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Evaluating the Factors Influencing Childbearing Motivation among Women Attending Comprehensive Health Centers

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ABSTRACT

Iran is characterized by a low fertility rate, with both positive and negative childbearing motivations significantly influencing suboptimal reproductive outcomes. This study aimed to investigate the determinants of childbearing motivation among women attending the Comprehensive Health Centers affiliated with Lorestan University of Medical Sciences during 2022-23. The study included 534 women of reproductive age in Lorestan Province. Data were collected using a demographic and obstetric information questionnaire and a positive and negative childbearing motivation assessment questionnaire. The findings indicated that the mean age of the participants was 32.2 ± 6.17 years. No significant differences were observed in positive and negative childbearing motivations across different education levels. ANOVA results indicated that women with higher economic status exhibited significantly stronger positive childbearing motivation compared to other groups ($P < 0.05$). Additionally, significant correlations were found between pregnancy enjoyment and history of abortion ($P = 0.027$), caregiving challenges and number of living children ($P = 0.01$), pregnancy enjoyment and number of previous pregnancies ($P = 0.04$), and total negative motivation and previous pregnancy experience ($P = 0.026$). Positive and negative childbearing motivations and their subscales are associated with several variables, including economic status, prior pregnancy experience, number of previous pregnancies, history of abortion, and number of living children. Therefore, it is recommended that these variables be considered when developing strategies and policies for population rejuvenation. Further studies should be conducted in other provinces with diverse cultural backgrounds to gain a broader understanding of the issue and contribute to addressing demographic challenges.

Keywords: Childbearing; Fertility; Negative Motivations; Positive Motivations

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Introduction

Population is one of the key components of national power [1]. Fertility is the primary determinant of population fluctuations, as fluctuations predominantly influence population policies in fertility rates [2]. Evidence indicates a decline in the general fertility rate across developed and developing countries, leading to demographic imbalances and associated challenges worldwide [3].

Iran has recently witnessed a sharp decline in fertility rates, with a 50% reduction, distinguishing it from other Muslim countries. This unprecedented decade-long decline in fertility rates among Muslim nations has not been documented in any other country [4]. Iran currently ranks among the ten fastest-aging populations worldwide. The sixth country is advancing toward an aging society, with the second aging phase anticipated shortly [5].

Despite recent modifications in governmental population policies, projections suggest that the population growth rate in Iran will fall below 1% within the next two decades [6]. Due to the significant role of childbearing motivation in sustaining population growth and mitigating its adverse consequences [7], researchers and policymakers have paid considerable attention to this issue.

Childbearing motivation refers to couples' intention to have children [8,9], which is recognized as one of the fundamental rights for both men and women [10]. Miller classified childbearing motivation into two distinct types: positive and negative. Positive motivations encompass reasons for desiring a child, such as the joy derived from pregnancy, childbirth, and infancy, a sense of necessity and emotional connection, the instrumental value of children, and overall satisfaction with parenthood. In contrast, negative childbearing motivations include reasons for reluctance to have children, such as parental stress, fear and anxiety regarding parenting responsibilities, childcare challenges, and the physical discomforts of pregnancy and childbirth [11,12].

In a study in the United States, Miller identified a relationship between positive childbearing motivations and an increased desire for childbearing, a higher number of offspring, and shorter intervals between births. On the other hand, negative childbearing motivations are inversely associated with the desire for childbearing and the number of children [11].

In recent years, the decline in childbearing motivation and willingness to have children has become a critical sociodemographic concern requiring thorough evaluation and strategic solutions. Considering the extensive demographic transformations over the past three decades and the associated population-related challenges, declining fertility rates significantly influence population growth, composition, and structure and moderate the population growth acceleration. Consequently, monitoring, analyzing, and addressing this phenomenon has gained increasing importance [13].

Due to the research gap on childbearing tendencies in Lorestan province, this study aimed to examine the determinants of childbearing motivation among women attending comprehensive health centers affiliated with Lorestan University of Medical Sciences during 2022–23.

