Conceptualizing the Indian Millennial's 'Infertility Behaviors': Towards A Better Understanding and Measurement of Multi-Dimensional Research Construct with Structural Equation Modeling

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Abstract. Millennia's 'infertility behaviour' as a research construct owes a longer history of extensive research and analysis. Millennia's infertility-oriented behaviour has already been explored from individual perspective, institutional perspective as well as from organisational perspective, from social and dogmatic perspective as well. Each approach has its own merits and demerits. Ideally the construct's focus of study revolves around Millennia's own individual derived attributes, traits, inclinations as well as contingent supports and influences that shape up the phenomenon. The task of evaluation of Millennia's role in the shaping of infertility tendencies and lack of reproductive aspirations owes a longer record of scholarly research. The recent review of literature suggests that diverse factors, which are internal to Millennia's cognitions and contingent to Millennia's reproductive decision making collectively shape the phenomenon. The existing literature calls for emphasis on individual traits, aspects of traits, habits, misinformation, and lack of responsibility in behaviour. The aspect of 'triggered infertility' has gained currency on the notion that experienced inability to reproduce is self-made or self-triggered instead of imposed from outside the environment. The reported second major influence is from the 'perceptions' of natural environments and third from the vocational/work related, career driven, health and drugs, stress aspects, contingent influences, sexual and reproductive health communications. These are believed to shape reproductive self-efficacy which poses consequences for sustainability of current employability and respective family orientation. In nutshell, Millennia's triggered infertility behaviour identifies as a matter of intensive research across developed and developing economies alike. The behaviour in literal terminology refers to self-driven engagement in a particular set of habits and exhibits the philosophy of the self-motivation and emphasis on new youth identification, development and sexual positioning and exploration rather than undertaking family rearing responsibilities. The philosophy imbibes the concept of youth based self-engagement into specific and strategic activities that pertain to specific lifestyle development and expertise gain about self-identity establishment and intent for being a single instead of being a family man. In this prospect, the current proposed research seeks to explore the vivid aspects, factors and dimensions that collectively see to shape up the phenomenon across contextual roots in Delhi/NCR and North Indian states. The study makes sense as the triggered infertility in Indian perspective is increasing, and more health policy decisions are aimed at promoting fertility.

Key words: Infertility, Triggered Infertility, Proximal Determinants, Distal Determinants, Factor Analysis, Regression Modeling

BACKGROUND

Predicting infertility in humans is a prominent issue to reproductive and social researchers worldwide. The prediction of infertility as a human behaviour has been observed as involving multiple dimensions and multiple disciplines. Recent reviews of literature reveal that different individual specific and internal and external factors drive human infertility.

Scholarly work argues that infertility is dependent individual's notions, attributes, psychological and psycho-social mindsets, behavioural and cognitive bases as well. For example, Pyper (1997) argues that human infertility is an outcome of human thinking, cognitions and evidence-based health practices and lifestyles that are usually followed across life. The sections of literature argue that infertility is resident in human beliefs that are more religious, non-inclination for love and being more self-centered with lesser interest in family development. The biological and clinical roots of phenomenon reflect on the deficiencies and malfunctioning of human reproductive system (1). The traditional Ayurveda line of medication regards this state as 'aahar-vihar' outcome which literally translates into the food and lifestyle that millennial and reproduction-oriented population is following, similar will be the outcomes.

WHO Perspective

World Health organisation (WHO) research regards this as a disease of male or female reproductive system defined by failure to achieve a pregnancy even after 12 months of regular unprotected sexual inter course. As per WHO internal classification of diseases, the male and female reproductive systems either or both are equally responsible for this situation. Though the phenomenon has genetic roots yet lifestyle, contextual, environmental aspects are interfering and intervening with human tendency to reproduce. As per the World Development Bank's report on the changing nature of work, digitalisation, technology diffusion and stressful work style are also casting their impact on human intent to reproduce. Who reports regard increasing use of chemicals, plastics, and other man-made chemicals as interfering significantly with human reproduction abilities and capabilities. As per WHO, Infertility is triggered on account of failure of male or female reproductive system (2) to lead to pregnancy after 12 or more months of regular unprotected sexual intercourse. The existing studies (3) seem to be biased about origins of infertility in adults comprising the millennial.

