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A psychosocial perspective on reproductive freedom under war-related uncertainty: fertility decisions among Ukrainian female students

O. A. Cherepiekhina[1], A. V. Turubarova[2], M. A. Dergach[2], D. H. Soroka[2], K. O. Chumakova[2], D. D. Kovalenko[3]

[1]PHEI "Dnipro technological university "STEP""
[2]MIHE "Khortytsia National Educational and Rehabilitational Academy" of Zaporizhzhia Regional Council, Zaporizhzhia
[3]National University Zaporizhzhia Polytechnic

Reproductive health and reproductive behavior are widely recognized as key indicators of demographic sustainability and gender equality. Under conditions of war conflict, reproductive decision-making is increasingly shaped by psychosocial stressors, relational instability, and institutional constraints. However, reproductive freedom as a psychosocial construct remains insufficiently explored in wartime settings, particularly among young women in higher education.
The objective: **to examine how war-related uncertainty, anxiety, reproductive autonomy, partner-related factors, and perceived legal and institutional conditions are associated with intentions to have a child within the next 2 years among Ukrainian female university students.**
Materials and methods**. A cross-sectional survey was conducted among 1,612 female students aged 18–30 in 7 universities in different regions of Ukraine. Standardized instruments included the Intolerance of Uncertainty Scale (IUS-12), the Generalized Anxiety Disorder scale (GAD-7), and the Reproductive Autonomy Scale, supplemented by an author-developed questionnaire assessing war-specific, contextual factors. Data were analyzed using descriptive statistics, correlations and multivariate logistic regression.**
Results**. Higher intolerance of uncertainty was negatively associated with short-term fertility intentions, whereas anxiety did not remain significant after controlling for other variables. All dimensions of reproductive autonomy were positively associated with fertility intentions. Perceived legal relevance demonstrated a small modulatory association. Partner's military service and prolonged separation were associated with decreased childbearing intentions.**
Conclusions**. Under wartime conditions, young women's reproductive intentions undergo primarily a temporal reconfiguration rather than abandonment. Reproductive freedom emerges as a dynamic psychosocial construct shaped by the interplay of future uncertainty, autonomy, and relational stability.**
Keywords: *reproductive freedom, fertility intentions, war-related uncertainty, reproductive well-being, female students, Ukraine.*

Психосоціальний погляд на репродуктивну свободу в умовах невизначеності, пов'язаної з війною: рішення щодо народжуваності серед українських студенток

О. А. Черепєхіна, А. В. Турубарова, М. А. Дергач, Д. Г. Сорока, К. О. Чумакова, Д. Д. Коваленко

Репродуктивне здоров'я та репродуктивна поведінка жінок традиційно розглядаються як ключові індикатори суспільного благополуччя, демографічної стійкості й гендерної рівності. В умовах війни, тривалої невизначеності та соціальної дестабілізації репродуктивні рішення дедалі частіше асоціюються з психосоціальними стресорами, порушенням партнерських стосунків й інституційними обмеженнями. Водночас психосоціальний вимір репродуктивної свободи у воєнному контексті залишається недостатньо вивченим серед молодих жінок.
Мета дослідження: дослідити, як воєнна невизначеність, тривожність, репродуктивна автономія та партнерські й правові чинники пов'язані з намірами народження дитини впродовж найближчих 2 років серед українських студенток.
Матеріали та методи. Проведено поперечне анкетне дослідження за участю 1612 студенток віком 18–30 років із 7 закладів вищої освіти різних регіонів України. Використано шкалу інтолерантності до невизначеності (Intolerance of Uncertainty Scale – IUS-12), шкалу генералізованої тривожності (Generalized Anxiety Disorder scale – GAD-7), шкалу репродуктивної автономії (Reproductive Autonomy Scale) і авторську анкету для оцінювання воєнно-специфічних контекстуальних змінних. Аналіз включав описову статистику, кореляції та логістичну регресію.
Результати. Вища інтолерантність до невизначеності була негативно асоційована з короткостроковими репродуктивними намірами, тоді як тривожність не зберігала значущості після контролю інших змінних. Усі виміри репродуктивної автономії були позитивно пов'язані з репродуктивними намірами. Військова служба партнера та тривала розлука асоціювалися зі зниженням намірів народження дитини.
Висновки. В умовах війни репродуктивні наміри молодих жінок зазнають насамперед часової реконфігурації, а не відмови. Репродуктивна свобода виявляється динамічним психосоціальним конструктом, сформованим взаємодією невизначеності майбутнього, рівня автономії та реляційної стабільності.
Ключові слова: *репродуктивна свобода, репродуктивні наміри, воєнна невизначеність, репродуктивне благополуччя, студентки, Україна.*

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Under conditions of profound social upheaval and protracted warfare, women's reproductive decisions increasingly acquire the status of a critical social, demographic, and security-related issue for a country's future. Traditionally, women's reproductive health and reproductive behavior have been examined in medicine, demography, and the social sciences as key indicators of societal well-being, demographic resilience, and gender equality [1–4]. At the same time, contemporary scholarly perspectives have gradually shifted the focus away from narrowly defined biomedical parameters of fertility toward more complex psychosocial, economic, and institutional factors associated with the formation of reproductive intentions and actual childbearing decisions [5–10]. Within this framework, reproductive health is increasingly conceptualized not merely as a medical condition but as a multidimensional socio-psychological phenomenon encompassing subjective experiences, perceived control, interpersonal relationships, and the institutional context [11].

