



Understanding fertility preferences: Insights from women and experts in North Khorasan, Iran

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Abstract

Background: Assessing fertility levels is considered one of the most critical indicators in population forecasting and reproductive health research. Therefore, this qualitative study was conducted to explore women's and experts' perspectives on childbearing, including the views of healthcare professionals, university faculty members, and sociologists, regarding factors influencing childbearing.

Methods: This qualitative study was conducted in 2025 in North Khorasan Province, Iran. Participants were selected through purposive sampling and included three groups: women with two or fewer children ($n = 35$), women with more than two children ($n = 16$), and experts in the field of childbearing ($n = 13$). Data were collected through in-depth individual interviews and analyzed using MAXQDA 10 software according to conventional content analysis procedures.

Results: Analysis of the participants' narratives identified four main themes influencing the decision to have more than two children: "gaining power, passive social acceptance, inefficiency of educational and health approaches, and a specific lifestyle pattern." In contrast, rethinking the value of children and reconsidering fertility emerged as key factors influencing the decision to have fewer than two children.

Conclusion: The findings indicate that fertility preferences are shaped by a complex interplay of social and personal factors. While empowerment, passive social acceptance, ineffective educational and health strategies, and lifestyle considerations tend to promote larger family sizes, reassessment of the value of children and fertility considerations support smaller family choices. These results highlight the need for tailored reproductive health policies and context-sensitive educational interventions to support informed decision-making and balanced population strategies.



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Highlights

What is current knowledge?

Fertility behaviors differ across countries and are shaped by a range of social, cultural, and policy-related factors. Although numerous studies have examined fertility trends, qualitative research simultaneously exploring women's decisions regarding the final number of children from three perspectives—low fertility, high fertility, and expert viewpoints—remains limited.

What is new here?

This study provides a nuanced, multi-perspective qualitative understanding of childbearing decisions by integrating the views of women with different fertility experiences alongside expert insights. It identifies less-explored dimensions, such as "gaining power" and "passive social acceptance," as influential drivers of higher fertility, while highlighting the role of value reorientation toward children in shaping lower fertility preferences. Additionally, the findings reveal perceived inefficiencies in current educational and health approaches, offering context-specific evidence to inform more effective and culturally sensitive reproductive health policies and interventions.

Introduction

One of the significant demographic and health phenomena observed in Iran over recent decades is the rapid decline in fertility. According to data from the Statistical Center of Iran, the total fertility rate (TFR) was 1.8 children per woman in 2011 (1390 in the Iranian calendar). In 2016 (1395), the TFR temporarily increased to 2.01 children per woman; however, it subsequently declined again, reaching 1.7 children per woman in 2020 (1399) (1).

North Khorasan Province has not been an exception to this trend and has also experienced a decline in fertility in recent years. Between 2011 and 2016 (1390-1395), along with Hamedan Province, it was one of the two provinces in Iran that experienced negative population growth. Population changes in any region are influenced by three components: fertility, migration, and mortality. Since there is no evidence of increased mortality in recent decades in the province, the negative population growth in recent years can be attributed to increased out-migration and declining fertility. The total fertility rate (TFR) in North Khorasan Province decreased from 2.8 children per woman in 2016 (1395) to 2.1 children per woman in 2019 (1398) (2).

Furthermore, population policies should be guided by robust research on fertility, as fertility represents the primary determinant of demographic transition and merits greater attention than other

demographic phenomena (3,4). Although fertility is inherently a private matter within families, its consequences extend beyond the household, affecting societal structures and social interactions. Consequently, accurately measuring and understanding fertility rates across different population strata is critical for evaluating the socioeconomic conditions of a society and for developing reliable population projections, which provide the foundation for economic, social, and demographic planning (5).

Fertility encompasses not only biomedical dimensions but also complex sociocultural factors that vary across societies and contexts (6). Reproductive health, a fundamental human right essential for social, emotional, and physical well-being, may be constrained by various factors. Women play a central role in fertility, and understanding their reproductive behaviors and the motivations underlying these behaviors is crucial for achieving national objectives in economic, cultural, educational, and health planning. Such understanding also contributes to identifying the determinants that influence population growth and decline (7).

Safdari-Dehcheshmeh in a study conducted by Safdari-Dehcheshmeh (2023), the results showed that personal factors included the expansion of women's education, participation in the labor market, personality traits, attitudes and personal preferences, fertility knowledge, and physical and psychological preparedness. Interpersonal factors included stable relationships with spouses and other important people. Macro-level factors included supportive policies, medical achievements, and sociocultural and economic factors (8).

Fertility behavior is influenced by multiple determinants, including ethnicity, cultural norms, socioeconomic conditions, and national population policies. North Khorasan, recognized as the most ethnically diverse province in Iran (Turks, Kurmanjis, Turkmenis, Persians, and Tats), has not yet been the subject of studies that simultaneously examine factors influencing both low and high fertility decisions.

