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Understanding the rationales behind childbearing: A qualitative study based on extended theory of planned behavior

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Abstract:

BACKGROUND: Childbearing is the most important determinant of population fluctuations and its studies are more important than other population phenomena. Many factors are associated with childbearing, but individual factors associated with it have been less studied in a specific framework. The present study aimed to explore and identify the factors related to childbearing based on extended theory of planned behavior (ETPB).

MATERIALS AND METHODS: This qualitative study was conducted among married women <35 years of age and married men whose spouses were under 35 years of age and lived in the City of Hamadan, Iran, in 2019. The data were collected by semistructured and face-to-face in-depth interviews and continued until the data saturation was reached. Overall, 15 interviews were conducted with 17 people. The data were analyzed, using a directed content analysis approach.

RESULTS: The data analysis resulted in the extraction of 28 main codes, 9 subcategories, and 4 themes, which were correspond to constructs of the theory, consisting of attitudes, subjective norms, perceived behavioral control, and social support in the field of childbearing. The main predictors were attitude toward childbearing and perceived control.

CONCLUSION: The findings of this study showed that ETPB has a potential to explain the intention and behavior of childbearing. The ETPB makes it possible to understand many of the factors associated with childbearing. The results of this study could be the basis for designing appropriate data collection instrument in quantitative studies and vast surveys.

Keywords:

Health, population, qualitative research, reproductive behavior

Introduction

Iran is one of the developing countries that has experienced a sharp decline in fertility worldwide.^[1] This declining trend has been such that the total fertility rate has decreased from 6.3 in 1986^[2] to 1.98 in 2000 and in 2018 it has reached 1.62.^[3] According to the results of the last census in 2016, among the provinces of Iran, Hamedan, located in the West of Iran, with a population growth rate of -0.23, had the lowest population growth

rate in Iran.^[4] On the other hand, the total fertility rate in this province was 1.5, which is estimated 1.4 in urban areas and 1.6 in rural areas.^[5]

Reducing fertility below the replacement level has significant negative effects on the economic, social, and cultural structures of society. Including the adverse consequence of low fertility is change in population structure called population aging, which results in lack of economic growth and development, lack of social

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welfare, and the imposition of heavy costs on the health system.^[6] Therefore, population policies that reduce these consequences have been significantly considered.^[7] However, any population policy and planning must be taken into account in all aspects. Therefore, it is necessary to know and achieve a correct understanding of the formation of childbearing behavior as well as the intention to have children, because intention is a key factor and immediate determinant of childbearing behavior.^[8] Recently, this issue is often examined in the theory of planned behavior (TPB) framework in demographic researches.^[9] On the other hand, the applicability of TPB in the field of fertility has been demonstrated in several studies.^[8-11] The results of these studies confirm the decision of the researchers of the present study to use this theory as a theoretical framework of the study. On the other hand, married women <35 years of age and married men whose spouses were under 35 years of age were selected as the target group of this study, because the intention to have children is more affected by their current situation and the near future of their living conditions and society. While the childbearing intention of young unmarried people is more affected by social norms and the fertility intention of middle-aged; but elderly married people is more affected by the number of their living children. Therefore, the fertility level of the society in the future depends a lot on the fertility intention of the mentioned group.^[8]

According to the TPB, the intention to have or not to have a child is determined by three types of immediate determinants, including attitude toward having children, subjective norm of having a child, and perceived control over having a child.^[10] On the other hand, there are many other factors that affect the childbearing behavior, including individual, family, social, economic, and cultural factors.^[12] When it is determined in a study that a particular factor affects fertility behavior, the TPB allows us to examine this finding by tracking the effects of that particular factor on three immediate determinants of childbearing intention.^[10] One of the factors affecting childbearing, especially in Iranian Society, which has been proven in several studies, is social support.^[13-15] Therefore, in the present study, we decided to add this concept to the TPB and extend it, and consequently, the extended TPB (ETPB) was used as a conceptual framework for the study.