This reconceptualization becomes particularly salient in contexts of disasters and wars, where established models of reproductive planning are disrupted by chronic uncertainty, heightened security risks, and structural constraints on access to medical and social resources [12–17]. Against this backdrop, the concept of reproductive freedom gains analytical significance as a framework that captures reproductive decision-making beyond formal legal "rights" or biomedical indicators of "health" alone [18]. Within the international discourse on sexual and reproductive health (SRH) and rights, a foundational principle emphasizes the individual's ability to make autonomous reproductive decisions and to implement them under safe and supportive conditions [19]. In the human rights domain, reproductive freedom is further linked to the absence of disproportionate external interference in private life-namely, the capacity to decide whether and when to have children without coercion or excessive pressure [20].

At the same time, academic debates increasingly highlight that reproductive freedom cannot be reduced solely to legal permission or prohibition but is deeply embedded in broader social contexts and structural inequalities [21]. Empirical research demonstrates the historical vulnerability of reproductive rights and their periodic retrenchment, underscoring the importance of analyzing reproductive freedom as contingent upon political and social conditions [22, 23]. Closely related within bioethical scholarship is the concept of procreative liberty, which emphasizes the particular moral value of individual decisions regarding parenthood and the need for compelling justification for any limitations imposed on such decisions [24–28]. Despite the growing body of research on fertility intentions under conditions of crisis, several questions remain insufficiently understood. In particular, less is known about the psychosocial mechanisms through which war-related uncertainty, reproductive autonomy, and relational stability become linked to reproductive intentions among young women at formative stages of life planning. Reproductive rights provide normative guarantees of access to services and protection from discrimination [29, 30], while reproductive competence refers to knowledge and awareness in the domain of reproductive health [31]. However, reproductive freedom foregrounds subjectively experienced agency, perceived control over one's reproductive trajectory, the ability to act without coercion, and the quality of partner communication as key psychosocial resources for decision-making within real social environments. An interdisciplinary perspective suggests that reproductive intentions may be highly sensitive to social stress, uncertainty, and contextual constraints, while psychological resources-such as autonomy, communication, and perceived control-may play a protective role [32–34]. This analytical lens is particularly relevant in Ukraine, where full-scale war has generated multidimensional insecurity-security-related, economic, and existential in nature-alongside transformations in family relationships (mobilization, separation, forced migration) and uneven access to SRH services. Within such settings, reproductive intentions may not simply decline or be postponed but can become reconfigured, reflecting diverse forms of adaptation, meaning-making, and future imaginaries [35–38]. Addressing these unresolved issues is essential for understanding reproductive freedom in wartime as a dynamic psychosocial process shaped by the interaction of uncertainty, autonomy, relational stability, and institutional context [39].

The objective of the study is to expand the understanding of reproductive freedom as a psychosocial phenomenon and to empirically examine how war-related uncertainty and associated stressors are related to the reproductive intentions of Ukrainian female students during the full-scale invasion.

MATERIALS AND METHODS

At the empirical stage, an author-designed survey was administered to 1,612 female students aged 18–30 from 7 Ukrainian higher education institutions representing diverse academic profiles: Dnipro Technological University "STEP", Oles Honchar Dnipro National University, National University Zaporizhzhia Polytechnic, Zaporizhzhia National University, Classic Private University, Khortytsia National Educational and Rehabilitational Academy of Zaporizhzhia Regional Council, and Zaporizhzhia State Medical University (Table 1).

The group of Ukrainian female students aged 18–30 constitutes a particularly relevant population for this research, as this life stage is marked by the formation of long-term life strategies, the intersection of educational trajectories with partnership plans, and the consolidation of reproductive attitudes that will shape future demographic dynamics. At the same time, the student period is characterized by heightened sensitivity to external instability and psychoemotional burden [4, 8]. Female students constitute a particularly sensitive group, as they simultaneously navigate educational trajectories, professional aspirations, and the formation of family plans during a period of heightened social instability. For this reason, they represent a strategically important cohort for understanding Ukraine's future demographic dynamics.

Data collection took place between October and November 2025 using the Google Forms platform. The survey link was disseminated through official university communication channels, including learning management systems, e-mail newsletters, and instructor-mediated announcements. Eligibility criteria included identifying as female, residing in

Ukraine at the time of the survey, enrollment in one of the participating institutions, and provision of informed consent. Participation was voluntary and anonymous.

Reproductive freedom was operationalized through 3 dimensions: (1) reproductive autonomy (the capacity to make decisions without coercion), (2) subjective control over the timing and conditions of childbearing, and (3) the ability to sustain reproductive intentions under conditions of uncertainty. These dimensions were empirically assessed using standardized psychometric instruments and an author-developed questionnaire specifically designed for the wartime context.

First, reproductive autonomy reflects a woman's ability to participate in decision-making regarding contraception, the timing of childbirth, and her reproductive trajectory without coercion or excessive pressure from a partner or other significant others. In this study, this dimension was assessed using the Reproductive Autonomy Scale (RAS) developed by Upadhyay et al., which measures 3 components of autonomy: decision-making, freedom from coercion, and quality of partner communication [40].

