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Childbearing Intention and the Related Psychosocial Factors: A Cross-sectional Study

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ABSTRACT

Introduction: Planning and policy-making for population growth according to sustainable development requires a comprehensive and deep study of childbearing behaviors and considering all important effective factors.

Objective: This study aimed to investigate childbearing intention and the related psychosocial factors in Sirjan City, south of Iran.

Materials and Methods: This descriptive-analytical study employed a cross-sectional design, involving 386 married women and men whose wives were at the reproductive age (15-49 years), who were selected from healthcare centers in Sirjan City in 2022 using a random cluster sampling method. Data were collected using a sociodemographic form, the Attitudes toward Fertility and Childbearing Scale (AFCS), Billari's Subjective Norms (SN) questionnaire, the Multidimensional Scale of Perceived Social Support (MSPSS), the Adult Hope Scale (AHS), the ENRICH Marital Satisfaction Scale (EMS), and one childbearing intention question. Data analysis was done using descriptive and analytical statistics (independent t-test, one-way analysis of variance, chi-square test, Tukey's post hoc test, and multiple linear regression analysis).

Results: Most of the participants were female (93.5%), 29-33 years old (28.2%), with a bachelor's degree (44.1%), and were housekeepers (57.5%). Among the participants, 165 (46.1%) did not have a tendency, 69(19.3%) were hesitant, and 124(34.6%) had a tendency towards childbearing. There was a significant difference in childbearing intention based on age (P=0.003), AFCS score (P=0.001), and SN score (P=0.001), but the difference was not significant based on the MSPSS, AHS, or EMS scores (P>0.05). The multiple linear regression model showed that the monthly income level >300 dollars was significantly associated with the AHS score (P=0.022); with every one-unit increase in the monthly income level >300 dollars, the hope for childbearing increases by 4.66 units (B=4.66, 95% CI; 0.67%, 8.65%).

Conclusion: Based on the findings, Iranian officials are recommended to formulate population growth policies based on the childbearing attitudes and SN of people, resulting from the shift to a modern lifestyle.

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Highlights

- The attitude and SN of Iranian people affect their tendency towards childbearing.
- Age factor affects the childbearing intention of Iranian people
- Most people in Sirjan City do not have childbearing intentions

Plain Language Summary

A decline in the fertility rate can be concerning for reducing population growth and moving towards population aging. Therefore, it is very important to pay attention to sustainable development in formulating population growth policies. This study was an attempt to investigate the childbearing intention and the related psychosocial factors among people in Sirjan City, Kerman Province, south of Iran. The findings showed the role of age, attitude, and subjective norms (SN) in the tendency towards childbearing, which clarifies the influence of the shift to modern lifestyles. Therefore, it can be said that fertility reduction is affected by changes in values, norms, and behaviors.

Introduction

Fertility is an important factor in population growth, even more important than other population-related factors such as death and migration. Many countries are struggling with problems and issues of overpopulation, while some countries are suffering from the negative impact of population growth reduction [1]. Iran, like these countries, is facing a decrease in the fertility rate, and statistics indicate an alarming reduction in the total fertility rate and population growth [2]. In the last decade, the population under the age of 15 years in Iran has decreased, and it is expected that the ratio of working-age population to the dependent population in Iran will decrease in the future years [3]. The population policies were previously limited to setting regulations to increase or decrease the population, but now attention to the concept of sustainable development has made the policy makers pay special attention to the effects of political, social, cultural, economic and epidemiological factors in the formulation of population policies [4]. Planning and policy-making in the field of fertility and health requires a comprehensive and deep study of fertility behaviors and considering all contributing factors [5].

Various studies have shown that childbearing intention or fertility is related to some factors such as women's employment, economic and social factors, governments' deficit in the provision of welfare facilities, negative attitudes, women's high education and more social participation, women's age at marriage, number of children, spouse's age, age at the time of first pregnancy, communication technologies, awareness of pregnancy prevention tools, and individualism [1, 6-12]. It seems necessary to pay special attention to the factors inhibiting the childbearing intention of couples and causing the expansion of only-child families. In Iran, there are few studies that comprehensively examined the effect of different effective factors. This study, in line with the population growth plan of the Iranian Ministry of Health, aims to investigate the childbearing intention and the related psychosocial factors among people in Sirjan City, Kerman Province, south of Iran.