Studies based on TPB in the field of fertility and childbearing have often been quantitative. Usually, such studies have not been required to the precise use of a standard approach to identify important beliefs in TPB; in other words, they do not use qualitative research with a representative sample from the target community to gain a deep and accurate understanding of childbearing behavior and intent. As a result, they

have not been able to extract ideas and beliefs that could later be used as closed questions in quantitative studies and surveys.^[10,16] The choice of theory can help focus on the research question. The aim of this study was to answer the question, what are the factors related to childbearing in the form of the ETPB? which was done using the qualitative research in the city of Hamadan.

Materials and Methods

Study design and setting

This qualitative study was conducted in the city of Hamadan, West of Iran, in 2019.

Study participants and sampling

Based on the inclusion criteria, the married women <35 years of age and married men whose spouses were under 35 years of age and lived in the city of Hamadan participated in the study. Exclusion criteria included unwillingness to continue participating in the study. In the first step, the city of Hamadan was divided into five geographical areas, including the north, south, west, east, and center; thus, the difference in the socioeconomic status of the participants in their selection was considered. Participants were then purposively selected from those who visited the Comprehensive Health Services Centers (CHSC) and those who lived in these areas. In this study, to achieve the most different perspectives and perceptions, in selecting participants, maximum diversity in terms of age, gender, duration of matrimony, number of children, education, and occupation was considered.

Data collection tool and technique

This qualitative study was a framework analysis that was conducted using directed content analysis approach. The data were collected by semistructured and face-to-face interviews over a 5-month period, May to November 2019. The interviews were conducted in workplace, home, or one of the rooms of the CHSC and with the permission of the participants by voice recording. Due to some cultural and religious considerations and the fact that there are limitations in the interactions between men and women in Iranian Society, to create a comfortable environment, interviews with some female participants were conducted by the female interviewer (a clinical psychologist) and other interviews by the male interviewer. To guide the interviews, an interview guide was used, which was developed based on the constructs of ETPB. This guide included the following questions:

1. What do you think are the benefits of having a child?
2. What do you think are the disadvantages of having a child?
3. Are there people in your life who think you should have another child/children?

4. In your opinion, what conditions in your life can facilitate or interfere with childbearing?
5. Who and how can support you in childbearing? What kind of support?

In this study, 13 people participated in individual interviews. Two interviews were conducted simultaneously with the couple, in order to obtain more information, it was necessary to create a discussion between the couple. Therefore, 15 interviews were conducted with 17 people. The duration of each interview was between 25 and 60 min depending on the response rate of the participants. At the beginning of each interview and before asking questions about the ETPB, the participant was asked to introduce him or herself, followed by a number of general questions about demographic and socioeconomic status. Then, the search for their views, opinions, and perceptions continued. The interview went so far that the interviewer made sure that the topics and concepts were understood correctly. The interviews continued until the data were saturated, meaning that a new concept was not needed to create the new code.

To analyze the data, a directed content analysis or theory-based content analysis approach was used. This approach is one of the qualitative research methods proposed by Hsieh and Shannon in 2005 and aims to validate or develop a theoretical framework.^[17] As regards in this study, data collection was performed using the conceptual framework of the ETPB, so this approach was used to analyze the data.

In this study, analysis was performed simultaneously with data collection. Thus that, at the end of each interview, at the earliest opportunity, the recorded statements were written verbatim (exactly word-for-word) on paper after being listened to several times by the researcher. The transcript texts were also read several times and reviewed to get a correct and in-depth understanding of them. The texts of the interviews were then analyzed by two researchers independently and with an open coding system. In this way, the text became semantic units, and after summarizing, it changed to a code. At this stage, to achieve a common procedure in data coding, the texts coded by two researchers were controlled by two other members of the research team. The discrepancy between the coding rules or the classification of codes was resolved by discussion between the research team. Numerous codes were put together based on similarity and created subcategories. The subcategories also formed categories based on their relationship to each other. In the next step, the placement of the categories in the themes was done based on the constructs of ETPB; in other words, the created themes corresponded to the names of the constructs.

