

PSYCHOLOGICAL FEATURES OF SELF-IMAGE IN WOMEN WITH DIFFERENT REPRODUCTIVE ATTITUDES

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INTRODUCTION

In modern Ukraine, the highest level of depopulation among European countries is observed. Forecasts for the development of the demographic situation indicate the persistence of negative trends, in particular, the concept of the National Health Program “Health-2020: Ukrainian Dimension” points to a negative population growth. The impact of negative factors on reproductive behavior is significant, including a casual attitude towards marriage, a low level of reproductive culture, high rates of pregnancy termination, changes in family relationship models, an increase in the number of out-of-wedlock births, an increase in deviant forms of motherhood and fatherhood, the presence of stressful situations and psycho-emotional stress, and crisis social phenomena.

This indicates the need to regulate reproductive behavior, as the available reserves are insufficient to ensure population reproduction. Overcoming these negative trends is possible by strengthening the institution of the family and increasing government support for young families. The immediate tasks include studying reproductive behavior, identifying factors influencing the choice of various reproductive strategies, selecting optimal ways to manage the population reproduction process, developing means of influence and correction in the field of birth and parenthood, and preparing for conscious parenthood and motherhood.

These issues have sharply raised the question of the need to study the psychological characteristics of women’s self-concept, as it significantly influences the formation of reproductive attitudes.

The purpose of the research is to theoretically study and empirically investigate the psychological characteristics of the self-concept of women with different reproductive attitudes.

Object: the self-concept of the personality.

Subject: the psychological characteristics of the self-concept of women with various reproductive attitudes.

Materials and methods.

The following complex of theoretical and experimental methods was used to implement the tasks:

theoretical methods: analysis, synthesis, generalization, classification, and systematization of contemporary scientific and empirical research on the psychological characteristics of the self-concept of women with different reproductive attitudes.

empirical methods:

- 1) the “Who am I?” method. (M. Kuhn, T. McPartland);
- 2) research on Self-Esteem by the Dembo-Rubinstein method (modification by Pryhozhan);
- 3) Questionnaire for studying reproductive attitudes (in the modification by O. S. Karimova);
- 4) the Questionnaire for the Study of Reproductive Attitudes by O. S. Karimova;
- 5) The Childbirth Role Questionnaire (CRQ) by M. N. Rodshtein.

1. The self-image as a subject of psychological analysis in the theory and practice of domestic and foreign psychologists

Self-concept as an object of psychological analysis in the theory and practice of domestic and foreign psychologists has gained special significance in the light of contemporary scientific research. Self-concept as an object of psychological analysis in the theory and practice of domestic and foreign psychologists has gained special significance in the light of contemporary scientific research. This topic is directly associated by researchers with issues related to the interpersonal relationships between marital partners, attitudes toward pregnancy, and the upbringing of children.

The self-image emerges as a complex set of dynamic characteristics that are both processual and the result of the process of self-awareness. In the scientific literature, several different approaches focus on various aspects of this phenomenon and define its essence in diverse ways: 1) the self-image as a cognitive component, that is, a cognitive construct resulting in a person’s cognitive activity; 2) self-image as a system of personal attitudes towards oneself; 3) the self-image as a process of self-awareness¹.

The issues surrounding the self-image phenomenon in scientific literature are explored based on its structure and content, its impact on the process of socio-psychological adaptation, and the internal personal conflicts it provokes. In our research, the self-image is considered as a more or less conscious dynamic set of all the individual’s ideas about himself, which forms the basis for interaction with others and the surrounding environment.

¹ Guzewicz M., Steuden S., Szymona-Pałkowska K. Original article Changes in the perception of self-image and the sense of purpose and meaning in life, among women who lost their child before birth. *Health Psychology Report*. 2014. № 3. P. 162-175. DOI:10.5114/hpr.2014.44422

Such a system of self-images reveals unique personal traits, characteristics, and properties. The presence of such a system of generalized self-perceptions indicates that an individual has reached a mature understanding of their essence. The self-image serves as a framework that unites various internally coherent, relatively homogeneous, and directed personality traits. This system of self-perceptions is considered a result of one's own self-assessments, harassment, socio-psychological expectations and evaluation by others.

Researchers suggest several directions for studying self-image. 1) Logical-Epistemological Direction: this approach examines the content of the self-image and its interrelations with other phenomena. It focuses on understanding the logical and knowledge-based aspects of how the self-image is constructed and how it interacts with other psychological and social constructs. 2) Genetic Direction: this perspective studies the process of the formation and development of the self-image. It traces the evolutionary aspects of self-image, exploring how it changes from childhood through adulthood, influenced by various life experiences and developmental stages. 3) Concrete-Historical and Content-Specific Direction: this approach identifies the historical preconditions of specific features of the self-image, depending on the characteristics of life activities. 4) Functional Direction: Focused on studying the functions of the self-image, this direction explores what roles the self-image plays in an individual's life, such as regulating behavior, influencing emotional responses, and guiding decision-making processes².

Despite the fact that Z. Freud recognized the importance of social relations for the mental development of an individual, he deduced them from the biological essence of a person. The psychoanalyst claimed that the formation of the "Super-ego" is a particularly important stage of personality development, and its separation from the "Ego" leads to intrapersonal conflicts.

Erik Erikson, the author of the psychosocial theory, emphasized the significance of social factors over biological ones in the formation of the self-image. Karen Horney distinguished between the "actual self," the "ideal self," and the "real self"; according to her, the structure of the self-image includes self-knowledge (cognitive component) and attitudes toward oneself (evaluative component), with the former needing to be realistic and corresponding to reality.

Researchers in the psychoanalytic tradition argued that the self-image is formed based on biological and bodily experiences. William James studied the self-image from the perspective of its functional purpose. Specifically, he defined the self-image as a separate structural component of self-awareness, the main function of which is adaptation to the environment. Within the

² Zhuang X. The Impact of Social Media on Self-Image Control in Adolescents and Relevant Factors. *Journal of Education, Humanities and Social Sciences*. 2023. № 22. P. 41–46. DOI:10.54097/ehss.v22i.12283

“self,” he identified the “I as knower” and the “known self,” and described modalities of the self: “spiritual self,” “social self,” “physical self,” and “material self.”

Within the humanistic approach the self-image emerges as a system of self-perception. Humanists argue that such a system constitutes a unity of internal functioning and interaction with the environment.

According to humanists, the self-image is the result of the interaction between the individual and the environment. The peak of the individual’s tendency for self-actualization is the actualization of their own self. Within the self-image, Rogers identified two components: cognitive (objective characteristics) and affective (attitudes toward oneself and one’s characteristics). The main modalities, among those distinguished in the self-image by Rogers, include the following:

Real Self: the system of a person’s beliefs about themselves, the properties attributed to themselves at a particular moment in life. The real self is situational and formed based on experience. It performs a motivating function, determines goal setting and aspirations, and an adaptive function, regulating behavior concerning current situations. **Real Self:** the system of a person’s beliefs about themselves, the properties attributed to themselves at a particular moment in life. The real self is situational and formed based on experience. It performs a motivating function, determines goal setting and aspirations, and an adaptive function, regulating behavior concerning current situations.

Social Self: norms, values, beliefs, and ways of behavior. The correspondence of these modalities to each other is considered by the researcher as a positive self-image, contributing to social adaptation. **Ideal Self:** the desired self-image, characteristics that are not currently typical of the individual, an imagination that goes beyond reality at the moment. This component of the self-image is revealed as the person’s goal, their aspiration. The ideal self-characterizes (desired personality traits) that are not currently characteristic of the individual, meaning it’s imagination that goes beyond reality at the moment. This component of the self-image is revealed as the person’s goal, their aspiration³.

The divergence between the “ideal self” and the “real self” indicates the existence of internal conflicts within the individual. Contrary to this view are the ideas of representatives of cognitive psychology, according to whom the discrepancy between the real self and the ideal self is necessary for normal personality development. Their research confirms that the discrepancy between the real self and the ideal self serves as an indicator of social maturity.

³ Zhuang X. The Impact of Social Media on Self-Image Control in Adolescents and Relevant Factors. *Journal of Education, Humanities and Social Sciences*. 2023. № 22. P. 41–46. DOI:10.54097/ehss.v22i.12283

In contrast to the perspectives of humanists and cognitive psychologists, interactionists attribute the primary role in the formation of the self-image to society and social interaction. Charles Cooley argued that the individual's system of beliefs about themselves is formed through interaction with others, through the mechanism of the "looking-glass self." The self-image is formed through the correlation between self-esteem and society's evaluation.