Second, control over the conditions of reproductive choice is linked to the extent to which women perceive their future as predictable and manageable, particularly under conditions of wartime uncertainty. This dimension captures not only individual psychological characteristics but also contextual risk factors, including security threats, partner mobilization, and financial instability. To assess this component, the short version of the Intolerance of Uncertainty Scale (IUS-12) and the Generalized Anxiety Disorder scale (GAD-7) were employed, allowing differentiation between general psychoemotional distress and a specific sensitivity to uncertainty [41–44].

Third, the subjective sense of reproductive choice and structural barriers refers to women's perceptions of their actual opportunities to realize reproductive intentions within specific social, legal, and institutional conditions. This component was operationalized through an author-developed questionnaire that included items on: (a) changes in reproductive plans due to the war among female students over 21 years old, taking into account the fact that by the beginning of the war they had already reached the age of 18; (b) partner's military status and duration of physical separation; (c) access to SRH services; and (d) perceptions of the legal environment (in particular, regulations related to mobilization and family status). An author-developed questionnaire was created and tailored to the objectives of the present study. Its purpose was to provide a comprehensive assessment of reproductive intentions and their temporal perspective, pre-war and current reproductive plans, psychosocial factors (uncertainty and anxiety), reproductive autonomy, access to reproductive health services, and perceived relevance of the legal and institutional context. The questionnaire included special designed blocks aimed at operationalizing war-related and context-specific factors, such as changes in plans due to the war, partner's military status, duration of separation, and legal awareness. Prior to the main data collection, the questionnaire underwent pilot testing with a subsample of 94 female students to ensure clarity of wording and technical functionality of the online format. Questions 3.1 and 3.2 were primarily intended for respondents in the older age subgroup, for whom short-term reproductive planning was considered developmentally relevant (Appendix A).

Table 1

Socio-demographic structure of the sample of female students (N = 1,612)

Characteristics	Categories	n	%
Age, years old	18–20	428	26.6
	21–25	762	47.3
	26–30	422	26.2
Number of children	0	1,196	74.2
	1	298	18.5
	2	92	5.7
	3 and more	26	1.6
Presence of a partner	Yes	1,048	65.0
	No	564	35.0
Partner in military service (among those with a partner)	Yes	412	39.3
	No	636	60.7
Duration of separation (among those with a partner in the Armed Forces), months	Up to 3	98	23.8
	3–6	146	35.4
	> 6	168	40.8
Internally displaced person status	Yes	468	29.0
	No	1,144	71.0
Subjective income	Low	486	30.1
	Below average	512	31.8
	Average	446	27.7
	Above average / high	168	10.4
Region of residence	South/East	642	39.8
	Center	518	32.1
	West	452	28.1

The study focuses on associations among intolerance of uncertainty, anxiety, dimensions of reproductive autonomy, perceived relevance of legal factors, partner status, and duration of separation. Specifically, the analytical framework examines relationships between (a) intolerance of uncertainty, (b) anxiety, (c) dimensions of reproductive autonomy (decision-making agency, freedom from coercion, and partner communication), (d) perceived relevance of legal/institutional factors, and (e) wartime contextual variables (partner's military status and duration of separation).

Study hypotheses:

H1. Higher levels of war-related uncertainty will be associated not only with a reduction but also with a polarization of reproductive intentions: some female students will tend to postpone childbearing, whereas others will report an intensified desire for motherhood as a strategy of existential stabilization.

H2. Perceived legal incentives (including the possibility of deferment from conscription in the presence of 3 children) will not be directly associated with increased fertility intentions but will operate indirectly, through enhanced perceptions of family security and control.

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H3. Prolonged partner absence due to military service will be associated not only with postponement of childbirth but also with shifts in reproductive strategies, including increased interest in oocyte cryopreservation, assisted reproductive technologies, or alternative family formation scenarios.

A cross-sectional quantitative design was employed, using an online survey to examine associations between war-related uncertainty, psychosocial factors, and reproductive intentions among Ukrainian female students. This design was considered appropriate for analyzing structural relationships between variables in a context where experimental manipulation or longitudinal observation would be ethically or practically infeasible.

Socio-demographic variables. Socio-demographic data included age, university affiliation, region of residence, internally displaced person status, number of children, subjective income level, presence of a partner, partner's military status, and duration of physical separation from the partner.

Reproductive intentions. The primary dependent variable was reproductive intention, assessed using: (a) an item on planning childbirth within the next 2 years (categorical scale); (b) an evaluation of the anticipated timing of childbirth; and (c) the subjective salience of motherhood (0–10 scale). Additional data were collected on the main reasons for postponing childbirth.

Retrospective pre-war plans. To control for pre-war reproductive orientations, 2 retrospective items were used: plans for childbearing prior to 24 February 2022 and reported changes in reproductive plans following the onset of the war.

Access to reproductive health services. An index of access to SRH services was constructed based on 5 items assessing the availability of contraception, access to medical care, financial and logistical barriers, and perceived safety when seeking services.

Legal awareness and perceived relevance. Legal awareness regarding regulations related to family status and mobilization was assessed, along with participants' subjective evaluations of whether legal and institutional conditions could be relevant to their reproductive decision-making.

