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Factors Influencing Childbearing Intentions in Young Couples Attending Premarital Counseling in Southeast Iran: A Conventional Content Analysis

Alireza Ganjali [1], Mehdi Rezvaniamin [2,*], Mostafa Peyvand [1], Kimia Ghasemzadeh [3], Reza Nezam Doost [4]

[1] Health Promotion Research Center, Zahedan University of Medical Sciences, Zahedan, Iran
[2] Community Nursing Research Center, Zahedan University of Medical Sciences, Zahedan, Iran
[3] Student Research Committee, Zahedan University of Medical Sciences, Zahedan, Iran
[4] Islamic Azad University, Ardabil Branch, Ardabil, Iran

[*] ***Corresponding Author:*** Community Nursing Research Center, Zahedan University of Medical Sciences, Zahedan, Iran. Email: mehdi.rezvaniamin@gmail.com

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Abstract

Background: Iran has experienced a sustained decline in fertility. Understanding how newly married couples navigate childbearing decisions is critical for policy and counseling.

Objectives: To explore factors shaping childbearing intentions among couples attending premarital counseling in Zahedan, Iran.

Methods: We conducted a qualitative study using conventional content analysis (CCA) in 2024. Maximum-variation purposive sampling recruited 18 couples (36 individuals) from a university-affiliated premarital counseling center. Data were generated through in-depth, semi-structured individual interviews until information saturation. Verbatim transcripts were anonymized. Analysis proceeded inductively: Familiarization, line-by-line open coding, grouping codes into sub-categories, abstraction into main categories, and identification of an overarching (central) category. Trustworthiness was ensured via member checking, independent co-coding, an audit trail, reflexivity, and peer debriefing. This report was developed in accordance with the Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines.

Results: One central category — "Deliberate childbearing: Decision-making contingent on readiness and capability" — organized five main categories: Economic-livelihood, bio-psychological, work-education, cultural-family, and personal preferences.

Conclusions: Multilevel strategies that improve economic security, support education-work-family balance, and enhance premarital counseling content may better align couples' goals with fertility policies.

Keywords: Reproductive Behavior, Fertility, Premarital Counseling, Qualitative Research, Iran, Content Analysis

1. Background

Childbearing remains a central determinant of population dynamics and a touchstone of social well-being in low-fertility settings. In Iran, sustained declines in fertility have renewed concern about the long-term consequences for age structure, labor force sustainability, and health system planning. A recent systematic review in "Health Scope" synthesized international evidence and underscored the multidimensional drivers of fertility change — economic, social, political, technological, environmental, and health-system factors — many of which are salient in the Iranian context (e.g., inflation, women's employment, urban residence, and policy incentives) (1).

Against this backdrop, understanding how couples at the cusp of marriage formulate intentions about

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whether and when to have children is vital for designing responsive counseling and public health interventions. A growing body of Iranian and regional research points to the value of psychological and social mechanisms — especially those articulated in the theory of planned behavior — for explaining childbearing intentions. Among married women in southeast Iran, attitudes toward childbearing, perceived behavioral control (constraints such as work or education), and subjective norms all independently predicted intention to have a child in the next three years, with attitudes being the strongest predictor (2). International and regional studies during and after the COVID-19 period similarly suggest that shocks and uncertainties tend to shift timing rather than the desire to have children, foregrounding perceived control and future security in couples' decision-making (3).