Materials and Methods

This study was conducted on 536 women of reproductive age who attended comprehensive health centers in Lorestan province from April 14 to July 21, 2023. Based on the study of Kalantari et al., the standard deviation of childbearing motivation of σ = 7.7, with a 95% confidence level (α = 0.05), and a precision of d = 0.8, the required sample size was calculated as 356. Due to the cluster-based sampling method and a design effect of 1.5, the final sample size was determined to be 534.

A multistage sampling approach (a combination of cluster and simple random sampling) was employed. First, a list of all comprehensive health centers in the multiple districts of Khorramabad city was compiled. Subsequently, five comprehensive health centers were randomly selected from each district. A simple random sampling method was employed in each center to select women, ensuring proportional representation relative to the population of mothers attending the center.

The inclusion criteria were married women aged 15–49, with at least one live birth, having a medical record in the selected health centers, basic literacy, Iranian nationality, absence of spousal death or separation, first-time marriage, no history of multiple pregnancies, no self-reported or partner-related fertility issues, and no prior use of assisted reproductive technologies. The exclusion criteria comprised incomplete questionnaires in which more than 10% of the items were left unanswered.

The demographic information checklist includes demographic and reproductive data such as age, spouse's age, number of pregnancies, number of abortion s, number of living children, number of dead children, history of cesarean sections, gender of

children, family income, date of last delivery, and the husband's opinion on childbearing.

Positive and Negative Childbearing Motivation Questionnaire:

This questionnaire assesses various aspects of childbearing motivation, including the pleasure of child-raising, strengthening marital stability through parenthood, fear of labor pain, reluctance to bear child-related expenses, childcare challenges, and fear of parenthood.

This 49-item instrument was developed by Miller to evaluate childbearing motivation, consisting of two distinct sections of positive and negative motivations. Due to the bipartite nature of the questionnaire, the total score is not aggregable; instead, each individual receives separate score for positive and negative motivations. The positive motivation section comprises 28-item categorized into five domains including enjoyment of pregnancy, birth, and childhood (6 items: questions 1–6), traditional perspective (7 items: 7–13), parenting satisfaction (6 items: 14–19), feeling of need and survival (4 items: 20–22), and instrumental use of children (6 items: 23–28). The items are scored on a four-point Likert scale, ranging from strongly disagree (1) to strongly agree (4), with a minimum possible score of 28 and a maximum of 112. The negative motivation section consists of 21 items, divided into four domains, including parental stress (6 items: 29–34), discomfort with pregnancy and birth (2 items: 35–36), fear of parenthood (6 items: 37–42), and childcare challenges (7 items: 43–49). Scoring is based on a four-point Likert scale, ranging from strongly disagree (1) to strongly agree (4). The total score for this section ranges between 21 - 84 [28].

A higher-than-median score on positive childbearing motivation was interpreted as a greater inclination toward childbearing. In contrast, a lower-than-median score on negative childbearing motivation indicated a positive attitude toward childbearing. Conversely, lower-than-median scores in positive motivation and higher-than-median scores in negative motivation were considered unwillingness toward childbearing. The content validity of Miller's Childbearing Motivation Questionnaire was confirmed in a study by Khadivzadeh et al. [7]. The reliability of the questionnaire, as assessed using Cronbach's alpha, was reported as 0.91 for positive childbearing motivation and 0.94 for negative childbearing motivation [96].

Data Analysis

The collected data were analyzed using SPSS version 25. Descriptive statistics were employed, including calculating central tendency and dispersion for quantitative variables and frequency (%) for qualitative variables. The Kolmogorov-Smirnov test was used to examine the normality of the distribution of childbearing motivation scores. The data distribution results included independent t-tests, one-way ANOVA, Pearson correlation, and univariate/multivariate linear regression analyses to assess the associations between childbearing motivation and the relevant study variables. The independent t-test was applied to compare positive and negative childbearing motivation scores and their subscales among women based on previous pregnancy experience.