Material and Methods

This is a descriptive and analytical study with a cross-sectional design that was conducted in 2022. The study population consists of married women at reproductive age (15-49 years) and men whose wives were at the reproductive age, referring to healthcare centers in Sirjan City. In other words, one of the couples from each household was selected. The inclusion criteria were Iranian nationality, being married, being at the reproductive age (for women), living in Sirjan for at least six months, having one child or no children, and willingness to participate in the study. Sampling was done using a random cluster sampling method. In this regard, health care centers were considered as clusters. The samples were selected from each cluster proportional to the proportion. The number of investigated households was determined to be 321 by considering an error level (d) of 2, α=0.05, and standard deviation (s)=18.3 according to a similar study [13]. Also, due to the method of cluster sampling, the

sample size was multiplied by a factor of 1.2. The final estimated sample size was 386. For data collection, a questionnaire containing sociodemographic information and questions related to psychosocial factors affecting the childbearing intention (attitude, subjective norms (SN), perceived social support, hope, and marital satisfaction) was used.

The attitude was measured using Soderberg's Attitudes toward Fertility and Childbearing Scale (AFCS) [14], whose Persian version has already been confirmed [15]. This tool has 23 items scored on a five-point Likert scale (from 1=totally disagree to 5=totally agree). The total score ranges from 23 to 115, with higher scores indicating a better attitude towards childbearing. The reliability of the Persian AFCS version in our study was calculated as 0.88. The SN were measured using Billari's questionnaire [16]. This tool has 6 questions that examine the pressure perceived by people to have children or not, and are scored based on a five-point Likert scale (from completely correct to completely incorrect). The total score ranges from 6 to 30, with higher scores indicating better SN towards childbearing. In Araban's study, the validity and reliability of the Persian version of this tool were reported [13]. In our study, its reliability was confirmed by a Cronbach's α value of 0.88.

The perceived social support was measured using Zimet's Multidimensional Scale of Perceived Social Support (MSPSS) [17], whose Persian version has already been confirmed [18]. This tool has 12 items that measure social support perceived from family, friends, and significant others, rated on a Likert scale from 1 (strongly disagree) to 7 (strongly agree). The total score ranges from 0 to 72, with higher scores indicating higher perceived social support. The reliability of this tool in our study was confirmed (Cronbach's α=0.94). The hope factor was measured using Snyder's Adult Hope Scale (AHS) [19], whose Persian version has already been confirmed [20]. It includes 12 items rated on an 8-point scale from definitely false to definitely true. Of the 12 items, four questions are fillers and are not scored. The total score ranges from 8 to 64, with higher scores indicating more hope. The reliability of this tool in our study was confirmed (Cronbach's α=0.7).

The marital satisfaction was measured using Fowers's ENRICH Marital Satisfaction Scale (EMS) [21], whose Persian version has already been confirmed [22]. It includes 35 items that assess nurturing relationship issues, communication, and happiness. The items are rated on a 5-point Likert scale (from strongly disagree to strongly agree). The total score ranges from 35 to 175, with higher scores indicating greater marital satisfaction. The reliability of this tool in our study was confirmed (Cronbach's α=0.88). Finally, the childbearing intention was assessed using one question with three options: I definitely do it (intended), I might do it (Hesitant), and I definitely don't do it (not intended). The question scored from 1 to 3, indicating a tendency towards childbearing or having more children.

In order to collect data, after obtaining the necessary permits, the researchers completed the questionnaires on behalf of participants by knocking on the door of 412 houses. Prior to it, researchers explained to them about the study objectives and methods, and assured them of the confidentiality of their information, and obtained their informed consent. The collected data were analyzed in SPSS software, version 26. Descriptive statistics, including frequency, Mean±SD, were used to describe the data. Since the data had a normal distribution, parametric tests, including independent t-test, one-way Analysis of Variance (ANOVA), and multiple linear regression analysis, were used. Additionally, following one-way ANOVA, chi-square test, Tukey's post hoc test was used for multiple comparisons.

Results

The mean age of participants was 33.26±6.73 years, ranged 18-62 years. Their mean age of marriage was 23.12±4.59 years, ranged 13-48 years. Other sociodemographic characteristics of the participants are shown in Table 1. The mean scores of the questionnaires were calculated as follows: AFCS: 71.74±17.41, MSPSS: 43.41±11.78, AHS: 45.55±7.49, EMS: 52.57±11.39, and SN: 21.72±6.64.

Among 358 women who participated in the study, 165(46.1%) had no childbearing intention, 124(34.6%) had childbearing intention, and 69(19.3%) were hesitant. According to the results in Table 2, the mean attitudes toward fertility and childbearing score of participants with childbearing intention was significantly higher than those without intention (P=0.001). Also, the mean SN score of those with childbearing intention was significantly higher than those without intention (P=0.001). Also, there was a significant difference in childbearing intention based on age (P=0.003), such that the tendency to childbearing decreased with increasing age.