Self-image is always separate from the image of the collective, meaning it is derived from it and formed under the influence of interaction with society. Thus, the system of beliefs about oneself is formed according to how others perceive the individual. According to Charles Cooley, the structural components of the self-image consist of: 1) beliefs about how the individual appears to others; 2) beliefs about others' evaluations; 3) ideas based on feelings of pride/humiliation. According to the scholar, situational images consist of body schema and conscious and unconscious psychological components. Therefore, interactionists viewed the self-image as a result of receiving information about oneself from others⁴.

The development of the self-concept is extensively discussed by R. Burns, who defined it as the collection of the individual's attitudes toward themselves, which includes three main components: cognitive, emotional-evaluative, and behavioral. Thus, the self-image is reduced to the cognitive component of the self-concept.

The self-image as a collection of "self-schemas" through which previous experiences are organized. It is a cognitive generalization about oneself derived from past experiences and organizes and controls the processing of information about oneself.

"Non-reflexive Self" refers to the processes and mechanisms of self-awareness during which the system of self-conceptions develops and forms. Non-reflexive Self can be characterized by the clarity of conceptions, the degree of their importance, their sequence, and coherence. Personality has many self-images depending on the situation. M. Rosenberg referred to this variety of self-conceptions as modalities, including: "true self," "dynamic self," "fantasy self," "future self," and "idealized self".

The main components of the self-image are self-awareness and self-attitude. However, self-evaluation and assessment of one's characteristics may contradict the self-image. Despite different interpretations of the self-image, many researchers agree on their thoughts regarding the structural-functional characteristics of the self-image. Most often, scientists adhere to the approach, within which the self-image consists of three main components: cognitive (knowledge about one's qualities, abilities, etc.), emotional-evaluative (self-

⁴ Grogan S. Body Image and Health: Contemporary Perspectives. *Journal of Health Psychology*. 2006. № 11. P. 523–530. DOI:10.1177/1359105306065013

esteem, self-attitude, self-respect, self-deprecation, etc.) and behavioral (self-control, self-confidence, activity, etc.). All aspects interact with each other and determine the individual's behavior.

The self-image is a polyfunctional system. Primarily, the self-image serves as a feedback mechanism necessary to ensure a sense of integrity and integration of the individual. The self-image regulates the individual's behavior, ensuring their self-consistency and self-identity. The self-image significantly influences the subject's activity through the realization of such functions as self-assertion, self-praise, self-evaluation, self-regulation, and self-encouragement. The regulatory function of the self-image is revealed through the motivation of future behavior, determining the goal-setting process.

Having considered the structural and functional features of the self-image, we can proceed to the analysis of the development of the self-image. The formation and development of the self-image occur based on the accumulation and differentiation of cognitive perceptions of oneself and attitudes towards oneself by others. This leads to the organization of self-information into a certain schema.

The self-image of an individual is a dynamic formation unfolding over time and has three temporal modalities: 1) actual self; 2) retrospective self; 3) prospective self. Additionally, there are other modalities, including: real self; reflected self; ideal self; possible self; proper self. Within these modalities various aspects of the self were, distinguished: "physical self," "cognitive self," "emotional self," "social self," "professional self"⁵.

The development and transformation of the self-image are challenging and contradictory processes of self-understanding by an individual. The question of the stability and plasticity of the self-image in modern psychology is not definitively resolved. Most domestic researchers note that the self-image undergoes transformation throughout life: in childhood, processes of differentiation between the self and the external environment prevail, while as individuals mature, they integrate self-knowledge relying on self-assessment and evaluation by others. Initially, the self-image is formed based on awareness of others' evaluations, and only later as a correlation between others' evaluations and one's own.

There are contradictions between human variability and the stability of their personality. While the personality changes, it retains its characteristics and uniqueness. When changes occur in the self-image, the balance of the entire self-system is threatened. Disruption of stability and integrity in one's self-concept leads to disturbances in its functioning. The stability of one's

⁵ Stapleton P. B., Crighton G. J., Carter B., Pidgeon A. M. Self-esteem and body image in females: The mediating role of self-compassion and appearance contingent self-worth. *The Humanistic Psychologist*. 2017. № 45(3). P. 238–257. DOI: 10.1037/hum0000059

own personality is valuable to individuals and is maintained through the activation of defense mechanisms.

Thus, within the framework of many psychological research directions, representatives of various currents provided their definitions of the self-image, identified its structure, components, modalities, and aspects. However, the self-image is closely associated with specific phenomena and life periods, particularly with reproductive attitudes of the individual and readiness for childbirth⁶.

High self-esteem, coupled with objective self-criticism, is a characteristic of a healthy, self-accepting personality. Adequate self-assessment and self-confidence are necessary for the formation of constructive reproductive attitudes. Conversely, inadequate self-esteem in women can manifest as a form of psychological defense mechanism.

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Women characterized by adequate self-esteem, internal locus of control, moderate level of anxiety, have a high level of readiness for motherhood and can resist the influence of negative external factors that complicate the formation of the maternal sphere. As a result, women with these characteristics feel comfortable during pregnancy, possess an optimal level of frustration tolerance in conflict situations, and have a strong sense of responsibility for themselves and their child. Their reproductive orientation is oriented towards having 1-2 children. They have a realistic view of future events such as childbirth, childcare, and prospects for upbringing and education⁷.

⁶ Skouteris H., Carr R., Wertheim E., Paxton S., Duncombe D. A prospective study of factors that lead to body dissatisfaction during pregnancy. *Body image*. 2006. № 2. P. 347–61. DOI: 10.1016/j.bodyim.2005.09.002

⁷ Boscaglia N., Skouteris H., Wertheim E. Changes in body image satisfaction during pregnancy: A comparison of high exercising and low exercising women. *The Australian & New Zealand journal of obstetrics & gynecology*. 2003. № 43. P. 41–5. DOI: 10.1046/j.0004-8666.2003.00016.x

Women with adequate self-esteem have harmonious relationships in the family and pregnancy, desired by both partners. Such women have a high level of subjective control over any significant situations, meaning their degree of psychological readiness and reproductive attitudes will depend on the results of their own actions, self-control, and self-discipline even in the face of failure, which determines a high level of responsibility for themselves and their child⁸.

Women with low self-esteem are more prone to depressive symptoms, have a high level of conflict towards their immediate environment, perceive future motherhood through the lens of suffering and failure, and are most sensitive to the influence of negative external factors. In other words, their reproductive attitudes are inherently negative⁹.

Such sensitivity to external circumstances contributes to the formation of negative reproductive attitudes due to existing personality factors. High levels of personal anxiety accompany a pessimistic thinking style and, in some cases, lead to maladaptive behavioral and cognitive strategies of future mothers. Such women often face difficulties in forming a dyadic relationship system with the child. In the long term, these women exhibit uncertainty in their ability to raise a child.

Furthermore, certain personality traits associated with adequate self-esteem, namely, an internal locus of control and moderate levels of anxiety, contribute to the formation of reproductive attitudes towards having 1-2 children¹⁰. Certain social factors create favorable conditions for forming positive reproductive attitudes and psychological readiness for motherhood – these include being in a registered marriage, having a moderate to high income, and having maternal experience. However, in the presence of low self-esteem, these factors may not sufficiently support motivation for the maternal role and may be ignored. Additionally, low self-esteem, an undeveloped “female self,” and non-acceptance of one’s maternal role are characteristic of women with negative reproductive attitudes and a negative image of the future child. In contrast, women with adequate self-esteem may

⁸ Rai A., Bhardwaj A., Nohwal T. Self - Esteem and Body Image: A Correlational Study. *Journal of Humanities and Social Sciences*. 2020. № 1. P. 41–50. DOI: 10.26634/jhss.1.4

⁹ Guzewicz M., Steuden S., Szymona-Pałkowska K. Original article Changes in the perception of self-image and the sense of purpose and meaning in life, among women who lost their child before birth. *Health Psychology Report*. 2014. № 3. P. 162–175. DOI: 10.51114/hpr.2014.44422

¹⁰ Shahyad S., Pakdaman S., Shokri O. Prediction of Body Image Dissatisfaction from Self-esteem, Thin-ideal Internalization and Appearance-related Social Comparison. *International Journal of Travel Medicine and Global Health*. 2015. № 3. P. 59–63. DOI: 10.20286/ijtmgh-030299

have a positive attitude towards future motherhood even with relatively low income and the absence of a registered marriage.