Additionally, one-way ANOVA was employed to compare the mean scores of pregnancy enjoyment, traditional perspective, parenting satisfaction, survival needs, and instrumental use of children among women attending comprehensive health centers. If the data distribution was not normal, appropriate non-parametric tests were used. A p-value of less than 0.05 ($P<0.05$) was considered statistically significant.

Results

The data of 534 women were analyzed. The average age of the participants and their spouses was 33.42 ± 6.17 and 38.25 ± 7.1 years, respectively.

The average number of pregnancies was 2.16 ± 1.12, deliveries was 1.85 ± 0.83; with 1.03 ± 0.94 for cesarean sections, and1.84 ± 0.82 for number of living children. The Number of sons and daughters were 1.01 ± 0.80 and 0.83 ± 0.72, respectively (Table 1).

The total mean score of positive childbearing motivation for the participants was 100.66 ± 13.91, while the total mean score of negative childbearing motivation was 55.41 ± 12.31.

The highest score within the positive motivation subscale was observed in the traditional perspective subscale, while the lowest score was in the survival needs subscale. Regarding the negative childbearing motivation subscales, the highest score was found in the parental stress subscale, and the lowest score was observed in the discomfort from pregnancy and childbirth subscale (Table 2)

Table 1. Demographic characteristics of subjects

Qualitative variables		Frequency(%)
Education	Diploma and below	197 (36.8)
	Associate degree	98 (18.3)
	Bachelor's degree	155 (29.0)
	Master's degree and above	84 (15.7)
Employment status	Housekeeper	256 (47.9)
	Employed	278 (52.0)
Ethnicity	Lur	475 (88.95)
	Others	59 (11.04)

Table 2. Mean score and standard deviations of total positive and negative motivation for childbearing and their subscales among studied women

Variables	Mean ± SD
Pregnancy enjoyment	21.75 ±3.15
Traditional perspective	23.35 ±4.75
Parenting satisfaction	22.15 ± 2.81
Need for survival	14.44 ±2.24
Instrumental use	18.84 ± 3.89
Total positive motivation	100.66±13.91
Parental stress	18.02 ± 4.21
Pregnancy and childbirth distress	4.49 ± 1.65
Fear of becoming a parent	16.47 ± 4.65
Caregiving challenges	16.27 ± 4.58
Total negative motivation	55.41 ± 12.35

The results of the T-test and ANOVA revealed a significant association between several variables and positive childbearing motivation, as well as its subscales (Table 3). Women with a good socioeconomic status exhibited a higher total positive childbearing motivation (p = 0.046). Additionally, women with two or fewer pregnancies had a higher mean score for pregnancy enjoyment (p= 0.04). Moreover, women with previous pregnancy experience demonstrated higher instrumental use scores (p = 0.007). In contrast, women with a history of abortion reported lower pregnancy enjoyment scores (p = 0.027).

The findings revealed that women with a previous pregnancy experience had a higher mean score of total negative motivation for childbearing (p = 0.026). Additionally, those with more living children exhibited higher mean scores for childcare challenges (p = 0.01). Moreover, women with more sons had higher mean scores of parental stress (p = 0.00) and greater total negative motivation for childbearing. Similarly, women with a higher number of deliveries showed increased parental stress scores (p = 0.00) and higher total negative motivation for childbearing (p = 0.01).

Additionally, multiple linear regression analysis was conducted to determine the predictive level of the variables. Accordingly, variables with a significance level of less than 0.2 (p < 0.2) were entered into the initial multiple linear regression model, ensuring that all potential predictor variables were included.