To provide and validate data credibility, there was a constant and continuous interaction with the participants in the research. This study was conducted in 5 months in communication and interaction with the participants to get a proper and desirable understanding of them. Participants' collaboration was also used to review and validate the codes, so that the extracted codes were returned to the participants to ensure the accuracy of the coding and interpretation. In order to data conformability, the review method was used by experts, so that two experts who had sufficient experience in qualitative research reviewed and examined various aspects of the research. Data transferability was also provided by selecting participants from different socioeconomic backgrounds and diverse ranges in terms of age, gender, duration of matrimony, number of children, education, and occupation.

Ethical consideration

To observe ethics in research, the researchers explained the objectives of the research to the participants. They explained the reason for recording their voices during the interview and emphasized that all the information obtained from the research was confidential and was used only for the purpose of research. They also stressed that participants have the right to leave the study at any time. After receiving written consent from the participants, interviews were conducted. This study has been approved by the Ethics Committee of Hamadan University of Medical Sciences with the code of ethics IR.UMSHA.REC.1397.847.

Results

The study involved 9 women aged 16–33 and 8 men aged 23–45. The mean age of the participants was 29.94 years and the mean number of their children was 1.29. Other characteristics of the participants are presented in Table 1.

After careful review of the text of the interviews, 96 initial codes were extracted, which were reduced to 28 main codes by careful evaluation. The main codes were also placed in 9 subcategories, and these subcategories were based on the constructs of ETPB placed in the 4 main categories.

Attitude toward childbearing

This theme, which corresponds to the construct of attitude toward behavior in TPB, included a main category, "beliefs about the consequences of childbearing," divided into two subcategories, "positive consequences" and "negative consequences" of childbearing [Table 2].

Most of the participants believed that having a child has benefits such as preventing the aging of the population,

developing the country, improving the favorable conditions of the family, improving the lives of couples, reproduction and survival of the generation and mental excellence.

Table 1: Demographic characteristics of the study participants (n=17)

Variables	Female	Male	Total
Age			
Mean±SD	26.33±5.26	34±7.29	29.94±7.25
Range	16–33	23–45	16–45
Duration of matrimony (year)			
Mean	4.28	7	5.56
Range	1–12	2–14	1–14
Number of children			
0	2	1	3
1	4	2	6
2	3	3	6
3	1	1	2
Education (year)			
0–5	1	2	3
6–12	5	3	8
>12	3	3	6
Employed	3	7	10

SD=Standard deviation

Positive consequences

“I think having children makes the population of the country young and prevents the aging of the population” (a 30-year-old man, 2 children).

“If we have children now, we will have labor force in the future... and that will lead to the development of the country” (a 27-year-old man, 1 child).

“Bringing a child sweetens life... makes life beautiful and makes parents happy” (a 29-year-old woman, 1 child).

“With the birth of a child, the relationship between the couple becomes much more intimate. Since we found out that I am pregnant, our relationship has become much warmer than before... the way we talk and treat each other has improved” (26-year-old woman, childless [pregnant]).

Table 2: The theme of attitude toward childbearing and its category, subcategories, and codes

