

Spousal relationship and childbearing: A review article

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Abstract

Context: In the recent years, unprecedented reduction in fertility occurred in many countries that affected by demographic, economic, social, political, cultural, and familial factors.

Aims: The aim of this study is to evaluate studies those determine the correlation between spousal relationship and childbearing.

Setting and Design: In this review study, to find both published Persian and English articles, database of Scopus, PubMed/Medline, Google Scholar, Scientific Information Database, and Magiran were searched using keywords of Spousal OR Marital OR Couple AND Relationship AND Childbearing OR Sex Behavior OR Reproductive Behavior that were selected from the MeSH Glossary. There was no limitation about place and study design.

Materials and Methods: Two researchers conducted the electronic search on mentioned databases. The reliability of the data collection method was examined by a third researcher who had good knowledge of the subject but was not aware of the name of journal and the authors.

Statistical Analysis Used: No.

Results: Of the 30 studies reviewed, 20 papers directly (increase interaction between spouses increased willingness to childbearing), 9 articles inversely (increase interaction between spouses increased use of contraception and reduced fertility), and one study mutually were shown relationship between spousal relationship and childbearing.

Conclusion: It can be said that marital interactions and spousal relationships have a significant correlation with childbearing, and most of the studies mention that there is a direct relationship between them. Fertility growth is impossible without the promotion of individual, social, and familial factors, such as couples' emotional relationships, and policymakers should pay attention to this and plan accordingly.

Keywords: Childbearing, Couple relationship, Marital relationship, Reproductive behavior, Sex behavior, Spousal relationship

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INTRODUCTION

In recent years, significant demographic changes have taken place in the world. It is expressed that one of the

most important changes is the unprecedented reduction in fertility rate in all regions of the world.^[1] In Iran, family characteristics in term of size have also changed

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dramatically.^[2] The fastest fertility decline occurred between 1985 and 2006, and total fertility rates ranged from 6 to 1.9.^[3] Some studies have identified five stages of fertility transition in Iran:

- Stage 1: A decline in fertility rates since the early 1970s after a long period of high fertility in the country
- Stage 2: A rise in fertility rates during the years 1976–1980
- Stage 3: A relatively constant population growth between 1980 and 1984
- Stage 4: A slow decline in fertility rates between 1985 and 1988
- Stage 5: A significant decline in fertility rates since 1989.^[3]

Childbearing, one of the most important decisions and events in life and the subject of much debate in the field of demography, contributes to positive emotional and economic values and strengthen security and relationship continuity,^[4-6] and it should be culturally and socially conceptualized.^[7] Women's motivation for childbearing and their attitudes to the average number of children varies from one ethnic group to another.^[8] Human behaviors, including fertility behaviors, are associated with the social and cultural environment,^[9] and cultural differences between individuals and societies lead to different reproductive behaviors.^[10] In general, reproduction, in addition to biomedical aspects, has a social and cultural form that varies in relation to different factors in different societies. The opportunities and incentives which promote women's fertility are also different in populations and subgroups and vary from one community to another.^[8] Decision-making on fertility is one of the major events in the life of couples, which in turn affects many aspects of life such as health, the economic situation, and the household welfare.^[11] Large changes in fertility have attracted attention of many scholars and policymakers to the problem of fertility, and fertility rates are shown to have significant effects on the development of social and natural resources.^[11] Due to a significant decline in population growth, a comprehensive crisis management policy should be employed in many countries. To achieve this goal, first, the factors affecting fertility and parenting need to be precisely defined.^[12] Low fertility in developed countries is related to the low levels of gender equality. It is due to the lack of women's support and poor employment. To increase the fertility rates, it is necessary to afford gender equality.^[13] A careful perusal of literature shows that variety of factors (i.e., age, religion, education, mother's occupation, number of children, first gestational age, access to contraceptive methods, healthy lifestyle, family income, patterns of familiarity, and marriage (traditional, modern, and postmodern), ethnicity, familial marriage, women's

