



The Role of Spirituality, Marital Satisfaction and Socio-Economic Status on Attitudes Toward Childbearing Among Married Women Without the Intention and History of Pregnancy: A Cross-Sectional Study

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Abstract

Background: Iran has experienced a sharp decline in childbearing rates over the past three decades, and the extent to which attitudes toward childbearing are influenced by marital satisfaction, socio-economic status, and spiritual health remains unclear. Additionally, past research has largely focused on women who already have children. This study, however, examines all women who, after five years of marriage, have not yet decided to have children.

Objectives: This study aimed to determine the role of spirituality, marital satisfaction, and socio-economic status in shaping attitudes toward childbearing among married women in Semnan City in 2023, specifically those without a history of pregnancy or intention to conceive.

Methods: This cross-sectional study included 235 married women who had neither the intention nor history of pregnancy, with a minimum marriage duration of five years. Participants were purposefully selected during visits to the family health center in Semnan City in 2023. Data were collected using the Childbearing Attitudes Questionnaire, the Spiritual Health Questionnaire, the Marital Satisfaction Questionnaire, and the Socio-Economic Status Questionnaire. Statistical analysis was conducted using multiple linear regression tests in SPSS software version 24.

Results: The largest proportion of participants belonged to the age group of 26-32 years (31.35%). A majority (137 individuals, 58.3%) had either an associate or bachelor's degree, and most participants (58.3%) were employed. The results demonstrated that spirituality (41%), socio-economic status (56%), and marital satisfaction (65%) were significant predictors of attitudes toward childbearing ($P < 0.01$).

Conclusions: As marital satisfaction emerged as the strongest predictor of attitudes toward childbearing, it is recommended that health centers offer courses to improve and enhance marital satisfaction among women.

Keywords: Reproductive Behavior, Spirituality, Family Conflict, Social Class

1. Background

The family, as the most fundamental social structure of humanity, plays a crucial role in the preservation and development of societies (1). However, there is a concerning trend of delayed childbearing, which has become increasingly common in developing societies (2). Iran is among the countries that have experienced a

sharp decline in childbearing rates over the past three decades. In response to these changes, childbearing and its determining factors have been widely examined in various social and demographic studies (3).

At the macro level, childbearing is influenced by social, political, and cultural factors, while at the micro level, it is shaped by individuals' thoughts and motivations. Studies have shown that the desire for

childbearing depends on a range of factors (4-6). A significant portion of the shift in couples' childbearing behavior can be attributed to changing attitudes toward childbearing (7).

One influential variable in attitudes toward childbearing is marital satisfaction, which generally reflects individuals' subjective perceptions of their overall satisfaction with their partnership, including both the emotional and sexual connection between spouses (8). The quality of marriage significantly impacts the intention to have children among both childless individuals and those with one child (9). Additionally, spiritual health—which encompasses a sense of meaning and purpose in life, along with religious beliefs—can also play a vital role in shaping attitudes toward childbearing. It serves as a valuable resource for managing personal needs and adapting to life changes (10), particularly since the decision to have children is often seen as the start of a new phase in a couple's life (11). Studies indicate that with increased spiritual health, the inclination toward childbearing also tends to rise (12).

Additionally, while individuals may generally hold favorable attitudes toward marriage and childbearing, social and economic factors can adversely impact childbearing decisions. Reproductive decision-makers often act as economic-rational agents, adjusting their childbearing behavior based on socio-economic considerations (13). Although lifestyle changes and socio-economic factors—such as income and occupation, women's employment status (14), education, and the couple's economic and social independence (15)—play a significant role in couples' decisions to have children, it remains unclear to what extent these factors influence attitudes toward childbearing in comparison to marital satisfaction and spiritual health. Furthermore, past research has primarily focused on women who have children, while this study examines all women who, after five years of marriage, have not yet made a decision to have children,

highlighting a distinct focus from previous studies (11-16).

2. Objectives

This study aims to determine the extent to which spiritual health, marital satisfaction, and socio-economic status predict attitudes toward childbearing in married women who have neither a history nor an intention of pregnancy and who have been married for at least five years in Semnan City during the first half of 2023.

3. Methods

This descriptive-analytical, cross-sectional study is quantitative in nature. A total of 235 married women, selected purposefully based on Cochran's formula, were recruited from the central family health center in Semnan City during the first semester of 2023. These participants had not attempted to conceive within the first five years of marriage. The study was conducted as part of the requirements for a Master of Arts in Clinical Psychology, with the ethics code [IR.IAU.SEMNAN.REC.1402.013](#).

$$n = \frac{\frac{\left(\frac{1}{96}\right)^{2 \cdot 0.5 \times 0.5}}{\left(\frac{0}{0.5}\right)^2}}{1 + \frac{1}{600} \left(\frac{\left(\frac{1}{96}\right)^{2 \cdot 0.5 \times 0.5}}{\left(\frac{0}{0.5}\right)^2} - 1 \right)}$$

Before administering the questionnaires, the clinical psychologist introduced herself and obtained informed consent from each participant. Participants were informed about the study's purpose, how to respond to the questionnaires, and assured of the confidentiality of their information, which was coded for security. They were also made aware of their right to withdraw from the study at any time. After approximately 45 minutes, the completed questionnaires were collected.

