Journal of Social Behavior and Community Health

Childbearing in Economic Uncertainty: Beyond Financial Incentives to Structural and Behavioral Solutions

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10.18502/jsbch.v10i1.22997

Editorial

The decline in fertility rates has emerged as one of the most pressing demographic and social challenges of the 21st century, particularly in Iran and many developing countries. The total fertility rate (TFR) in Iran has fallen to approximately 1.7 children per woman, significantly below the replacement level of 2.1. (Pacific KEY INDICATORS, 2025; Worldometer, 2026) Meanwhile, national surveys indicate that the average ideal number of children for Iranian families remains around 2.5. This gap between "aspiration" and "reality" raises a fundamental question: Why are families unable to achieve their desired fertility goals?

The answer cannot be found solely in individual preferences. Economic conditions particularly economic uncertainty plays a decisive role in fertility decision-making. However, the mechanism is not simply through "absolute income" but through perceived uncertainty and social comparison. The Narrative Framework proposed by Vignoli and colleagues' offers a powerful theoretical lens: fertility decisions are not a mere "statistical shadow of the past" but are shaped by individuals' "narrative of the future" imagined futures embedded in social elements and interactions. When individuals perceive their future as unstable and unpredictable, they tend to avoid long-term commitments such as childbearing (Vignoli et al., 2020).

This theoretical proposition is empirically supported by evidence from other contexts. Research on social uncertainty in Hong Kong demonstrates that concerns about the social environment, economic costs, and constraints on freedom and self-development significantly contribute to declining fertility ideals (Chen et al., 2026). In Iran, a systematic review of 39 studies found that positive mental health is associated with increased willingness to marry and have children, while psychological problems such as anxiety, depression, and stress reduce the desire to form a family. Critically, social and economic support played a moderating role, and cultural context showed a mediating effect. This suggests that population policies overlooking mental health and social support components may be ineffective (Chen et al., 2026).

The limitations of financial incentives alone are increasingly evident. A discrete choice experiment in Iran revealed that couples most preferred housing support, full coverage of pre-pregnancy diagnostic services, livelihood assistance, and extended maternity leave, while financial instruments such as stock allocation received the lowest evaluation. A grounded theory study explicitly concluded that material incentives alone are insufficient to drive higher fertility rates; childbearing decisions are deeply embedded in psychological, structural, and cultural factors.

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[DOI: 10.18502/jsbch.v10i1.22997]

The economic burden of infertility treatment further compounds this challenge. Infertility affects approximately 20–25% of Iranian couples, with IVF costs ranging between $2,300 and $2,900 per cycle exceeding half of the average annual household income (Ebrahimzadeh et al., 2025; Ghodrati et al., 2024). While insurance coverage has been expanded to cover 90% of infertility treatment costs in public centers, many couples still require multiple cycles, making the total cost prohibitive for low-income families (Agancy).

Effective policy directions must therefore move beyond one-time financial incentives. Reducing direct and indirect childbearing costs, enhancing long-term economic security, and promoting gender equity these structural measures are more effective at reducing "perceived uncertainty" than cash transfers. The fertility crisis in Iran is not a problem that can be solved by "handing out money"; it requires a systematic response that lowers the cost of childrearing, strengthens economic security, and advances gender equity.

This issue of the Journal of Social Behavior and Community Health is dedicated to exploring the relationship between childbearing and economic conditions from an interdisciplinary perspective. We invite researchers from economics, sociology, psychology, public health, and demography to contribute to this critical discourse. We particularly welcome studies that examine the mechanisms linking economic uncertainty to fertility intentions, the role of mental health in reproductive decision-making, and the evaluation of policy interventions beyond financial incentives.

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[DOI: 10.18502/jsbch.v10i1.22997]

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