According to the final linear regression model, maternal age (β = -0.161, P = 0.036) and the number of living children (β = 0.143, P = 0.018) were identified as the primary predictors of positive childbearing motivation, while the husband's desire for pregnancy (β = 0.158, P = 0.001) emerged as the main predictor of negative childbearing motivation (Table 4). With each one-year increase in maternal age, the desire for pregnancy decreased by 0.364 units. Moreover, positive pregnancy motivation declined by 2.38 units for each additional child. The results of the multiple linear regression analysis indicated a significant positive association between the husband's desire for pregnancy and negative pregnancy motivation. The negative motivation for pregnancy was 4.106 units higher in mothers whose husbands were unwilling to have a child compared to those whose husbands were supportive of pregnancy.

Table 3. Relationship between positive and negative childbearing motivation and their subscales with demographic and obstetric variables among studied women

Variable	Statistical test	P-value
Socioeconomic status (Total positive motivation)	F= 2.48	0.046*
Number of previous pregnancies (Pregnancy enjoyment)	T= 3.08	0.04*
Previous pregnancy experience (Instrumental use)	T= 1.64	0.007*
History of abortion (Pregnancy enjoyment)	T= 2.78	0.027*
Previous pregnancy experience (Total negative motivation)	T =4.33	0.026*
Number of living children (Care challenges)	T= 1.35	0.01*
Number of sons (Parental stress)	T= 1.12	0.00*
Number of sons (Total negative motivation)	T =2.15	0.04*
Number of deliveries (Total negative motivation)	T= 2.01	0.01*

Table 4. Final predictors of positive and negative childbearing motivations based on the multiple linear regression analysis

Variables	Beta	SE	Standardizedβ	t	*p* Value
Maternal age (Positive motivation)	-0.364	0.174	-0.161	-2.098	0.036
Number of living children (Positive motivation)	-2.38	1.00	-0.143	-2.38	0.018
Husband's willingness for pregnancy (Negative motivation)	4.106	1.205	0.158	3.408	0.001

R^2 = 0.271

Discussion

The study of various factors influencing positive and negative childbearing motivations revealed a significant relationship between previous pregnancy experience and both instrumental use of children and total negative motivation. Women with previous pregnancy experience exhibited higher scores in instrumental use of children, whereas those without previous pregnancy experience indicated higher total negative motivation scores. Accordingly, the absence of pregnancy experience may lead to anxiety and fear regarding pregnancy, childbirth, as well as childbearing motivation. Addressing these concerns through targeted education and counseling could enhance childbearing motivation in this group. In the same vein, Khadivzadeh et al. found that higher maternal age, having more children, and fewer abortion s and stillbirths were associated with increased negative childbearing motivation [14], which is consistent with the findings of the present study.

The present study identified a significant correlation between the number of living children and childcare challenges and total negative childbearing motivation. Since the individuals with a greater number of living children exhibited higher mean scores in childcare challenges and total negative motivation, congruent with the results reported by Adib Moghaddamet al. [15], the childbearing experience can significantly influence parental psychological health. Research demonstrated that parents experiencing a decline in psychological health after the birth of their first child are less likely to have more children compared to those whose well-being remains stable—furthermore, concerns about financial security and children's future increase by enhancing the number of children.

Furthermore, the present study revealed a significant relationship between stillbirth and the need for survival, which is not consistent with the findings of Makvandi et al., which indicated that the lowest mean score of childbearing motivation is associated with the fear of abortion and stillbirth, namely individuals with a history of abortion and stillbirth had a lower inclination toward pregnancy due to the fear of recurrence [16].

Here, a significant relationship was observed between the number of pregnancies and total negative childbearing motivation, as well as its subscales of parental stress and childcare challenges, which is in line with the results of Makvandi et al. [17]. Accordingly, a higher number of pregnancies correlates with a greater number of children, as individuals with a larger number of children are significantly more likely to discontinue their fertility intentions. An increased number of pregnancies and children presents mothers with greater caregiving challenges, which can play a crucial role in reducing their motivation for future childbearing.

