



Factors Related to Empowering Iranian Women's Fertility Behaviors: A Systematic Review

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ABSTRACT

Aims Women's empowerment refers to empowering women to make independent decisions about significant life issues. Women's empowerment affects demographic processes and fertility behaviors. The aim of this review was to investigate the factors related to empowering Iranian women's fertility behaviors.

Information and Methods This review examined all related studies conducted from 1997 to 2017 in Google Scholar, PubMed, Elsevier, Scopus, Proquest, Irandoc, SID, and Magiran using some keywords, i.e., fertility, empowerment, decision-making, and childbearing.

Findings 31 articles related to the objective of the current study were finally selected and examined. The studies demonstrated that factors associated with empowering Iranian women's fertility behaviors could be classified into four main categories: contextual, economic, socio-cultural, and moral and emotional factors.

Conclusion Empowering women's fertility behaviors is related to the contextual, economic, socio-cultural, and moral-emotional factors. By planning and making policies aimed at improving women's position and educational and occupational facilities, improving social services and quality of life, and creating equal opportunities for getting access to facilities and credits, indicators of human development empowerment and women's fertility behaviors can be promoted.

Keywords Empowerment; Women; Fertility; Behaviors

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Introduction

The fertility rate has been declining over the past three decades [1], and the results of censuses conducted in Iran have shown that the total fertility rate dropped from about six children in 1980 to two children per woman in 2007 [2, 3]. This rapid decrease in the fertility rate can bring about severe and irreparable economic and social harm to the country [4].

Fertility is a unique factor [5] and is one of the main components of population growth [6]. The realization of population growth in the country depends on couples’ fertility behaviors and preferences [7]. Fertility is a social and public phenomenon that varies in different societies [8] and results from a behavior within a family’s framework [9]. In Iran, a family, along with its close relationships with other components of the social organization of the society, is the main decision-making unit associated with fertility, since all the fertility tendencies and behaviors, in their actual forms, are realized within it [10]. A fertility behavior is not simply about giving birth to a child, and it covers all aspects of childbearing, such as the desire to have children and the attitude to stimuli for fertility regulation [11]. Fertility is the result of a decision made by a husband and a wife for having a child. The decision to have a child is made under several conditions and is affected by some factors such as fertility health [9]. Good fertility health is dependent on women’s empowerment in the community [10]. The women’s empowerment refers to empowering women to make independent decisions about life’s underlying issues [10]. Since women are the main factor of fertility, their empowerment affects their fertility behaviors and improves their capability to play a role in deciding about their fertility behaviors [12].

According to international assessments, Iran ranked 87th (out of 93 countries) in the Women’s Empowerment Index (WEI) [13]. Results of a study carried out by Froozanfar *et al.* on women in Tehran demonstrated that 29.6% of women had good fertility behaviors and 20.8% of women had high capabilities. Additionally, it was found out that an increase in women’s abilities improved their fertility behaviors [12].

The women’s fertility empowerment refers to controlling fertility by gaining the necessary knowledge required for it and gaining autonomy in making decisions about getting pregnant. It also means controlling fertility contributions by understanding a spouse’s fertility tendencies and supporting the spouse for fertility regulation, maintaining health during reproductive years by planning for having a safe pregnancy and using safe and appropriate contraception methods, getting access to reproductive services, including couples counseling, and getting access to birth control methods and treating their side effects [14].

Accordingly, empowering women may affect demographic processes and fertility behaviors [15]. Therefore, it is essential to investigate factors associated with empowering women in fertility behaviors. However, it is still not clear what exactly determines women’s empowerment in fertility behaviors. Hence, it is necessary to identify the related factors to consider them as the basis for future planning in our country. Regarding the change in fertility behaviors in the current era and the lack of thorough and comprehensive reviews, the aim of this review was to investigate the factors related to empowering Iranian women’s fertility behaviors.