For newly married couples, sexual and reproductive health (SRH) questions frequently center on practical readiness, relationship communication, financial planning, and role expectations, reinforcing the need for targeted premarital education that addresses both knowledge and social-psychological antecedents of intentions (4). Evidence on the macro-to-micro linkage is mixed but instructive. Systematic evidence reviews identify economic stressors (e.g., housing costs, unemployment, and inflation) and opportunity costs (e.g., women's education and employment) as consistent correlates of lower fertility, whereas family-friendly policies (parental leave, childcare support) are associated with higher fertility in diverse settings (1). In Iran, province-wide data from female "marriage volunteers" show relatively favorable ideals (two or more children) but highlight working or educational engagement as a salient barrier to near-term childbearing (within three years), pointing to the difficulty of aligning aspirations with immediate constraints (5). Complementing these findings, qualitative studies with Iranian couples illuminate the lived calculus behind intentions: Financial stability and housing, couple relationship quality, and parenting attitudes coalesce into context-specific notions of "readiness", while extended family expectations and cultural scripts shape perceived norms (6).

Taken together, the literature suggests that interventions which focus narrowly on incentives or information may be insufficient unless they also address readiness, capability, and relational dynamics. Premarital counseling is a strategic venue to engage these mechanisms. Newly married or nearly married couples are actively negotiating roles, resources, and timelines; they also report SRH information needs and uncertainties that counseling can address (4). Beyond imparting knowledge, premarital counseling can strengthen communication, clarify expectations about work-education-family balance, and scaffold decision-making under economic and social constraints. While theory of planned behavior-informed educational trials and counseling programs show promise in shifting determinants of intention (2, 3), there is still limited qualitative evidence capturing the voices of couples at the point of marriage, especially outside major metropolitan centers, to guide the design and prioritization of counseling content.

Despite active policy debates and a growing literature on fertility attitudes in Iran, two gaps persist: (A) limited qualitative, couple-level evidence from non-metropolitan settings at the moment when childbearing intentions are jointly negotiated; and (B) minimal linkage between premarital counseling content and the psychosocial determinants of intention (attitudes, subjective norms, perceived control) highlighted in prior work (1-6). Addressing these gaps is essential to tailor premarital curricula and to design multi-level policy packages that resonate with couples' perceived readiness and constraints.

2. Objectives

Using a conventional content analysis (CCA), we explored how newly married couples attending a university-affiliated premarital counseling center in Zahedan construct childbearing intentions, and how economic conditions, education or work trajectories, family-cultural expectations, and bio-psychological considerations are combined in their decision-making.

3. Methods

3.1. Study Design and Analytic Stance

This qualitative study employed a CCA within an interpretivist stance, proceeding inductively from meaning units to sub-categories and main categories without imposing a priori frameworks (7-9). Reporting adheres to the Consolidated Criteria for Reporting Qualitative Research (COREQ) 32-item checklist to maximize transparency in sampling, data collection, analysis, and reporting (10).

3.2. Setting and Participants

The study took place in 2024 at a premarital counseling center affiliated with Zahedan University of Medical Sciences (Zahedan, Iran). Zahedan is a culturally diverse city with Baloch and Sistani communities and historically higher fertility norms that have shifted downward in recent years amid economic change (5, 11) and a local study on fertility patterns in Zahedan, 2015 (12). Inclusion criteria were (A) attending premarital counseling during data collection; (B) willingness and ability to participate in Persian; (C) self-reported good general and mental health. Exclusion criterion was unwillingness to continue or failure to meet inclusion criteria.

3.3. Sampling Strategy and Sample Size

We used purposive sampling with maximum variation (age, education, employment, socioeconomic situation, and marriage type) to capture a wide range of experiences (13). Recruitment proceeded iteratively to include under-represented profiles (e.g., shift workers vs. fixed schedules; students vs. non-students; firstborns vs. later born; financially constrained vs. relatively secure). Interviews continued until information saturation was defined as the point at which no new meaning units or categories emerged across successive interviews (14). The final sample comprised 36 individuals (18 women, 18 men).

3.4. Data Collection

Data were generated through in-depth, semi-structured individual interviews with each partner in a private room at the center, conducted by one faculty member and two trained master's students in clinical psychology. Before each interview, the study purpose, voluntariness, confidentiality, and the right to withdraw were explained; a short demographic form was completed.