Table 1. Sociodemographic characteristics of the participants (n=386)

Variables		No. (%)	P*
Sex	Male	28(6.5)	0.884
	Female	358(93.5)	
Age groups (y)	<29	96(24.9)	0.016
	29-33	109(28.2)	
	34-38	96(24.9)	
	>38	85(22)	
Educational level	Lower than high school education	52(13.3)	0.395
	High school diploma	120(31.1)	
	Bachelor's degree	170(44.1)	
	Master's degree or higher	44(11.5)	
Spouse's educational level	Lower than high school education	59(15.2)	0.904
	High school diploma	142(37)	
	Bachelor's degree	140(36.4)	
	Master's degree or higher	45(11.4)	
Housing status	Owner	211(55.6)	0.85
	Tenant	141(35.8)	
	Other	34(8.7)	
Monthly income (US $)	<125	52(13.1)	0.069
	125-200	135(35.3)	
	225-300	112(29.1)	
	>300	87(22.5)	
Job	Housekeeper	222(57.5)	0.132
	Employed in the governmental sector	90(23.3)	
	Employed in the private sector	28(7.3)	
	Self-employed	18(4.6)	
	Unemployed	28(7.3)	
Spouse's job	Housekeeper	16(4)	0.622
	Employed in the governmental sector	97(25.1)	
	Employed in the private sector	76(20)	
	Self-employed	173(45.1)	
	Unemployed	24(5.8)	
History of underlying diseases	Yes	44(10.8)	0.314
	No	342(89.2)	

*Chi-square test of demographic variables and tendency to childbearing.

Table 2. Mean scores of childbearing intention based on age and the study variables (n=386)

Variables	Mean±SD			P*
	Childbearing Intention			
	Not Intended	Hesitant	Intended	
Attitudes toward fertility and childbearing	66.42±15.4	70.97±15.42	79.69±18.34	0.001
Perceived social support	43.39±11.99	44.22±11.68	43.33±11.62	0.866
Adult hope	46.02±7.3	46.73±7.57	44.73±7.37	0.162
Marital satisfaction	51.52±11.64	53.88±11.08	53.43±11.07	0.258
SN	20.56±6.81	21.02±6.52	23.59±6.2	0.001
Age	34.45±7.09	32.51±5.47	31.85±6.68	0.003

*One-way ANOVA

Table 3. Mean scores of the study variables based on sociodemographic variables (n=386)

Variables		Mean±SD				
		AFCS	MSPSS	AHS	EMS	SN
Sex	Male	68.47±17.34	36.83±13.19	45.19±8.04	48.64±10.66	22.55±7.01
	Female	72±17.42	43.81±11.61	45.62±7.45	52.95±11.4	21.65±6.62
	P*	0.443	0.006	0.8	0.086	0.541
Educational level	Lower than high school education	74.8±15.22	42.68±10.24	44.89±7.49	51.7±10.85	22.84±5.4
	High school diploma	75.99±16.16	44.57±10.75	43.73±7.37	53.32±11.38	22.42±6.13
	Bachelor's degree	69.18±17.82	42.74±12.43	46.08±7.54	52.01±11.06	21.31±6.94
	Master's degree or higher	66.95±17.85	43.14±13.38	48.93±6.51	53.24±13.12	20.12±7.8
	P**	0.004	0.606	0.001	0.756	0.144
Spouse's educational level	Lower than high school education	78.57±14.98	44.69±9.67	43.71±7.47	53.36±8.99	23.56±5.29
	High school diploma	74.63±16.47	42.69±11.1	45.51±6.66	52.23±11.26	21.82±6.52
	Bachelor's degree	68.47±17.64	44.68±11.77	45.4±7.97	53.11±11.84	21.28±6.89
	Master's degree or higher	66±18.13	39.63±15.2	49.03±7.61	51.63±12.36	20.55±7.55
	P**	0.001	0.067	0.009	0.830	0.134
Monthly income (USA USD)	<125	75.11±13.76	43.23±12.26	43.42±6.46	49.84±10.54	23.02±5.52
	125-200	76.27±17.55	43.91±11.53	45.04±6.92	53.51±11	22.67±6.02
	225-300	71±16.38	44.87±10.39	45.61±7.19	54.21±12.03	21.88±6.2
	>300	64.3±18.17	40.88±13.62	48.13±8.1	50.97±11.15	19.38±8.11
	P**	0.001	0.129	0.003	0.077	0.003

AFCS: Attitudes toward, AHS: Adult Hope Scale, Fertility and Childbearing Scale, MSPSS: Multidimensional Scale of Perceived Social Support; EMS: ENRICH Marital Satisfaction Scale, SN: Subjective Norms.

