Original Article

Hesitant Steps: An Exploratory Qualitative Study of the Influential Factors on Women's Attitudes Toward Elective Abortion

Seyedeh Zahra Masoumi[1], Samereh Ghelichkhani[1], Farzaneh Soltani[1], Farideh Kazemi[1], Abbas Ebadi[2], Ali Reza Soltanian[3]

[1]Mother and Child Care Research Center, Institute of Health Sciences and Technologies, Avicenna Health Research Institute, Hamadan University of Medical Sciences, Hamadan, Iran, [2]Nursing Care Research Center, Clinical Sciences Institute Baqiyatallah University of Medical Sciences, Tehran, Iran, [3]Modeling of Noncommunicable Diseases Research, Hamadan University of Medical Sciences, Hamadan, Iran

Abstract

Background: Abortion is one of the most complex and controversial issues in ethics, legislation, and health. Strict abortion restrictions and population growth policies have increased the complexity of abortion in Iran. Thus, this study aimed to explore women's attitudes toward Elective Abortion (EA). **Materials and Methods:** This exploratory qualitative study was conducted between January and September 2024. Participants included 20 women (aged 15–49 years) with no previous history of abortion, purposively selected from eight healthcare centers in Hamadan, Iran. Data were gathered through in-depth, semi-structured interviews, and analyzed through Graneheim and Lundman's conventional content analysis. Trustworthiness was ensured according to Guba and Lincoln's criteria. **Results:** The five main themes regarding factors influencing women's attitudes toward EA included moral and religious beliefs, violation of the right to live, sheer panic, modern rethinking, and an insecure future. The 10 categories of these themes were God's will, respectability of life, EA as antisocial behavior, EA as murder, heavy penalty, physical, and mental consequences, changes in values, ambiguities in maternal roles, socioeconomic insecurity, and familial insecurity. **Conclusions:** Moral and religious beliefs, fears, and personal, socioeconomic, and value changes can influence women's attitudes toward EA. Therefore, implementing multifaceted strategies in shaping reproductive health policies, emphasizing individual, economic, and social components, is essential for the assessment and management of EA.

Keywords: *Attitude, induced abortion, qualitative research, women*

Introduction

The global decline in fertility rate is one of the major health problems in the present century. Fertility is a woman's potential ability for reproduction or her ability to conceive, which starts at the age of 15 and ends at the age of 49.[1] Fertility rate has declined around the world, and individuals tend to have fewer children and postpone pregnancy. The global live births per woman declined from 3.2 in 1990 to 2.4 in 2022 and is expected to decline further in the future due to changes in people's attitudes toward childbearing.[2,3]

Policymakers have developed different policies to increase fertility and population replacement rates, including restricted family planning policies, particularly with respect to permanent contraceptive methods such as tubal ligation and vasectomy.[4,5] Such restrictions in Iran have led to different unfulfilled needs for contraceptive methods, increased unwanted pregnancy rate, and increased requests for Elective Abortion (EA).[2] EA is the informed and planned termination of pregnancy before live childbirth due to personal or medical reasons. As a major health threat, EA for personal reasons and in societies with laws prohibiting elective abortion can lead to unsafe abortion and cause serious problems, including injuries and death for women.[2,5,6]

Reports from the Centers for Disease Control and Prevention show that more than 57% of all abortions in the United States in 2022 were among women in their 20s, that almost 93% occurred in the early weeks of pregnancy, and that the rate of abortion in the early weeks was as high as 54%.[2,3] More than half of the abortions are performed under unsafe conditions and mostly in Asia, particularly South and Central Asia.[3,4] There are no official statistics about the abortion rate in Iran due to strict abortion-restrictive policies. Nonetheless, some data show that in 2000, 16% of pregnancies in Iran were unwanted, and 18% ended in abortion. Moreover, a

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Address for correspondence:
Mrs. Samereh Ghelichkhani, Mother and Child Care Research Center, Institute of Health Sciences and Technologies, Avicenna Health Research Institute, Hamadan University of Medical Sciences, Hamadan, Iran.
E-mail: sa.ghelichkhani@gmail.com