By identifying these determinants and informing the development of evidence-based interventions, policymakers can implement targeted programs aimed at increasing overall fertility rates while safeguarding maternal and child health. This approach is particularly important in the context of population aging and the promotion of healthy fertility practices (7). To address the existing knowledge gap, this qualitative study aimed to explore women's fertility preferences and experts' perspectives in North Khorasan, Iran, including those of healthcare professionals, university faculty members, and sociologists, regarding the factors shaping fertility preferences and childbearing decisions.

Methods

This qualitative study was conducted in 2025 in Bojnord, North Khorasan Province, Iran, using a conventional content analysis approach. Data were collected through in-depth, semi-structured individual interviews with 64 participants selected through purposive sampling. Participants consisted of three groups: women with two or fewer children (Low fertility preference) ($n = 35$), women with more than two children (High fertility preference) ($n = 16$), and experts in the field of childbearing ($n = 13$), including healthcare professionals, university faculty members, and sociologists.

Participants were recruited using purposive and snowball sampling methods based on predefined inclusion criteria and the study objectives. Inclusion criteria for women participants included being married, residing in North Khorasan Province, having experienced at least one childbirth, and being able to provide rich information regarding fertility preferences and childbearing experiences. Women were categorized into two groups: those with two or fewer children and those with more than two children.

Experts were eligible to participate if they had academic or professional experience in reproductive health, population studies, sociology, nursing, midwifery, or related disciplines and relevant work or research experience in these areas.

Data from women participants were collected through visits to health centers and, when feasible and preferred by participants, through home visits. Interviews with experts were conducted either at their workplace or in an office selected by them. Prior to each interview, participants received information regarding the study objectives, interview process, and ethical considerations, and informed consent was obtained.

Interviews were conducted using a semi-structured format with open-ended and experience-based questions tailored to each participant group. Women participants were encouraged to describe their experiences and perceptions regarding childbearing and fertility preferences through questions such as: "Please describe your experiences with childbearing," "How did you make decisions about having children?" "What experiences or circumstances affected your decisions regarding having more children?" and "How do you perceive the advantages and challenges of having children in your current life situation?"

Experts were asked broad exploratory questions, including: "Based on your experiences and observations, how do women make decisions regarding childbearing?" and "What social, cultural, economic, or health-related factors appear to influence fertility preferences and family size?"

Follow-up and probing questions were used throughout the interviews to gain deeper insight and clarify participants' meanings and experiences. The interviews were conducted by a faculty member experienced in qualitative research and women's health. The interviewer maintained a neutral position throughout the interviews and documented key points to ensure the accuracy and completeness of the data.

Data collection continued until data saturation was achieved and no new concepts or categories emerged. Interviews lasted between 30 and 90 minutes. At the end of each interview, a brief summary of the main points was reviewed with participants to confirm the accuracy of the interpretations. Audio recordings and field notes were transcribed and documented immediately after each interview to ensure consistency and rigor in data management.

The data were analyzed using conventional content analysis (9), guided by the approach proposed by Graneheim and Lundman (2004). Initially, each interview transcript was read several times to achieve a sense of the whole and deepen understanding. Meaning units relevant to the research questions were then identified, condensed, and abstracted into codes. These codes were compared for similarities and differences, grouped into subcategories and categories, and subsequently organized into broader themes representing the underlying meanings in the data. Throughout the analytic process, continuous reflection and discussion among the research team ensured the credibility and trustworthiness of the findings.

Coding was conducted by two members of the research team using MAXQDA software. Final agreement on the findings was reached by three members of the team, and a qualitative research expert was also involved in the study to ensure rigor.

Finally, the data were treated as units of analysis and categorized into two groups: findings related to multiple childbearing and findings related to low childbearing.

Trustworthiness and rigor were ensured based on Lincoln and Guba's criteria (10), including credibility, confirmability, transferability, and dependability. To enhance credibility, interview transcripts were reviewed by academic faculty members, and necessary revisions were incorporated. Participants also provided feedback on the preliminary findings to verify the accuracy of the extracted categories. Dependability and confirmability were strengthened through independent review of the interview materials and analytic decisions by members of the research team. Transferability was assessed by asking three independent reviewers—a faculty member, a homemaker, and a cultural expert (Women's affairs consultant)—to evaluate the applicability of the findings to similar contexts.

Results

This qualitative study included 64 participants in three groups: 35 women with low childbearing intention (One or two children), 16 women with high childbearing intention (Three or more children), and 13 experts (Both male and female) in the field of childbearing (Table 1).