In the present study, a significant association was found between the number of male children, the total negative childbearing motivation, and the subscales of parental stress and childcare challenges, as individuals with a higher number of male children exhibited greater mean scores for total negative motivation and parental stress compared to those with fewer male children, which is consistent with the results reported by Castor et al. in India [18], which revealed that over 80% of couples with only daughter expressed a greater desire for subsequent childbearing. In contrast, in families with only son, the likelihood of further pregnancies showed an inverse relationship with the number of male children. Therefore, a preference for male offspring still persists in some countries [19].

Here, a significant association was observed between economic status and total positive childbearing motivation, which aligns with Rabi et al.'s findings in Indonesia, which indicated that couples with lower socioeconomic status had lower childbearing motivation compared to those with higher socioeconomic status [20].

In the present study, no significant association was found between education level and positive or negative childbearing motivations, which is congruent with the results of Anthony et al. in China, who reported no relationship between education and childbearing intentions [21]. However, it contrasts with the findings of Abdurrahman et al., which indicated that couples with lower socioeconomic status were less inclined to have children [22]. Similarly, a study by Kariman et al. in Tehran demonstrated that improvements in socioeconomic conditions could positively influence childbearing intentions [23]. In another study, Moeini et al. found that women with weaker economic conditions exhibited lower childbearing intentions [24]. These discrepancies can be attributed to the difference in economic conditions and cultural contexts across countries and economic and cultural variations among different cities within a large and diverse country like Iran.

The multiple linear regression analysis results indicated a significant inverse relationship between maternal age and spousal inclination and positive pregnancy motivation, as for each additional year in maternal age, the mother's inclination toward

pregnancy decreased. Furthermore, Dering et al. demonstrated that demographic factors such as age, education, marital status, and the number of living children significantly influence fertility intentions, as older women exhibited lower pregnancy inclination [25]. Accordingly, increasing maternal age may pose a threat to women's reproductive capacity and increase the likelihood of pregnancy-related complications and health issues during pregnancy and childbirth.

In addition, the findings revealed a significant positive association between the husband's willingness for pregnancy and the mother's negative pregnancy motivation. In other words, mothers whose spouses are unwilling to have children exhibit higher negative pregnancy motivation compared to those whose husbands express a desire for childbirth. A study by Xiong et al., utilizing multivariate regression analysis, demonstrated that factors such as age, infant gender, spousal fertility preference, education, employment, lack of health insurance, etc., significantly and negatively influence fertility intentions among Chinese women, which is in line with the findings of the present study [21].

Similarly, Ghazanfarpour et al. indicated that spousal involvement in childbearing is positively correlated with positive childbearing motivation, which is consistent with the results of the present study [26]. Additionally, having a supportive partner fosters positive childbearing motivation [27].

Strengths and limitations

A major strength is the large sample size and the comprehensive examination of multiple variables regarding both positive and negative childbearing motivations. However, the reliance on self-reported data is regarded as a key limitation, which may introduce information bias and affect the study outcomes.

Conclusion

The results indicated a significant association between several variables and positive and negative childbearing motivations. Due to Iran's unfavorable fertility trends, recognizing and addressing these motivations in both genders could contribute to policy interventions aimed at increasing fertility rates. Further studies with larger sample sizes across culturally diverse provinces are recommended to offer practical implications for population growth and help shape evidence-based policies to encourage childbearing.

Authorship contribution statement

All authors have reviewed and approved the final version of the manuscript. LZ, FJ conceived and designed the study. SE conducted the study and collected the data; RM performed the data analysis and interpretation; and FCH guided the study design.

Ethical Consideration

This study was approved and conducted under the ethical code IR.LUMS.REC.1402.019. The authors sincerely thank the Vice Chancellor for Research at Lorestan University of Medical Sciences for their valuable contributions and support throughout the study.

Declaration of Competing Interest

The authors have no conflict of interests related to this article

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Data Availability

The data supporting the findings of this study are available from the corresponding author upon reasonable request.

Declaration of Generative AI

The authors declare that they have not used any type of generative artificial intelligence for the writing of this manuscript, nor for the creation of images, graphics, tables, or their corresponding captions.

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