The main changes in the structure of the self-image, influenced by the peculiarities of the psycho-emotional sphere and family relationships in women with different reproductive attitudes and varying degrees of marital satisfaction, were examined by the author. The author considered self-construction as a complex mental formation, structurally composed of factors such as self-esteem, self-sympathy, and self-depreciation, which, in turn, contain a number of specific modalities¹¹.

Often, during adolescence, there is a change in self-awareness and self-construction. For example, a complicated course of pregnancy, dissatisfaction with marriage, family conflicts, and emotional distress can lead to personality deformation, resulting in low self-esteem, high levels of anxiety, negative self-perception, and vice versa.

Attitudes towards oneself (including a very important aspect of self-attitude towards one's own body) and towards the child's father have the most significant impact on the formation of reproductive attitudes, the course of pregnancy, the emotional state of the woman, and the well-being of the child. There are also differences in the behavior of women with different attitudes towards childbirth. Among women with an adequate style, constructive personality functions prevail: constructive aggression, constructive anxiety, constructive external and internal self-separation, constructive sexuality. Women with an inadequate style more often exhibit destructive and deficit anxiety, deficit external self-separation, destructive internal self-separation, destructive narcissism, deficit narcissism, and deficit sexuality¹².

Women with reproductive function disorders undergo several changes at physiological, psycho-physiological, and psychological levels, which in turn transform and shape the self-image in the context of all its structural aspects.

Consequently, the self-image represents a more or less conscious dynamic aggregate of all an individual's ideas about oneself, forming the basis for interaction with others and the surrounding environment. It consists of two components: the integrating component, or the system of self-identity, which contains knowledge about common characteristics that unite the person with others, and the differentiating component. The integrating and differentiating components manifest in cognitive,

¹¹ Goodwin A., Astbury J., McMeeken J. Body image and psychological well-being in pregnancy. A comparison of exercisers and non-exercisers. *The Australian & New Zealand journal of obstetrics & gynecology*. 2000. № 40. P. 442–7. DOI: 10.1111/j.1479-828X.2000.tb01178.x

¹² Inanir S., Cakmak B., Nacar M., Guler A., Inanir A. Body Image Perception and Self-esteem During Pregnancy. *International Journal of Women's Health and Reproduction Sciences*. 2015. № 3. P. 196–200. DOI: 10.15296/ijwhr.2015.41.

emotional-evaluative, and behavioral aspects. The main functions of the self-image include personally directed motivation and regulation of activity, cognition, communication, behavior, and the search for harmony between the individual's relationship with themselves and the external world. A significant phenomenon observed in self-image characteristics research is its role in regulating behavior and activity. The development and formation of the self-image are a complex and contradictory multilevel process of self-awareness by the individual. It occurs through cognitive formatting and emotional reflection of reality.

2. The essence and peculiarities of women's reproductive attitudes

Interest in the topic of women's reproductive attitudes is driven by a range of reproductive health issues, including: unsatisfactory social status of citizens; inadequate social protection in various spheres; discrimination against women; increased mortality of reproductive-aged men compared to women; unsatisfactory health status of pregnant women; high levels of induced abortion; high maternal and infant mortality rates; unsatisfactory health status, high levels of infertility, and widespread oncological-gynecological pathology of reproductive organs¹³.

The effective functioning of the reproductive system is significantly determined by conditions for youth development and comprehensive assistance from professionals in various fields, including psychologists. Hence, there is an urgent need for scientific research dedicated to studying reproductive attitudes and reproductive health in general.

Attitude is defined by readiness for action in fulfilling the need in an objective situation. Within the framework of a personal approach, attitude is considered as a dynamic component of personality development. Serving as a motivational component in forming subjective psychological readiness for action, attitude is defined as a systemic formation of the integration of values, orientations, and beliefs reflecting the overall direction of the individual.

Shifting the focus of the phenomenon of attitude to the realm of reproduction, within a systemic approach, reproductive attitude is interpreted as a component of reproductive behavior – a social system of actions and relations that mediate childbirth or the decision not to have children within or outside of marriage. Along with reproductive attitudes, norms and motives constitute reproductive behavior, which are internally interacting and susceptible to external influence.

Reproductive behavior is defined as an attitude towards parenthood oriented towards achieving the main outcome of reproductive behavior –

¹³ Bakhtiari A., Pasha H., Kashefi F. Factors affecting students' attitudes towards reproductive health in the north of Iran: Designing an educational program. *BMC Public Health*. 2023. № 23, P. 1557. DOI: 10.1186/s12889-023-16217-2

childbirth, as well as an attitude towards contraceptive practices. The essence of this phenomenon lies in the psychological regulation of an individual's behavior, their inclination towards certain actions determined by positive or negative attitudes towards childbirth and its frequency¹⁴.

Examining reproductive attitudes substantively, we can observe that the value orientation towards the child is one of its main components. The development of an attitude oriented towards the value of the child depends on the type of feminine identity as a quality of motherhood. The reproductive attitude of women with feminine identity is characterized by a variety of reproductive concepts dominated by notions with the semantics of reproductive optimism, desire for the maternal role, and belief in its success. Additionally, reproductive attitudes are often defined as a system of actions and relations that mediate the birth of a certain number of children or the decision to refrain from childbirth, regulated by biological, economic, psychological, and social factors¹⁵.

Reproductive attitude is revealed as a conceptual system reflected in concrete actions of individuals regarding the birth of a certain number of children or avoidance thereof. According to researchers, reproductive attitudes should be rightly considered as positive/negative attitudes towards demographic issues. Reproductive attitudes are a quantitative characteristic of the need for children. Reproductive attitudes, motives, and norms together constitute reproductive behavior – actions aimed at satisfying the need for children.

Reproductive intentions include not only the number of children but also the timing and sequence of their births. The formation of reproductive intentions in the population is influenced by two main factors that counteract each other: 1) motives that encourage childbearing and 2) motives that promote postponement of parenthood. Reproductive intentions reflect the “aging” of the age-specific fertility model, characteristic of many countries. The issue of “delayed” parenthood concerns not only researchers and policymakers but society as a whole. This phenomenon has both advantages and disadvantages; some researchers view it as a positive experience because mature parents provide children with a higher quality of life and stable family relationships, improving their future prospects.

However, late parenthood is often associated with a lower likelihood of a single motherhood and a lower incidence of unplanned pregnancies and births. For mothers themselves, advanced maternal age is associated with

¹⁴ Jokela M., Alvergne A., Pollet T., Lummaa V. Reproductive Behavior and Personality Traits of the Five Factor Model. *European Journal of Personality*. 2011. № 25. DOI: 10.1002/per.822.

¹⁵ Ayaz A. S., Yaman Sözbir Ş. Family planning attitudes of women and affecting factors. *Journal of the Turkish German Gynecological Association*. 2009. № 10. P. 137–41.

good health and longevity, although delayed parenthood can be risky and potentially threaten the health of both the mother and the child. Delayed parenthood is often considered a primary cause of involuntary childlessness and demographic crisis.

Reproductive attitudes are significantly influenced by prevailing societal norms regarding family size (desired number of children). In recent decades, the accepted norm in European society has been the model of a two-child family. In modern society, psychological motives play a key role in triggering reproductive behavior, whereas in the past, economic motives predominated, compelling people to have children. When psychological motives prevail, individuals can make decisions regardless of their economic status, pressure from significant others, based on their own interests¹⁶.

Reproductive attitudes are realized based on individual reproductive motives. Reproductive motivation is studied by researchers as a psychological state that guides individuals to achieve their personal goals through having a certain number of children. These motives are influenced by various factors¹⁷:

- Economic factors (family financial well-being, child benefits; slightly more men than women expect support from children in old age and household management – positive economic motivation; income level, housing security, labor market status (employed, temporarily employed, unemployed), professional status. Negative economic motivations – demotivators (children as an additional financial burden, reduction of family wealth) are relatively rare).

- Psychological factors (defining children as the meaning of life, expression of love, strengthening marriage; children are associated with subjective feelings of joy, parental happiness. Psychological motives, satisfying the need for children, play a leading role in reproductive motivation. Almost half of women consider children to be an essential part of the family, while only 40% of men do).

- Biological factors,

- Social factors (family social status, nationality, religious affiliation, level of education; for men, the social motive is more significant – children will inherit and continue their legacy).

Taken together, they contribute to reproductive motivation.