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systematic study on 773 women showed that the rate of abortion was 21.4% in the same year.[7,8] Another study estimated that before 2001, 300,000–600,000 illegal abortions had been performed in Iran.[9] Currently, most abortions in Iran are performed under unsafe conditions due to the legal restrictions on EA.[10] A qualitative study showed that abortion in Iran is still a prohibited taboo, and hence, women with unwanted pregnancies seeking EA may resort to non-professionals and undergo unsafe abortion.[11] Clearly, unsafe abortion by non-professionals endangers women's safety.[2,3] Therefore, comprehensive approaches are essential to prevent unsafe abortions and support women's health.[12]

Assessment of abortion-related attitudes and their influential factors is a basic step in EA prevention.[13,14] Attitude is a combination of beliefs and emotions that cause individuals to positively or negatively react to others, things, or groups. It is the cornerstone of behaviors, emotions, and decisions, consisting of cognitive, emotional, and behavioral components. It shapes behaviors and has an undeniable effect on individuals' performance.[15,16] Women's attitudes toward abortion are influenced by a range of factors, such as religion, culture, personal and psychological characteristics, and regulations. Research showed that conservative religious attitudes, traditional values, old age, low educational level, poor financial status, and negative personal experiences are associated with more negative attitudes toward EA, while supportive regulations and more liberal attitudes in society are associated with more positive attitudes toward EA.[17-19] Some studies found that EA-related attitudes are influenced by factors such as religiosity, significant others, social class, age, education, employment status, awareness of EA complications,[20] and sociocultural changes.[21,22] Two studies also reported financial problems as the most common causes of EA.[23,24] EA-related attitudes influence policies, regulations, and public health, and hence, their exploration helps healthcare authorities identify women's needs and concerns and develop effective EA preventive plans.[18]

It is observed that although previous studies have addressed different aspects of EA, they have paid little attention to EA-related attitudes and their influential factors.[25,26] Given the alarming statistics on unsafe abortions in Iran, a deep understanding of the causes and contexts behind the tendency toward elective abortion requires moving beyond numbers and entering the world of women's lived experiences. The highly sensitive and complex nature of abortion in Iran has turned it into a phenomenon that can only be comprehensively explored through a qualitative approach. This necessity is particularly evident due to legal restrictions and social consequences arising from the taboo status of abortion, which has marginalized this phenomenon and made women less willing to openly disclose their true beliefs and experiences in structured quantitative surveys.[27,28] In contrast, a qualitative and non-judgmental environment, by fostering trust and confidentiality, enables the collection of more authentic and in-depth data. Furthermore, attitudes toward abortion are an intricate web of religious beliefs, family pressures, economic considerations, fear of rejection, and the conflict between personal choice and social duty. These are complexities that qualitative methods are well-suited to uncover and analyze. Ultimately, to design effective health interventions and policies tailored to Iran's socio-cultural context, we need to understand the "why" and "how" behind the formation of these attitudes, not just the "how many." There is limited data about attitudes toward EA, particularly among women of reproductive age, and more studies in this area are still needed for further exploration through in-depth qualitative studies.[26,27] Therefore, this qualitative study aimed to uncover the meanings, reasoning, and contextual factors shaping women's attitudes, contributes to a rich, indigenous conceptual framework that can inform policies aimed at reducing unsafe abortions and supporting women's health.[27,28] Accordingly, this qualitative study aimed to explore women's attitudes toward influencing factors of elective abortion regarding the point of view of participants.

Materials and Methods

This exploratory qualitative study was conducted from January to September 2024. The study population comprised all women aged 15–49 years, who were referred to eight healthcare centers in Hamadan, Iran. Eligible participants (n = 20) were recruited through purposeful sampling, with maximum variation in terms of age, education, and occupation. Eligibility criteria included being married, having no previous history of abortion, having the ability to understand and speak Persian, and providing informed consent to participate in the study.