To increase the transparency of the operationalization of key constructs, Table 2 shows the correspondence between theoretical concepts, variables and measurement instruments. Statistical analysis was performed in SPSS (version 26.0). Descriptive statistics, correlation analysis and multivariate logistic regression models were used to assess associations between psychosocial variables and reproductive intentions. Additionally, models were tested with the inclusion of potential mediators and moderators (level of uncertainty, anxiety, reproductive autonomy, access to services, partner status). The internal consistency of multi-item scales was evaluated using Cronbach's alpha (α). Linear associations between continuous variables were examined using Pearson's correlation coefficient (r). Model fit for logistic regression analyses was assessed using the model chi-square (χ^2) test for overall significance, Nagelkerke's pseudo-R^2 as an estimate of explained variance, and the percentage of correctly classified cases. Effects were presented as odds ratios (OR) with 95% confidence intervals. The level of statistical significance was set at $p < 0.05$.

Ethical considerations. The study was approved by the Ethics Committee of the Institute for the Development of Practical Psychology (Zaporizhzhia), Protocol No. 9, 02 September 2025. Informed consent was obtained from all participants. Ethical principles of anonymity, confidentiality, voluntariness, and the right to withdraw were strictly respected in accordance with the Declaration of Helsinki. Sensitive items were minimized, and participants were provided with a list of SRHR (Sexual and Reproductive Health and Rights) and psychological support services at the end of the survey.

RESULTS AND DISCUSSION

Descriptive statistics for the key psychological and contextual variables are presented in Table 3. The mean level of intolerance of uncertainty (IUS-12) was moderately high (M (mean) = 39.6, SD (standard deviation) = 8.4), indicating an elevated subjective appraisal of the future as unpredictable in this sample. The mean anxiety score on the GAD-7 was 8.9 (SD = 5.1); approximately 1/4 of respondents fell within the clinically meaningful range, suggesting a substantial prevalence of emotional distress.

Reproductive autonomy scores were moderately high across all 3 dimensions: decision-making autonomy (M = 3.12, SD = 0.52), freedom from coercion (M = 3.34, SD = 0.48),

Table 2

Operationalization of the main study variables

Concepts	Variables	Instruments/items	Scale type	Role in the model
Reproductive intentions	Intention to give birth at 0–2 years	Author's item	Binary/ordinal	Dependent
Reproductive freedom	Reproductive autonomy	RAS (Upadhyay)	Likert	Independent/moderator
Military uncertainty	Intolerance of uncertainty	IUS-12	Likert	Independent
Anxiety	Symptoms of anxiety	GAD-7	Likert	Covariate/mediator
Access to SRH	Access index	5 author points	Likert	Moderator
Legal context	Legal relevance	3 author points	Categorical	Moderator
Partner status	Partner in the Armed Forces of Ukraine	Author point	Binary	Moderator
Separation	Duration of separation	Author point	Categorical	Covariate
Pre-war plans	Planning until 24.02.2022	Author point	Binary	Covariate
Socio-demographics	Age, children, income	Standard	Miscellaneous	Covariate

Notes: SRH – sexual and reproductive health; RAS – Reproductive Autonomy Scale; IUS-12 – Intolerance of Uncertainty Scale; GAD-7 – Generalized Anxiety Disorder scale.

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Table 3

Descriptive statistics of psychological and contextual variables (N = 1,612)

Variables	Instruments	Scale range	M	SD	Min	Max
Intolerance of Uncertainty	IUS-12	12–60	39.6	8.4	14	60
Anxiety	GAD-7	0–21	8.9	5.1	0	21
Autonomy – Decision-making	RAS	1–4	3.12	0.52	1.4	4.0
Autonomy – Freedom from coercion	RAS	1–4	3.34	0.48	1.6	4.0
Autonomy – Communication	RAS	1–4	2.98	0.61	1.2	4.0
Legal relevance index	Author scale	1–5	2.71	1.01	1	5
Fertility intention (next 2 years)	Single item (self-report)	0–1	0.22	0.41	0	1

Notes: higher values indicate higher levels of the construct; M – mean; SD – standard deviation; IUS-12 – Intolerance of Uncertainty Scale; GAD-7 – Generalized Anxiety Disorder scale; RAS – Reproductive Autonomy Scale.

and partner communication (M = 2.98, SD = 0.61). Perceived legal and institutional relevance was low-to-moderate (M = 2.71, SD = 1.01). Overall, 22% of women reported an intention to have a child within the next 2 years.

Reliability of measures:

Internal consistency was satisfactory to high across all multi-item measures. Cronbach's α was 0.88 for the IUS-12 and 0.90 for the GAD-7. The overall reliability for the RAS was 0.86; subscale values were α = 0.81 (decision-making), α = 0.83 (freedom from coercion), and α = 0.79 (communication). The author-developed legal relevance index demonstrated acceptable internal consistency (α = 0.77).

Author-developed contextual items:

The author-developed items were designed to capture war-specific contextual variables not covered by existing standardized instruments, including changes in fertility plans due to war, partner's military status, perceived access to SRH services, and perceived legal relevance of family status. These items were developed based on prior qualitative work and the current Ukrainian legal and social context (Table 4).

Response distributions for the author-developed items are reported in Table 4. Prior to the war, 38.3% of respondents reported plans to have a child within the next 2 years; however, 70.2% indicated that their fertility plans had changed due to the war, predominantly toward postponement. Among women who reported having a partner, 25.6% indicated that their partner was on active military service, and 40.8% of these women reported being separated for more than 6 months.