3.1. Eligibility Criteria

included completion of an informed consent form, no history of childbirth or intention to bear children, no

use of psychotropic medications, no psychological services received in the last six months, no substance use disorder, female gender, a marriage duration of at least five years, a minimum of eight years of literacy, and no visual or hearing impairments. Participants were excluded if they had ever been pregnant, were single, divorced, or widowed, or were under 18 or over 45 years old.

3.2. Data Collection Utilized Five Tools

(1) Demographic checklist: This assessed age, education level, marriage history, employment status, and other inclusion criteria as noted above.

(2) The Enrich Marital Satisfaction Questionnaire: This 47-item questionnaire, developed by Olson (1998), includes 12 subscales: Contractual response, marital satisfaction, personality issues, marital communication, conflict resolution, financial management, leisure activities, sexual relations, marriage and children, relatives and friends, egalitarian roles, and ideological orientation. It is scored on a five-point Likert scale from strongly agree (1) to strongly disagree (5), with a minimum score of 47 and a maximum score of 235. Higher scores indicate satisfaction, while lower scores indicate dissatisfaction with the marital relationship. The alpha coefficients for its subscales range from 0.48 to 0.90 (16). The psychometric properties of this questionnaire have been reported as satisfactory in Iranian samples (17). In this study, Cronbach's alpha was reported as 0.89.

(3) The Attitude Toward Childbearing Questionnaire (ATFC): The original version consists of 27 questions; however, following re-evaluation for validity and reliability, 7 questions were removed from the Persian version. Exploratory factor analysis was conducted on the remaining 20 questions. Responses are scored on a five-point Likert scale, ranging from strongly disagree (1) to strongly agree (5), with a minimum score of 27 and a maximum score of 135. Higher scores indicate a greater inclination toward childbearing. The reliability of this

questionnaire was reported as 0.83 using Cronbach's alpha (18), and in this study, it was found to be 0.87.

(4) The Spiritual Health Questionnaire: This 48-item questionnaire, developed based on Islamic perspectives by Micah (2013) and standardized by Amiri et al., is scored on a Likert scale from 1 (strongly agree) to 5 (strongly disagree). Higher scores indicate better spiritual health. Content validity ratio (CVR) and content Validity Index (CVI) were 0.80 and 0.85, respectively (19, 20). In this study, Cronbach's alpha was 0.85.

(5) The Socioeconomic Status Questionnaire (GhodratNama, 2013): This tool assesses components such as income level, economic class, housing status, occupation, and education. The scale for responses ranges from very low (1) to very high (5). The questionnaire's validity was confirmed by 12 specialists, and reliability was reported as 0.83 using Cronbach's alpha (21). In this study, Cronbach's alpha was 0.81.

3.3. Data Analysis

The data were analyzed using SPSS version 22. Descriptive statistics were presented as mean, median, standard deviation, and interquartile range for quantitative variables, and frequency and percentage for qualitative variables. To examine the relationship between predictor variables and attitudes toward childbearing, multiple linear regression was used, with significance set at $P < 0.05$.

4. Results

Among the 235 married women with no prior intention or history of pregnancy, the largest age group represented was 26 - 32 years (35.31%), while the smallest was 33 - 40 years (31.48%). In terms of education, 137 participants (58.3%) held an associate or bachelor's degree, whereas 33 (14%) had a high school education or less. Employment status showed that 137 participants (58.3%) were employed, while 98 (41.7%) were housewives. The Kolmogorov-Smirnov test confirmed the linearity of the data (see Table 1). Descriptive

statistics for the study variables are provided in [Table 1](#), showing that both skewness and kurtosis values were below 3 and 10, respectively. The significance value and z-statistic, within a 0.95 confidence interval and a 0.05 error margin, confirmed the data's normality, supporting the use of parametric statistical tests.

[Table 2](#) presents the correlation between predictor and criterion variables for the participants. With the regression assumptions validated, a linear regression model was applied. According to [Table 3](#), 53% of the variance in attitudes toward childbearing is explained by spiritual health, marital satisfaction, and socio-economic status. [Table 4](#) provides the regression coefficients for these predictors. Specifically, a one standard deviation increase in marital satisfaction is associated with a 0.65 standard deviation increase in attitudes toward childbearing. Likewise, a one standard deviation increase in spiritual health is associated with a 0.56 standard deviation increase, while socio-economic status is associated with a 0.41 standard deviation change in attitudes toward childbearing.

5. Discussion

The aim of this study was to examine how spiritual health, marital satisfaction, and socio-economic status influence attitudes toward childbearing among married women who have been married for at least five years and have no history or intention of pregnancy. The findings revealed that, while all three factors significantly predict attitudes toward childbearing, marital satisfaction emerged as the most influential variable. This aligns with previous research indicating that the quality of marital life significantly impacts the desire to have children among childless individuals and those with one child ([22](#)). The study also noted inconsistencies with findings from other research ([23](#)), which may be attributed to differences in statistical populations. Other individual and environmental factors, such as personality traits, misconceptions about optimal childbearing age, attitudes toward

motherhood, psychological readiness, and social support policies, were not considered in this study.