The first author gathered the data through in-depth semi-structured interviews. Access to participants was achieved through referrals to healthcare centers in the city of Hamadan. Before each interview, participants were informed about the study aim, and data on their demographic and obstetric characteristics were gathered. Then, interviews started with open-ended questions like "*What is EA*?," "*May you please explain your feelings about EA*?," "*What shapes these feelings*?," and "*Do you think about abortion*?" Further interview questions were tailored to participants' responses to the main interview questions. Probing questions like "*Can you provide more explanations*?," "*Would you further clarify this subject*?," and "*Could you give an example*?" were asked to gather in-depth data. The interviews were conducted in a comfortable setting for participants (a private room at the healthcare center), lasted 35–45 min, and were audio-recorded with participants' consent. Data saturation was achieved after 16 interviews. However, to ensure comprehensiveness and enhance the credibility of the

findings, four additional interviews were conducted. No new concepts or themes were identified in these additional interviews.

The first author of the study analyzed the collected data using Graneheim and Lundman's[28] conventional content analysis method, with supervision from the other authors throughout the analytical process. The first author transcribed the interviews verbatim and immersed herself in the data by repeatedly reading through the transcripts to gain a comprehensive understanding. The analysis commenced with the extraction of meaning units, which were subsequently condensed to generate concise codes that remained faithful to the original text. These initial codes were then compared based on their differences and similarities. Through a process of constant comparative analysis, sub-categories and categories were inductively derived from the data in collaboration with all authors to enhance interpretive rigor. The entire process was iterative, involving continuous movement between the text, the codes, and the emerging categories. Data were managed and organized using MAXQDA software (version 26.0) to facilitate the coding and categorization process. The credibility of the findings was ensured through several strategies. Member checking was performed with five participants (25% of the sample), who confirmed the accuracy of the initial codes and categories. Prolonged engagement with the data further enhanced credibility. Dependability was assured through a rigorous peer-checking process within the research team, where all authors collaboratively discussed and reached consensus on the coding and categorization. Furthermore, three independent qualitative researchers conducted external peer checking to enhance the confirmability of the findings. Confirmability was also ensured through documenting the study phases in detail, and transferability was ensured through recruiting participants from different age, occupational, educational, and socioeconomic groups.

Ethical considerations

The Ethics Committee of Hamadan University of Medical Sciences, Hamadan, Iran, approved this study (code: IR.UMSHA.REC.1403.227), and the study was conducted in accordance with the Declaration of Helsinki (2013 edition). Before the interviews, participants were informed about the aim of the study, and their informed consent was obtained. They were assured of data confidentiality, anonymous data reporting, voluntariness of participation, and the insignificant effect of their participation/non-participation on their access to healthcare services.

Results

Twenty married women with a mean age of 35 years (range: 15–49 years) participated in this study. Their educational levels varied from illiterate to university degree, and most of them were employed (n = 12) [Table 1]. A total of 318 final codes were generated and categorized into 22 subcategories, 10 categories, and five main themes. The themes included moral and religious beliefs, violation of the right to live, sheer panic, modern rethinking, and an insecure future [Table 2].

Moral and religious beliefs

One of the influential factors on women's negative attitudes toward EA is moral and religious beliefs. The two categories

Table 1: Participants' characteristics

Interview duration (minutes)	Occupation	Number of children	Educational level	Age (years)	No.
45	Clergy	2	Bachelor's	45	1
40	University instructor	1	Master's	38	2
35	Teacher	1	Master's	40	3
35	Painter	2	Master's	44	4
45	Housewife	2	Elementary	38	5
40	Housewife	3	Diploma	35	6
45	Employee	0	Bachelor's	35	7
40	Housewife	2	Diploma	28	8
35	Housewife	2	Diploma	42	9
25	Housewife	0	Diploma	26	10
26	Employee	2	Elementary	32	11
30	Barber	0	Secondary	28	12
25	Housewife	2	Secondary	41	13
38	Housewife	4	Illiterate	35	14
23	Housewife	3	Elementary	36	15
27	Sport coach	1	Bachelor's	43	16
32	Employee	1	Bachelor's	22	17
22	Cloth seller	2	Secondary	28	18
28	Employee	3	Diploma	35	19
25	Employee	2	Bachelor's	33	20