In the high childbearing intention group, the majority of women were 30–40 years of age (62%), had an educational level below a high school diploma (75%), were housewives (82%), and had four or more children (56%). In contrast, in the low childbearing intention group, most women were also 30–40 years old (58%), had an educational level above diploma level (65%), were employed (65%), and had two children (68%). The expert group consisted of 13 participants (9 men and 4 women) with bachelor's degrees or higher. Their professional

backgrounds included university faculty members (6 participants, including psychologists, reproductive health specialists, and healthcare professionals), 4 sociologists, and 3 individuals with seminary degrees. Experts in this study were purposefully selected from both low-child (Less than two children) and high-child (More than four children) groups (Table 1).

Analysis of the participants' statements (From both women's groups and experts) revealed four main themes as factors influencing the choice of having more than two children: gaining power, passive social acceptance, inefficiency of educational and health approaches, and specific lifestyle patterns (Table 2).

The theme of gaining power encompassed factors such as enhancement of social status (Receiving social respect, authority, and

strengthening the woman's position in the family), future orientation (Parent-centered foresight, child-centered foresight, and economic foresight), and role-seeking (The perception of childbearing as a feminine duty).

The theme of passive social acceptance included factors such as fertility fatalism (Religious and spiritual beliefs and behaviors) and social imitation (Dominant discursive environment, prevailing social beliefs, and the influence of historical and environmental contexts).

The theme of ineffectiveness of educational and health approaches involved factors such as educational inefficiency (Weak media performance and lack of educational resources in society) and healthcare inefficiency (Low individual self-efficacy in fertility control and weaknesses in healthcare service provision systems).

Table 1. Baseline characteristics of the study participants across different groups

Group	Number of participants	Average age	Highest level of education	Highest employee status	Average number of children
Low childbearing intention	35	30-40	Above diploma	Employed	2
High childbearing intention	16	30-40	Below diploma	Housewife	4
Experts	13	35-50	Above bachelor's degree	Employed	3

Table 2. Extracted themes from participants' opinions regarding factors affecting the selection of multiple children

Quotation	Primary codes	Subcategory	Main category	Theme
A general practitioner with four children explained: “Among the Turkmen, a daughter’s bride price is traditionally paid to her father and has historically been considered a source of wealth. In the past, when a daughter was born, people would tell her father, ‘You have become wealthy.’”	Children as a source of wealth creation	Achieving social respect and a sense of empowerment	Enhancement of social status	Gaining power
A Turkmen man with two children explained: “ <i>In Turkmen culture, having a large family is highly valued, and women with many children are regarded with great respect.</i> ”	Gaining respect, honor, and recognition as a role model			
A Turkmen researcher with three children and a general practitioner with four children explained: “Many women prefer to have more children to protect the stability of their marriage.”	Strengthening the position of women	Strengthening the position of women within the family		
A mother with five children explained: “ <i>People say a woman has a problem if she doesn’t have a son. That’s why, after having four daughters, I decided to have a son.</i> ”	Liberation from subordinate perspectives			
A dentist with two children explained: “ <i>People who have many children believe that if you have a large number, at least one of them will take care of you in old age. But if you have only a few, you may be sent to a nursing home.</i> ”	Fear of lacking support in facing future challenges	Parent-oriented future orientation and child-oriented future orientation	Future forecast	
A woman with five children explained: “If you have good children, they will support you financially in old age.”	Providing security for parents in old age			
A woman with five children explained: “ <i>When children grow up, they support each other. They have aunts, uncles, and other relatives, so they are not alone.</i> ”	Creating a protective umbrella for the child’s future; strengthening the family’s emotional foundation			
A researcher and cleric with four children explained: “Unfortunately, for multiple reasons, key Turkmen figures are not present in important administrative positions.”	Lack of access to productive assets and limited access to profitable job opportunities	Economy-oriented future orientation	Role exploration	
A general practitioner with three children explained: "The lack of access to gainful employment opportunities has caused boys to drop out of school and contribute to the family's expenses."	Power poverty: lack of access to occupations with high social prestige			
A midwife with three children said: “ <i>I was chosen to marry and have children.</i> ”	Childbearing as one of the main purposes of marriage	Maternal duty		
A housewife and midwife with three children said: “You feel like a complete woman when you become pregnant.”	Pregnancy as a woman’s role and duty, completing the process of femininity			
A woman with five children said: “ <i>I spend my days at home doing repetitive tasks, so I prefer to become pregnant and raise my children.</i> ”	Enjoying the opportunity for childbearing due to reduced involvement in outside-home activities			

Table 2 (Continued)