Theme	Category	Subcategory	Code	Semantic units
Attitude toward childbearing	Beliefs about the consequences of childbearing	Positive consequences of childbearing	Preventing the aging of the population	Childbearing keeps the population young/prevents population aging
			Developing the country	Childbearing will provide the labor force and the development of the country/in the future it will meet the needs of the society and the country/it will lead to the economic progress of the country
			Improving the favorable conditions of the family	Having children makes life beautiful/warms the family home/makes life sustainable/makes life sweet/makes the family happy and joyful
			Improving the lives of couples	Having children increases the love between the couple/motivates the couple/targets the couple’s activities/encourages the couple to try to live/reduces the disagreements between the couple
			Reproduction and survival of the generation	Childbearing maintains and expands the kinship network/causes the survival and reproduction of the offspring/causes the formation and maintenance of the family structure
		Negative consequences of childbearing	Restrictions for the couples	Childbearing causes the couple to neglect each other/prevents the couple from achieving their goals/limits the couple’s individual freedoms
			Restrictions for mother	Childbearing prevents the mother from continuing her education/prevents the mother from employment/imposes a heavy responsibility on the mother/reduces the mother’s ability and energy/taking care of the child is boring
			Socioeconomic costs	The child’s economic costs are high/having children causes economic problems/satisfying the child’s financial needs is worrying/having children in poor socioeconomic conditions of the family causes social harm to the child/socioeconomic costs of childbearing are more than its benefits
			Educational problems	Children’s educational issues are worrying/having children has educational problems/it is difficult to interact with children
			Health risks	Having children at an old age endangers the health of the mother

"Having children increases love and affection between husband and wife... and their disagreements become less" (a 29-year-old woman, 2 children).

"Having a child certainly raises the life expectancy of a couple... one finds a new motivation to live" (a 26-year-old woman, childless).

"Having children increases the number of families and our generation survives" (a 45-year-old man, 3 children).

"Having children makes you feel good... I think having a few children boosts their self-esteem, self-confidence and co-operation spirit" (a 32-year-old woman, 2 children).

They also believed that having a child had problems, such as restrictions for the couple and in particular, for the mother, socioeconomic costs, educational problems, and health risks.

Negative consequences

"Having children makes a couple ignore each other and pay less attention to each other" (a 26-year-old woman, 1 child).

"Having children deprives a person of her liberties.... She may give up her own desires because she raises a child" (a 26-year-old woman, childless).

"It is difficult to meet the financial needs of the child... the existence of insecurity in the society will make me worry about my child" (a 37-year-old man, childless).

"I think having children makes the mother tired... The mother can't continue her education or go to work" (a 33-year-old woman, 1 child).

"You have to spend a lot of money to have a child, and it costs a lot... and you have to constantly worry that my child won't have a problem in society" (a 38-year-old man, 2 children).

"It's very difficult to raise a child... I can't communicate easily with children" (a 24-year-old woman, 1 child).

"If a mother gives birth at an old age, her health is at risk" (a 33-year-old woman, 1 child).

Subjective norms with respect to childbearing

This theme also included a main category entitled "normative beliefs in childbearing." This category is divided into two subcategories, "family normative beliefs" and "nonkinship normative beliefs" [Table 3].

Many participants believed that the couple's and immediate relatives' views on having children are important.

Family normative beliefs

"My spouse's opinion is the most important to me, and in the end, only the couple decides to have a child" (a 29-year-old woman, 1 child).

"In order to have children, the opinion of my spouse's parents is important to me" (a 16-year-old woman, childless).

On the other hand, some participants believed that the opinions of experts as well as the social pressure of the environment in which they live are important for them in terms of childbearing.

Nonkinship normative beliefs

"In my opinion, the views of doctors and psychologists on childbearing are very important" (a 27-year-old man, 1 child).

"The number of children in the area where you live can affect your opinion and decision to have children" (a 26-year-old woman, 1 child).

Perceived control over having a child

"Control Beliefs in Childbearing" was the only main category of this theme. This category also included two subcategories, including "facilitating factors" and "interfering factors" [Table 4].

Most participants believed that factors such as economic facilities, public welfare, and health services facilitated childbearing.

Facilitating factors

"Having a job and having a good income or having a home makes it easier to think about having children" (a 34-year-old man, 2 children).

"If the government gives people the necessary facilities such as food, clothing, amenities and financial and nonfinancial assistance, the people will have children" (a 27-year-old man, 1 child).

"Freeing up pregnancy test costs and pre- and post-pregnancy counselling makes it easier for people to have children" (a 26-year-old woman, 1 child).