The interview guide probed: (A) ideal timing or number of children; (B) perceived facilitators or barriers (economic, education or work, psychological, health-related); (C) family or cultural expectations and gender-role beliefs; (D) awareness or experience of pronatalist supports; and (E) couple communication or decision-making about childbearing. With permission, interviews were audio-recorded; if declined, detailed contemporaneous notes were taken. Typical duration was 30 - 60 minutes. Immediately after each interview, the interviewer prepared analytic field notes (salient moments, emergent ideas). Recordings were transcribed verbatim in Persian, anonymized (gender, age labels only), and returned to participants for member checking (verification or minor clarifications) to enhance credibility (15).

3.5. Data Management and Analysis

Transcripts were prepared in Microsoft Word (2016) and organized (codebook, category matrices, memos, comparative tables) in MAXQDA. Analysis followed the inductive CCA process:

1. Familiarization and meaning units: Repeated reading to identify meaning units relevant to childbearing intentions.

2. Line-by-line open coding: Two researchers independently coded data with short, data-proximal labels (e.g., "saving before trying", "waiting for stability", "balancing shifts and study", and "buffering family pressure").

3. Grouping and reduction: Codes were compared and merged into sub-categories; overlaps were reduced via constant comparison within and between transcripts.

4. Abstraction to main categories: Sub-categories were abstracted into main categories with explicit properties (conditions, actions or interpretations, consequences).

5. Integrative synthesis: Categories were related in an analytic narrative, yielding an overarching (central) category or theme — "Deliberate childbearing: Decision-making contingent on readiness and capability".

6. Team consensus and auditability: Discrepancies were resolved through analytic meetings; earlier transcripts were re-reviewed when refinements occurred; an audit trail documented codebook iterations, memoing, and decision points to support dependability (7, 9, 15).

3.5.1. Analytic Summary

Initial in-vivo codes (e.g., "saving before trying", "waiting for stability", "balancing shifts and study", and "buffering family pressure") clustered into sub-categories, which were abstracted into five main categories. Cross-category comparisons specified the conditions, actions or interpretations, and consequences that together formed a composite

readiness or capability threshold, yielding the central category.

3.6. Rigor and Trustworthiness

We addressed Lincoln and Guba's criteria: Credibility (member checking; investigator triangulation; peer debriefing; constant comparison), dependability (audit trail; code-recode checks), confirmability (reflexive journaling; data-anchored decisions), and transferability (thick description of setting, participants, context). Adherence to COREQ reinforced transparency at each stage (10, 15).

3.7. Ethical Considerations

The present study was approved by Zahedan University of Medical Sciences (IR.ZAUMS.REC.1403.239). All participants gave informed consent prior to data collection. Transcripts were de-identified and stored on password-protected devices accessible only to the team. Participants were informed that declining audio recordings would not affect services and that they could withdraw at any time without consequence.

4. Results

4.1. Sample Description

A total of 36 individuals participated (18 men and 18 women). Most were aged ≥ 30 years (41.6%), and over half held a bachelor's degree (55.5%). By ethnicity, Sistani participants comprised 41.6%, Baloch 33.3%, and other 25.0%. Detailed participant characteristics are presented in Table 1.

4.2. Central Category (Deliberate Childbearing: Decision-Making Contingent on Readiness and Capability)

A central category — "Deliberate childbearing: Decision-making contingent on readiness and capability" — organized five main categories that explain how couples negotiate the timing and number of children: Economic-livelihood, bio-psychological, work-education, cultural-family, and personal preferences. Across interviews, couples described parenthood as a conditional choice, not an automatic life step. Action is deferred until a composite threshold of capability is felt to be met, combining (1) Economic sufficiency; (2) bio-psychological readiness; (3) work-education alignment; (4) fit with cultural-family expectations; and (5) personal meanings and preferences. Five main categories (with sub-categories) articulate how couples negotiate the timing and number of children (Table 2).