A Turkmen cleric with four children said: "Providing for a child is not in our hands; it is God who sustains them."	Hope for the future and belief in God as the provider; religious prohibition against fertility limitation	Passive religious behaviors	Fertility fatalism	Passive social acceptance
A midwife with four children said: "With each childbirth and becoming a mother, you grow closer to God, because all your sins are forgiven."	Fertility as a means of spiritual closeness to God	Active religious beliefs		
A faculty member with three children said: "The Prophet (PBUH) said: 'Have many children, for tomorrow I will take pride in your abundance before other nations.'"	Obedience to divine commands and instructions			
A Turkmen researcher with three children said: "If you have a large family, your clan grows. A large clan means a strong support system and more influence. A positive view of this idea encourages having more children."	Values and attitudes prevalent among previous generations	Prevailing discursive context	Social imitation	
A woman with five children said: "My husband's family often told me that I should have many children."	Promotion and encouragement of having large families and convergence in fertility behavior			
A community health worker with six children said: "If you have many sons, your wealth stays within your own family."	Ethnic traditions, customs, and rituals	Social beliefs		
A Turkmen researcher with five children said: "Having a large family among siblings and relatives, along with a history of supportive families, creates a role model for women, especially in rural areas."	Positive past experiences with having many children	The impact of historical and environmental context		
A Turkmen researcher with three children said: "The absence of local media in the community's language and tailored to their needs has led to low public engagement."	Lack of indigenous media for specific ethnic groups and neglect of their needs in program planning	Weak performance of the media	Educational inefficiency	Inefficiency of educational and health approaches
A general practitioner with three children said: "Most Turkmen live in villages, where access to media is very limited."	Lack of access and opportunities			
A Turkmen cleric with four children said: "In our rural areas, there are no girls' high schools. Also, it is considered inappropriate for a girl who has reached puberty to attend a school where the teacher is male."	Absence of educational opportunities and inadequate education on reproductive decision-making Gender inequity in education	Educational deprivation		
A woman with six children said: "My husband worked in Tehran. When he was away, I didn't take contraceptive pills, but when he was home, I did. Yet, I still became pregnant."	Lack of awareness and improper use of contraceptive methods	Low self-efficacy in fertility control		
A woman with five children said: "You shouldn't use contraception. If God wills it, He will give you a child; if not, He won't."	Disbelief in using contraceptive methods			
A woman with seven children said: "When we go to the health center, the community health worker doesn't understand our language."	Weak education (Not tailored to needs, interests, or local context) and reliance on unreliable information sources	Inefficiency of healthcare service provision	Health system inefficiency	
A general practitioner with four children said: "In the Raz and Jargalan region, health indicators are poor due to limited access and cultural deprivation."	Low health indicators and limited access to healthcare			
A woman with five children said: "At the health center and maternity hospital, Turkmen people are treated poorly."	Experience of discrimination and inequality in receiving services			
A community health worker with six children said: "The health center sometimes tells you not to have children, and at other times tells you to have them."	Inconsistencies in the provision of family planning services			
A Turkmen cleric with four children said: "Turkmen women have modest expectations, and they teach the same to their daughters."	Contentment with minimal needs and being grateful	Contentment	Absence of proactive needs perception	
A teacher with five children said: "The parenting style of Turkmen women and men is very practical. Children grow up with modest expectations and high efficiency. As soon as they can, they go to Tehran to work and help support the family."	Simple living, anti-consumerism, and absence of a need-creation mindset			
A woman with nine children said: "My husband is like a second God; whatever he says, I must obey."	Acceptance of male authority and dominance	Patriarchal attitudes	Differences in family structure and kinship systems	
A women's affairs advisor with two children said: "The cooperation and trust among Turkmen women mean they do not worry about daycare or costs and can make decisions about child-rearing more easily."	Receiving support within extended families	Collectivism		
A general practitioner with four children said: "Children, as soon as they reach puberty, must marry regardless of their social or economic maturity."	Traditional marriage and earlier entry into childbearing	Differences in marriage patterns		
A woman with five children said: "I married early in the village myself. I wanted my daughter to continue her education, but as soon as a suitor came, my husband said she must marry and there is no need for further schooling."	Prioritization of marriage over continued education for girls			
A Turkmen cleric said: "Nowadays, one concern about having fewer children is the lack of confidence in the continuity of life and fear of divorce. Fortunately, the divorce rate among the Turkmen is very low."	Low divorce rates	Family stability	Confidence in marital cohesion	

The theme of specific lifestyle patterns incorporated factors such as the absence of a need-generating attitude (Simplicity and contentment), differences in family and kinship structures (Patriarchal mindsets, traditional and early marriage patterns, and prioritization of marriage over girls' education), and confidence in marital cohesion (Strength of family foundations and lower divorce rates).

Analysis of participants' statements (Including women from both groups and experts) yielded two main themes influencing the choice of having fewer than two children: rethinking the value of children and rethinking fertility (Table 3).

The theme of rethinking the value of children encompassed factors such as a shift in perspective from childbearing to childrearing (Emphasizing quality over quantity) and a cost-benefit attitude (Concerns about child-centrism; emotional, economic, physical, and psychological burdens; and threats to social well-being).