Many participants believed that economic barriers, social barriers, psychological barriers, and women's concerns are obstacles to childbearing.

Interfering factors

"The country's poor economic condition... The high cost of caring for a child has made me not think about having children" (a 23-year-old man, childless).

"Problems such as unemployment, addiction, insecurity and hopelessness about the future of the country prevent

Table 3: The theme of subjective norms with respect to childbearing and its category, subcategories, and codes

Theme	Category	Subcategory	Code	Semantic units
Subjective norms with respect to childbearing	Normative beliefs in childbearing	Family normative beliefs	The decision of the couples	The spouse's opinion on childbearing is most important/ couples are the main decision-makers of childbearing
			Influence of family members	The opinion of the couple's parents is very important in childbearing/the opinion of the husband's brothers and sisters in childbearing is important
		Nonkinship normative beliefs	Expert opinion	The opinion of doctors, psychologists and educational counselors about childbearing is very important
			Social pressure	Social customs and influences affect the intention to have children/compliance with similar cases in disadvantaged areas causes childbearing at an early age

Table 4: The theme of perceived control over having a child and its category, subcategories, and codes

Theme	Category	Subcategory	Code	Semantic units
Perceived control over having a child	Control beliefs in Childbearing	Facilitating factors	Economic facilities	Having a good income makes it easier to have children/providing living facilities leads to having children/having adequate housing to live in
			Public welfare	Providing free government services/freeing education and training costs for children/providing noncash subsidies for education and children's entertainment by the government/providing financial assistance to employees/creating a kindergarten in all organizations/having milk pass for working women
			Health services	Provide free infertility treatment services/free laboratory and fetal health screening services during pregnancy/free premarital counselling/establishment and development of free family health counselling centers
		Interfering factors	Economic barriers	Bad economic conditions hinder childbearing/high costs of childcare/concerns about financial problems related to childbearing/high costs of care and testing during pregnancy are barriers to childbearing
			Social barriers	Existence of social harms such as addiction and unemployment in the society/fear of insecurity in the society/rule of despair over the society/short duration of parental leave for working women
			Psychological barriers	The lack of good upbringing of the children around us raises doubts about having children/observing children who are not in a good mood
			Women's concerns	Continuation of women's education/unreasonable social expectations of women to play a role in society/maintaining a proper physique of women's body/level of education and the possibility of socioeconomic participation of women has led to low preference for childbearing

me from having another child" (a 29-year-old woman, 1 child).

"When I see children with mental health problems or not being well-educated, I regret having children" (a 34-year-old man, childless).

"Because I work now and I like to have a good position in society, I prefer not to have children" (a 22-year-old woman, childless).

Social support in childbearing

This theme had a main category called "social support." The category was divided into three subcategories: "informational support," "instrumental support," and "emotional support" [Table 5].

Most of the participants stated that they get the information about childbearing from those around them, specialized resources, and the internet.

Informational support

"A lot of the information we need about childbearing is given to me by my parents and my husband's parents, our family and those around us" (a 26-year-old woman, 1 child).

"I get a lot of information from the staff of health centers... the experts on the TV programs give us good information about having children" (a 24-year-old woman, 1 child).

"My wife and I get information about fertility and childbearing from the internet and cyberspace" (a 34-year-old man, 2 children).

Table 5: The theme of social support in childbearing and its category, subcategories, and codes

Theme	Category	Subcategory	Code	Semantic units
Social support in childbearing	Social support	Informational support	People around	The couple's parents provide them with the necessary information/the spouse can provide useful information/information can be obtained from the relatives/the couple uses the information and experiences of their parents and relatives
			Specialized resources	Family counselling and health centers provide useful information in the field of childbearing/specialists provide information through mass media
			Internet	Couples get some information through cyberspace and social networks/a lot of information is obtained by visiting multiple websites
		Instrumental support	Financial support	Financial support is provided by the couple's families/husband (father) financially supports the family
			Nonfinancial support	The couple's parents help take care of the child/the mother-in-law helps with the day-to-day affairs/the husband helps take care of the child/the nanny helps the child caregivers
		Emotional support	Emotional support from people around	The couple's family is looking for them/the support and help of others makes the mother feel good psychologically/the spouse is emotionally supportive/the couple's parents encourage them to be with the couple

Some participants stated that they receive financial and nonfinancial support for having children.