independence, place of birth (city and village), degree of industrialization, social development, cultural beliefs and traditions, community attention to the number of family members, media, the interest of individuals in the family and their tendency toward the formation of families, and the interaction between the couples play a key role in fertility and childbearing.^[9,14-16] The experience of fertility transition in Iran shows that although family planning programs are effective in reducing the fertility rates, changes in the fertility behaviors are affected by other factors.^[17] It is very important to pay attention to health, population growth and development, the achievement of the desired number, and the right time for childbearing because they can be beneficial for women, families, and communities.^[18,19] Iran's new demographic policy for increasing population suggests that policymakers should pay more attention to important fertility factors.^[12] As mentioned earlier, one of the factors affecting fertility is couples' relationships as well as its changes. In a study conducted by Sadegh Moghadam *et al.* on Iranian couple, it was found that the highest degree of marital satisfaction was associated with parenting, sexual issues, friends and relatives' network, communication, and financial issues. However, the lowest degree of marital satisfaction was related to personality factors and religious issues.^[20] The results of a qualitative study by Rashid showed that women who had a romantic relationship with their husbands were more interested in having more children to strengthen the duration and rigorousness of this relationship.^[21] In another study, the instability of families and inappropriate relationships between couples caused a decrease in fertility rates.^[22] In contrast, a number of studies have shown that the positive emotional relationships between spouses increase their tendency to use modern family planning methods (including surgical, hormonal, and barrier contraception methods), thereby reducing fertility.^[23,24] The different results from various studies on this issue and the importance of various individual and social factors contributing to fertility have been the impetus for the current research. This study is an attempt to examine whether the relationships between the couples is associated with fertility and childbearing behavior. We hope that the results of the study contribute to the goal of population policies in Iran.

MATERIALS AND METHODS

In this review study, to find published Persian and English articles related to the topic, in international databases including Scopus, PubMed/Medline, Google Scholar, SID, Irandoc, IranMedex, and Magiran were searched using keywords including Spousal OR marital OR Couple AND Relationship AND Childbearing OR Sex Behavior

OR Reproductive Behavior which were selected from the MeSH Glossary until December 2017. There was no limitation about place, time, and study design.

Selection of related studies was carried out in three phases as follows: in the first step, two researchers conducted the electronic search on mentioned databases using mention keywords in the title and abstract of the articles, and duplicated records were removed. In the second step, manual search of resource and article citations was used to find articles that did not obtain by electronic search. In the final step, the full text of articles was searched (Ethical ID number: IR.MUMS.NURSE.REC.1397.019), and articles with inclusion criteria were selected to participate in the study; we did not find any gray literature related to search topic.

Data extraction was undertaken by two independent reviewers. We extracted the following data according to a predefined checklist including authors, publication year, place, type of the study, sample size, spousal relationship, and childbearing.

Data were independently assessed by two reviewers, and disparities were resolved by discussion with a third researcher.

RESULTS

In the preliminary search, 139 relevant articles to the subject of the study were identified. After reviewing the title and abstract of articles, 91 articles were deleted and 50 articles were left. Subsequently, the articles were examined, and studies which met the review criteria (29 articles) were selected. After reviewing the references and citations of the articles, one study met the criteria. Finally, 30 articles were included in the study, of which 11 were qualitative, and other studies were quantitative [Figure 1].

The data presented in these studies were extracted and recorded in Table 1.

In this table, direct means (increase interaction between spouses increased willingness to childbearing), indirect means (increase interaction between spouses increased use of contraception and reduced fertility), and mutual means both of them.

Of the 30 studies reviewed, 20 papers directly (increase interaction between spouses increased willingness to childbearing), 9 articles inversely (increase interaction between spouses increased use of contraception and reduced fertility), and one study mutually were

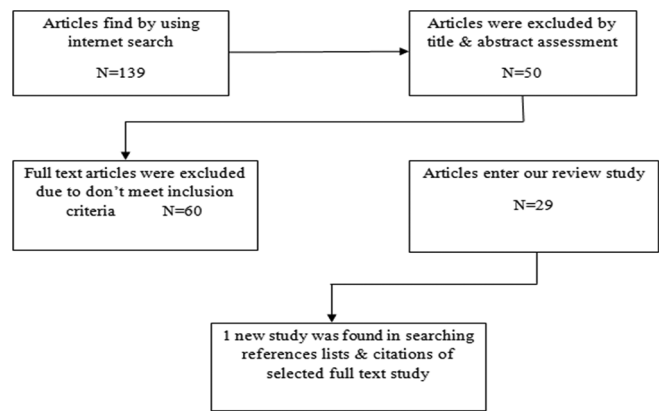


Figure 1: PRISMA flowchart of the study selection process

shown relationship between spousal relationship and childbearing.