4.2.1. Economic-Livelihood: Financial Readiness as a Prerequisite

Participants positioned financial sufficiency (housing, childcare, food, and schooling) as the "starting line" of parenthood.

- Costs vs. income: "With the current economic situation... no children for five years; after that, we'll have one if we can." (Participant 11, male, 31)

- Access to incentives: "Plans exist but need upfront money or a guarantor — many of us don't have that." (Participant 11, male, 31)

Analytic note: Even pro-fertility couples tie action to a personal financial floor; hard-to-access incentives function as soft barriers, not enablers.

4.2.2. Bio-psychological: Parenting When We Are Truly Ready

Readiness encompassed both maternal physical capacity and couple psychological maturity.

- Maternal capacity/health: "Large families put pressure on the mother — my grandmother had eight children and developed back problems." (Participant 3, male, 25)

- Psychological maturity: "I need five to ten years to feel truly mature, then I can have a child." (Participant 4, female, 27)

Analytic note: Participants equated quality of parenting with timing, explicitly resisting "unready parenthood".

4.2.3. Work-Education: Stabilizing Adult Roles Before the Parent Role

Occupational demands and educational trajectories were central to postponement, though some reported feasible co-management.

- Workload/time demands: "With nursing shifts… right now I can't; maybe later, one child." (Participant 12, female, 26)

- Education trajectory: "First I will continue my studies; after that, we'll have children." (Participant 16, female, 21)

Analytic note: Many sequences from job or study to parent role; a minority emphasized that careful planning could permit overlap.

Table 1. Demographic Characteristics of Participants (N = 36)

Variables and Categories	No. (%)
Gender	
Male	18 (50.0)
Female	18 (50.0)
Age (y)	
18 - 24	12 (33.3)
24 - 30	9 (25.0)
≥ 30	15 (41.6)
Education	
High school diploma/associate	5 (13.8)
Bachelor's	20 (55.5)
Master's	6 (16.6)
Doctorate	5 (13.8)
Ethnicity	
Baloch	12 (33.3)
Sistani	15 (41.6)
Other	9 (25.0)

Table 2. Central Category, Main Categories, Sub-categories (with Brief Descriptors)

Deliberate Childbearing: Decision-Making Contingent on Readiness and Capability	Brief Descriptor
Economic livelihood	
Costs vs. income	Housing, childcare, nutrition, and schooling weighed against earnings
Access to incentives	Loans/land/car schemes perceived as hard to access (upfront cash/guarantor)
Bio-psychological	
Maternal capacity/health	Avoiding physical strain; prudent spacing
Psychological maturity	Time for couple bonding; "feeling ready" before parenting
Work-education	
Workload/time demands	Shift work, irregular hours, fatigue delay childbearing
Education trajectory	Postponement until completing a degree/stabilizing schedule
Cultural family	
Family expectations	Grandparental desire, firstborn pressure, conventional timelines
Family-of-origin template	Large/small family background as normative anchor
Personal preferences	
Meaning/joy of parenting	Parenting as fulfillment; relationship cohesion
Sex preference/ceiling	Health prioritized; typical ceiling two-three children

4.2.4. Cultural-Family: Between Normative Pressure and Couple Autonomy

Family expectations and local norms shaped perceived timing and desired numbers, tempered by couples' emphasis on joint choice.

- Expectations/firstborn pressure: "We are both firstborn children; that creates expectations to act sooner." (Participant 20, female, 23)

- Family-of-origin template: "In our culture, having three children is common…" (Participant 20, female, 23)

Analytic note: Families set the comparison baseline, yet couples assert privacy and co-decision on timing.

4.2.5. Personal Preferences and Meanings: Designing Number with Purpose

Couples articulated why they want (or do not want) children and how many.

- Meaning/joy of parenting: "When you truly have the ability to raise a child, that's when you should have one."

