. It will not bring any adverse effects and ensure that personal privacy will not be disclosed. The code replaces the research object, and all research data is managed by a dedicated person and a dedicated plane. Sign the informed consent form after obtaining research consent.

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## Figures



**Figure 1**

Psychological experience process of older women with a second child