*Independent t-test, **One-way ANOVA.

Table 4. Sociodemographic factors associated with the attitudes toward fertility and childbearing and adult hope scores

Variables		AFCS				AHS			
		B	Std. Error	95% CI	P*	B	Std. Error	95% CI	P*
Educational level	Lower than high school education	Ref	-	-	-	ref	-	-	-
	High school diploma	3.13	3.50	-3.76, 10.02	0.372	-3.24	1.90	-6.97, 0.50	0.089
	Bachelor's degree	0.36	3.92	-7.36, 8.08	0.927	-1.56	2.14	-5.76, 2.64	0.466
	Master's degree or higher	0.19	4.83	-9.31, 9.68	0.970	2.41	2.67	-2.84, 7.66	0.367
Spouse's educational level	Lower than high school education	Ref	-	-	-	Ref	-	-	-
	High school diploma	-1.15	3.14	-7.32, 5.02	0.715	2.58	1.74	-0.84, 6.00	0.139
	Bachelor's degree	-5.81	3.52	-12.73, 1.12	0.100	1.52	1.99	-2.39, 5.43	0.446
	Master's degree or higher	-5.67	4.58	-14.68, 3.35	0.217	3.94	2.55	-1.09, 8.96	0.124
Monthly income (US $)	<125	Ref	-	-	-	Ref	-	-	-
	125-200	3.67	3.15	-2.53, 9.87	0.245	1.67	1.70	-1.67, 5.00	0.327
	225-300	-0.18	3.45	-6.95, 6.60	0.959	2.60	1.89	-1.12, 6.31	0.170
	>300	-6.17	3.71	-13.46, 1.12	0.097	4.66	2.03	0.67, 8.65	0.022

AFCS: Attitudes toward fertility and childbearing scale; AHS: Adult hope scale.

*Multiple linear regression.

The results of assessing the difference in other study variables based on the sociodemographic variables are shown in Table 3. Based on the results of Table 3 the AFC score was significant according to the sample's education level (P=0.004) and the spouse's education level (P=0.001). Other results in Table 3 show that the mean score of MSPSS was significant by gender (P=0.006). The data in Table 3 also shows that the mean AHS score was significant by education level (P=0.001), spouse's educational level (P=0.009) and monthly income (P=0.003). The mean score of SN is significant by monthly income (P=0.003).

Based on the results of Tukey's post hoc test, the mean AFCS score of people with a high school diploma was significantly higher than that of those with a bachelor's degree (P=0.012) and master's degree or higher (P=0.026). Also, the mean AFCS score of people whose spouses had a bachelor's degree was significantly higher than that of those whose spouses had a bachelor's degree (P=0.004) and master's degree or higher (P=0.006). Furthermore, the AFCS of those whose spouses had a high school diploma was significantly higher than that of those whose spouses had a bachelor's degree (P=0.024) and master's degree or higher (P=0.043). In addition, the mean AFCS score of people with a monthly income >300 dollars was significantly lower than that of people with an income of 125-200 dollars (P=0.001) or <125 dollars (P=0.009).

The mean SN score of people with a monthly income >300 dollars was significantly lower than that of people with an income of 125-200 dollars (P=0.004) or <25 dollars (P=0.022). The mean AHS score of people with a master's degree or higher was significantly higher than that of people with a high school diploma (P=0.001). Also, the mean AHS score of people whose spouse had a master's degree or higher degree was significantly higher than that of people whose spouse had a bachelor's degree (P=0.038), high school diploma (P=0.048), and lower than a high school education (P=0.004). Also, the mean AHS score of people with a monthly income >300 dollars was significantly higher than that of people with an income of 125-200 dollars (P=0.017) or <125 dollars (P=0.004).

The study variables that had a significant difference based on at least two components of sociodemographic characteristics in the univariate analysis were further included in the multiple linear regression model. Based on the results in Table 4, only the monthly income level >300 dollars was significantly associated with the AHS score (P=0.022); with every one-unit increase in the monthly income >300 dollars, the hope increases by 4.66 units (B=4.66, 95% CI; 0.67%, 8.65%).