The theme of rethinking fertility included factors such as modernism (The social desirability of having fewer children and women's shifting priorities toward pursuing education and employment) and desire management (Compensating for lost opportunities and the aspiration to enjoy life).

Table 3. Extracted themes from participants' opinions regarding factors affecting the choice to have fewer children

Quotation	Primary codes	Subcategory	Main category	Theme	
A 40-year-old faculty member and nurse said: “Nowadays, children are no longer considered assets but expenses, and with current conditions, it’s impossible to meet all their needs. Therefore, we should have fewer children so that we can adequately provide for the ones we have. Overall, the number is not important; the quality of raising children matters most.”	Desire for high-quality children	Emphasizing quality over quantity	Shift in perspective from childbearing to childrearing	Rethinking the value of children	
A housewife with one child stated: “My child is very demanding and wants to have everything for him-/herself.”	Child-centered pursuit of welfare (Increasing children’s demands and desires)	Concerns about child-centrism	Cost-benefit attitude		
A working mother with one child said: “Nowadays, children are no longer easily satisfied; they feel they must have a mobile phone, a tablet, and a private room.”	Children’s social modeling (Via mobile phones, tablets, etc.) and inability to meet these needs				
A housewife with one child stated: “What have we done for our parents that my children should do the same for me?”	Lack of emotional fulfillment in performing parental roles	Emotional costs			
A housewife with two children stated: “Raising a child amid all these hardships and challenges may not ultimately lead them to become what you hope for.”	Unrealized aspirations in children				
A housewife with two children stated: “Raising children is very costly; from the moment you realize you are pregnant; expenses begin and increase every day.”	Imbalance between supply and demand (Family income vs. Expenses)	Economic costs			
A working mother with one child stated: “I would like to have another child, but I am concerned about the financial consequences.”	Lower per capita livelihood and lack of job security following childbearing				
A housewife with one child stated: “I would like to have another child, but given the current societal conditions—such as increasing risks of addiction, unemployment, poverty, and sexual exploitation—it seems safer not to have more children.”	Toxic social environment and children affected by harm or trauma	Social health risks			
A working mother with one child stated: “My husband has a master’s degree and comes from a well-off family, but he is currently working as a baker. The future of my child is uncertain.”	Uncertain future for sons				
A housewife with one child stated: “I would have liked to have a second child, but I had a difficult pregnancy even with my first child.”	Inability to conceive naturally and experience of difficult pregnancy and childbirth	Physical health costs			
A housewife with two children stated: “After each pregnancy, my body becomes very weak. I feel that if I become pregnant again, I might not survive.”	Fears and concerns about maternal and neonatal health				
A working mother with two children stated: “I had a heart condition and was afraid that another pregnancy might endanger my health. I gave birth to my second child at my own responsibility, but I was later prohibited from becoming pregnant again.”	Conflict between multiple pregnancies and physical/medical health				
A housewife with one child stated: “Sometimes I think I would like to have another child, but I am afraid. Considering today’s society, I worry that if I were to separate from my husband or die one day, what would happen to the child?”	Lack of supportive resources and concerns about family disintegration	Psychological health burden			Modernism
A housewife and working mother stated: “It is no longer like in the past, when there was a belief that every woman should have three to four children.”	Acceptance of low fertility as a social norm and values and beliefs regarding the superiority of the modern and small family	Social desirability			
A housewife and working woman stated: “It is no longer like in the past, when the belief was that every woman should have three to four children.”	Cultural adaptation within society				
A working mother with one child stated: “I was very eager to engage in social activities, which is why I pursued higher education. My husband also moved between cities for his studies, so we did not have the opportunity to have children.”	Changing life priorities and delayed entry into childbearing (Employment and education); financial independence, access to information, and decision-making	Changing priorities of women			
A working mother with one child stated: “I have to work and study at the same time, and when I get home, I have no energy left.”	Diversity of identity sources				
My mother always had a small child to take care of and never had time for herself. We need to live and enjoy.	Desire to enjoy life, maintain peace, and create favorable living conditions	Compensating for Missed Opportunities	Desire management		
A housewife with one child stated: “Being a woman is not only about having children; you should also improve yourself so that your child and family can be proud of you.”	Aspiration for self-actualization and identity formation				

Discussion

This study explored two distinct fertility patterns: preferences for more than two children and preferences for fewer than two children. Among women inclined toward larger families, gaining power and social status emerged as important themes.

Based on the theory of the value of children and dignity theory, which are grounded in normative (Cultural) and rational-choice perspectives (11,12), childbearing was perceived as a source of social dignity, future security, and family support in later life (12). In traditional and religious societies, such as Iranian-Islamic culture, intergenerational family relationships and respect for the role of the mother have always been strongly emphasized (13). This finding has been confirmed in numerous studies, including those by Abassi and Khoja (14,15). Khoja (2024) reported that family and familial orientation are factors affecting childbearing (14).