Information and Methods

The present study was a review conducted by reviewing library resources. Initially, this investigation was carried out by searching the following keywords, i.e., *decision-making, fertility preferences, fertility behavior, empowerment, and childbearing*, alone or in combination, in the search engine of Google Scholar and the PubMed, Elsevier, Scopus, Proquest, Irandoc, SID, and Magiran databases. Articles, reports, and publications of international organizations and existing institutions on the factors related to empowering Iranian women’s fertility behaviors were investigated. The review was conducted from 1997 to March 2017. All the documentation associated with the keywords was assessed by the authors. The main inclusion criteria were as follows: All documentation related to empowering women’s fertility behaviors should be in English and Persian, and full texts of the related articles should be available.

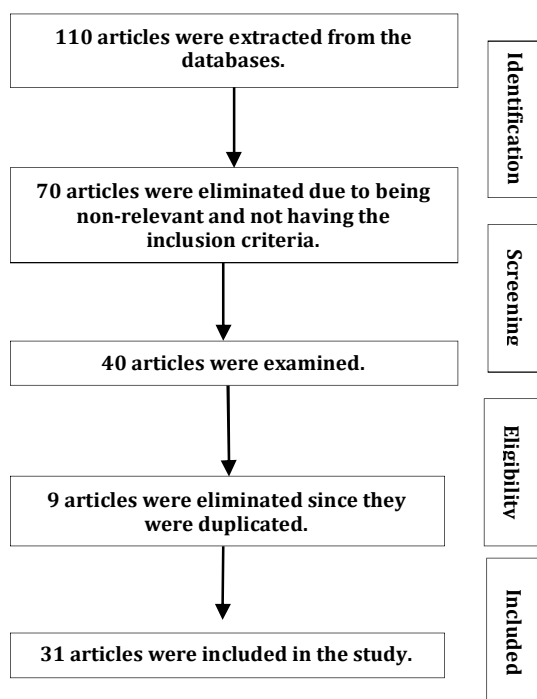


Figure 1) The flowchart of the articles

Seventy articles were found. After reviewing them, 31 articles and documentation were ultimately selected based on the mentioned inclusion criteria (Figure 1). This article was extracted from a research project approved by the Obstetrics and Reproductive Health Research Center with the ethics code of IR.SBMU.PHNM.1396.801.

Findings

Based on the results obtained from these studies, the factors related to empowering Iranian women's fertility behaviors can be described as four main categories: contextual, economic, socio-cultural, and moral and emotional factors.

Contextual Factors

1. Age of Marriage: The age of marriage plays a vital role in women's fertility behaviors. The results of Froozanfar *et al.* showed that there was a statistically significant and diverse relationship between the duration of marriage and fertility behaviors [12]. Results of a study carried out by Ider and Dorosti demonstrated that parents' age of marriage was significantly and diversely related to their fertility such that with an increase in this variable, the couples' fertility decreased [6]. Results of a study conducted by Norouzi indicated that there was a statistically significant and diverse correlation between fertility behaviors and age of marriage [16].

2. Ethnicity: Ethnicity is a factor that influences fertility behaviors in different ways [17]. Results of a study conducted by Keshavarz *et al.* showed that there was a statistically significant association between tribal affiliation and fertility behaviors [18]. Hosseinzadeh *et al.* yielded that there was a statistically significant relationship between ethnicity and fertility so that Arab women's average fertility rate was more than that of non-Arab women [19].

3. Employment: Women's employment is one of the most important economic factors in the empowerment which is directly related to their fertility behaviors. Results of a study done by Hosseini and Bagi demonstrated that the probability of stopping childbearing was higher among employed women [20]. Abazari *et al.* showed that there was a statistically significant correlation between the incidence of unwanted pregnancy and a spouse's job [21]. Ider and Dorosti indicated that income had a significant and diverse relationship with the fertility rate [6]. The results of Norouzi showed that women's employment outside the home was one of the factors affecting women's fertility decline [16].