¹⁶ Guzzo K. B., Hayford S. R., Lang V. W., Wu H. S., Barber J., Kusunoki Y. Dimensions of Reproductive Attitudes and Knowledge Related to Unintended Childbearing Among U.S. Adolescents and Young Adults. *Demography*. 2019. № 56(1). P. 201–228. DOI: 10.1007/s13524-018-0747-7

¹⁷ Sarkar N. N. Factors influencing human reproductive behaviour. *International Medical Journal*. 2002. № 9. P. 185–190.

The motives of reproductive behavior can be characterized by: 1) polymotivation – i.e. a large number of motives exert pressure on an individual regarding their reproductive behavior; 2) hierarchical organization of motives; 3) unfulfilled needs; 4) justice (awareness by the individual of their role and social status compared to others – manifesting a certain type of reproductive behavior). Injustice can lead to a decrease in reproductive activity; 5) reinforcement, which directs the motivational process towards consolidating desired reproductive behavior; 6) domestic component.

In the scientific discourse, there exists a three-component model of reproductive institutions, including such aspects:

- Affective (emotional) – a component saturated with positive/negative feelings regarding childbirth and pregnancy;
- Behavioral (motivational) – a component reflecting the intensity and strength of the reproductive institution;
- Cognitive – understanding desired number of children, their genders, birth intervals, attitude towards pregnancy.

The substantive characteristics of reproductive institutions are revealed through the interaction of all the mentioned components.

Traditionally, in our country, attitudes towards childbirth are classified into three types:

- “Ideal fertility” is determined by the answer to the question “How many children do you believe is the best to have in a family?”;
- “Desired fertility” is determined by the answer to the question “How many children would you like to have in your family given all conditions?”;
- “Expected fertility” is determined by the answer to the question “How many children do you plan to have throughout your life?”.

This approach has formed the basis for empirical research and further determination of the country’s reproductive potential.

Reproductive attitudes are expressed by many authors through a system of three indicators: the ideal number of children – the cognitive component of reproductive attitudes (orientation towards social norms), the desired number of children – the cognitive-emotional component, and the expected number of children – the practical component. Within this framework, “expected fertility” was considered synonymous with the term “reproductive intentions. “Decision-making about having a child often happens amidst uncertainty, so people tend to overestimate future fertility. Consequently, the indicator of “expected fertility” will significantly differ from the indicator of actual fertility.

Reproductive behavior can be categorized into three types based on the number of children: large-family, medium-family, and small-family. In the large-family type, there is a predominant orientation of the individual towards childbearing (a desire for 5 or more children), and fertility approaches or fully corresponds to natural, sometimes unregulated, levels.

A significant motive for having more children is the perceived “guarantee” of support from children in old age, reinforced by the experience of one’s parents. In many families, the birth of another child serves as a strengthening influence on the family unit.

Today, there has been a shift towards a more positive perception of having many children and attitudes towards it. Large families are no longer directly associated with disadvantaged segments of the population or social maladjustment. Having a third child is now seen as a sign of a prosperous and well-off family.

The medium-family type occupies an intermediate position between large and small families. It is characterized by a need for a smaller number of children (3-4 children) due to a decrease in internal family motivation for childbearing and the use of birth control practices. The small-family type is characterized by an orientation towards having 1–2 children, utilizing various methods of internal family regulation of the number of children and pregnancy planning.

These reproductive behavior types historically influence each other. Gradually, the norms of large families, which were a result of extremely low levels of sanitation, high mortality rates, conditions that were essential for the species’ survival. Due to high mortality, short life expectancy, and low labor productivity, having many children was a necessary measure. Thus, it can be argued that fertility is predominantly determined by economic motives.

During the industrialization period, significant changes occurred in the value system: the importance of the family receded into the background, internal family motivation for childbearing decreased, and women, in addition to their traditional roles as homemakers and mothers, began to fulfill new roles as workers, managers, and so forth. The transformation of internal family orientations led to a decreased need for children, hence the predominance of the medium-family type of reproductive behavior¹⁸.

Two groups of reproductive attitudes are distinguished. One group comprises beliefs that promote increased fertility, while the other group is associated with contraceptive practices. It is noted that the predominant tool used to study reproductive attitudes is sociological research, but it mostly involves women, with men’s opinions being ignored, leading to a feminized perspective. However, in paired surveys, it was found that in 30–50% of cases, the opinions of husbands and wives do not coincide. Although such differences are natural due to the fulfillment of different social roles. It is also erroneous to assume that reproductive attitudes formed in childhood remain unchanged throughout life. Thus, motives dominant in one group

¹⁸ Jokela Markus, Keltikangas-Järvinen L. Adolescent Leadership and Adulthood Fertility: Revisiting the “Central Theoretical Problem of Human Sociobiology”. *Journal of personality*. 2009. № 77. P. 213–29. DOI: 10.1111/j.1467-6494.2008.00543.x

may be supplanted by others, such as social motives replaced by material ones, or vice versa.

The reproductive attitudes of the older generation serve as a foundation for shaping the pro-natal worldview of future mothers and fathers. The ideal number of children reflects individuals' perceptions of the social norm of fertility and remains relatively stable over time. Numerous surveys document differences in the magnitudes of the variables "Ideal/Desired/Expected Fertility," ranging from larger to smaller accordingly. An interesting fact is that men are even more oriented towards having fewer children than women. Perceptions of the number of children in a family have become more equal between genders, however women tend to assess their own chances of having as many children as they desire more pessimistically. However, attitudes towards fertility remain within the range of 2–3 children¹⁹.

There is a strong correlation between the prevalence of reproductive expectations and the actual number of children born among women aged 18–40. Specifically, it has been found that the highest level of expressed expectations is characteristic of women who either have no children or have only one child. Therefore, practically all women who have given birth to one child during their reproductive period contemplate having a second child.

For women with two or more children, the prevalence of intentions of having children is significantly lower (8.3%), even more so for women with three or more children (6.1%). By the age of 42–44, nearly 22% of women plan to have three children. Thus, the gap between actual fertility and intentions is almost 20–25%. One of the reasons for this is the prioritization of individualistic values related to self-realization outside of marriage and family. Additionally, the decline in fertility is caused by objective conditions, including natural infertility (approximately 5% of women), meaning these women may not be able to fulfill their desires no matter how much they want to²⁰.

Another condition contributing to the decline in fertility is the mismatch of reproductive attitudes between partners, especially when one desires a large family while the other prefers a smaller one. In such cases, the likelihood of having a third child decreases significantly. A significant factor in reducing fertility is the postponement of planned childbirth to a later date, sometimes until it becomes physically impossible to conceive. However,

¹⁹ Jokela M., Alvergne A., Pollet T., Lummaa V. Reproductive Behavior and Personality Traits of the Five Factor Model. *European Journal of Personality*. 2011. № 25. DOI: 10.1002/per.822.

²⁰ Sarkar N. N. Factors influencing human reproductive behaviour. *International Medical Journal*. 2002. № 9. P. 185–190.

personal ideal preferences regarding the number of children in a family can change over time and as individuals mature.

Considering both economic factors and women's values and orientations will help shape demographic policies to focus on instilling family-oriented values in the upbringing of new generations of youth, prioritizing family unity over individualism, and promoting a pro-natal lifestyle in contrast to current trends of declining birth rates and voluntary childlessness (the child-free movement).

Another adverse factor is the prevalence of unregistered unions, commonly known as “common-law” marriages. The formation of such unofficial unions less frequently leads to the initiation of reproductive behavior aimed at childbearing.

The largest gap between expected and actual numbers of births is observed in countries with unstable labor markets and underdeveloped systems for combining family and work. Several factors influence the formation of reproductive attitudes, including²¹:

1. Settlement type: Individuals residing in megacities tend to less frequently uphold traditional conservative values regarding childbearing. Residents of rural areas, who prefer legitimate unions, demonstrate higher levels of desired and planned fertility. A similar trend is observed concerning attitudes towards raising a child outside of marriage.

2. Employment status: Every year, an increasing number of women are involved in the workforce. This shift in gender roles diminishes the traditional role of men as primary financial providers for their families. Economic engagement of women leads to a delay in childbirth until the ages of 25–30 and beyond.

3. Housing and material conditions of family life: By the ages of 32–45, the majority of families have comfortable housing and material conditions conducive to childbirth, including separate housing from parents, average property ownership, and stable employment.

4. Internalized cultural (including religious) values: nationality and religious affiliation have less influence on reproductive attitudes in urban areas.