Abassi (2019) also reported that reproductive preferences, expressed as receiving maternal dignity, are a factor in childbearing (15). Social acceptance was another influential factor associated with higher fertility preferences. Motherhood was regarded as a valued social role, particularly among housewives, and was linked to social recognition, role fulfillment, and cultural beliefs emphasizing childbearing as a natural aspect of womanhood (13,16). However, gendered organizations that presume a flow of support from home compete with the “motherhood mandate” that demands intensive mothering (16). Meyer-Österlund (2026) reported that motherhood is widely recognized as a profound developmental life event, encompassing physical recovery, reorganization of life and identity, and new caregiving responsibilities (17).

These findings are consistent with previous studies highlighting the contribution of maternal roles to women’s social identity and status (13,15). Broader contextual factors, such as work conditions, health status, education levels, access to healthcare, and career opportunities, have also been shown to shape fertility intentions (18,19). However, based on the study by Zarei (2025), no significant relationship was found between positive and negative childbearing motivations across different education levels (20). Religiosity has been inconsistently associated with fertility behavior in previous studies; for example, Malmir (2023), Abbasi (2022), and Amirian demonstrated a positive association between religiosity and childbearing intentions (21-23), whereas Iman (2007) and Xie D (2022) reported a limited contribution of religiosity to fertility behavior (24,25).

Lifestyle orientation also influenced preferences for larger families. Several studies have demonstrated important effects of lifestyle and parents’ childbearing behavior on their children’s childbearing preferences and behavior (26,27).

In explaining the perspectives of our study participants, it was shown that social networks and family support systems may reduce the perceived burden of childrearing and strengthen fertility intentions through social capital mechanisms. Mönkediek (2017) reported that family systems, as normative frameworks in which family processes unfold, are believed to exert a major influence on fertility. However, in their view, the question of how family systems influence fertility intentions has remained largely unexplored (28).

An important point in explaining the perspectives of our study participants is that women with lower fertility preferences described a shift from childbearing toward quality parenting. Participants emphasized the importance of providing favorable educational, emotional, and economic conditions for children rather than increasing family size (27). These findings support the theory of the quality-quantity tradeoff in fertility behavior (29), whereby parents prioritize child quality over the number of children (30). This finding has been confirmed by Hubbs (31).

Economic concerns represented another major factor influencing low fertility preferences. Participants referred to the high costs of raising children, financial insecurity, inadequate living conditions, and concerns regarding the future, which various studies have described as the hidden hardship of building a family (32). Similar research has reported the relative ineffectiveness of some current government supportive/incentive policies in increasing couples’ desire for childbearing (33).

Rethinking fertility also emerged as an important theme. Participants described changing attitudes toward motherhood, modern lifestyles, and concerns regarding restrictions on educational, occupational, and social roles. These findings reflect broader social changes in which lower fertility has become increasingly normalized. Previous studies in Iran have reported an inverse association between women’s education and fertility behavior, with higher educational attainment contributing to delayed childbearing (8). However, findings from China suggest that expanded access to higher education may, in some contexts, increase fertility rates (34,35).

One strength of this study is the simultaneous exploration of fertility preferences among women with differing childbearing patterns and expert perspectives. However, the study was conducted in a single geographical region (North Khorasan Province), which may limit the transferability of the findings. Moreover, husbands were not included in the interviews, and only women and experts were interviewed. Additionally, the findings are specific to the Iranian-Islamic cultural context and may not be generalizable to other cultural settings. Future studies involving men and diverse geographical settings could provide a more comprehensive understanding of fertility decision-making.

Conclusion

This study highlights the complex interplay of social, cultural, and personal factors shaping fertility preferences. While themes such as empowerment, passive social acceptance, inefficacy of educational and health strategies, and specific lifestyle patterns contribute to the choice of having more than two children, reconsideration of the value of children and fertility emerged as key determinants of preferring fewer than two children. These findings underscore the need for context-sensitive reproductive health policies and educational interventions that address both the motivations for larger families and evolving attitudes toward smaller family sizes. Strengthening reproductive health programs and tailoring strategies to diverse social realities can support informed decision-making and promote balanced population policies.

Considering the research findings and differences in reproductive behavior, it is recommended that similar qualitative studies be conducted in different communities and ethnic groups where differences in reproductive behavior are more evident.

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Ethical Statement

This study received approval from the Ethics Committee of Shahid Beheshti University of Medical Sciences (Approval code: IR.SBMU.PHARMACY.REC.1404.076). All ethical guidelines for research involving human participants were strictly observed, including the provision of informed consent. Permission was obtained from participants to audio-record interviews; when recording was declined, interviews were documented through written transcription. All participants were informed of the confidentiality of the data and of their right to withdraw from the interview and the study at any time without consequence.

