ISSN: 2538-3124 Home Page: Jwdp.ut.ac.ir



Woman in Development and Politics

Women's Narratives on the Barriers and Challenges of Having Additional Childbirth

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Article Info

Article type:

Research Article

Article history:

Received: 11 April 2025 Received in revised form: 24 July 2025

Accepted: 18 August 2025 Published online: 23 October

2025

ABSTRACT

Introduction

In recent years, the issue of second-time childbearing has emerged as one of the most prominent topics within the domain of population policy, particularly in Iran—a country experiencing a significant decline in its population growth rate. Iran has been facing the phenomenon of below-replacement fertility over the past decade, with the total fertility rate dropping to approximately 1.8 children per woman in the early 2000s. Although there was a slight increase in this rate in 2011, it declined again to nearly 1.7 by 2016. Considering the traditional and religious cultural context of Iran, where childbearing is considered one of the essential goals of marriage and family formation, this decreasing trend is a matter of serious concern, especially regarding the birth of second and subsequent children.

According to numerous studies, such a trend leads to an increase in the aging population, which may pose severe long-term challenges for the country. Alongside population aging, the declining fertility trend threatens national development in terms of both human capital and economic sustainability. Research also indicates that Iranian lifestyles have been significantly influenced by modernization, leading to changes such as increased educational attainment among women, rising levels of social participation, wider access to contraceptives, changing values, individualistic orientations, and shifting social attitudes—all of which have collectively contributed to the reduction in fertility rates.

Furthermore, research in the field of public health and well-being points to other influential factors that reduce the desire for childbearing. These include access to and satisfaction with maternal and reproductive health services, awareness of reproductive health, the age of spouses, timing of marriage and first childbirth, the gender composition of existing children, place of birth and residence, and the use of family planning methods. Therefore, the decreasing inclination toward childbearing—especially regarding having a second child—constitutes a complex and multifaceted social phenomenon. In order to design and implement effective population policies and interventions, it is essential to explore and understand the barriers and challenges that women face in their reproductive decision-making.

This study employs a qualitative research design and in-depth semi-structured interviews to examine the experiences and perspectives of married women living in Tehran who have at least one child. The findings offer valuable insights for social policymakers and planners who aim to address the current fertility challenges in Iran.

Methodology

The research adopted a qualitative approach and collected data through semi-structured, indepth interviews with 18 married women aged between 25 and 38 years, all of whom had at least one child. Data collection was carried out by disseminating open calls in various online platforms and virtual groups. Women who were interested in participating responded voluntarily and were recruited based on their willingness and informed consent. To ensure adherence to ethical standards, participants were provided with clear explanations about the purpose, nature, and confidentiality of the research before consenting to be interviewed. A purposive sampling strategy with maximum variation was used to capture diverse

Keywords:

Cultural Challenges, Economic Barriers, Health and Reproduction, Women. perspectives. Accordingly, participants included working women, homemakers, and university students from different educational backgrounds and residential areas across Tehran. Thematic analysis was employed to analyze the interview data, which allowed for the identification of recurring themes and the extraction of main categories and subcategories from the participants' narratives.

Findings

ultimately categorized into four main themes: "financial and livelihood concerns," "attitudinal conflict toward childbearing," "transformation in parental responsibility patterns," and "health and fertility." These encompassed twelve subthemes: "economic instability and household livelihood crisis," "concerns about securing stable employment," "quality and costs of child-rearing," "childbearing under the dominance of consumerism, welfarism, and virtual networks," "the de-identification of motherhood and cultural judgment against large families," "existential nihilism and pessimism toward human birth," "distrust in educational and training institutions," "the influence of digital and social media among family members," "unsupported motherhood," "individualized parenting," "infertility and inequality in access to effective treatment," "medical costs during pregnancy and structural deficiencies in insurance systems," and "psychological erosion of parents due to role conflicts."

The findings indicate that one of the key barriers to childbearing, as reported by interviewees, is the "transformation in parental responsibility patterns," which includes the two subthemes of "individualized parenting" and "unsupported motherhood." This transformation essentially refers to changes in parenting models and the acceptance of familial and supportive responsibilities—particularly toward children—that have made the decision-making process regarding childbearing more difficult for couples, especially women

Another major barrier to childbearing is "financial and livelihood concerns," with most interviewees pointing to economic difficulties and financial worries directly related to the prospect of having more children.

In addition to these, one of the most significant barriers to childbearing is the "attitudinal conflict toward childbearing," comprising four subthemes: "existential nihilism and pessimism toward human birth," "distrust in educational and training institutions," "childbearing under the dominance of consumerism, welfarism, and virtual networks," and "the de-identification of motherhood and cultural judgment against large families." In recent years, under the influence of shifting cultural and value systems, models of having only one child—or remaining childless—have become increasingly prevalent in contrast to traditional childbearing norms. According to the interviews, the one-child model is largely shaped by the dominance of consumerist ideologies, extreme welfarism, the proliferation of social media, and the promotion of individualistic lifestyles.

Finally, the category of "health and fertility" emerged from the description and interpretation of women's concerns regarding medical and reproductive health challenges. This includes three subthemes: "infertility and inequality in access to effective treatment," "psychological erosion of parents due to role conflicts," and "medical costs during pregnancy and structural deficiencies in insurance systems." Many women expressed dissatisfaction with medical and healthcare services during pregnancy and the postpartum period, identifying this issue as a critical factor influencing couples' decisions to avoid childbearing—particularly with regard to having additional children.

Conclusion

The findings suggest that decisions around additional childbearing are embedded in a web of interrelated personal, economic, social, and institutional factors. Financial hardship, evolving gender norms, societal values, insufficient support systems, and systemic weaknesses in health and welfare services have all contributed to a significant decline in the willingness to have more children, particularly a second child.

Given the complexity of these challenges, the study recommends that policymakers adopt a multifaceted and responsive approach to population policy. This includes addressing

families' financial insecurities, improving access to comprehensive and affordable healthcare services, enhancing the quality and trustworthiness of educational institutions, and promoting shared familial responsibilities through legislation and public awareness campaigns. It is essential to foster a supportive social environment in which couples—especially women—feel empowered and equipped to make reproductive choices free from economic anxiety, social judgment, or institutional failure. Only through such integrative and empathetic strategies can sustainable population goals be achieved in a way that respects the lived realities of families.

Cite this article: Mirhosseini, Z., & Mojtahedi, N. (2025). Women's Narratives on the barriers and Challenges of having additional Childbirth. Women in Development and Politics, 23(3), 471-500. DOI: https://doi.org/10.22059/jwdp.2025.391724.1008527



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DOI: https://doi.org/10.22059/jwdp.2025.391724.1008527