Instrumental support

"When we had children, my family and my husband's family supported us financially and helped us" (a 29-year-old woman, 1 child).

"Both my parents and my husband's parents help us a lot to take care of the baby... I work and we hire a nanny to take care of our child" (a 24-year-old woman, 1 child).

Many participants in the study said they had emotional support from those around them in childbearing.

Emotional support

"When we had children, our parents always asked about our status, which gives us encouragement... my spouse gives me peace of mind" (a 33-year-old woman, 1 child).

Discussion

The findings of this study showed that many participants considered many benefits for having children; Including prevention of population aging, development of the country, improvement of favorable family conditions, improvement of couple life, reproduction and survival of generation and mental excellence. These findings are consistent with the results of a study conducted in the United Kingdom that sought to identify existing beliefs about having a child.^[18] Regarding the negative consequences of childbearing, the men and women who participated in the study mentioned issues such as restrictions for the couple and in particular, for the mother, socioeconomic costs, educational problems, and health risks. This part of the findings is consistent with the results of other qualitative studies conducted in Iran in the field of fertility and childbearing.^[19,20] To explain these findings, it should be noted that in TPB, behavioral beliefs form the basis of attitude formation.^[10] In the

case of childbearing, it can be said that any behavioral belief about having a child has a particular consequence; on the other hand, in the minds of individuals, this consequence has a subjective value. These beliefs and the values that are intended for them are combined and together, in general, produce a positive or negative attitude toward childbearing. The impact of attitudes on childbearing intention and behavior has been repeatedly demonstrated in both studies conducted in Iran^[1,8,14] and in other countries.^[9,11,16,21] Of course, it should be noted that beliefs and attitudes can be different in various societies and change over time. Given the colorful role of religious beliefs in Iranian Society, its role in the formation of a positive attitude toward childbearing should be considered. According to religious teachings, childbearing is considered valuable and people are encouraged to have more children. The findings of a qualitative study in Iran showed that despite the influence of various factors on the fertility of people, religious people have a high tendency to have children and are less affected by other intervening factors.^[22]

Another noteworthy point that can be seen in the findings of the present study is the difference between the views and opinions of individuals with children and childless individuals. Thus, childless people often emphasized family benefits when asked about the benefits of childbearing. They saw these benefits mainly in terms of themselves, their spouses, their relationships, and their family life, such as improving relationships between couples and motivating life. This mindset of childless people is based more on their predictions of childbearing than on the experience of childbearing and the realities of life with the child. These beliefs seem to have originated from the common discourse among the people of the society, trainings and programs that are being implemented in the Iranian Society to encourage childbearing. The disadvantages reported by childless women often focused on issues that interfered with their

individual freedoms and interests, including continuing education, employment, and social participation. Mentioning such cases is not unexpected due to the social changes in Iranian Society. Increasing the level of education of women has made it possible for them to participate in economic and social activities outside the home. Hence, it has increased the cost of women having children. Therefore, women's desire to have children decreases. On the other hand, the advantages and disadvantages of having children for people with children are derived from their experiences, because these people are faced with the realities of life, along with the existence of the child. In this study, most of these people emphasized the economic and financial costs of having children. Over the years, up to the time of this study, Iran has had an unfavorable economic situation and inflation and economic problems have plagued Iranian families. Therefore, overcoming the economic problems caused by having children seems to be the main concern of these families. In general, it can be said that from the couple's viewpoint, the costs of having children far outweigh the benefits.