Why Millennia?

Millennia's 'infertility behaviour' as a research construct owes a longer history of extensive research and analysis. Millennia's infertility-oriented behaviour has been explored from individual perspective, from institutional perspective as well as from organisational perspective, from social and dogmatic perspective as well. Each approach has its own merits and demerits. Ideally the construct as focus of study revolves around Millennia's own individual derived attributes, traits, inclinations as well as contingent supports and influences; that shape up the phenomenon. The task of evaluation of Millennia's role in the shaping of infertility tendencies and lack of reproductive aspirations owes a longer record of scholarly research. The recent review of literature suggests that diverse factors, which are internal to Millennia's cognitions and contingent to Millennia's reproductive decision making; collectively shape the phenomenon. The existing literature calls for emphasis on the individual Millennia traits, the aspects of traits, habits, misinformation, and lack of responsibility in behaviour.

As Self-Made or Natural?

The aspect of 'triggered infertility' has gained currency on the notion that experienced inability to reproduce is self-made or self-triggered instead of imposed from outside the environment. The reported second major influence is from the 'perceptions' of natural environments and third from the vocational/work related, career driven, health and drugs, stress aspects, contingent influences, sexual and reproductive health communications. These are believed to shape the reproductive self-efficacy which poses consequences for sustainability of current employability and respective family orientation of individual. The construct of Millennia's 'triggered infertility behaviour' encompasses multiple dimensions of capabilities, capacities, potential channelisation, orientations, and inclinations to fail to achieve and fail to realise a reproduction goal across Millennia (4). The construct has also been observed as fueling the self-engagement in distinct set of habits and self-embedment across modern lifestyle attributes. The studies on Millennia's self-promoted distinct habit engagement argue that the individual millennia are himself responsible for the acquisition and deployment of habits, traits, lifestyle notions and competencies, across urban living. A large section of studies (5) concentrate on nature, on human body, on genetics and on the anthropological and on the racial attributes. Yet individual deficiencies, in competencies, lack of information about right conduct of human life, contextual occupational requirements, stress, rising digitalisation and aspirations (6); do interfere with infertility determination. There is urgent need to explore the aspects that seem to contribute directly or indirectly to the millennial infertility (7). This phenomenon has hence been described as "triggered" infertility (8) which comprises the extra ordinary focus on the conscious behavioural practices (9) as guiding the infertility as health outcome. The infertility (10) as health outcome is believed to be more self-created and contextually determined rather than natural or because of disease in reproductive systems (11).

Rationale For This Research: Advancing Multi-Dimensional Proposition.

The construct operationalisation with regard to infertility or state of non-ability to reproduce; foresees a long history of being operationalised as a multi-dimensional perspective (12) and may involve the aspects of individual decision making with regard to marriage and child conception, awareness about the changing parenthood (13), pressures on individual cognitions to adhere by new verbology, employer generated influences, entertainment industry derived influences on the mindsets with regard to fashion and easy life living, government policies and attitude towards life, parental emphasis of prior economics of life and career development and promotion, contingent requirements and human talent based sensitivity; count as some of the prominent aspects (14). Infertility diagnosis across youth is a marked life changing event and often entails extensive psychological and psycho-social stress and strain on thinking abilities. The current research hence delves into the framing of self-assessed measure for assessment of infertility on basis of errors in decision making, individual's susceptibility to market forces, disturbed nutritional intake and other aspects of lifestyle that could instigate the state of infertility. The scale development is based on acceptance and commitment framework and self-determination perspective and an initial pool of 60 items was devised of which upon extractive factor analysis 50 items were extracted. The study was undertaken across men and women in fertility spectrum across the age group 21-35. The application of factor analysis revealed a refined and validated scale comprising eight factors with a total of 50 loading sub scale dimensions.