DISCUSSION

For decades, there is much debate in marital life and the question is whether spousal relationships are relevant with childbearing or not?^[25] In response, it was said that fertility is not merely a physical phenomenon, and individual mentalities and thoughts play an important role.^[17] In this regard, various studies have reported different results. In another study, the father's support of the spouse and the cooperation with her in taking care of children and accepting parental responsibilities reduced the burden of taking care of children in the mother, and this maternal support system has increased marital stability, improved marital satisfaction, making investment on children, and lead to decision-making for giving birth to later child.^[26] In the study by Frank *et al.*, gender differences or the difference in the relative positions of men and women in society due to the lack of support for women led to a reduction in the decision for giving birth.^[27] Furthermore, the results of studies in Pakistan (2001) and India (2004) showed the various aspects of women's decision-making autonomy, such as women's liberation, their participation in family decision-making and engagement with the partner, strongly affect the fertility preferences and decision-making process.^[28,29] Furthermore, the role of father's participation, having stable relationships with wife and woman's satisfaction from this relationship, in future fertility decision-making is also derived from the results of other studies.^[30-33] Another study expressed that when spousal relationships were disrupted, in which leads to breaking the relationship and separation, existence of children can be a reason for subsist or return to this unstable spousal relationship.^[34] However, based on the available research and evidence in this context, it should be noted that childbearing in this condition not only does not improve the

Table 1: The information of the reviewed papers

References	Authors	Publication years	Place	Type of study	Sample size	Spousal relationship and childbearing
[25]	Caldwell <i>et al.</i>	1982	Belgium	Not reported	Not reported	Mutual relationship
[26]	Ezeh	1993	Ghana	Focus group discussion	1010 couples	Indirect relationship
[27]	Salway	1994	Ghana	Not reported	4488	Indirect relationship
[28]	Campbell <i>et al.</i>	1995	US	Focus group discussion	23	Direct relationship
[29]	Glander <i>et al.</i>	1998	US	Cross sectional	486	Direct relationship
[30]	Klijzing	2000	10 countries	Retrospective	46,432 (10 countries)	Direct relationship
[31]	Jejeebhoy and Sathar	2001	Pakistan	Qualitative	800	Direct relationship
[24]	Ogunjuyigbe and Adeyemi	2003	Nigeria	Qualitative (panel)	603 (403 female, 200 male)	Indirect relationship
[53]	Manning <i>et al.</i>	2004	US	Longitudinal	6578	Direct relationship
[33]	Maitra	2004	India	NFHS	13,284 (mother), 18,614 (child)	Direct relationship
[34]	McCarraher <i>et al.</i>	2005	Bolivia	Longitudinal	1308	Indirect relationship
[21]	Rashid	2006	Bangladesh	Ethnographic fieldwork	58	Direct relationship
[35]	Woldemicael	2009	Eritrea	Not reported	8754	Indirect relationship
[36]	Cowan <i>et al.</i>	2009	US	Qualitative	289 couples	Direct relationship
[37]	Schoppe-Sullivan <i>et al.</i>	2009	US	Longitudinal	92 families	Direct relationship
[32]	Manning <i>et al.</i>	2010	US	Qualitative	57	Direct relationship
[38]	Link	2011	Nepal	Longitudinal	5271	Indirect relationship
[39]	Edin <i>et al.</i>	2011	US	Not reported	Not reported	Direct relationship
[40]	Kotila and Kamp Dush	2012	US	Longitudinal	2028	Direct relationship
[41]	Westoff	2012	Asia, Africa, Latin America, Europe	DHS survey	14,461	Direct relationship
[42]	Chiao <i>et al.</i>	2012	Philippine	DHS survey	13,622	Direct relationship
[43]	Kamal and Islam	2012	Bangladesh	DHS survey	10,996	Indirect relationship
[23]	Emran <i>et al.</i>	2013	Vietnam	Longitudinal	3219	Indirect relationship
[16]	Ghimire and Axinn	2013	US	Retrospective	Not reported	Indirect relationship
[44]	Matsumoto and Yamabe	2013	Japan	Cross sectional	1616	Direct relationship
[45]	Exavery <i>et al.</i>	2014	Tanzania	Cross sectional	3127	Indirect relationship
[46]	Kariman <i>et al.</i>	2016	Iran	Cross sectional	300	Direct relationship
[47]	Okun	2016	Israel	ISS	7500	Direct relationship
[48]	Lundberg <i>et al.</i>	2016	US	Longitudinal	Not reported	Direct relationship
[49]	Rusibamayila <i>et al.</i>	2017	Tanzania	Focus group discussion	116 key informants	Direct relationship