Table 2: Influential factors on women's attitudes toward elective abortion

Subcategories	Categories	Themes
Predetermined fate God's provision Interference in God's creation	God's will	Moral and religious beliefs
Human entity of the fetus Fetus' right to live	Respectability of life	
Elective abortion as a great sin Elective abortion as an act of ingratitude Elective abortion as an unacceptable action	Elective abortion as an antisocial behavior	Violation of the right to live
Annihilation of a living being Elective abortion as genocide	Elective abortion as a murder	
Life consequences of elective abortion Afterlife consequences of elective abortion	Heavy penalty	Sheer panic
Mental injury Physical injury	Physical and mental consequences	
Higher priority of the mother's life over the fetus's life Woman's right to choose	Changes in values	Modern rethinking
Difficulties of motherhood Personal desires	Ambiguities in maternal roles	
Social insecurity Financial insecurity	Socioeconomic insecurity	Insecure future
Marital instability Limited spousal support	Familial insecurity	

of this theme are God's will and the respectability of life. Women with strong moral and religious beliefs believe that God determines the future of fetuses and fulfills their basic needs. They, hence, consider the fetus as a human and respect its right to live.

God's will

A fetus is potentially a human with the ability to grow and develop, and abortion constitutes an interference in this natural process and an opposition to God's will. The provision of each human, including each fetus, has been predetermined by God, and individuals should rely on God for their future. Consequently, abortion is the violation of divine law, an unacceptable act of decision-making on behalf of God, and an interference in the life of another being. *"I really do not want to annihilate a being whose existence and fate have been the will of God (P. 1)."*

"I think anybody who performs an abortion interferes with nature (P. 7)."

Respectability of life

Any fetus is a potential human from conception, with innate respectability and the right to live. Therefore, abortion is the violation of this right and the infliction of cruelty toward a human. *"A fetus is a human, and we do not have the right to decide for another human (P. 1)."*

"I think abortion destroys the respectability of the human (P. 7)."

Violation of the right to live

Violation of the fetus's right to live is another main influential factor on women's negative attitudes toward EA. This theme has two main categories, namely EA as antisocial behavior and EA as murder. Participants considered EA as an evasion of responsibility.

Elective Abortion as antisocial behavior

Antisocial behaviors refer to actions and decisions that contradict moral, religious, and humanistic values. Therefore, it is a grave sin and a rejection of God's gift. The three main attributes of this category are EA as a grave sin, EA as an expression of ingratitude, and EA as unacceptable conduct. *"The Quran says that it is a big sin. Killing a live fetus does not differ from killing an adult (P. 11)."*

"I cannot bear performing an abortion because a child is one of God's biggest gifts. He may give it to somebody and may not give it to another. No, I do not reject God's gift (P. 16)."

"Opting for EA depends on one's selfishness. Some individuals are too selfish and may unthinkingly opt for EA (P. 14)."

Elective Abortion as murder

Some participants highlighted that EA is far beyond a medical decision or intervention and equated it with killing a human who has the right to live. The two main subcategories of this category are EA as genocide and the annihilation of a living being. *"It is really painful to kill a living being who is going to be a human (P. 1)."*

"A woman who performs EA annihilates a person and their generations (P. 7)."

Sheer panic

Another major factor influencing women's negative attitudes toward EA is sheer panic, which can be divided into two main categories: fear of severe punishment and concern about mental or physical consequences. Participants reported their deep fear and concern over the life and afterlife consequences of EA.

Heavy penalty

Participants considered EA as an action with severe punishment and afterlife consequences, such as God's aversion and the risk of infertility, which may affect their personal and social lives. "*Everything you do in your life will be associated with some consequences. EA, as a murder, will not be an exception (P. 3)."*

Physical and mental consequences

EA is an action that seriously affects both body and mind and causes mental upset, pangs of conscience, and remorse. *"EA may also cause physical injuries to the woman, and this concerns me (P. 8)."*

"Pangs of conscience after EA negatively affect the woman's mental health (P. 6)."

Modern rethinking

Women's modern attitudes shift toward gender roles and their personal rights, and their needs may contribute to their positive attitudes toward EA. The main categories of this theme are changes in values and ambiguities in maternal roles. These factors may cause women to consider EA as a potential option.