Based on the findings of the present study, most of the participants in the study believed that the normative beliefs within their family and also outside this framework, i.e., the opinion of experts and the social pressure in their place of residence; it affects their intention and behavior of childbearing. These findings are consistent with the results of other studies.^[23-25] In TPB, subjective norms with respect to having a child are determined by normative beliefs in related to important others and referents. These normative beliefs are also weighed by the motivation to comply with the referents.^[10] In today's Iranian Society, in urban life, according to the needs of social change, the form of life has changed and society has moved toward a nuclear family and has distanced itself from the extended family. In the nuclear family, it is the couple who decide on the number and time of birth of the child/children, so the spouse's opinion on childbearing is most important. However, in these families, the opinion of close people; like the couple's parents, it plays an important role in the couple's decision to have children. On the other, Iranian couples who are currently in childbearing age often have a high level of education, and this has led to the involvement of experts with sufficient knowledge in the field of fertility in their decisions to have children. As a reliable source and reference, couples are motivated enough to comply them.

The study found that participants said factors such as economic facilities, public welfare, and health services led to facilitation of childbearing. On the other hand, the study participants believed that economic barriers, social barriers, psychological barriers, and women's concerns

were obstacles to childbearing. In a qualitative study aimed to understand the causes of one-child tendency in Iran; economic factors, high cost of living and lack of support for employed women were the main factors affecting one-child tendency.^[26] Similar results have been obtained in other studies conducted in Iran^[3,20,27] and other countries.^[9,28] According to TPB, control beliefs are related to resources and barriers that can facilitate or obstacle having a child.^[10] Economic factors are among the main factors influencing the fertility process. As a rule, having a child requires expenses related to nutrition, clothing, education, health services, care, and so on. Thus, the intention and desire of the lower strata of society to have children is affected and may obstacle childbearing. However, in the upper classes of society, other factors may hinder childbearing. Particularly social and psychological factors including all kinds of social harms such as unemployment, addiction, divorce, delinquency, social insecurity, lack of social vitality and despair about the future of children. Women's concerns are another important and influential factor in childbearing that should be given more attention. Today, there have been extensive upheavals in the field of women's human capital, their level of education, women's participation in the labor market, and socioeconomic activities outside the home. Therefore, women have evaluated the costs and benefits of childbearing and concluded that the costs of childbearing are much higher; in a way, it prevents him from achieving many of his goals and desires. In general, these will lead to the generalization of the intention to have no children or one child.

The findings of the present study indicate that most of the participants stated that they receive all kinds of informational, instrumental and emotional support in childbearing through experts, the Internet and others. In previous studies aimed at identifying factors related to childbearing intent and behavior, similar results have been obtained.^[13,15,23] Social support refers to the tangible and psychological resources that are provided to individuals through communication with family members, friends, neighbors, colleagues, and others. Social support includes informational, instrumental, and emotional support. In many studies, the issue of social support has been addressed; in these studies, the positive effects of social support and the negative consequences of not having access to it have been well demonstrated.^[13,29] This shows the important role of social factors in childbearing. It seems that the couple's enjoyment of all kinds of social support affects their intention to have children in two ways. The first is directly and through impact on intention; in this way, it creates confidence in people that there will be facilities and support items around them when having children. Therefore, this issue may be effective in shaping the couple's intention to have children. The second is indirect

and by affecting the three immediate determinants of intention (including attitude, subjective norms, and perceived control). This effect should be considered in quantitative studies and in the form of surveys.

Limitations and recommendations

One of the limitations of this study was that only married people entered the study, so examining the opinions and beliefs of single people and their intention to have children in the future could help develop appropriate demographic programs and policies.

Conclusion

The findings of this qualitative study showed that in order to recognize and understand the beliefs and factors related to the intention and behavior of childbearing, the ETPB can be used. Attitudes, subjective norms, perceived behavioral control, and social support in the field of childbearing are among the factors influencing the intention and behavior of childbearing. The results of this study could be the basis for designing appropriate data collection instrument in quantitative studies and vast surveys.

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Conflicts of interest

There are no conflicts of interest.

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