LITERATURE AND HYPOTHESIS

Knowledge and Awareness About Reproduction

Sexual and reproductive health is a global concern. The sexual and reproductive knowledge has been sought as basic human right across multi-lateral health organisations, yet single unmarried youth across a major portion of world lacks the adequate and functional knowledge about puberty, adolescence, other gender, planned and unplanned pregnancies, hazard of sexually transmitted diseases (15). As per WHO, sexual and reproductive health encompasses a state of complete physical, mental, and social well-being in all matters related to the reproductive system (1). The nation's own rigid cultural and conservative policy frameworks have been observed as hindering the dissemination of adequate information regarding sexual and reproductive health in Indian perspective (16). Even in Indian education system (17), the chapter-based sections on human anatomy and gender wise reproductive organs are usually skipped in ninth standard in biology classes across schools (18). This lack of award of formal and scientific knowledge about human reproduction (19) often escalates child's curiosity to search for information across other serious or non-serious sources of information (20). As per fertility problem inventory scale (21), the sexual stress and strain from dismal knowledge, incomplete knowledge and self-determination driven approach to fertility often leads to chaos and confusion. The acceptance and commitment therapy (ACT) further reflects on accepting and committing to a course of actions and decisions that are beyond understanding and are without scientific quotient (22). The respective shaping of false beliefs and opinions (23) also seems to hamper the assimilation of right and scientific knowledge regarding fertility and reproductive health seems to interfere with right approach adoption. The lack of school-based interventions has been observed to lead to shaping of dismal knowledge across adolescents regarding sexual and reproductive health (24).The literature on dimensions of reproductive knowledge across millennial focus on the subjective knowledge and objective knowledge as well. Hence the study proposes these research hypotheses on relationship between dismal state of knowledge and probability of error making:

H1: There is a significant relationship between dismal fertility knowledge and emergence of cognitive error making.

H2: There is a significant relationship between reproductive health literacy and emergence of cognitive error making.

Nutritional Health and Stress in Workplace

The reproductive health, fertility, and ability to reproduce have been observed as holding a strong relationship (25). The intake of caffeine, tea, alcoholic and nonalcoholic chemically preservative laden drinks has been observed as exerting profound impact on the error making and stress incorporation about reproductive health and fertility concerns (26). Ancient medical and nutrition practices have demonstrated the relationship the constructive relationship between two. Health related quality of life (HRQoL) demonstrates relationship as multi-dimensional concept with significant impact of individual's physical, mental, psychological, and nutritional health on fertility and infertility related outcomes. The

changing nature of work, extensive incorporation of digitalisation, technology diffusion has also brought in significant changes in occupational stress and implication for fertility. A reproductive biology study (27)attributed the instance of radiations as leading to 66 per cent of cases of short to long term infertility in men and women alike. The radiations from cell phone (in range of 0.9 to 2.45 GHz), from cell phone tower (in range of 800-1200 MHz), from laptop (in range of 300 Hz-10 MHz), from microwave oven (in range of 2.45 GHz), from wireless (in range of 2.4 GHz); all collectively seem to impact the pituitary and reproductive organ functioning in one way or other. The era of killer fashion and skin tights is further exerting its impact on the reproductive health and versatility. These self-made choices are injuring the urban youth more than the rural youth in perspective. Hence the next set of hypotheses as:

H3: There is a significant relationship between poor health and emergence of cognitive error making.

H4: There is a significant relationship between shift work and emergence of cognitive error making.