Economic Factors

1. Economic Status: A fertility behavior is a function of economic conditions. Dorahaki figured out that attitudes toward economic costs of having

children had a statistically significant relationship with ideal fertility [22]. Results of a study performed by Abbasi Shavazi and Khani indicated that attitudes toward the cost of having children had a statistically significant association with fertility ideals such that the more a person feels insecure about economic issues, the probability of having a child is less [23]. Zare *et al.* showed that there was a statistically significant relationship between fertility behaviors and economic status [24].

2. Place of Residence: The location of residence is an economic factor that plays a crucial role in fertility behaviors. Results of Shahbazin *et al.* demonstrated that there was a significant relationship between the place of residence and women's high fertility rate so that the fertility rate was higher in the villagers [11]. Results of a study conducted by Gafarinasab *et al.* yielded that fertility had statistically significant relationships with the place and type of residence such that people and tenants who lived in townhouse apartments had the lowest fertility rates [25]. Ghodrati *et al.* showed that there was a statistically significant relationship between the region of residence and fertility; the lower the socioeconomic status of the area, the lower the fertility rate [5]. Keshavarz *et al.* found out that there was a statistically significant relationship between the ownership of the place of residence and fertility behaviors [26].

3. Quality of Life and Lifestyle: The quality of life is an essential factor affecting women's decision for the first childbearing. Results of Amerian *et al.* showed that hopefulness and quality of life were significantly and diversely related to the age of deciding about the first childbearing [9]. Kavehfirouz *et al.* found out that the components of lifestyle (body management, leisure, cultural consumption, and socioeconomic status) were significantly associated with attitudes toward childbearing [27]. The results of Norouzi indicated that modernism and the improvement in living conditions were associated with the decrease in women's fertility in Iran [16].

Socio-Cultural Factors

1. Education: Education is regarded as one of the most critical variables affecting fertility [22]. Shahbazin *et al.* yielded that a couple's education was significantly related to the fertility rate [11]. Zare *et al.* showed that there was a statistically significant relationship between fertility behaviors and education of women and their husbands [24]. Dorahaki demonstrated that husband's education had a statistically significant correlation with ideal fertility [22]. Results of Kiani *et al.* indicated that women's education had the highest statistically significant relationship with making decisions related to fertility [10]. The study carried out by Ider and Dorosti showed that education had a substantial and diverse relationship with the fertility rate [6].

Results of Hajipour *et al.* demonstrated that there was a statistically significant relationship between mother's education and her capability score [28].

2. Independence: Women's independence is a condition of self-determination in private and personal matters. The results of Abbasi Shavazi and Alimandegarie showed that an increase in the two dimensions of women's independence, i.e., informational and displacement, had a statistically inverse correlation with fertility [29]. Dorahaki demonstrated that autonomy in making decisions had a significant and diverse association with ideal fertility in women [22]. Results of Kavehfiroz and Karami indicated that women's intellectual independence had a statistically significant and diverse relationship with childbearing [30].

Moral and Emotional Factors

1. Religious Beliefs: The component of religion is a significant factor in the changes and alternations in fertility behaviors [31]. Khadivzadeh and Arghavani concluded that the desired number of children was higher in people who had strong religious beliefs [32]. Results of a study carried out by Mohammadi and Rastegar Khaled showed that religiosity was related to fertility rates. The more the people who live in a religious city, the higher their fertility rate [33]. Results of Kazemipoor *et al.* demonstrated that fertility behaviors had a statistically significant relationship with religious values [34]. Results of a study conducted by Mahmoodian and Noubakht showed that fertility in Sunni women was significantly higher compared to that in Shiite women and the Sunni women had a higher fertility rate than the Shiite women [31]. Hosseini *et al.* found out that the desires of childbearing were slightly higher in the Sunni women in comparison with Shiite women [35].

2. An Interest in and a Desire for Childbearing: The motivation for and the interest in being a mother are the main determinants of childbearing [36]. The results of Hajipour *et al.* figured out that there was a statistically significant relationship between the interest in continuing pregnancy and capability [28]. The results of the Dorahaki's study showed that the emotional need to have a child in older ages had the most significant effect on women's ideal fertility [22]. Khadivzadeh *et al.* indicated that positive reproductive motivations were significantly and directly related to the desire for childbearing and the desired number of children and they were significantly and diversely associated with the desired time of procreation [7].