Conflicts of Interest

The authors declared no conflicts of interest.

Author Contributions

Z.K. Z.A., S.N., conceived the main idea, designed the statistical model and computational framework, and approved the final manuscript. S.N., Z.A., SM.R, Z.K. collected the data and approved the final manuscript. A.E., M.J.A. designed the study, performed the data analysis, interpreted the results, and critically revised the manuscript. S.N. and Z.A., Z.K drafted the manuscript. all of author. contributed to the overall study conception and approved the final manuscript.

Data Availability Statement

The datasets generated during this study are not publicly available due to confidentiality constraints but can be obtained from the corresponding author upon reasonable request.

Use of Artificial Intelligence

AI-assisted tools were used to support language editing; these tools were not involved in data analysis, the writing of scientific content, the interpretation of results, or scientific decision-making.

References

- Iran Statistical Yearbook 2019-2020. Iran Statistical Yearbook 1398. Report: Financial - National vital registration - Subnationally representative. Available from: www.amar.org.ir. [View at Publisher]
- Teimouri Arshad R, Rezapour Z, Sadeghi R. Study of Women's Attitude Toward Value of Children and Its Determinants in North Khorasan Province. *J North Khorasan Univ Med Sci*. 2022;14(2):35-42. [View at Publisher] [DOI] [Google Scholar]
- Mirzaei P, Vaez N, Talebian MH. Challenges of Population Policies on Childbearing and Reproductive Health After the Islamic Revolution of Iran. *J Health Sci Surveillance Sys* January. 2022;10(1). [View at Publisher]
- Galor O. The Demographic Transition: Causes and Consequences. *Cliometrica (Berl)*. 2012;6(1):1-28. [View at Publisher] [DOI] [PMID] [Google Scholar]
- Rastegar khalid A, Mohammadi M, reiahi MN. Women's value assimilation and fertility control. *Socio Family and Women of Journal Quarterly*. 2017;19(75):7-31. [View at Publisher] [DOI]
- Weeks JR. *Population: An introduction to concepts and issues*: Cengage Learning; 13th edition. 2020. [View at Publisher] [Google Scholar]
- Thapaliya, S., & Pant, C. K. (2025). Socio-cultural barriers to reproductive health and their impact on mental health: A case of young married women. *Chaturbhujeshwar cademic Journal (CAJ)*. 2025;3(1):93-106. [View at Publisher] [DOI] [Google Scholar]
- Safdari-Dehcheshmeh F, Noroozi M, Taleghani F, Memar S. Factors Influencing the Delay in Childbearing: A Narrative Review. *Iran J Nurs Midwifery Res*. 2023;28(1):10-9. [View at Publisher] [DOI] [PMID] [Google Scholar]
- Graneheim UH, Lundman B. Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. *Nurse Educ Today*. 2004;24(2):105-12. [View at Publisher] [DOI] [PMID] [Google Scholar]
- Alexander AP. Lincoln and Guba's quality criteria for trustworthiness. *IDC International Journal*. 2019;6(4):1-6. [View at Publisher] [Google Scholar]
- Friedman D, Hechter M, Kanazawa S. A theory of the value of children. *Demography*. 1994;31(3):375-401. [View at Publisher] [DOI] [PMID] [Google Scholar]
- Bacombson N. A taxonomy of dignity: a grounded theory study. *BMC Int Health Hum Rights*. 2009;9:3. [View at Publisher] [DOI] [PMID] [Google Scholar]
- Gafari Sirizi F, Askari Nodoushan A, Ruhani A. Motherhood in Socio-cultural Context A Critical Qualitative Study. *Women's Studies Sociological and Psychological*. 2023;21(2):179-217. [View at Publisher] [DOI] [Google Scholar]
- Khojeh Z, Naghibi A, Khazae-Pool M, Abdollahi F. Investigating Factors Affecting Childbearing, A Review Study. *J Mazandaran Univ Med Sci*. 2024;34(238):101-12 [View at Publisher] [Google Scholar]
- Abassi Z, Keshavarz Z, Abbasi-Shavazi MJ, Ebadi A. Factors affecting on fertility behavior from the perspective of professionals: A qualitative study. *Koomesh*. 2019;21(1):155-63. [View at Publisher] [Google Scholar]
- McQuillan J, Greil AL, Scheffler KM, Tichenor V. The Importance of Motherhood among Women in the Contemporary United States. *Gend Soc*. 2008;22(4):477-96. [View at Publisher] [DOI] [PMID] [Google Scholar]