Discussion

According to the findings, most of the participants had no childbearing intention. In another study conducted on 20,935 married people from 32 Provinces of Iran, most participants also did not have a tendency towards childbearing [23]. In Bagi et al. 's study in Iran, the results also showed that about 63.6% of the respondents did not have a tendency towards childbearing [5].

Our results showed that the mean attitude score of participants with childbearing intention was significantly higher than that of those with no tendency or those who were hesitant. In Araban et al.'s study, people with a tendency towards childbearing had higher attitude scores compared to the group with no tendency [13], which is consistent with our results. In a study that specifically focused on gender attitudes, the results showed that traditional gender attitudes were associated with a high level of favorable fertility, and women who were exposed to social media were more likely to have fewer children than other women [24]. A study conducted in Iran between 2010 and 2019 found that modern lifestyle had the greatest effect on reducing childbearing, highlighting the significant role of changing beliefs in preventing couples from having children [25]. According to the modernization theory, due to the disruption of traditional values governing people's daily lives, as well as the emergence of new urban and industrial lifestyles, the attitudes towards childbearing change [26]; therefore, the reduction of fertility or childbearing is accompanied by changes in values, norms, and behaviors [27].

Based on our findings, the SN score of those with childbearing intention was significantly higher compared to those with no tendency or who were hesitant. In Yan et al.'s study, the SN of having a son or daughter were among the reasons for accepting childbearing [28]. These findings show the important role of SN and pressure perceived on people to engage in childbearing, which is consistent with our findings. Also, the role of social media and the institutionalization of modern life values and beliefs can influence people's tendency towards childbearing.

The current study showed no significant difference in tendency towards childbearing based on the factors of hope, marital satisfaction, and perceived social support. A study showed that the highest fertility rates occur neither among those with high marital quality nor among those with very low marital quality. Couples with marital high satisfaction may refuse to have children for fear of complications such as reduced marital relationship with each other [29]. In Alipour et al.'s study, among the dimensions of social capital, social support had the greatest effect on the tendency towards childbearing [30]. However, Afarini et al. found no relationship between social support and the tendency towards childbearing [31], which is consistent with the results of our study. The discrepancy in findings between different studies regarding social support can be related to differences in the assessment tools. In most studies, instrumental support was examined, such as child care and financial assistance, while in this study, we focused on social support. Perhaps for this reason, more important factors of social support for having children have been raised. Among the sociodemographic variables, the age factor had a significant effect on childbearing intention, which is consistent with the results of other studies [13, 28, 32-34]. In younger ages, individuals have more opportunities and energy for childbearing, while in older ages, the possibility of having children decreases due to infertility problems and reduced opportunities.

The results showed a significant difference in the attitude score based on educational level, spouse's educational level, and monthly income. Those with a higher level of education and higher monthly income had lower attitudes towards childbearing. In the SN variable, the results also showed a significant difference based on monthly income; those with higher monthly income had lower SN. In many studies, with the increase of education and income, the childbearing intention has also shown a downward trend [28, 35]. These relationships indicate the influence of individualism and the related thoughts on the childbearing intention.

Our study had two main limitations/disadvantages. The results cannot be generalized to all people in Iran, and it was not possible to examine potential causal relationships, which are among the inherent limitations of cross-sectional studies. The questionnaires were completed by one of the couples from each household; therefore, it was not possible to examine the views of the couples together. It is recommended that in future studies, couples' views on childbearing be investigated. In conclusion, the childbearing intention of Iranians is affected by their age, attitude, and SN, which shows the impact of the modern lifestyle and the resulting changes on childbearing. Therefore, population policies should take into account the commitments of the modern lifestyle.

Ethical Considerations

Compliance with ethical guidelines

This study was approved by the Ethics Committee of Sirjan University of Medical Sciences, Sirjan, Iran (Code: IR.SIRUMS.REC.1401.002). All ethical principles, such as the confidentiality of information, voluntary participation, and informed consent, were considered.

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Authors' contributions

Conceptualization and project management: Omolbanin Atashbahar and Reza Sadeghi; Methodology: Omolbanin Atashbahar, Reza Sadeghi and Mohammad Moqaddasi Amiri; Investigation: Omolbanin Atashbahar and Fatemeh Negahdari; Writing the original draft: Omolbanin Atashbahar; Supervision, review & editing: Reza Sadeghi and Zeinab Naderi; Data analysis: Mohammad Moqaddasi Amiri; Final approval: All authors.

Conflict of interest

The authors declared no conflict of interests.

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