Changes in values

According to some participants, women need to prioritize their own health over fetal health and reserve their right to freely make decisions about continuing or terminating their pregnancy based on their health status. *"On the other hand, the risk of [pregnancy-induced] physical injuries worries me. Why should a fetus survive when there is a risk to my own health (P. 8).*

"Why should a baby be born at the cost of the mother's life? A dead baby is better than a motherless baby. What would happen to my other children if I die due to this unborn child? (P. 19)."

Ambiguities in maternal roles

Some participants reported the difficulties of motherhood and the higher priority of their personal desires as important factors affecting their positive attitudes toward EA. In modern life, women face contradictions between social expectations to be good and flawless mothers and their personal and professional goals, and find that the difficulties of maternal roles prevent them from attaining their goals. This may cause them to consider EA as a solution to manage their role ambiguities. *"These troubles, busyness, noises, and expectations are already problematic. The coming of a new baby multiplies these problems. I really have no more power (P. 20)."*

"I'm afraid of becoming a mother again because I think I need to take care of the children and will have no time for myself. I do not know how to manage these things together (P. 1)."

Insecure future

The sense of an insecure future is also a contributing factor to women's positive attitudes toward EA. Growing socioeconomic insecurity in women's lives leads them to worry about meeting their own and their children's financial needs and, consequently, to view pregnancy as an additional burden. Women who already have family problems are also concerned with the negative effects of their lives on their children and consider pregnancy as an aggravating factor for their problems. These concerns may lead them to opt for EA to prevent further problems in their lives. The two categories of this theme are socioeconomic insecurity and familial insecurity.

Socioeconomic insecurity

Socioeconomic insecurity due to factors such as poor financial status, unemployment, inflation, and social problems can aggravate women's disappointment and stress and contribute to their decision to terminate an unwanted pregnancy. *"Given these socioeconomic conditions, I do not think I can raise my child or provide for their financial and nutritional needs the way I'd like to. We, the parents, feel responsible for providing our children with the best resources to prevent raising a troubled child. This is much more important to me than the sin of EA (P. 12)."*

Familial insecurity

Familial insecurity due to marital instability and lack of spousal support may present women with more challenges, leading them to opt for EA to prevent additional problems from having a new child. *"A woman who receives no support from her family, husband, and legal authorities may feel compelled to abort her child (P. 16)."*

"A woman may be unable to continue her life with the father of her fetus, and now, the fetus may force her to continue that difficult life. Why should not the fetus be aborted when the parents have reached a dead end in their lives and are divorcing? (P. 19)."

Discussion

This study explored factors influencing women's attitudes toward EA. Findings showed that five major themes extracted from these factors include moral and religious

beliefs, violation of the right to live, sheer panic, modern rethinking, and an insecure future. These findings suggest that women's attitudes toward EA are affected by different psychological, religious, legislative, cultural, and socioeconomic factors.

The first theme about the factors influencing women's attitudes toward EA was moral and religious beliefs. Most participants believed that the existence of a fetus reflects God's will and hence, consider the fetus a respectable being with a right to live, and consider EA as murder and immoral. There are four general moral approaches to EA assessment: conservative, liberal, moderate, and feminist.[28,29] The conservative approach, supported by Christian teachings, was dominant until the late 1950s. This approach grants a fetus equal rights to an adult, equates EA with murdering an innocent human, and emphasizes public ethical responsibility toward a fetus.[28,29] Similarly, Islam considers EA as an interference in God's creation.[30] In contrast, the liberal approach to EA holds that EA is a completely personal and private decision and does not consider it an immoral action.[31,32] Our findings regarding this theme, which were primarily rooted in the participants' strong religious beliefs, are supported by studies conducted in religious and conservative contexts, such as those by Kaczor[29] and Ekmekci.[30] However, the apparent contradiction between this perspective and liberal approaches to abortion, as also reported by Manninen's[32,33] studies, highlights a global disconnection between "religious bioethics" and "secular legislation." In our view, this contradiction represents not only a philosophical challenge but also a major obstacle to designing comprehensive health policies that can both respect religious beliefs and protect women's legal rights.