5. Family values: Formation of reproductive attitudes occurs through the “appropriation” of social norms regarding childbearing. Traditions of childbearing in the parental family and the lifestyle of the parental family significantly influence the formation of reproductive attitudes. For example, individuals who have siblings desire the same for their first child, reasoning that “I had siblings, and it was wonderful”.

²¹ Ayaz A. S., Yaman Sözbir Ş. Family planning attitudes of women and affecting factors. *Journal of the Turkish German Gynecological Association*. 2009. № 10. P. 137–41.

The main motive for having a third child is the desire of parents for their older children to learn to take care of the younger ones. This motive also holds significant importance when having a second child, as parents fear their child may grow up to be selfish. However, many parents of only children do not harbor the same desire for their firstborn. Thus, there is a pronounced need to have more than one child when considering the possibility for their first child to have a sibling (89.9%).

The desire for the first child to have a sibling is also taken into account by parents when having a second child. Additionally, if the woman's parents had more than two children, this is also a motive for having another child. Another significant motive for having both a second and third child is the desire to give siblings to the existing child or children. Another significant motive for having both a second and third child is the desire of the husband/wife/partner to have another child of the opposite gender.

Other factors shaping reproductive attitudes include the following:

6. Family (presence of a husband). Uncertainty about the stability of marriage stimulates a decrease in reproductive attitudes and limits the realization of existing ones. Women oriented towards having one or two children believe they can manage their upbringing without assistance from their husbands. Men, also realizing this, feel less obligated to make every effort to preserve the family.

7. Independence and financial autonomy of women. On the one hand, it generates emotional and material freedom and equality, but on the other hand, it leads to less tolerance in interpersonal relationships and weakens the strength of the marital union. Today, a conscious orientation towards single motherhood is observed among some women in the sphere of marital and family relations, as an alternative approach to marital and family life. 14% of men and 8% of women prefer cohabitation without marriage registration.

Remarkably, women with professional (primary and secondary) education have more children than women without education. Moreover, education plays a significant role in shaping reproductive attitudes not only for women but also for men.

While both men and women traditionally associate childbirth with marriage, the most significant influence on reproductive intentions comes from value orientations and socio-psychological assessments; they have a greater impact than objective indicators such as marital status. In populations preferring informal unions, actual fertility rates and the anticipated (desired, expected) number of children are significantly lower than those living or planning to live in official marriages. The role of the partner in a woman's decision not to have children is significant only in two cases: "... either due to the absence of a partner or his inability to provide necessary support (for example, he is not employed)".

Consequently, the realization of reproductive attitudes does not occur to the fullest extent, which is caused by the devaluation of the institution of marriage and dissatisfaction of the population with living conditions, which for most are unfavorable. Primarily, these are conditions for raising children: housing, material conditions, medical services, and education.

Of course, the birth of another child in a family is not always the result of a conscious reproductive attitude, as women often consider childbirth as a “gift from God”. Another significant motive for having more children is: the strong desire of a woman to have a child with her husband. The marital status and attitude towards marriage as a whole significantly influence the level of reproductive attitudes of the population.

One aspect of reproductive behavior and indicators of sexual culture involves the use of contraception. According to research, about 80% of respondents use contraception methods and means, albeit with varying frequencies and degrees of adequacy. Methods with low effectiveness are often used (withdrawal, calendar method).

When faced with unwanted pregnancies, women resort to abortions as a strategy to avoid parenthood, which is also an expression of an inclination towards low fertility or childlessness. In modern society, there is a pressing issue of restricting abortions and implementing measures to reduce their numbers. The percentage of people condemning abortion in cases of financial insecurity is constantly increasing, and such reproductive choices are seen as inhumane (35% in 2017 compared to 12% in 1998).

Women consider the possibility of terminating a pregnancy under the following conditions: when there is a threat to the life and health of the woman (66%), pregnancy resulting from rape (43%), and only third in frequency of mention is the lack of financial resources to raise a child (39%). Less frequently mentioned reasons, such as the age of the pregnant woman, unwillingness to have more children than she already has, and simply not wanting to have children, were cited in 22-27% of responses. Even less frequently, respondents mentioned the unwillingness of the partner/husband to have children (13%) and pressure from parents or other relatives (10%)²².

A noteworthy trend is observed: despite the overall negative attitude towards abortions and support for their possibility in cases of medical or social indications, respondents are not willing to pay for the abortion procedure and want it to remain free of charge. Thus, we observe a distribution of values regarding the desire to preserve pregnancy and psychological unreadiness to bear full, including financial responsibility for the reproductive decisions made.

²² David H., Russo N. Psychology, Population, and Reproductive Behavior. The American psychologist. 2003. № 58. P. 193–6. 10.1037/0003-066X.58.3.193.

In the case of an unwanted pregnancy, most men are against abortion and approve of the birth of the child, even without marriage. However, when faced with the choice between a child and education/career, significantly fewer men choose to have a child. Thus, the willingness to sacrifice professional ambitions for the sake of having a child is present to some extent in almost all respondents, regardless of gender and age. Additionally, most rely on support from family members and the possibility of hiring a nanny to avoid significant interruptions in work or education.

The majority of surveyed women demonstrate readiness to set aside their own plans for self-realization and give birth to a child. The findings of this research carry significant weight because they indicate that when creating a family, the reproductive preferences of both men and women transform into a familial need for children – in other words, it becomes a joint decision of family members to have a child. This decision-making process can significantly differ from the reproductive preferences of men and women separately. This is corroborated by statistical data, which indicates that registered marriages tend to have a much higher birth rate compared to cohabiting couples.

Thereby, reproductive attitudes represent a system of actions and relationships that mediate the birth of a certain number of children or the decision to abstain from childbirth, regulated by biological, economic, psychological, and social factors²³.

These reproductive attitudes are based on individual reproductive motives. Psychological reproductive motives include the following: 1) motives that contribute to enriching life with meaning, driven by the need for parental love and respect, the desire for personal continuity through children, or the need to discover previously unknown aspects of life through interaction with children; 2) motives arising from the need to care for a young child, love them, and pass on one's own experience; 3) other motives (desire to avoid loneliness in old age, the wish of both husband and wife to strengthen their marriage, etc.).

The formation of reproductive intentions in the population is influenced by: 1) motives that encourage childbirth and 2) motives that promote postponing parenthood. Factors shaping reproductive attitudes include the type of settlement, employment status, and living and material conditions of the family. Additionally, internalized cultural and family values play a significant role.

Reproductive attitudes comprise affective, behavioral, and cognitive components. Three types of reproductive behavior are identified: high

²³ David H., Russo N. Psychology, Population, and Reproductive Behavior. The American psychologist. 2003. № 58. P. 193–6. 10.1037/0003-066X.58.3.193.

fertility, moderate fertility, and low fertility. The ideal number of children reflects individuals' perception of the societal fertility norm and tends to remain relatively stable over time. Ideally, reproductive attitudes should correspond to moderate to high fertility, with childbirth occurring within the first two years of marriage and an interval between births of 2-4 years. Between the ages of 18 and 30, individuals should have a clear orientation towards the planned number of children, and these expectations should fit into career-building plans.

3. Empirical analysis of the psychological characteristics of women's self-image with different reproductive attitudes

To determine the structural and content features of women's reproductive attitudes, The Childbirth Role Questionnaire (CRQ) was proposed, it was based on interactionist and psychosemantic approaches. Within the interactionist approach, the reproductive role was perceived as conventional, implying the existence of stereotypical behavioral orientations associated with the role. The psychosemantic approach allows for the reconstruction of attitudes' semantic space, formulated verbally based on needs theory. The CRQ questionnaire is based on the criterion-analytical principle, meaning the test is constructed based on the identification of a limited number of factors. The questionnaire measures the variable "attitude," which structurally consists of two factors: genophilia – genophobia; reproductive activity – reproductive passivity. Factor analysis tasks result in the presentation of data as complex generalized factors, capturing various dimensions of women's reproductive attitudes. Women are presented with a list of 40 bipolar judgments.

The CRQ questionnaire serves as a personal questionnaire used to diagnose women of childbearing age during the period of adjustment to childbirth. The questionnaire consists of two bipolar scales, each of which summarizes 20 beliefs about childbirth.

Methodology for studying the reproductive attitude "Facts associated with the birth of a child in the family" by V.V. Boyko

Methodology aims to determine an individual's attitude towards the fact of childbirth in the family. This methodology was based on R. Likert and L. Thurstone's scale for studying attitudes. Procedure-wise, the methodology was created based on the classification by experts of 35 statements regarding childbirth into three groups: negative, positive, and neutral. The criterion for classification was the "Subjectivity-Objectivity" factor. As a result of the analysis, three types of attitudes towards childbirth were identified: 1. Facts that have positive consequences for childbirth; 2. Facts that have negative consequences for childbirth; 3. Objective facts.