(Participant 9, female, 20)

- Sex preference/ceiling: "Given today's conditions, two to three is reasonable — more is hard." (Participant 17, male, 31); some voiced a boy preference (Participant 14, female, 26), though most prioritized health.

Most couples regarded two to three children as a reasonable upper bound and prioritized child health over the child's sex; as one participant noted, "Given today's conditions, two to three makes sense; more is difficult" (Participant 17, male, 31).

Analytic synthesis: The analytic narrative indicates that couples assemble readiness across multiple domains prior to acting on childbearing. Economic capability operates as a structural precondition; bio-psychological readiness and work-education alignment calibrate timing; cultural-family forces set normative contours; and personal meanings provide motivational direction and a pragmatic ceiling. When these strands converge into a shared sense of "we are ready and able", intentions more often translate into action; otherwise, postponement prevails even among those who value larger families.

5. Discussion

Anchored in the core category "Deliberate childbearing: Decision-making contingent on readiness and capability", our findings show that newly married couples in Zahedan defer childbearing until they perceive that a composite threshold has been met across economic capability, bio-psychological preparedness, work-study alignment with the parenting role, and cultural-family legitimacy alongside personal preferences (Table 2). This processual, data-driven reading resonates with contemporary evidence from Iran and other low-fertility settings and advances a nuanced understanding of how childbearing intentions are formed and sequenced into action.

5.1. Economy as the Structural Precondition

Participants treated a "financial floor" — stable earnings, affordable housing, and the capacity to cover childcare or education — as the starting line for action. This centrality aligns with the "Health Scope" systematic review identifying inflation, job insecurity, and the affordability of family formation as key multilevel drivers of fertility change (1). Our respondents' emphasis on housing cost burdens and their skepticism toward incentives that require up-front cash or guarantors mirrors cross-national analyses linking housing costs to lower fertility intentions and greater demand for social housing (16). At the Iranian subnational level, province-wide data among female "marriage volunteers" indicate that, despite relatively favorable ideals (two or more children), near-term action is tempered by education or work engagement and economic constraints, consistent with the financial-floor and role-stabilization mechanisms we observed (5).

5.2. Uncertainty, Perceived Control, and Timing

Even among couples valuing larger families, perceived behavioral control (feeling able, stable, and ready) modulated when intention translated into action. This accords with Theory of Planned Behavior applications in southeast Iran, where attitudes, subjective norms, and especially perceived control independently predict near-term intention (2). Broader post-COVID literature similarly shows that economic-social uncertainty shifts timing more than desire, elevating postponement and flexibility around first-birth plans (3, 17, 18). Our contribution is a qualitative specification of the sequencing logic: Couples prioritize consolidating adult roles (work or study) as a precondition to parenting and wait until they cross a subjective threshold of capability.

5.3. Cultural-Family Norms and Couple Autonomy

Firstborn expectations, grandparental desire, and local norms about "appropriate" timing and family size shape the decision space, while couples simultaneously emphasize joint autonomy and the privacy of timing. This balance parallels Iranian qualitative work locating fertility decisions at the intersection of capability, relationship quality, and parenting attitudes (6), and dovetails with evidence of evolving gender roles and intra-couple bargaining in Iran (5). In our data, norms function less as rigid dictates than as legitimizing frames that can accelerate consideration when supportive or sustain delay when misaligned with couples' readiness.

5.4. Premarital Counseling as a Practice Lever

Documented SRH information needs and practical uncertainties among newly married Iranian couples — fertility, contraception, and relationship skills — map closely onto the domains our participants linked to

delay or conditional childbearing (4). Narrative syntheses of premarital education likewise call for localized, decision-focused curricula (19). We extend these recommendations by specifying four mechanism-targeted modules: (1) Economic-readiness planning (budgeting first-year costs and mapping benefits); (2) work-study-family alignment (timelines, role negotiation, and shift-work contingencies); (3) family-systems communication (responding to expectations while preserving couple choice); and (4) bio-psychological readiness (maternal health literacy, spacing, and reflective "readiness" exercises).