Our participants considered a fetus as a complete human being and emphasized its right to live. In agreement with this finding, some previous studies highlighted that a fetus has the right to live and to have good health due to the dignity of human beings.[33-35] However, some foundations in some countries, such as the Supreme Court in the United States, state that although a fetus can be considered a human, it is not legislatively considered a person and does not have the rights of a complete human.[36] Warnock also asserts that a human being has a biological and moral meaning. Its biological meaning holds that a human belongs to a specific stratum of beings, while its moral meaning holds that a human belongs to a moral society. Warren continues that considering a fetus as a human means that it belongs to a specific biological stratum, while considering EA as murder means murdering a member of the moral human society.[37] Proponents of the right to life for fetuses can be found across all educational, religious, and socioeconomic groups and believe that humans—especially innocent fetuses—possess an inherent right to live. Feminists who support life also hold that women, as humans who oppose violence, execution, and war, should not perform EA. They highlight that instead of murdering a living being, unwanted pregnancies should be prevented.[38,39] The conservative approach also considers EA murdering a human and as an immoral action. It highlights that a fetus is an innocent human, and murdering an innocent human is incorrect.[29,38] Meanwhile, the moderate perspective on abortion also regards it as a personal choice up to a specific stage of fetal development, and an immoral act beyond that point. However, accurately determining this stage and the criteria for distinguishing between the fetus "not being human" and "becoming human" faces challenges, and efforts to precisely define this boundary using achievements in biological sciences have not yet reached a definitive conclusion. In other words, one cannot simply and solely base different ethical rulings for various embryonic stages on biological differences.[28,40]

Some studies also frame the view on abortion around the two important issues of gender and life, which sometimes intertwine with religion and ethics. Over the past few years, there have been changes in laws and personal and professional attitudes towards abortion, resulting from social needs and their influence on individuals' perspectives. However, amidst this, in some countries, there are renewed efforts to question women's right to make decisions about abortion.[40]

Our findings within this theme suggest that participants' perception of the fetus's "humanity" is grounded more in an ethical-normative framework than in legal reasoning. In our view, this perspective, which considers the fetus as possessing full human rights, stands in clear contrast to secular legal paradigms that distinguish between "biological human" and "legal person." This difference represents not only a philosophical challenge but also a key factor in shaping social discourses surrounding abortion. From our perspective, the profound divide between ethical-religious attitudes and secular legal frameworks helps explain the enduring tensions in global reproductive health policymaking. We believe that understanding this difference is essential for designing comprehensive policies that both respect religious beliefs and protect women's fundamental rights.

Sheer panic was the third major theme in factors influencing women's attitudes toward EA. This theme denotes that women's fear and concern over both life and afterlife consequences of EA, along with EA-associated physical and mental injuries, can foster negative attitudes toward EA. This fear originates not only from medical concerns and physical consequences but also from religious beliefs, ethical values, and social judgments. Some sociological studies showed that religious beliefs and cultural values play a significant role in determining women's attitudes toward EA and highlighted that women with stronger religious beliefs often experience greater fear about the afterlife consequences of EA.[41,42] Several

studies also highlighted that women's attitudes toward EA result from factors such as religiosity, significant others' attitudes, type of pregnancy (wanted or unwanted), and social class.[43,44] Our findings in this theme indicate that women's fear and panic regarding abortion is not merely a medical or physical reaction, but is deeply shaped by religious beliefs, ethical values, and social judgments. In our view, this "multidimensional panic" reflects the interweaving of cultural-religious factors with reproductive health, which intensifies in conservative contexts. This finding explains why women facing high-risk pregnancies may avoid abortion due to fear of otherworldly consequences or social rejection. From our perspective, this profound fear is not only an individual issue but also demonstrates the heavy burden of socio-religious norms on women's decision-making. We believe that understanding this phenomenon is essential for designing supportive interventions that respect women's beliefs and protect their psychological and physical well-being.