Marketisation and Rising Commercialisation

Marketisation is a global economic phenomenon which influences consumption, production and consumer behaviour in manifold ways and means. Marketisation involves multiple meanings and connotations. The challenges from marketisation (28) are difficult to comprehend as the phenomenon itself is hard to decipher. Some theorists advocate the new institutional economics perspective and institutional anomie approach (29) to decipher the institutional economic (30) perspectives in interpreting the phenomenon across rural communities in Indian perspective. The evolution of marketised mentality is a recent phenomenon and owes a lot to institutional anomie theory and relates the potentially criminogenic impact of economically dominated institutions and evolution of economic thinking across prevalent social institutions worldwide. Research (31) observed the incidence of rise of neo-liberal policies as shaping global consumption agenda. The study funded by Xavier Institute of Management observed challenges to sustainable consumption and identified the socio-cultural resistance and subaltern consumption culture and human rights narratives and minority issues as shaping the research discourses. The study mentioned sustainable consumption as sustainable development paradigm and pointed to efficiency focuses rationalisation on resource usage and consumption to promote sustainable end level consumption. The individual materialistic values and prejudices (32) seem to overrule the opinion making and embedment of materialistic tendencies. The first stage witnesses the penetration of market values into other non-economic social roles. The next phase witnesses the accommodation to the demands of economic roles in role conflict situations and the third stage marks the devaluation of non-economic social roles. The study further explored the relationships across individualism, community's achievement orientation, money-based fetishism, frequency of individual behaviour and extent of prioritisation of economic social roles versus the non-economic social roles. The study relied on a sample population of 801 respondents and observed that phenomenon witnessed marked rise in men vis a vis women respondent to the study. The research observed that marketisation driven demands and economisation often lead to emergence of series of dysfunctional emotions that are linked with behavioural consequences for fertility retention and sustenance in evolving contextual marketplaces. Hence the next set of research hypothesis as:

H5: There is a significant relationship between marketised mindsets and the emergence of cognitive error making.

H6: There is a significant relationship between impact events and emergence of cognitive error making.

Relation Between Error Making and Perceptions of Infertility

The central play of emotions often leads to mistakes, misjudgments and (33) in decisions that are either financial or non-financial in nature. Emotions (Ellis, 1962) have their interfering role in setting the reasoning and deviating from reasoned action perspective. Elli's work classifies and elaborates on eleven distinct types of irrational actions and belief systems that could either be the result of extensive demandingness, or an outcome of extreme self-downing, or a result of awfulising or an outcome of low frustration tolerance in daily decision making. The study deciphered that 'demands' (expectations to gain and overcome loss from choices as soon as possible) often reflects as obvious cause of the irrational behaviour while decision making and across sexual health management in contemporary perspective. The plethora of studies (34) on human psychology reveals the marked prevalence of human susceptibility to deviation from preset agenda and commitment of anomalies. The same has been observed as true with decisions underlying assessment of state of infertility or state of inability to reproduce as well. The recent advances (in human irrationality), especially in fields of deductive and probabilistic reasoning point to presence of loopholes, flaws, errors, fallacies, normative criteria, and emotional aspects as interfering tremendously with thought process. Hence the associated research hypothesis is being devised as:

H7: There is a significant impact of cognitive error making on perceptions of realised infertility.

THEORETICAL PARADIGMS AND SUPPORT FOR PHENOMENON

Health belief model lays emphasis on human's health behaviour as an outcome of several internal and external factors, perceived severity, cues to action, self-efficacy, human mind-based conditioning, telepathy, perceived susceptibility, and perceived barriers (35). The biopsychosocial theory lays stress on emotional behavioural, social, affective, and existential influences on human psyche thereby determining scope for fertility and infertility (36). The classical Bronfenbrenner's five subsystems model (37) helps explain the microsystem, mesosystem, ecosystem, macro system, chrono system derived influences (38) on triggering of possible infertility in Indian men and women. The bio ecological approach underlines the plethora of influences that impact the overall shaping of the infertility in men and women in Indian perspective (39).

METHODOLOGY

Participants

The unit of analysis in the research process comprises of the millennial work force or millennial population in NCR to which the research problem refers to and about which the data is collected and analysed respectively. The primary focus is on individual millennial populations who are accessible, literate, and digital friendly. The data was collected from these scales after judgment of outcomes form small scale pilot testing. Ten times the number of sub scale elements was considered for the factor operationalisation. The sample comprises men and women ranging from 21-35 with mean age of 25.57 (SD=4.56) years. Most participants were married and were living together with their life partner (n=244; 90 per cent) and the rest comprises the single (n=27, 10 per cent). Regarding education, all of them have completed an education of 15.28 years (SD=3.06). The participants in the study were clinically diagnosed with either infertility or were aware about their state of health for a period of three years. The millennial age group was screened for the aforesaid research.