Correlational analysis:

Bivariate correlations among the main study variables are presented in Table 5. Intolerance of uncertainty was moderately associated with anxiety (r = 0.52, p < 0.001) and negatively associated with fertility intention (r = –0.29, p < 0.001). All 3 reproductive autonomy dimensions were negatively related to both intolerance of uncertainty and anxiety, and positively related to fertility intention (r range = 0.15–0.23, all p < 0.001). Perceived legal relevance showed weak associations with psychological variables, but was positively correlated with fertility intention (r = 0.11, p < 0.001).

Results of the logistic regression model are reported in Table 6. Intolerance of uncertainty remained a statistically significant negative predictor of fertility intention (OR = 0.94, p < 0.001). In contrast, anxiety did not reach statistical significance after adjustment for other variables (p = 0.061), suggesting that the cognitive-existential appraisal of the future as unpredictable may be more closely associated with fertility intentions than emotional distress *per se* within this cross-sectional dataset.

Table 4

Author-developed items: distribution of responses (N = 1,612)

Items	Categories	n	%
Pre-war fertility plans	Yes	618	38.3
	No / not planned	994	61.7
Changed plans regarding desire to give birth due to war	Yes	1,132	70.2
	No	480	29.8
Partner status	Civilian	1,200	74.4
	Military	412	25.6
Duration of separation, months	< 3	98	23.8
	3–6	146	35.4
	> 6	168	40.8
Access to SRH services	Low	402	24.9
	Medium	762	47.3
	High	448	27.8
Perceived legal relevance	Low	602	37.4
	Medium	684	42.4
	High	326	20.2

Note: SRH – sexual and reproductive health.

Decision-making autonomy and partner communication were independently associated with higher fertility intention. Freedom from coercion showed only marginal statistical significance. Perceived legal relevance had a small but statistically significant association with fertility intention, indicating a secondary role relative to psychological and interpersonal factors.

Partner military status and longer separation were associated with lower fertility intention: having a partner on military service (OR = 0.71, p < 0.001) and being separated for more than 6 months (OR = 0.67, p = 0.002) were both linked to reduced likelihood of intending to have a child within the next 2 years. Pre-war fertility plans (OR = 2.31, p < 0.001) and number of children (OR = 1.42, p < 0.001) were also significant predictors, whereas income was not statistically significant (p = 0.19).

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Table 5

Correlations among main study variables (N = 1,612)

Variables	1	2	3	4	5	6	7
1. IUS-12	–	–	–	–	–	–	–
2. GAD-7	0.52*	–	–	–	–	–	–
3. Autonomy – Decision-making	–0.26*	–0.19***	–	–	–	–	–
4. Autonomy – Freedom from coercion	–0.21***	–0.17***	0.48***	–	–	–	–
5. Autonomy – Communication	–0.18***	–0.15***	0.44***	0.51***	–	–	–
6. Legal relevance	0.09**	0.06*	0.04	0.05	0.07*	–	–
7. Fertility intention	–0.29*	–0.18***	0.23***	0.17***	0.15***	0.11***	–

Notes: *– $p < 0.05$; ** – $p < 0.01$; *** – $p < 0.001$; IUS-12 – Intolerance of Uncertainty Scale; GAD-7 – Generalized Anxiety Disorder scale.

Including this reflexive note is important for interpreting the findings, as it clarifies the practice-informed epistemological lens through which reproductive freedom was conceptualized and explains why the observed quantitative associations are grounded in lived psychosocial realities rather than treated as abstract or purely legal constructs. This research emerged at the intersection of the authors' long-term professional engagement in psychology, psychosocial support, and higher education in Ukraine, spanning from 2001 to the present and continuing under conditions of ongoing war. The authors work as educators, researchers, and practitioners in the fields of mental, psychological, and physical health and are directly involved in work with female students, families, and women of reproductive age. The research questions were shaped by prolonged psychological, educational, and community-based observations of young women's experiences of uncertainty, disruption of life plans, and restrictions on perceived choice. One empirical trigger for the study was discussion with female students regarding the planning of a third child as a potential strategy for family mobility and security within the framework of wartime legislation.

These observations motivated the authors to conceptualize reproductive freedom not as a legal norm but as a psychosocial capacity embedded in women's lived experience. It was precisely this "field-based" experiential material that prompted the selection of reproductive freedom as a psychosocial category capable of capturing motivations, risks, and internal agency within a complex social context.

The present findings indicate that war-related conditions are primarily associated with the postponement and temporal reconfiguration of fertility intentions rather than their abandonment. In our sample, 70.2% of respondents reported changes in reproductive plans following the onset of war, predominantly toward delaying childbearing. This pattern aligns with crisis-oriented fertility research showing that reproductive intentions become highly sensitive to contextual disruption during emergencies and prolonged instability [12, 14]. Similar associations between psychosocial stress and fertility uncertainty have also been reported in university-based samples [8, 10].