Modern rethinking was the fourth major theme regarding factors affecting women's attitudes toward EA. Modernity refers to the lifestyles and social structures that emerged in the seventeenth century in Europe and spread to other countries around the world. Currently, societies consider greater democracy and equity in emotions, family life, and sexual relationships because living in the information age has promoted rethinking.[45] Rethinking refers to fundamental changes in the thinking styles and attitudes of individuals and societies in the modern age, which consider individuals independent and free beings who shape their lives through personal choices and values.[46,47] Moreover, modern rethinking causes individuals to reassess traditions and values and thereby reduces the importance of traditional patterns in life. Currently, more women prioritize the spiritual and emotional aspects of childbearing, are reluctant to have children, consider children a barrier to attain personal goals, and adopt more liberal attitudes toward EA.[47,48]

The modern rethinking theme of the study consisted of two categories: changes in values and ambiguities in maternal roles. The subcategories of these categories were the higher priority of maternal life and needs over fetal life and needs, women's right to make pregnancy-related decisions, and difficulties of motherhood. These categories and subcategories imply that women no longer adhere to social traditions and norms and instead attempt to build their lives based on their personal choices and values.[49,50] The Second Demographic Transition theory, which is a framework for analyzing family changes in industrial countries, refers to the substantial changes in values and the increasing prevalence of materialistic ideas, namely personal independence and self-actualization, as the contributing factors to modern changes in families.[51] The principal root of these changes is individualism, namely the norms and attitudes that mostly focus on individuals' rights and achievements. These changes in societies have been associated with changes in families and childbearing patterns. In contrast, previous societies were based on families and children, and altruism, rather than individualism, played the principal role in family life.[43,52]

Some participants also highlighted the greater importance of maternal life, compared with fetal life, as well as women's right to make pregnancy-related decisions. This agrees with the body control theory, which was among the main requests of the British Women's Liberation Movement in the 1970s. This perspective is part of the feminist approach to reproductive liberation, which consists of motherhood rights, contraception, and EA.[53,54] The feminist approach to EA has close ties with the liberal approach and emphasizes women's freedom and right to make personal choices. In this approach, EA is a personal issue and is within women's autonomy. Nonetheless, the feminist approach goes further by considering the humanistic and moral dimensions of women's experiences, not only supporting their right to make decisions about their bodies and lives, but also addressing the complexities of those decisions and their effects on women.[55] Thompson believes that individuals are not obliged to neglect their own rights to save others' lives and, hence, no woman is obliged to have a nine-month pregnancy to protect fetal life even if we consider the fetus an individual.[56] Lerner *et al*.[57] reported EA right as one of the components of the Expressive Individualism cultural system, which prioritizes the free expression of motivations. Individualism considers individuals as the best judges for following personal values and highlights that no group has the right to make collective decisions for individuals.[58] In his book *Existentialism and Humanism*, Sartre emphasizes human freedom and responsibility, asserting that individuals are free and accountable for their choices and actions, and that each person must determine their own lifestyle and values.[59] A study in 2018 described EA as a social movement advocating for women's rights, sexual and reproductive health, and the reform of laws restricting EA, noting that it has reframed abortion discourse in social, cultural, and human rights terms.[60] These value changes have caused individuals to make irreversible decisions upon reproduction[61] and put lower importance to marriage and childbearing as if a worldview is substituting for another.[62]

Findings also revealed that motherhood difficulties and personal desires are among the factors impacting women's attitudes toward EA. Currently, some women consider motherhood an important and valuable experience, while others consider it a barrier to their personal and professional development. Beyond their traditional roles within the family, women have increasingly engaged in social and economic domains. Public expectations of women have also increased so that people expect them to be their best in all aspects of life, including child-rearing, household management, and social contribution. Modernity-related changes in women's personal desires