Research Instruments and Items Selection

The research operationalised each contributing factor (as identified from literature) with a five-point likert scaling instrument. The factors and their respective operationalisation scales or pre-validated scales were borrowed from existing generalised measures on factor concerned. The rationale for this sample size lies in the protocol that defines sample size in case of structural equation modeling. The instruments from across the literature on infertility were explored with crisp emphasis on behavioural and social notions of subject. The clinical, gynecological, and anatomical aspects of research and related instruments were dropped from research consideration.

TABLE 1.

Factor	**Factor Description and relevance**	**Source Scale (Supporting Studies)**
Dismal Fertility Knowledge	The fertility knowledge pertains to information that an individual (male or female) acquires about his state of fertility across the life cycle from childhood to adulthood. Such a knowledge is essential for determination of individual's own capability to self-assess and indulge in fertility related self-care and self-enrichment. Institute for reproductive health classifies the information as possessing dimensions of actual fertility knowledge, dimensions of self-perceived fertility knowledge and dimensions of fertility health risks.	The Development and Psychometric Analysis of the MU-Fertility Knowledge Assessment Scale (40)**,** Fertility Problem Inventory (41)**,**
Reproductive Health Literacy	Reproductive literacy pertains to information availability and usage regarding health in daily course of decision making. This also includes	Health Literacy Questionnaire Invalid source specified.

	dimensions of health-related awareness.	
Poor Health	The health, nutrition and lifestyle constitute remarkable impact on the development of fertility and infertility likewise.	Food-related quality of life (42),WHOQOL, Disordered Eating and Lifestyle on the Quality of Life (43), LOHAS (44), (9)
Shift Work	The factor represents shift work and respective mental health related problems as occurring considering the reported work patterns	Shift work in night Invalid source specified.
Marketised Mindsets	The factor represents mindset of youth or incumbent as being prone to market forces, marketisation of habits and adoption of new pro-market habits.	(31), (45), (46)
Impact Event	The life changing events in everyone's lives plays an important role in either positively or negatively shaping the human endeavor and such events do exert impact on the fertility, infertility, and release of biological hormones	Acceptance and Action Questionnaire-2
Behavioural Coping	The factor represents stressful situation coping mechanism and protocols as followed by the individual. The suggestive dimensions include behavioural coping, active coping, religious coping, and emotional support as well as behavioural disengagement	Inventory for Stressful Situations (47)
Cognitive Errors	The factor represents the error making in judgments and decisions with regards to choice of actions pertaining to fertility enhancement, preservation, and retention	(48)
Materialism	The factor corresponds to attraction of incumbent towards materialistic aspects of life and seeking material dimension in decision making and consciously avoiding motherhood or fatherhood	(49), (50)
Perceived Infertility	The factor pertains to measuring the perception of infertility across statistical segment on account of behavioural and socio-psychological events and consequences	Adjustment and coping with infertility (51)

The data collected from the five-point Likert instrument was subject to reliability assessment with Cronbach alpha estimation. The research relied on the "purposive sampling" as an appropriate sampling methodology. The next subsequent stage was dimensional validity assessment with IBM SPSS. The dimensional validity assessment involved the extractive factor analysis to segregate the loading and non-loading dimensions or sub scale dimensions representing a factor. The next stage was confirmatory factor analysis with IBM AMOS data modeling to ascertain the respective model validation. The table below summarises the data work out and data refinement and validation approaches.

TABLE 2.

Stages followed	Tasks Undertaken
Development of draft candidate items	Literature Review, expert consideration, field interviews
Item Selection	Focus groups, cognitive interview
Validation	Extractive factor analysis, Confirmatory factor analysis, Structura equation modeling

The respective cronbach alpha measure for 50 loading sub scale items was observed as 0.910 signaling satisfactory reliability of data-based measures.

TABLE 3. RELIABILITY STATISTICS

Cronbach's Alpha	N of Items
.910	50

ANALYSIS

Dimensional Validity and Factor Extraction

The "extractive factor analysis" was deemed essential to ascertain the dimensions that appropriately represent the factor in question. The essence of extractive factor analysis lies in the global observation that this method enables the examination of the construct validity and ascertains whether the factor is representing the phenomenon or not. The rationale for the usage of extractive factor analysis lies in the fact that this methodology for examination of the construct validity and ascertains whether the factor is representing the phenomenon or not (table in section below). The KMO was observed in the range 0.5 to 0.99 and respective communality-based outcomes were observed as satisfactory.