A central result of this study is the robust negative association between intolerance of uncertainty and short-term fertility intention. This is consistent with contemporary demographic research emphasizing uncertainty as a multidimensional mechanism extending beyond economic insecurity to include existential unpredictability and future-oriented imaginaries [5, 16, 32]. While anxiety was moderately correlated with fertility intention at the bivariate level, it did not remain significant in the multivariate model, suggesting that cognitive-existential uncertainty may be more proximally related to reproductive planning than affective distress alone. This distinction is theoretically compatible with psychometric and clinical frameworks that conceptualize intolerance of uncertainty as a dispositional vulnerability shaping appraisal and decision-making under ambiguity [41, 42], whereas generalized anxiety reflects broader emotional strain [43, 44].

Reproductive autonomy emerged as an independent psychosocial resource associated with higher fertility intention, particularly autonomy in decision-making and partner communication. These findings are consistent with the original conceptualization of reproductive autonomy as a multidimensional construct encompassing agency, freedom from coercion, and relational negotiation [40], and with broader scholarship on reproductive freedom as embedded in interpersonal power dynamics and structural conditions [21, 24, 26, 29]. Importantly, our results reinforce that reproductive freedom cannot be reduced to

Table 6

Logistic regression predicting fertility intention within the next 2 years (N = 1,612)

Predictors	OR	95% CI	p
IUS-12	**0.94**	0.92–0.96	< 0.001
GAD-7	0.97	0.95–1.00	0.061
Autonomy – Decision-making	**1.38**	1.18–1.62	< 0.001
Autonomy – Freedom from coercion	1.21	0.99–1.47	0.058
Autonomy – Communication	**1.19**	1.04–1.36	0.011
Legal relevance	**1.14**	1.02–1.27	0.019
Partner on military service (yes)	**0.71**	0.58–0.86	< 0.001
Duration of separation (> 6 months)	**0.67**	0.52–0.85	0.002
Number of children	**1.42**	1.21–1.66	< 0.001
Income	1.08	0.96–1.21	0.19
Pre-war fertility plans	**2.31**	1.92–2.78	< 0.001

Notes: model $\chi^2 = 214.6$, $p < 0.001$; Nagelkerke $R^2 = 0.29$; correctly classified = 78.4%; IUS-12 – Intolerance of Uncertainty Scale; GAD-7 – Generalized Anxiety Disorder scale; OR – odds ratios; CI – confidence intervals.

formal legal access but involves subjectively experienced control and relational capacity under constraint.

The perceived relevance of legal and institutional factors demonstrated only a small but statistically significant association with fertility intention. This profile suggests that legal awareness does not function as a primary driver of reproductive decisions, but may modestly modulate reproductive planning when psychological and relational resources are supportive. This interpretation is consistent with legal scholarship emphasizing the contextual vulnerability and political contingency of reproductive freedom [22, 23]. In the Ukrainian wartime context, Article 23 of the Law on Mobilization may become symbolically salient as part of broader perceptions of family security, rather than as an instrumental incentive, and thus requires cautious interpretation within the correlational design of this study [39].

Partner-related disruption constituted another key contextual constraint. Having a partner on military service and prolonged physical separation were significantly associated with lower short-term fertility intentions, underscoring the relational embeddedness of reproductive decision-making. Similar patterns of fertility postponement under conditions of crisis-induced instability and disrupted partnership trajectories have been described in broader crisis and wartime fertility research [5, 9, 12, 13, 33] and in emerging Ukrainian evidence on reproductive well-being under martial conditions [11, 15, 36, 37].

Taken together, these findings extend the literature by empirically operationalizing reproductive freedom as a dynamic psychosocial construct in a war context and demonstrating its distinction from purely biomedical or legal models of reproductive health. War is therefore best understood as being associated with a transformation in the psychological and relational conditions under which reproductive freedom is experienced, rather than as a direct determinant of reproductive outcomes [19, 24, 29]. This framing highlights reproductive autonomy, partner communication, and uncertainty tolerance as key psychosocial dimensions of reproductive decision-making under prolonged crisis.

A particularly context-specific dimension of reproductive decision-making in wartime concerns the perceived relevance of legal and institutional factors. In the Ukrainian setting, Article 23 of the Law on Mobilization Training and Mobilization provides for the possibility of deferment from conscription for men who have 3 or more children [39]. Importantly, the present findings suggest that legal relevance was only weakly correlated with psychological distress indicators, yet remained a statistically significant-albeit small-predictor of fertility intentions in the multivariate model (OR = 1.14).

This pattern indicates that legal awareness does not appear to function as a primary driver of reproductive intentions, but may subtly modulate decision-making under conditions where psychological and relational resources are supportive. Rather than implying instrumental or causal reproductive behavior, the legal dimension may reflect broader perceptions of family security, continuity, and protection within an unstable environment. These findings underscore that reproductive freedom in wartime is shaped not only by subjective autonomy and uncertainty tolerance, but also by institutional frameworks that become symbolically salient in family planning narratives during prolonged conflict [4–6, 9].

CONCLUSIONS

The findings indicate that under conditions of full-scale war, reproductive intentions among young Ukrainian women are shaped primarily through psychosocial mechanisms rather than through biomedical or purely legal factors. War-related uncertainty is associated not with the disappearance of reproductive agency, but with its temporal reconfiguration: reproductive plans are more often postponed and psychologically restructured than fully abandoned. Intolerance of uncertainty emerged as a particularly salient factor linked to reduced short-term fertility intentions, suggesting that the cognitive-existential perception of an unpredictable future may represent a central psychological mechanism underlying reproductive decision-making during prolonged crisis. In contrast, general anxiety played a weaker role once uncertainty and relational variables were considered, highlighting the specificity of uncertainty as a determinant of reproductive disruption in wartime contexts. Reproductive autonomy-especially decision-making capacity and partner communication-was positively associated with the preservation of fertility intentions, supporting the interpretation of reproductive freedom as an internal psychosocial resource rather than solely an external right or institutional condition. This underscores the importance of agency and relational stability as protective dimensions of reproductive freedom under conditions of chronic threat.