have required them to attempt to attain their personal and professional goals[63] and, hence, have caused conflicts between women's traditional roles and personal desires.[63,64] Moreover, changes in women's educational level, awareness, dependence, and employment status, as well as their greater desire to play socioeconomic and political roles, have caused them to claim more control over their bodies and lives.[64] However, some studies found that higher education and better employment among women have not only changed their traditional attitudes toward EA, but also increased their understanding of its consequences and contraceptive methods, reducing their desire for EA.[65] Regarding this theme, our findings indicate that modern rethinking represents far more than a simple shift in attitudes, as it constitutes a fundamental redefinition of gender and familial roles within modern society. In our view, this transition from "family-oriented ethics" to "expressive individualism" reflects a profound transformation in social structures that has elevated bodily autonomy and reproductive choice to central values for contemporary women. This finding elucidates why modern women, even within religious contexts, increasingly seek to balance personal aspirations with social expectations. From our perspective, the tension between individuality and tradition serves not merely as a cultural challenge but as a pivotal driver of change in global reproductive health policies. We maintain that understanding this phenomenon is essential for designing health services that simultaneously respect women's autonomy and safeguard the most vulnerable groups from the pressures of extreme individualism.

An insecure future, with the two main categories of socioeconomic insecurity and familial insecurity, was the last major theme. This is in line with the findings of previous studies, which reported that the socioeconomic status of families can significantly influence EA-related decisions.[66-68] In Iran, factors such as massive inflation and restricted contraceptive policies have negatively affected the financial security of families and led women to opt for EA due to their perceived inability to fulfill their children's needs. A study in Iran reported poverty, financial problems, inability to afford child-rearing-related costs, divorce, and parental opium addiction as the most important contributing factors to EA.[69] Meanwhile, some studies reported the higher prevalence of EA among women with higher financial, educational, and employment status.[48] Leibenstein's Economic Theory of Fertility regards financial profitability and the balance between financial satisfaction and childbearing costs as determining factors in the number of children. In other words, couples decide on childbearing only when they find it financially possible. Although some sociologists and anthropologists criticize these assertions and believe that many different sociocultural and psychological factors can influence couples' childbearing-related decisions, the significant influence of financial factors on these decisions is undeniable.[70,71]

Our findings also showed familial insecurity, chiefly marital relationship instability, and poor spousal support, as another major theme. Other studies reported that women who have marital problems consider an unwanted pregnancy as an aggravating factor for their emotional, social, and financial challenges and strains. Some previous studies also reported the same finding.[72,73] Two review studies highlighted the significant influence of husbands on women's EA-related decisions. Women's concerns over the aggravation of their already poor conditions due to the birth of a new child are a contributing factor to EA.[74,75] When marital relationships are unstable, women consider EA a self-supportive strategy. Feminist ethics argue that in challenging marital situations, such as domestic violence or gender inequality, reproductive decisions cannot be reduced to a woman's individual choice alone, but are shaped by male-dominated power dynamics within the relationship and broader societal pressures.[73]

Our findings within this theme indicate that economic and familial insecurity do not merely function as material obstacles to childbearing; rather, they transform into a pervasive psychological factor that profoundly influences women's attitudes toward abortion. From our perspective, this multidimensional insecurity stems from the convergence of precarious economic conditions and fragile family structures in Iranian society, thereby informing women's fertility decision-making. This finding illustrates why women from diverse economic backgrounds may seek abortion for a common underlying reason (the fear of an uncertain future), be it the apprehension of not being able to meet a child's expenses or the concern that an additional child could destabilize their marital relationship. In our view, this attitude is not merely an individual choice, but a response to difficult macro-social and familial circumstances, wherein women perceive abortion as an adaptive strategy for survival in the face of pervasive uncertainty. We believe that understanding this phenomenon is essential for designing supportive policies that focus both on improving economic conditions and strengthening the family institution and the equitable relationships within it.

This study provides valuable insights for policymakers and sociologists about population and reproductive health in Iran. The qualitative design of the study enabled an in-depth exploration of women's attitudes toward EA, which could help policymakers develop more effective policies for EA management. This study faced some limitations. One limitation was that the sample was selected from a single city in Iran, which may limit the transferability of the findings to other areas. Iran's considerable sociocultural diversity underscores the need for additional research in

various contexts to develop a comprehensive picture of Iranian women's attitudes toward EA.

Conclusion

This study concludes that moral and religious beliefs, fears, and personal, socioeconomic, and value changes can influence women's attitudes toward EA. Therefore, multicomponent strategies are necessary for the assessment and management of EA. Moreover, women's health policymakers need to develop policies and plans to improve women's health and conditions.

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Conflict of interest

Nothing to declare.

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