Convergent and Discriminant Validity

The CFA based model validation was undertaken to ascertain the factor structure and confirmatory factor analysis forms the part of validation exercise as required before a likert scale-based data.

TABLE 4.

Factors: Sub Scale Dimensions	Item	Loading
Factor: Dismal Fertility Knowledge (CR= .902, AVE= .504, Alpha= .892)		
A woman's age is one of the strongest risk factors for fertility	DFK1	.780
Sperm from a man can live up to five days in a woman's body with good cervical mucus	DFK2	.815
There are about six days in each menstrual cycle when a woman can get pregnant	DFK3	.818
Sexually transmitted infections increase the risk of infertility	DFK4	.794
The risk of having a baby with down syndrome increase with a woman's age	DFK6	.792
Factor: Reproductive Health Literacy (CR= .892, AVE= .623, Alpha= .874)		
I think I have poor information about managing my health	RHL1	.839

I think I have enough information to deal with my current situation	RHL2	.800
I think I rarely have the information I need to manage the health	RHL3	.838
I am of opinion that I will rarely ever find correct information about health anywhere	RHL4	.779
I regard access to health information as vital to vibrant reproductive health	RHL5	.788
Factor: Poor Health Habits (CR= .824, AVE= .682, Alpha= .826)		
I rarely purchase and eat foods considering my health	PHE1	.796
I rarely limit the foods like sugar, coffee, fats, salt, sugar, and refined oils	PHE2	.787
I choose diet high in fat, saturated fat, canned calories, cholesterol	PHE3	.793
I never try to reduce the stress and anxiety	PHE5	.773
I rarely try to cope up with positivity on failure and frustration	PHE7	.763
Factor: Materialism (CR= .902, AVE= .629, Alpha= .893)		
Possession of thing makes you valuable in terms of money	MAT1	.847
Possession of thing makes others think well of you	MAT2	.858
My life would be better if I owned certain things I do not have	MAT4	.854
Factor: Shift Work Disorder (CR= .927, AVE= .682, Alpha= .938)		
I experience more health issues when working during night shift	SHW1	.773
I feel more stressed working during a night shift	SHW2	.808
I experience sleeping problems when working during night shift	SHW3	.765
I cannot control my weight because of the shift work system	SHW4	.725
Night shift causes conflict with my family	SHW6	.775
A night shift causes me to spend less time with my family	SHW8	.761
Factor: Marketisation of Mindsets (CR= .928, AVE= .682, Alpha= .937)		
I see and weigh the pros and cons of how much I benefit from a contract	MAM1	.876
In most cases it is more favourable to keep your real intentions for yourself	MAM2	.869
There are more important than relationships with others	MAM3	.825
We take in our society lesser regard for losers	MAM4	.845
Besides health, money is the most important commodity	MAM6	.871
No matter where it is from, having money is important	MAM7	.880
Factor: Impact of Events in life (CR= .905, AVE=.562, Alpha= .902)		

Any reminder brought back feelings about it	IME1	.777
I thought about it when I did not mean to	IME3	.796
I avoided letting myself get upset when I thought about it or was reminded of it	IME4	.746
I tried to remove it from my memory	IME5	.829
I felt irritable and angry	IME6	.832
I was jumpy and easily startled	IME7	.758
Reminders of it caused me to have physical reactions like sweating, trouble breathing or a pounding heart	IME8	.801
Factor: Cognitive Errors (CR= .891, AVE= .692, Alpha= .879)		
The best way to undertake decision is to do as others do in the group	COE1	.710
Most of my friends are also reluctant to undergo family expansion	COE2	.747
Other friends' decisions of choosing lifestyle have impact on your lifestyle decisions in general	COE3	.758
I believe that my skills and knowledge of current situation can help me to outperform the group	COE4	.734
I am not relaxed most of the times	COE6	.700
I get caught up in my problems	COE7	.772
I am easily bothered by things, events, and news	COE8	.762
When I am feeling down, I never try to approach my feelings with curiosity and openness	COE9	.756
Factor: Behavioural Coping (CR= .885, AVE= .596, Alpha= .882)		
I cannot bear not being given chances	BEC1	.866
I cannot stand not reaching my goals	BEC2	.845
I cannot stand failing in things that are important to me	BEC4	.859
I cannot bear not getting better at what I do	BEC5	.854
Factor: Perceived Infertility (CR= .894, AVE= .579, Alpha= .897)		
I guess the possible development of infertility	PDF1	.801
I doubt the onset of infertility	PDF2	.797
I could possibly be unable to reproduce	PDF3	.769
I risk the development of symptoms of infertility	PDF4	.818
I doubt being susceptible to victim of infertility	PDF5	.808