Questionnaire for studying reproductive attitudes by O.S. Karimova

This selected methodology contains 24 statements. The proposed psychodiagnostic tool is valid and reliable. This methodology was based on R. Likert and L. Thurstone's scale for studying attitudes. Procedure-wise, this methodology was created based on the classification of 150 statements by one group of experts regarding childbirth; another group of experts selected 25 statements regarding reproductive attitudes and their components. The final list consisted of statements formed based on the frequency (no less than 10) of selection by the experts. The attitudes in this methodology contain three main components: affective, cognitive, and conative.

Research on Self-Esteem Using the Method of T. Dembo, S. Rubinstein (Modified by A.M. Prykhozhan)

The purpose of this methodology is to assess individuals' perceptions of themselves in terms of various personal qualities and characteristics. In addition to the main scales proposed by the authors, they expanded it by adding scales up to seven. This methodology has been widely used by many authors to study the image of the Physical Self and self-esteem within the structure of the affective component.

This methodology allows the respondent to determine their condition according to specific scales, taking into account nuances reflecting the level of expression of various qualities. The simplicity of this method lies in its direct evaluation by respondents, who assess a range of personal qualities such as health, intelligence, character, peer authority, manual skills, appearance, and self-confidence.

This methodology was supplemented with projective scales: good figure, openness in communication, likability by others, value in the eyes of others. For self-esteem analysis. The methodology provides the option to select scales based on the specific objectives of the research; additional scales can be introduced based on needs such as health, intelligence, character, peer authority, manual skills, appearance, and self-confidence.

The data obtained through this methodology are of particular interest when compared with the results of studying a specific subject. They can reveal self-criticism disorders and depressive self-esteem. Comparing self-assessment data with objective indicators from a range of experimental-psychological methodologies to some extent allows judgments about the respondent's inherent level of aspirations and the degree of their adequacy.

"Who Am I?" Methodology (M. Coon, T. McPartland)

The verbal, projective "Who Am I?" methodology explores personality characteristics using scales representing various modalities of the Self: self-assessment, communicative, material, physical, active, perspective, and reflexive. The test allows for the assessment of substantive characteristics

of individual identity based on responses to the question “Who Am I?” directly reflect the characteristics of self-perception, i.e., the Self-image.

The methodology helps identify substantive, gender, and other characteristics of individual identity. Typically, the most conscious, significant, and relevant characteristics for the individual are listed first in the survey.

The methodology includes 11 scales: self-assessment of identity, sexual identity, manifestations of reflection, temporal aspects of identity, life sphere analysis, physical identity analysis, active identity, psycholinguistic aspect of identity analysis, identity valuation, evaluation of the level of identity differentiation, and a scale for analyzing identification characteristics (which includes seven scales).

The main goal of the study was the empirical investigation of the psychological characteristics of the Self-image of women with various reproductive attitudes. The study involved 32 women aged 17 to 38, students of Sumy State Pedagogical University named after A. S. Makarenko.

The research was conducted in three stages during the years 2023–2024.

During the first stage, an analysis of the development of the problem of psychological characteristics of the Self-image of women with different reproductive attitudes in the theory and practice of domestic and foreign psychologists was carried out. A representative sample for the study was selected, which corresponded to the purpose of the work and was capable of reproducing the main characteristics of the population. A complex of psychodiagnostic methods was selected, and their adequacy to the subject of the research was determined.

The second stage involved empirical research into the psychological characteristics of the Self-image of women with different reproductive attitudes and the development of a psychocorrectional program aimed at optimizing the Self-image of women with different reproductive attitudes. During the third stage, the results of the empirical work were summarized, and their presentation was completed.

Following the research methodology, the first empirical step involved studying women’s reproductive attitudes to categorize them accordingly. The results of the study on genophilia-genophobia in women are presented in Figure 1.

Analyzing the presented indicators, it is evident that, almost a third (28.13%) of the surveyed women have pronounced genophilia, meaning they tend to idealize their own child and exaggerate its role in their lives. These women perceive children as the meaning of life, are oriented towards having more than one child, and believe that caring for children will give them a sense of fulfillment, thus striving to create a loving family.

A quarter of the surveyed women (25%) showed genophobia, indicating a negative attitude towards motherhood. Such women consider children a burden, and the process of bearing and giving birth to a child as a duty. They prioritize the material resources of the family for children and hope that their children will “repay the debt” in the future.

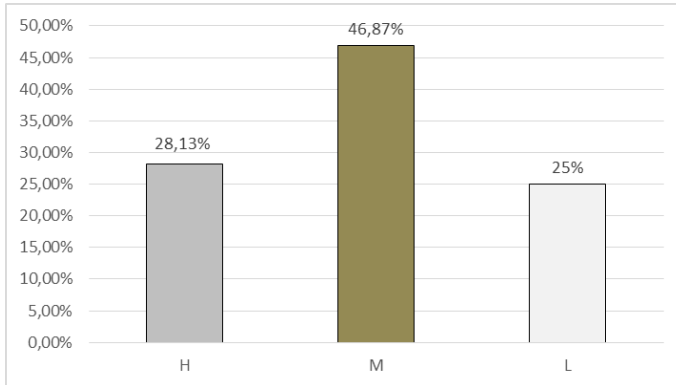


Fig. 1. Indicators of genophilia-genophobia in women (according to the CRQ questionnaire by M. M. Rodstein)

The majority of surveyed women (46.87%) exhibit a well-defined maternal stance, valuing the child and demonstrating realistic love for them. Indicators of reproductive activity-passivity in women are demonstrated in Fig. 2. In particular, the presented data illustrate the manifestation of the maternal position. Thus, one-third of the respondents (31.25%) showed an active maternal position, a high level of awareness of responsibility for the child, and possession of a set of knowledge and skills in caring for and raising the child.

The majority of respondents (53.13%) can be characterized as women who are knowledgeable and competent in child care and upbringing, possessing sufficient knowledge and skills but using them as needed, situationally.

15.62% of women show insufficient awareness of the importance of the maternal role and/or a lack of information and practical preparation. These women are not prepared for motherhood, fear and avoid it, thus being reproductively passive.

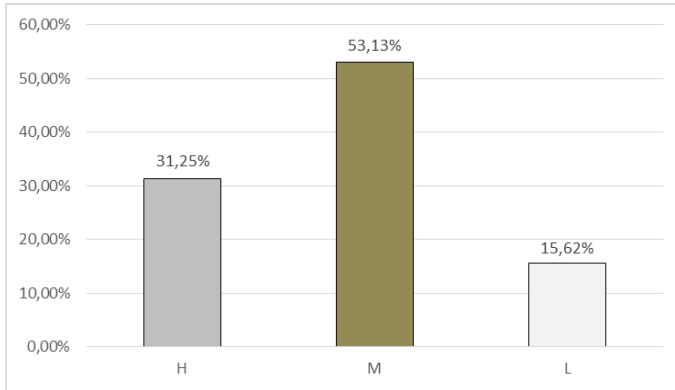


Fig. 2. Indicators of reproductive activity-passivity in women (according to the CRQ questionnaire)

The component load of reproductive attitudes in women, according to the “Questionnaire for Studying Reproductive Attitudes” by O.S. Karimova, is presented in Fig. 3.

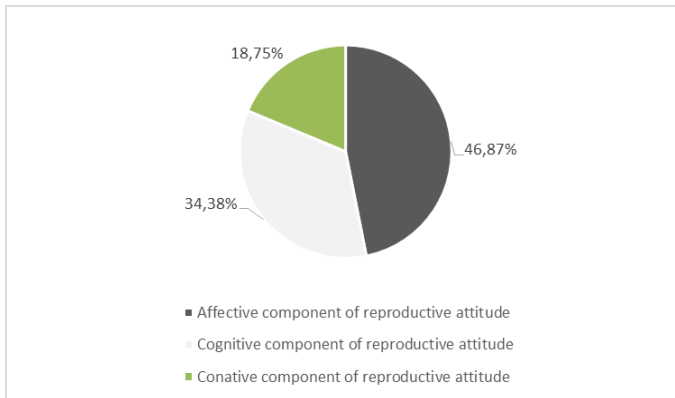


Fig. 3. Components of women’s reproductive attitudes (according to the “Questionnaire for Studying Reproductive Attitudes”)

The figure illustrates the preference for the affective component (46.87%) over the cognitive and connotative components. This indicates that these women’s reproductive attitudes are emotionally saturated (e.g., they find most small children cute, love them, or conversely, show irritation). More than one-third of the components among women’s attitudes are cognitive, indicating that women are oriented towards understanding

children, their characteristics, forms of interaction, and demonstrate knowledge about them (34.38%).