Partner-related factors, particularly military service and prolonged separation, were also associated with lower fertility intentions, emphasizing that reproductive decision-making in wartime is deeply embedded in relational continuity and the lived stability of intimate partnerships. These results highlight the temporal vulnerability of reproductive trajectories when family life is disrupted by mobilization and prolonged separation.

Perceived legal and institutional relevance demonstrated only a modest association with fertility intentions, suggesting that structural conditions may slightly modulate reproductive planning for some women, yet remain secondary to psychological and interpersonal resources. This finding is particularly important in the Ukrainian wartime context, where legal frameworks may enter reproductive reasoning but do not appear to function as primary drivers of reproductive choice. Overall, this study extends reproductive health research by empirically conceptualizing reproductive freedom as a dynamic psychosocial process shaped by uncertainty, autonomy, relational stability, and institutional context. War does not eliminate reproductive subjectivity but transforms the psychological conditions under which reproductive intentions can be sustained.

These findings highlight the need for war-sensitive reproductive and mental health strategies that strengthen women's sense of agency, reduce subjective uncertainty, and support partner communication, particularly among young women in higher education. Supporting reproductive freedom in crisis and war time requires not only legal protection, but also psychosocial environments in which reproductive choice remains psychologically possible.

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Policies and interventions should therefore prioritize reducing structural uncertainty, ensuring continuity of SRH services, and strengthening psychosocial support and partner communication to sustain women's reproductive agency under prolonged crisis.

Limitations and future directions. This study is limited by its cross-sectional design, student-only sample, and reliance on self-report measures, which restrict causal interpretation and broader generalizability. Future research should employ longitudinal and mixed-method approaches across more diverse populations and crisis contexts to further clarify reproductive freedom as a dynamic psychosocial process.

Conflict of interest. The authors declare no conflicts of interest.

Appendix A. Author-developed questionnaire

Psychosocial Determinants of Reproductive Freedom under War-Related Uncertainty

(Author-developed questionnaire)

Block 0. Screening and informed consent

0.1. Gender:
□ Female
□ Male
□ Other
→ If not "Female" – survey ends.

0.2. Age:
□ Under 18
□ 18–20
□ 21–25
□ 26–30
□ Over 30
→ If under 18 or over 30 – survey ends.

0.3. Are you a student at a Ukrainian higher education institution?
□ Yes
□ No
→ If "No" – survey ends.

0.4. Do you currently reside in Ukraine?
□ Yes
□ No (abroad) → survey ends.

Block 1. Socio-demographic characteristics

1.1. Which university do you attend?
(Open-ended)

1.2. Your region of residence (oblast/city):
(Open-ended)

1.3. Are you an internally displaced person?
□ Yes
□ No

1.4. Your subjective income level:
□ Very low
□ Below average
□ Average
□ Above average
□ High

1.5. How many children do you have?
□ 0
□ 1
□ 2
□ 3 or more

Block 2. Reproductive intentions *(main dependent variable)*

2.1. Do you plan to have a child within the next 2 years?
□ Yes
□ Rather yes
□ Rather no
□ No
□ Difficult to answer

2.2. If you plan to have a child, when is this most likely?
□ Within 1 year
□ In 1–2 years
□ In 3–5 years
□ Later than 5 years
□ I do not plan to have a child

2.3. How relevant is the idea of becoming a mother within the next 2 years for you now?
Scale 0–10 (0 = not relevant at all, 10 = extremely relevant)

2.4. If you are postponing childbirth, what is the main reason? (choose one)
□ Safety concerns
□ Financial instability
□ Lack of partner / partner in military service
□ Insufficient access to medical care
□ Studies/career
□ Housing conditions
□ Health status
□ Other (please specify)

Block 3. Pre-war plans (retrospective – for validity)

3.1. Before 24 February 2022, did you plan to have a child within the next 2 years?
(questions for female students over 21 years old)
□ Yes
□ No
□ I had not thought about it

3.2. Have your reproductive plans changed since the start of the full-scale war?
(questions for female students over 21 years old)
□ I started planning earlier
□ I started planning later
□ I completely abandoned my plans
□ They did not change
□ Difficult to answer

Block 4. Partner status (for H3)

4.1. Do you have a steady partner?
□ Yes
□ No
→ If "No" – proceed to Block 5.

4.2. If "Yes" – is he currently in military service?
□ Yes
□ No

4.3. If "Yes" – how long have you been living separately?
□ Up to 3 months
□ 3–6 months
□ More than 6 months
□ More than 1 year

4.4. If your partner is in military service, have you considered: *(multiple answers allowed)*
□ Postponing childbirth
□ Freezing eggs
□ Medical fertility consultation
□ Assisted reproductive technology (in vitro fertilization, etc.)
□ Alternative family scenarios
□ None of the above

Block 5. Access to sexual and reproductive health services

(Scale 1–5: 1 = strongly disagree, 5 = strongly agree)
Please rate your agreement with the following statements:
5.1. I have access to reliable contraception when I need it.