5.5. Beyond Incentive-Only Framings: Policy Implications

Our analysis departs from incentive-centric approaches: Information or cash bonuses are unlikely to move behavior unless couples perceive structural preconditions — affordable housing, predictable income, and feasible role-alignment — are in place (1, 17, 18). Housing evidence points to concrete levels, from rent support to preferential access to social housing for first-time parents (16). Thus, multilevel policy packages that simultaneously bolster early-career income security, housing affordability, and accessible childcare are more behaviorally plausible than single-instrument programs.

5.6. Synthesis, Limitations, and Future Directions

This study corroborates and deepens current knowledge by reaffirming the central role of economic constraints and uncertainty (1-3, 17, 18), clarifying how cultural-family scripts intersect with couple autonomy in a non-metropolitan setting (5, 6), and translating these dynamics into counseling-ready targets (4, 19). Limitations include focus on one university-affiliated center in a single city and potential social desirability bias; as a qualitative, cross-sectional inquiry, we theorize processes rather than estimate prevalence or causal effects. Future work should employ longitudinal mixed-methods to test the readiness or capability threshold model, and embedded trials in premarital counseling to assess mechanism-targeted modules (economic planning, work-study alignment, family-systems communication, and bio-psychological readiness) on proximal determinants (attitudes, norms, perceived control) and near-term intentions (2-4, 19).

5.7. Conclusions

Young couples in Zahedan do not treat parenthood as a default milestone but as a planned transition contingent on crossing a composite threshold of economic security, bio-psychological readiness, work-education alignment, and culturally legitimate autonomy. This theory reconciles the "children are valued, yet births are postponed" paradox by showing how uncertainty and structural costs delay timing rather than extinguish desire. For practice, premarital counseling should move beyond information-giving to capability-building across the domains couples use to judge readiness. For policy, durable gains will likely come from reducing structural costs (especially housing) and strengthening early-career security, while simplifying access to existing support. Implemented together, these strategies can help couples act on their intentions at the right time for them, aligning family well-being with public health goals.

5.8. Implications for Practice and Policy

For practice, premarital programs should incorporate economic-readiness planning, work-study-family alignment, family-systems communication, and bio-psychological readiness supports — areas repeatedly implicated in intentions and timing (2, 3, 19). For policy, multilevel interventions are indicated: Housing affordability (e.g., rent support or priority access for first-time parents), income security (early-career employment protections), and accessible childcare are more likely to shift behavior than one-off cash incentives; making existing supports legible and low-friction may convert "soft barriers" into enablers (1, 16). These strategies align with demographic syntheses and studies that tie cost burdens and uncertainty to intention delays (1, 17, 18).

5.9. Limitations

Findings reflect couples who attended a university-affiliated premarital center in one city; perspectives of non-attenders or residents of other provinces may differ. Social desirability bias is possible despite confidentiality assurances. As a qualitative, cross-sectional inquiry, this work theorizes processes but does not measure prevalence or causal effects. Although we sought heterogeneity and negative cases, some subgroups (e.g., migrants, unemployed men, and high-risk pregnancies) were few.

5.10. Future Research

Longitudinal mixed-methods designs could test the proposed threshold model, tracking how shifts in employment, housing, and perceived control alter intentions and transitions to first birth. Trials within premarital counseling could evaluate tailored modules (economic planning, work-study alignment, family-systems communication) on proximal mechanisms (attitudes, norms, perceived control) and near-term intentions (2, 3, 19). Comparative work across Iranian regions and diaspora communities would gauge contextual specificity and transferability.

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Footnotes

Authors' Contribution: A. G. and M. R. participated in the design of the study, analysis and results interpretation. M. P. participated in the design of the study and revised the manuscript. K. Gh. participated in data collection and contributed to the study design and R. N. contributed to the study design and drafted the manuscript. All the authors read and approved the manuscript.

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