Multivariate Regression Modeling with SEM

The research leveraged the tool of structural equation modeling for the determination of the linkages across the input and the output variables. The regression weights achieved across the AMOS output help interpret the pattern of relationships across the constituent variables in current research activity. The research explored and examined the basis for inter factor relation in AMOS software based structural equation modeling.

TABLE 5. STANDARDISED REGRESSION WEIGHTS: (GROUP NUMBER 1 - DEFAULT MODEL)

				Estimate	
H1	Cognitive_Errors	<---	Dismal_Fertility_Knowledge	.336	Accepted
H2	Cognitive_Errors	<---	Repreductive_Health_Literacy	.129	Accepted
H3	Cognitive_Errors	<---	Poor_Health	.209	Accepted
H4	Cognitive_Errors	<---	Shift_Work	.161	Accepted
H5	Cognitive_Errors	<---	Marketised_Mindsets	.056	Rejected
H6	Cognitive_Errors	<---	Impact_Event	.121	Accepted
	Cognitive_Errors	<---	Beh_Coping	.155	
	Cognitive_Errors	<---	Materialism	.043	
	Perceived_Infertility	<---	Beh_Coping	.059	
	Perceived_Infertility	<---	Materialism	.327	
H7	Perceived_Infertility	<---	Cognitive_Errors	.228	Accepted

TABLE 6. CORRELATIONS: (GROUP NUMBER 1 - DEFAULT MODEL)

			Estimate
Dismal_Fertility_Knowledge	<-->	Repreductive_Health_Literacy	.192
Poor_Health	<-->	Shift_Work	.391
Marketised_Mindsets	<-->	Impact_Event	.134

TABLE 7. STANDARDISED TOTAL EFFECTS (GROUP NUMBER 1 - DEFAULT MODEL)

	Materialism	Beh_Coping	Impact_Event	Marketised_Mindsets	Shift_Work	Poor_Health	Repreductive_Health_Literacy	Dismal_Fertility_Knowledge	Cognitive_Errors
Cognitive_Errors	0.043	0.155	0.121	0.056	0.161	0.209	0.129	0.336	0
Perceived_Infertility	0.337	0.095	0.028	0.013	0.037	0.048	0.029	0.077	0.228

CONCLUSION

The research hence seeks to focus on the probable significant impact of millennia derived individual, vocational, career driven, health related, stress derived, contingent as well as sexual and reproductive malpractices; on triggering the state of infertility. The bioecological approach underlines the plethora of influences that impact the overall shaping of the infertility in men and women in Indian perspective and enhances our understanding of the phenomenon across its emerging realities. The millennia's individual deficiencies, in competencies, lack of information about the right conduct of human life, contextual occupational requirements, stress, rising digitalisation and aspirations; will always interfere with fertility determination. There is an urgent need to explore the aspects that seem to contribute directly or indirectly to millennial

infertility. This phenomenon has hence been described as “triggered” infertility which comprises the extra ordinary focus on the conscious behavioural practices as guiding the infertility as health outcome. The construct operationalisation with regard to infertility foresees a long history of being operationalised as a multi-dimensional perspective and may involve the aspects of individual decision making with regard to marriage and child conception, awareness about the changing parenthood, pressures on individual cognitions to adhere by new verbology, employer generated influences, entertainment industry derived influences on the mindsets with regard to fashion and easy life living, government policies and attitude towards life, parental support to career development and promotion, contingent requirements and human talent based sensitivity; count as some of the prominent aspects.

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