Marital satisfaction reflects the emotional bond and support between partners. Couples who feel fulfilled in their relationship are often more open to expanding their family. A strong partnership fosters a nurturing environment conducive to childbearing. Additionally, satisfied couples typically share similar values and goals regarding family life, which can lead to a more positive attitude toward having children. High marital satisfaction is often associated with stability and security, making the prospect of parenthood more appealing, as couples feel better equipped to face the challenges of raising children together. Furthermore, effective communication skills in satisfied couples facilitate discussions about family planning, addressing concerns and aspirations that make the idea of having children more favorable ([24, 25](#)).

The role of spiritual health in shaping attitudes toward childbearing aligns with studies that link parental spirituality to such attitudes ([26](#)). Spirituality often shapes core values and beliefs, which, in turn, affect behaviors and decisions. Women with strong spiritual inclinations may hold particular views on family and motherhood that shape their attitudes toward having children. Spiritual health can offer a sense of purpose and meaning, intertwining the concept of childbearing with ideas about legacy and nurturing. Additionally, spirituality may provide coping mechanisms for life's challenges, enabling women to view childbearing more positively rather than as a burden. It encourages personal reflection, which can lead women to reconsider their stance on childbearing after several years of marriage ([27-29](#)).

While socio-economic status also plays a role in attitudes toward childbearing ([30](#)), this study found that women in more favorable economic conditions may actually show a lower desire for children. This finding contrasts with some studies suggesting that economic security is typically associated with a higher desire for childbearing ([5, 23](#)). Wealthier individuals

may have different perspectives and cultural influences that shape their family planning decisions (23). Consequently, government incentives aimed at increasing birth rates have seen limited success, as evidenced by low rates of third or subsequent births in Tehran province. Policymakers may need to address social insecurities as well as economic factors to influence birth rates more effectively (22).

In conclusion, while spiritual health and socio-economic status play significant roles, they do not impact attitudes toward childbearing as directly as marital satisfaction. A supportive and fulfilling marriage appears to provide a strong foundation for contemplating the responsibilities and joys of

parenthood. This study is the first to evaluate attitudes toward childbearing in this specific demographic, though it is descriptive and cross-sectional, so causal relationships cannot be established. The sample included only childless women, which limits generalizability. Future research should compare childless women with those who have one child and examine personality traits to gain deeper insights into predictive factors for childbearing attitudes.

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The study was approved by the ethics committee of Semnan University (ethics code: [IR.IAU.SEMNAN.REC.1402.013](https://doi.org/10.21861/IR.IAU.SEMNAN.REC.1402.013)).

Table 1. Descriptive Information Related to Spirituality, Marital Satisfaction and Socio-Economic Status on Attitudes toward Childbearing Among Married Women Without a History of Pregnancy

Variables	Mean \pm SD	Skewness	Kurtosis	Kolmogorov-Smirnov
Childbearing	68.15 \pm 6.88	1.051	0.529	0.187
SES	23.54 \pm 2.23	0.956	0.452	0.265
Spirituality	67.13 \pm 6.874	0.508	-0.438	0.082
Marital Satisfaction	128.568 \pm 5.67	-0.985	-0.879	0.103

Table 2. Correlation Matrix of Spirituality, Marital Satisfaction and Socio-Economic Status on Attitudes Toward Childbearing Among Married Women Without a History of Pregnancy

Variables	Childbearing	SES	spirituality	Marital Satisfaction
Childbearing	1			
SES	0.637*	1		
Spirituality	0.728*	0.487*	1	
Marital Satisfaction	0.568*	0.531*	0.598*	1

Table 3. Regression Analysis of spirituality, Marital Satisfaction and Socio-Economic Status on Attitudes Toward Childbearing Among Married Women Without a History of Pregnancy

Model	Multiple Correlation Coefficient (R)	Coefficient of Determination (R ²)	Adjusted R ²	Standard Error of Estimate	F	Sig.
1	0.733	0.538	0.535	3.669	4.961	0.002

Table 4. Regression Coefficients Results for spirituality, Marital Satisfaction and Socio-Economic Status on Attitudes toward Childbearing Among Married Women Without a History of Pregnancy

Variables	B	Std. Error	Beta	T	Sig	VIF	Tolerance
(Constant)	25.383	5.458		4.650	0.00		
Marital Satisfaction	0.330	0.026	0.656	12.828	0.00	1.06	0.942
Spirituality	0.458	0.087	0.568	11.845	0.00	1.04	0.959
SES	0.348	0.054	0.412	9.965	0.00	1.03	0.971

Footnotes

Authors' Contribution: This article is based on the master's thesis of the first author in clinical psychology at Islamic Azad Semnan University. M. B. developed the original idea and protocol, abstracted and analyzed data, wrote the manuscript, and is a guarantor. P. B. and R. B. L. contributed to the development of the protocol, abstracted data, and prepared the manuscript.

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