3. Gender Preferences: One of the most critical effects of preferential thinking is its influence on fertility behaviors [11]. Ider and Dorosti yielded that the interest in having a male child had a significant and diverse relationship with the fertility rate [6]. Results of a study done by Rajabi and Hasheminia

demonstrated that having children of both male and female sexes explained the real and ideal fertility changes [37]. Results of Golmakani *et al.* showed that there was a statistically significant relationship between gender stereotypes and fertility [38]. Foroutan indicated that one of the main determinants of the desirability of childbearing was having children of both male and female sexes [39]. Shahbazin *et al.* yielded that the number of male children was the primary explanatory factor for fertility in women [11].

4. Couples' Roles: The components of gender inequalities and division of labor affect fertility [12]. The results of Khadivzadeh *et al.* showed that understanding gender roles in couples, changing female gender roles, interacting by playing complementary and parallel roles, and realizing the goals of fertility based on dividing roles affected women's empowerment [40]. The results of Kavehfiroz and Karami demonstrated that the division of household chores and the alternation of attitudes toward gender inequality and power structure in the family had a statistically significant relationship with childbearing [30]. Results of a study carried out by Afshari and Kakavand indicated that there was a positive and significant relationship between gender inequality and fertility [41]. In a study conducted by Kohan *et al.* on couples in Isfahan, results demonstrated that attracting male participation in family planning was one of the main factors affecting women's empowerment in contraception [14].

Discussion

The present study was the first comprehensive review conducted on the factors related to empowering Iranian women's fertility behaviors. Overall, considering the results of the investigated studies, it can be stated that empowering women's fertility behaviors was related to the contextual, economic, socio-cultural, and moral and emotional factors.

Among the contextual factors associated with empowering Iranian women's fertility behaviors, the age of marriage, ethnicity, and employment can be mentioned. The age of marriage is one of the contextual factors related to empowering fertility behaviors which affects fertility behaviors in two various aspects. On the one side, the younger age of marriage and the longer duration of marital life increased fertility. On the other side, when deciding about the use of contraceptive methods and the time of getting pregnant, it has been shown that women who got married at older ages had greater decision-making powers and controls over fertility behaviors [6].

Ethnicity is another contextual factor that accompanies the capability of fertility behaviors. By emphasizing the maintenance of ethnic values and

norms and preventing the acceptance of new ideas, ethnicity paves the ground for forming behaviors that affect decision-making powers and fertility behaviors in different ways [17].

Women's employment is one of the critical factors in women's empowerment that is directly related to their fertility behaviors. In employed women, the shortage of time leads to a reduction in fertility and a decrease in the desire to have more children. These women have to postpone the time and frequency of childbearing to save their jobs [42]. An increase in the chance of women's employment ultimately leads to an increase in their income. These developments lead to a change in the structure of power and create changes in making decisions in a family and, ultimately, fertility behaviors [43].

Among the economic factors associated with empowering Iranian women's fertility behaviors, the roles of economic status, place of residence, and quality of life and lifestyle can be mentioned. Changes in structural conditions such as urbanization, industrialization, economic development, and socio-economic characteristics, such as per capita income levels, women's participation in the workforce, educational levels, especially women's education, child mortality rates, and life expectancy at birth, have diminished economic benefits of having a large family [35].

The place of residence is another economic factor that affects empowering women's fertility behaviors. Since human resources are of great importance in villages, people who live there have a high tendency to have more children; however, urbanization and living in apartments do not provide a right place for having children [11]. In addition to the site of residence, the type of residence affects fertility behaviors such that tenants prefer to have fewer children due to insecurity compared to those who have a permanent shelter [25].