- Meyer-Österlund M, Nyman-Kurkiala P, Hemberg J. The transition to motherhood: a qualitative study of new mothers' experiences of loneliness and associated challenges. *Int J Qual Stud Health Well-being*. 2026;21(1):2651509. [View at Publisher] [DOI] [PMID] [Google Scholar]
- Kariman N, Amerian M, Jannati P, Salmani F, Hamzekhani M. A path analysis of factors influencing the first childbearing decision-making in women in Shahrud in 2014. *Glob J Health Sci*. 2016;8(10):55381. [View at Publisher] [DOI] [PMID] [Google Scholar]
- Zhu C, Yan L, Wang Y, Ji S, Zhang Y, Zhang J. Fertility Intention and Related Factors for Having a Second or Third Child Among Childbearing Couples in Shanghai, China. *Front Public Health*. 2022;10:879672. [View at Publisher] [DOI] [PMID] [Google Scholar]
- Zarei L, Janani F, Mohamadi R, Eemai S, Changae F. Evaluating the factors influencing childbearing motivation among women attending comprehensive health centers. *Interdiscip. J. Acute Care*. 2025;6(1):31-37. [View at Publisher] [DOI] [Google Scholar]
- Abasi Z, Keshavarz Z, Abbasi-Shavazi MJ, Ebadi A, Esmaily H, Poorbarat S. Comparative Study of Reproductive Behaviors in Two Ethnicities of Fars and Turkmen in North Khorasan, Iran. *JMRH*. 2022;10(1):3109-18. [View at Publisher] [DOI] [Google Scholar]
- Malmir M, Ebrahimi M, Sadeghi R. Religious affiliation and childbearing preferences of Iranian women. *J Relig Health*. 2023;62(2):748-63. [View at Publisher] [DOI] [PMID] [Google Scholar]
- Amirian A, Jandaghian Bidgoli M, Khorvash F, Abdi F, Shaterian N, Jafarimehr M. The Association of Religious Beliefs with Reproductive Behaviors in Reproductive Aged Women: A Systematic Review. *JIMS*. 2023;41(737):853-65. [View at Publisher] [DOI] [Google Scholar]
- Iman MT, Soroush M. The Value of children of Iranian Parents. *Sociation Today*. 2007;5(1):21-35. [View at Publisher] [Google Scholar]
- Xie D, Zhou Y. Religion effects on fertility preference: evidence from China. *J Pop Res*. 2022;39(3): 41-71 [View at Publisher] [DOI] [Google Scholar]
- Choudhary P, Dogra P, Sharma K. Infertility and lifestyle factors: how habits shape reproductive health. *Middle East Fertil Soc J*. 2025;30:14. [View at Publisher] [DOI] [Google Scholar]
- Axinn WG, Clarkberg ME, Thornton A. Family influences on family size preferences. *Demography*. 1994;31(1):65-79. [View at Publisher] [DOI] [PMID] [Google Scholar]
- Mönkediek B, Bras H. Family Systems and Fertility Intentions: Exploring the Pathways of Influence. *Eur J Popul*. 2017;34(1):33-57. [View at Publisher] [DOI] [PMID] [Google Scholar]
- Lawson DW, Borgerhoff Mulder M. The offspring quantity-quality trade-off and human fertility variation. *Philos Trans R Soc Lond B Biol Sci*. 2016;371(1692):20150145. [View at Publisher] [DOI] [PMID] [Google Scholar]
- Furstenberg FF. Family Change in Global Perspective: How and Why Family Systems Change. *Fam Relat*. 2019;68(3):326-341. [View at Publisher] [DOI] [PMID] [Google Scholar]
- Hubbs-Tait L, Page MC, Huey EL, Starost HJ, Culp AM, Culp RE, et al. Parenting quality: Confirmation of a higher-order latent construct with mothers of Head Start children. *Early Child Res Q*. 2006;21(4):491-506. [View at Publisher] [DOI] [PMID] [Google Scholar]
- Wu AK, Elliott P, Katz PP, Smith JF. Time costs of fertility care: the hidden hardship of building a family. *Fertil Steril*. 2013;99(7):2025-30. [View at Publisher] [DOI] [PMID] [Google Scholar]
- Ranjbar M, Rahimi MK, Heidari E, Bahariniya S, Alimondegari M, Lotfi MH, et al. What factors influence couples' decisions to have children? Evidence from a systematic scoping review. *BMC Pregnancy Childbirth*. 2024;24(1):223. [View at Publisher] [DOI] [PMID] [Google Scholar]

34. Seraj Shirvan F, Latifnejad Ruodsari R, Tehrani H, Ebrahimipour H, Moradi M. Iranian single-child couples' perceptions and experiences regarding childbearing incentives. *Reprod Health*. 2024;21(1):148. [[View at Publisher](#)] [[DOI](#)] [[PMID](#)] [[Google Scholar](#)]
35. Chen S. The Positive Effect of Women's Education on Fertility in Low-Fertility China. *Eur J Popul*. 2022;38(1):125-61. [[View at Publisher](#)] [[DOI](#)] [[PMID](#)] [[Google Scholar](#)]

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