The average values of women’s reproductive attitudes (according to the “Facts Associated with Childbirth in the Family” questionnaire by V.V. Boyko) are presented in Fig. 4. The obtained data indicate that among the responses of female respondents, facts predicting positive consequences of childbirth for the subject and objective facts are represented equally. The least represented are facts predicting negative consequences of childbirth for the subject.

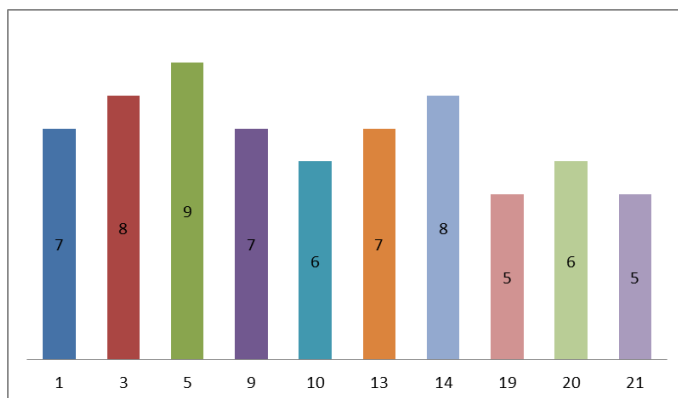


Fig. 4. Average values of women’s reproductive attitudes (according to the “Facts Associated with Childbirth in the Family” questionnaire)

Legend:

- 1 – Child strengthens the family and feelings between husband and wife
- 3 – Child as the joy of motherhood
- 5 – Child gives meaning to life
- 9 – Giving birth to a child means leaving work and the collective
- 10 – Giving birth to a child means tying oneself to home
- 13 – Children are worries about their fate and future
- 14 – Childbirth as financial difficulties
- 19 – Child as the closest person in sorrow and joy
- 20 – Children as pride for parents
- 21 – It’s difficult to give a good education and profession to a child

The results obtained using the Dembo-Rubinstein method “Self-Evaluation Study” (modified by A. Prykhodzhan) (see Fig. 5) enabled the surveyed women to determine and evaluate: 1) health; 2) intellect, abilities; 3) character; 4) authority among peers; 5) ability to do many things with their hands; 6) appearance; 7) self-confidence.

Study of women’s self-esteem (according to the “Self-Evaluation Study” method by T. Dembo, S. Rubinstein)

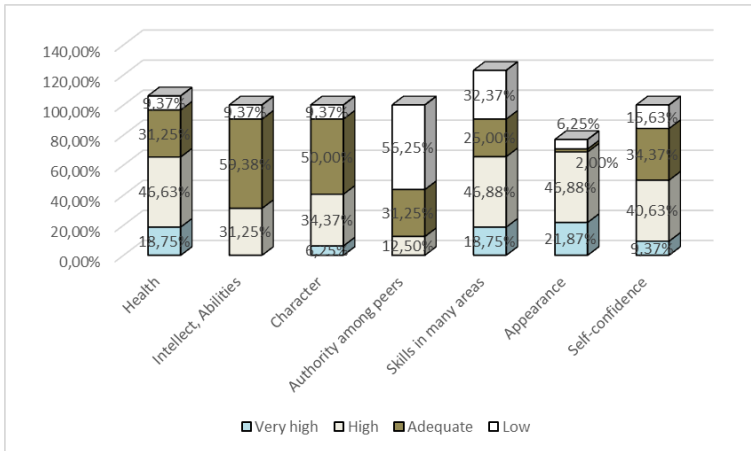


Fig. 5. Women’s self-esteem indicators

Based on the presented data, we can observe that the most significant and highly rated aspects are as follows: Health, emphasizing the importance of a woman’s own psychophysiological state as it forms the basis for successful pregnancy and childbirth. Appearance – typically remains consistently high among women, making it an important aspect. Ability to do things with their hands is significant as it allows for self-realization.

The differences in data obtained from the “Who Am I?” method (M. Kuhn, T. McPartland) are not significant: 5% of women have low self-esteem, 65% have adequate self-esteem, 15% have neutral self-esteem, and 15% of respondents have inadequately inflated self-esteem.

Furthermore, the data obtained from the ‘Social Self’ scale of the ‘Who Am I?’ method (M. Kuhn, T. McPartland) were analyzed. All surveyed women (100%) indicated an identification with representatives of their own gender, indicating the importance of perceiving oneself as a woman and a future mother. The majority of respondents (75%) expressed a positive identification with their gender, while 7.5% of respondents were critical of their gender identity. An intermediate or neutral position indicates a balanced reflective position of the respondents (17.5%).

Sexual identity of the respondents can also be indirectly inferred through references to gender roles (85%) or social roles (80%). Among all aspects of self-image studied, the sexual role is the least expressed, with significance for only 5% of women. In contrast, family identity is the most pronounced

(92.5%), indicating its crucial importance for women, who feel a significant need to be part of a family. The importance of social life and belonging to social groups is characteristic of 22.5% of respondents. Physical identity emerged as significant for 70% of women, as manifested through descriptions of their appearance, emphasis on physical characteristics, dietary and harmful habits.

The “Communicative Self” scale of the “Who Am I?” method (M. Kuhn, T. McPartland) allowed the study of the importance of friendship and communication for women. The obtained data indicate that these aspects are significant for only 15% and 12.5% of women, respectively. The study found that individual characteristics prevail over social identity in the surveyed women (82.5%), indicating a prevalence of the ‘I-others’ system over the ‘we-others’ system. Thus, for the surveyed sample, the most characteristic features include an emotionally positive attitude towards their gender, a sense of family belonging, and a negative attitude towards their sexual role and group membership.

Studying the reflection features of women revealed that 85% of respondents exhibit a high level of its development, indicating a good understanding of themselves and awareness of their states. 37.5% of women are characterized by stress resilience and the ability to engage in constructive interaction, even with those they do not favor, categorizing them as balanced personality types. Emotional-polar personality type applies to 57.5% of the respondents, meaning they are inclined to express their emotions and their fluctuations to the maximum. Present identity is characteristic of 80% of women, while for the remaining 20%, it is prospective, indicating their orientation towards the future.

To determine the differences in the psychological characteristics of self-image among women with different reproductive attitudes, we employed methods of mathematical statistics. Specifically, we identified significant differences between groups of women with different reproductive attitudes using the Mann-Whitney U criterion. Below, we will consider the obtained results (see Table 1–3). Statistically confirmed differences were found in the self-image of women with different reproductive attitudes.

Based on the presented data, there are significant differences in the characteristics of self-image (according to the methods: “Self-Esteem Survey,” “Who Am I?”) among women with different reproductive attitudes: genophilia and genophobia. Women inclined towards idealizing their own child and exaggerating its role in their lives, i.e., genophilia, compared to women with genophobia, rate their appearance, character, social role higher, and are more confident. Women with a tendency towards genophobia exhibit a prevalence of the ‘self-others’ system over the ‘we-others’ system.

Table 1

**Indicators of average ranks on the scales of psychodiagnostic methods
for women with genophilia and genophobia**

Criterion, significance Scales of psychodiagnostic methods	U Manna-Whitney	Asymptotic significance (two-tailed)
Personality	7,500	,008
Appearance	10,500	,024
Self-confidence	1,500	,002
Social role	8,500	,043
Communicative Self	8,500	,041

Table 2 presents the differences in aspects of self-image among women with a formed maternal position and a reproductive attitude of genophobia.

Table 2

**Indicators of average ranks on the scales of psychodiagnostic methods
for women with genophobia and a formed maternal position**

Criterion, significance Scales of psychodiagnostic methods	U Manna-Whitney	Asymptotic significance (two-tailed)
Intelligence, Abilities	7,500	,025
Character	13,500	,018
Authority among Peers	17,000	,039
Self-Confidence	10,000	,005
Temporal Identity	18,000	,041

The represented data indicate that women with a formed maternal position place significantly higher value on their intellectual abilities and character traits. Compared to women with genophobia, they consider themselves more authoritative to others and behave more confidently. In terms of temporal identity, they exhibit an orientation towards the present, while respondents with a genophobic reproductive attitude lean towards the future. Table 3 presents the differences in aspects of self-perception between women with a formed maternal position and those with a genophilic reproductive attitude.