The quality of life and lifestyle are other important economic factors affecting the empowerment in fertility behaviors. The concept of lifestyle means that everyday life has become a choice. In the present age, contrary to the traditional society, the power of choice has become more crucial due to the emergence of a consumer society and the importance of self-determination and personal responsibility. With the modernization of the lifestyle, women's attitudes toward their fertility behaviors have changed. The traditional attitudes of women toward childbearing have changed, and the women have adopted an innovative approach to childbearing [27].

Among the socio-cultural factors that accompany the empowerment in Iranian women's fertility behavior, the roles of education and independence can be noted.

Education is one of the most important social determinants of health related to women's

empowerment in fertility behaviors [44]. Educated couples, in general, and educated women, in particular, spend more time on educational, occupational, and social activities. Because of the high costs spent on these activities, these people are less likely to have more children, and they deal with a contrast between the quality and quantity of their children. Therefore, they invest in promoting their children's lives which reduces fertility [6].

Independence is one of the essential socio-cultural factors associated with the empowerment in fertility behaviors. Informational independence in women leads to access information, increases awareness in a variety of fields, and creates a broad vision of the world around these women. The more women have information about their surroundings, the more they have the mobility power and the ability to move within their surroundings; hence, by getting information about the cost of having children and having more access to appropriate contraceptives, they choose to have low fertility [29].

Among the moral and emotional factors affecting the empowerment of Iranian women in fertility behaviors, the roles of religious beliefs, the desire for and interest in childbearing, gender preferences, and couples' roles can be mentioned. When making decisions about childbearing, women face concerns and uncertainties [45]. Therefore, the interest in and the desire for childbearing are among important moral and emotional factors associated with the empowerment in fertility behaviors. The willingness to procreation is one of the main motivations of marriage and the formation of a family. In Iranian societies, people expect couples to have a child shortly after their marriage begins [46]. Motivated couples often start procreation soon [47].

Gender preferences are other moral and emotional factors that accompany the empowerment in fertility behaviors. In traditional Iranian society, having more children was critical for most families, because having a child brought a high social status and a high power for them [7]. On the other hand, due to the stereotypes of masculinity and since men played a breadwinner role, people were eager to have a male child [42].

Religious beliefs are among other moral and emotional factors affecting the empowerment in fertility behaviors. Some religious groups have religious teachings which frown upon the use of contraceptives and forbid abortions. These teachings consider having children and have high fertility rates as values [31].

The couples' roles is another important moral and emotional factor associated with the empowerment in fertility behaviors. The difference in the roles of couples in a family is due to biologic differences, in which a man plays an instrumental role, and a woman plays an emotional role. In traditional families, a man's responsibility is to provide for the family, and this increases the power of the man in

the family [27]. Men's participation and collaboration increase women's power in planning for childbearing. The nature of fertility issues is such that couples cannot decide independently and they must agree on this issue [14, 48]. Therefore, the changes in women's equality-seeking attitudes and the advancement of the women's equality-seeking process in the traditional patriarchal systems have multiple implications in the demographic domain, such as affecting women's attitudes and fertility behaviors. In this way, low levels of fertility result from low levels of gender equality in family-centered institutions compared to high levels of gender equality in individual-centered institutions [49, 50].

Finally, based on the review and considering the results of the studies conducted to empower and change women's fertility behaviors, it is suggested that some plans and policies be made to promote women's education and employment, train and strengthen the spirit of participation in men, create equal opportunities for women to access facilities and credits, improve women's position by reducing the controversy of women's role (reducing conflicts between maternal roles and occupational roles), reduce the responsibilities of working mothers, improve women's quality of life and well-being, and make culture to decrease gender preferences.

The limitations of this study include the lack of access to unpublished papers, dissertations, the lack of proper reporting of the results and the way papers work. It is recommended that studies be conducted in different countries in different cultures.

Conclusion

Empowering women's fertility behaviors is related to the contextual, economic, socio-cultural, and moral-emotional factors. By planning and making policies aimed at improving women's position and educational and occupational facilities, improving social services and quality of life, and creating equal opportunities for getting access to facilities and credits, indicators of human development empowerment and women's fertility behaviors can be promoted.

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