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5.2. I know where to seek medical help regarding reproductive health.
5.3. In my region, safe and confidential pregnancy care is available.
5.4. I can obtain medical care without significant financial or logistical barriers.
5.5. I feel safe when seeking such medical assistance.

Block 6. Legal awareness and relevance (for H2)

6.1. Are you aware that having 3 or more children may serve as a ground for deferment from mobilization?
□ Yes
□ No
□ I have heard about it but am not sure

6.2. To what extent do you agree with the following statements?
(Scale 1–5: 1 = strongly disagree, 5 = strongly agree)
□ Legal conditions of war make me think differently about my family's future.
□ The possibility of my partner's deferment makes our family psychologically more stable.
□ Legal conditions of war strengthen my sense of control over my life.
□ I discuss with my partner how wartime laws affect our plans.

6.3. Could legal conditions (mobilization, travel restrictions, family status) influence your personal reproductive decisions?
□ Yes
□ No
□ I don't know

6.4. Which factors could influence your decision about having another child? *(multiple answers allowed)*
□ Safety
□ Finances
□ Partner's status
□ Access to healthcare
□ Legal conditions
□ Social support
□ Other

Block 7. War-related uncertainty
(Scale 1–5: 1 = strongly disagree, 5 = strongly agree)
□ My future is difficult to predict due to the war.
□ I constantly consider the risk of shelling in my life plans.
□ I am not sure I will be able to live where I planned because of the war.
□ Mobilization of my partner or relatives makes my future unstable.
□ The financial situation due to the war seems unpredictable to me.

Block 8. Subjective reproductive freedom
(Scale 1–5: 1 = strongly disagree, 5 = strongly agree)
□ I feel that I can decide for myself when to have a child.
□ War restricts my freedom of reproductive choice. *(reverse-coded item)*
□ I have real opportunities to implement my reproductive plans.

Information about the authors

Cherepiekhina Olha A. – PHEI "Dnipro technological university "STEP""; tel.: (097) 421-28-47. *E-mail: olga.cherry.2013@gmail.com*
ORCID: 0000-0001-6970-1217

Turubarova Anastasiia V. – MIHE "Khortytsia National Educational and Rehabilitational Academy" of Zaporizhzhia Regional Council, Zaporizhzhia; tel.: (099) 054-72-89. *E-mail: turubarovaan@gmail.com*
ORCID: 0000-0002-4806-4519

Dergach Marharyta A. – MIHE "Khortytsia National Educational and Rehabilitational Academy" of Zaporizhzhia Regional Council, Zaporizhzhia; tel.: (050) 524-05-70. *E-mail: margaritadergach@gmail.com*
ORCID: 0000-0001-6740-3689

Soroka Diana H. – MIHE "Khortytsia National Educational and Rehabilitational Academy" of Zaporizhzhia Regional Council, Zaporizhzhia; tel.: (099) 740-17-73. *E-mail: yaremenkodiana2@gmail.com*
ORCID: 0009-0002-7689-1543

Chumakova Kseniia O. – MIHE "Khortytsia National Educational and Rehabilitational Academy" of Zaporizhzhia Regional Council, Zaporizhzhia; tel.: (066) 366-14-66. *E-mail: ksenchu@gmail.com*
ORCID: 0000-0001-5684-4921

Kovalenko Dzhamila D. – National University Zaporizhzhia Polytechnic; tel.: (050) 900-69-76. *E-mail: jasty.zp@gmail.com*
ORCID: 0009-0009-7879-0093

Відомості про авторів

Черепєхіна Ольга Анатоліївна – ПЗВО «Дніпровський технологічний університет «ШАГ»», м. Дніпро, тел.: (097) 421-28-47. *E-mail: olga.cherry.2013@gmail.com*
ORCID: 0000-0001-6970-1217

Турубарова Анастасія Володимирівна – КЗВО «Хортицька національна навчально-реабілітаційна академія» Запорізької обласної ради, м. Запоріжжя; тел.: (099) 054-72-89. *E-mail: turubarovaan@gmail.com*
ORCID: 0000-0002-4806-4519

Дергач Маргарита Альфрітівна – КЗВО «Хортицька національна навчально-реабілітаційна академія» Запорізької обласної ради, м. Запоріжжя; тел.: (050) 524-05-70. *E-mail: margaritadergach@gmail.com*
ORCID: 0000-0001-6740-3689

Сорока Діана Геннадіївна – КЗВО «Хортицька національна навчально-реабілітаційна академія» Запорізької обласної ради, м. Запоріжжя; тел.: (099) 740-17-73. *E-mail: yaremenkodiana2@gmail.com*
ORCID: 0009-0002-7689-1543

Чумакова Ксенія Олександрівна – КЗВО «Хортицька національна навчально-реабілітаційна академія» Запорізької обласної ради, м. Запоріжжя; тел.: (066) 366-14-66. *E-mail: ksenchu@gmail.com*
ORCID: 0000-0001-5684-4921

Коваленко Джаміла Дмитрівна – Національний університет «Запорізька політехніка»; тел.: (050) 900-69-76. *E-mail: jasty.zp@gmail.com*
ORCID: 0009-0009-7879-0093

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