ISS: Israel Social Survey, NFHS: National Family Health Survey, DHS: Demographic and Health Survey

quality of relationship but may also have negative effects on couples' life. Many mothers after childbirth are griping of social isolation, decreased social intercourse, and lack of time to rest, and in this situation, the role of father support and care from his child or wife is clearly understood.^[35] Results of a study point to the role of domestic violence against women and the increased use of contraceptive methods in a hidden manner and reduce childbearing.^[36] The results of a qualitative study showed that when there is no cooperation between husband and wife and women are under the control of their husbands, more likely using contraceptive methods.^[37-39] The results of a review study revealed, in young parents whose relationships are not in sufficient stability, early fatherhood similar to early motherhood, are especial critical periods.^[40] A population-based study showed that the factors associated with society, such as spousal relationships, play an important role in childbearing tendency, particularly in developing countries with low socioeconomic status, unintended pregnancy rate remains high.^[41] The results

of a study conducted in Iran showed that many factors, such as individual factors (age of marriage and quality of life), family factors (marital satisfaction), and social factors (social support), can influence the decision of men to have a child.

Policymakers must come up with the necessary strategies to promote the social, economic, and familial condition of couples in order to encourage them to have more children at the right time.^[42] One study performed in Israel showed that reason of high fertility rate in this country is a set of factors associated with the social, economic, cultural, and political environment including government support from family to childbearing, social support of practitioner women, pay attention to family, spousal relationship, and partly equal gender role attitude of men and women.^[43] In another study, synergistic effect of individual, marital, organizational, and social factors on implementation of childbearing programs has been shown.^[44] All mentioned studies indicate a direct relationship between marital

relationship and childbearing in spouses. In our review, we found a number of articles that showed a reverse relationship between these two variables, for instance in 9 studies enhanced interaction between spouses lead to childbearing reduction and decreased interaction between them increased the number of children. In these studies, more interaction between spouses has a direct relation with family planning methods.^[16,23,24,45-50] Furthermore, one study that was conducted in Bolivia showed that domestic violence against women associated with less using of contraceptive methods and increased unwanted pregnancy.^[51] In our search, an article was found that, based on fertility theory, both positive and negative dimensions of the emotional bond between husband and wife were described as potential factors for fertility and childbearing constraint. Accordingly, various aspects of marital relationships can lead to fertility or contraception constraint.^[52,53] Without any doubt, childbearing and getting father or mother are one of the most respected human experiences and also are according to innate human tendency to sustain their generation and survival so to achieve this goal; it is necessary to pay attention to various factors affecting childbearing, including marital relationship. The main strength of this study was to summarize various studies on couples' marital relationships and their association with childbearing and knowledge of demographic researchers and policymakers of this correlation, which can provide the basis for planning and policymaking according to various individual, social, and family factors including propose necessary strategies to strengthen marital relationships and interactions. Failure to access unpublished reports, different methods of conducting studies, and different and diverse sample size, which makes it difficult to compare and analyze the results, were the limitations to our study.

CONCLUSION

It can be said that marital interactions and spousal relationships have a significant correlation with childbearing, and most of the studies mention that there is a direct relationship between them.

For a number of spouses, the relationship between these two variables is low or too conventional, and in other number of spouses, this relationship becomes dominant over the time. Some of these changes are made after childbirth, which is related to individual, marital, social, or birth attributes. Changes in economic, social, and familial and also changes in people's values and beliefs on fertility are effective on their childbearing and fertility behaviors, so fertility growth is impossible without the promotion of the conditions and factors that cause it, including individual,

social, and familial factors, such as couples' emotional relationships, and policymakers should pay attention to this and plan accordingly.

Conflicts of interest

There are no conflicts of interest.

Author contribution

All authors contributed to this research.

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