The data presented in the table indicate that women with genophilia significantly underestimate their own health, intelligence, abilities, and character traits compared to women with a formed maternal position. They are less confident and less oriented towards the present.

Thus, statistically significant differences in self-image among women with different reproductive attitudes are confirmed. Additionally, each group of women with different reproductive attitudes has aspects of self-image that require psychocorrectional intervention.

Table 3

**Indicators of average ranks on the scales of psychodiagnostic methods
for women with genophilia and a formed maternal position**

Criterion, significance Scales of psychodiagnostic methods	U Manna-Whitney	Asymptotic significance (two-tailed)
Intelligence, Abilities	6,000	,002
Character	2,500	,001
Authority among Peers	17,000	,038
Self-Confidence	8,000	,035
Temporal Identity	7,500	,014

CONCLUSIONS

The self-image, or ego, is comprehended as a complex, structured, holistic, and dynamic system of self-perceptions that develop and form based on an individual's attitudes towards themselves and their construction of relationships with the environment.

The ego of an individual has a complex and heterogeneous structure. Structurally, the ego appears as a unity of cognitive, emotional-value, and behavioral aspects. It encompasses descriptions of stable qualities and variable characteristics related to cognitive, emotional-volitional, and behavioral spheres.

The ego serves as a determining factor guiding an individual's actions and behavior. Its main functions include regulation, adaptation, defense, representation, and aspiration. One of the key factors in the genesis of the ego is communication with the environment and active practical activity.

Reproductive behavior encompasses a system of actions, relationships, and mental states of an individual related to the decision to have or not have children, whether within or outside of marriage. The need for children forms a reproductive attitude and is expressed in three categories: the ideal number of children – orientation towards social norms; the desired number of children – emotional attitude; the expected number of children – establishment of action. The desired number of children most accurately reflects the individual's need for children and can also serve as an indicator of the specific number of children the individual plans to have by the end of their reproductive period.

Reproductive attitudes are formed from several components: the individual's environment, financial-material situation, and prospects for its improvement or deterioration, age, and health opportunities. The structure of reproductive attitudes includes economic, social, and psychological attitudes. The predominance of one motive over another is influenced by socio-economic, socio-demographic, and socio-psychological factors. These factors influence the correlation between desired and planned children.

The conducted research has statistically confirmed differences in self-image among women with different reproductive attitudes. Specifically, differences in the characteristics of the self-image of women with reproductive attitudes of genophilia and genophobia are as follows: women inclined to genophilia significantly rate their appearance, character, and social role higher and exhibit more confidence compared to women with genophobia. Women with a tendency towards genophobia exhibit a prevalence of the 'I-other' system over the 'we-other' system.

Differences in aspects of the self-image of women with a formed maternal position and reproductive attitude of genophobia include women with a formed maternal position significantly rating their intellectual abilities and character traits higher. In terms of temporal identity, they exhibit an orientation towards the present, while respondents with a genophobic reproductive attitude lean towards the future.

Differences in aspects of the self-image of women with a formed maternal position and reproductive attitude of genophilia include women with genophilia significantly rating their own health, intelligence, abilities, and character traits lower compared to women with a formed maternal position.

SUMMARY

The monograph examines the concept of self-image, explaining it as a multifaceted system formed by an individual's perceptions and interactions with their environment. It delineates the ego as a complex structure comprising cognitive, emotional, and behavioral dimensions, serving as a guiding force in human behavior. Reproductive behavior is examined as a comprehensive system influenced by individual attitudes towards parenthood, manifested through the ideal, desired, and expected number of children. These attitudes are shaped by various socio-economic and psychological factors, influencing the correlation between desired and actual fertility. The research conducted highlights significant differences in self-image among women with distinct reproductive attitudes, particularly focusing on differences between genophilia and genophobia. It identifies differences in self-perception between women with a formed maternal position and those exhibiting genophobia or genophilia, emphasizing variations in intellectual assessment, temporal orientation, and perceived health and abilities.

BIBLIOGRAPHY

1. Ayaz A. S., Yaman Sözbir Ş. Family planning attitudes of women and affecting factors. *Journal of the Turkish German Gynecological Association*. 2009. № 10. P. 137–41.
2. Bakhtiari A., Pasha H., Kashefi F. Factors affecting students' attitudes towards reproductive health in the north of Iran: Designing an educational program. *BMC Public Health*. 2023. № 23, P. 1557. DOI:10.1186/s12889-023-16217-2
3. Boscaglia N., Skouteris H., Wertheim E. Changes in body image satisfaction during pregnancy: A comparison of high exercising and low exercising women. *The Australian & New Zealand journal of obstetrics & gynecology*. 2003. № 43. P. 41–5. DOI:10.1046/j.0004-8666.2003.00016.x.
4. David H., Russo N. Psychology, Population, and Reproductive Behavior. *The American psychologist*. 2003. № 58. P. 193–6. 10.1037/0003-066X.58.3.193.
5. Goodwin A., Astbury J., McMeeken J. Body image and psychological well-being in pregnancy. A comparison of exercisers and non-exercisers. *The Australian & New Zealand journal of obstetrics & gynecology*. 2000. № 40. P. 442-7. DOI:10.1111/j.1479-828X.2000.tb01178.x.
6. Grogan S. Body Image and Health: Contemporary Perspectives. *Journal of Health Psychology*. 2006. № 11. P. 523–530. DOI: 10.1177/1359105306065013.
7. Guzewicz M., Steuden S., Szymona-Palkowska K. Original article Changes in the perception of self-image and the sense of purpose and meaning in life, among women who lost their child before birth. *Health Psychology Report*. 2014. № 3. P. 162–175. DOI: 10.5114/hpr.2014.44422.
8. Guzzo K. B., Hayford S. R., Lang V. W., Wu H. S., Barber J., Kusunoki Y. Dimensions of Reproductive Attitudes and Knowledge Related to Unintended Childbearing Among U.S. Adolescents and Young Adults. *Demography*. 2019. № 56(1). P. 201–228. DOI: 10.1007/s13524-018-0747-7
9. Inanir S., Cakmak B., Nacar M., Guler A., Inanir A. Body Image Perception and Self-esteem During Pregnancy. *International Journal of Women's Health and Reproduction Sciences*. 2015. № 3. P. 196–200. DOI: 10.15296/ijwhr.2015.41.
10. Jokela M., Alvergne A., Pollet T., Lummaa V. Reproductive Behavior and Personality Traits of the Five Factor Model. *European Journal of Personality*. 2011. № 25. DOI: 10.1002/per.822.
11. Jokela Markus, Keltikangas-Järvinen L. Adolescent Leadership and Adulthood Fertility: Revisiting the “Central Theoretical Problem of Human Sociobiology”. *Journal of personality*. 2009. № 77. P. 213–29. DOI: 10.1111/j.1467-6494.2008.00543.x

12. Rai A., Bhardwaj A., Nohwal T. Self – Esteem and Body Image: A Correlational Study. *Journal of Humanities and Social Sciences*. 2020. № 1. P. 41–50. DOI:10.26634/jhss.1.4.
13. Sarkar N. N. Factors influencing human reproductive behaviour. *International Medical Journal*. 2002. № 9. P. 185–190.
14. Shahyad S., Pakdaman S., Shokri O. Prediction of Body Image Dissatisfaction from Self-esteem, Thin-ideal Internalization and Appearance-related Social Comparison. *International Journal of Travel Medicine and Global Health*. 2015. № 3. P. 59–63. DOI: 10.20286/ijtmgh-030299
15. Skouteris H., Carr R., Wertheim E., Paxton S., Duncombe D. A prospective study of factors that lead to body dissatisfaction during pregnancy. *Body image*. 2006. № 2. P. 347–61. DOI:10.1016/j.bodyim.2005.09.002.
16. Stapleton P. B., Crighton G. J., Carter B., Pidgeon A. M. Self-esteem and body image in females: The mediating role of self-compassion and appearance contingent self-worth. *The Humanistic Psychologist*. 2017. № 45(3). P. 238–257. DOI: 10.1037/hum0000059
17. Zhuang X. The Impact of Social Media on Self-Image Control in Adolescents and Relevant Factors. *Journal of Education, Humanities and Social Sciences*. 2023. № 22. P. 41–46. DOI: 10.54097/ehss.v22i.12283

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