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# Comparison of Religious Orientation and Reproductive Performance of Employed and Unemployed Women

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**Abstract**

**Introduction:** In Iran the growing concern over low reproductive rates has led to alterations in demographic policies over recent years. The literature is indicated of different effects of women's employed and religiosity on their reproductive performance. Present study aimed to Comprise religious orientation and reproductive performance of employed and non-employed women.

**Methods:** This cross sectional study was conducted on 360 unemployed and employed women in healthcare centers affiliated to Shahid Beheshti University of Medical Sciences and in schools of selected districts of Ministry of Education in Tehran, 2015. Three questionnaires including: demographic characteristics, religious orientation and reproductive performance were utilized for data collection.

**Results:** The Mean ± SD number of children for unemployed women was 1.29±0.75, for women working at schools 1.68±0.71 and those working in healthcare centers was 1.08± 0.84 (P=0.001). The mean ideal number of children for women working at schools was significantly higher than that of unemployed women and employed women in healthcare centers and hospitals (P=0.001). The level of gender preference for a male child in the housewife group 21.7% (39) was higher than that of the employed groups and the majority of employed women in Ministry of Health 61.1%(55) and Ministry of Education 70%(63) had no gender preferences. Intention for childbearing in unemployed women 43.3% (78) was higher than in the employed ones. Religious orientation had significant and positive correlation with the number of children (P = 0.01, r = 0.13).

**Conclusions:** Women's employed is associated with their religious orientation and reproductive performance. This research took steps to identify the factors affecting the success of demographic policies.

## INTRODUCTION

Demography and its related factors are among crucial and intricate issues of human societies that are affected by several factors [1]. Reproduction is the most critical factor that changes demographic framework [2]. Iran is

among countries where fertility rates have changed quickly [3], so that this country has experienced the largest decrease in reproduction over recent years. It is estimated that total reproduction rate will reduce from 1.96 during 2000-2005 to 1.34 during 2025-2030 and Iran's population will reduce from 75 million people in 2010 to 62 million people in 2100 [4]. The Demographic Window of Iran began on the threshold of 2005 and it is expected to last for four decades and to end by the middle of the 21st century [5]. Thereafter, the population of Iran moves toward becoming old [6]. Changes in family patterns, full-time employed of women and modernity have altered the trends of reproduction and childbearing [2]. Several studies have indicated that women's participation in the labour force has led to lower reproduction rate and delay in childbearing due to inconsistency between child care and employed [7, 8]. Statistics shows that around 13% of Iranian women are working [9]. On one hand, female employed plays a vital role in socioeconomic and political development of a society [10] and on the other hand, lower reproduction rates are followed by undesirable social and demographic and health-related outcomes [11]. Through all major religious traditions, Judaism, Christianity, Islam, Hinduism, Sikhism, and Buddhism, researcher have in one way or another reflected upon the meaning of sexuality, providing frameworks for good and bad sexuality, characteristics of male and female sexuality, and family planning strategies. So, religion cannot be easily separated from sexuality and reproductive health [12]. Similarly, recent studies have referred to the impact of religious adherence on fertility patterns [13]. Several studies demonstrate that attitudes and values are accompanied by intention of reproduction. For example, deeper religiosity goes with more intention for reproduction [14, 15]. The positive effect of religiosity on family size received further support in a longitudinal study from the Netherlands, showing that church attendance is a strong predictor of future childbearing [16]. Research indicates that Muslims have more tendencies for childbearing compared to the majority of Christians [15, 17]. Indeed, religious beliefs play a critical role in confrontation with life stresses, particularly the problems pertaining to establishment and expansion of a family [13]. While the well-established forms of religion in Europe are declining from one generation to the next, religion is still considered an important determinant of fertility and formation of family patterns in this continent [13]. Although religious beliefs are associated with higher rates of fertility, higher education can confront with this trend. Though female employed promotes their decision power, evidence showed that women's employed is not significantly associated with their decisions about numbers of children, age intervals among their children and time of c. According to economic theory of fertility, the number of children and their expenditures determine the degree of tendency of families for childbearing [18]. As a result, regarding the importance of revolutions in fertility and their future socioeconomic impacts in Iran as well as increasing female employed in a society with a religious culture, this study aimed to compare the religious orientation and reproductive performance of employed and non-employed women in Tehran.

## METHODS

This cross-sectional study was conducted in Tehran (Iran), from February to May 2015.this study describes and compares the factors contributing in reproductive performance and religious orientation of employed and unemployed women; multistage cluster sampling was performed to recruit samples. The majority of employed women in Tehran are working for Ministries of Education and Health. Therefore, the employed samples were selected from the centers affiliated to these two ministries. The sample size included 360 subjects (180 subjects were assigned to the unemployed women group and 180 subjects to the employed women in healthcare centers and hospitals affiliated to Shahid Beheshti University of Medical Sciences and in schools of selected districts of Ministry of Education in Tehran). In order to have access to these samples, a list of health centers and hospitals covered by SBUMS in northern and eastern districts of Tehran was prepared. Then, with respect to the number of affiliated centers in each geographical district, 3 health centers and 3 hospitals from the eastern district and 2 heath centers and 2 hospitals from the northern district were randomly selected. Next, convenience sampling was carried out in each health center and hospital to achieve the specified number of samples. In order to recruit those women employed at the Office of Education, we referred to Tehran General Office of Education and the offices from 3 districts and 5 schools in each district were randomly selected. Then convenience sampling was performed in each school. Similarly, in order to recruit women employed at health and treatment centers and hospitals, at first a list of these centers and hospitals in the north and east of Tehran covered and supported by SBUMS was provided. Afterwards, according to the number of practitioners in each center (paramedics, general doctors and hospital personnel), their share was specified and convenience sampling was carried out.

Inclusion criteria were as follows: Iranian women living in Tehran at their reproductive age and exclusion criteria was: women's lack of consent to complete the questionnaire.

Data collection instrument was a questionnaire developed in three sections of personal information, reproductive performance and the degree of religious orientation. The questionnaire related to reproductive performance included 8 items (tendency for childbearing in future, age of marriage, current number of children, methods for spacing of pregnancies, spacing of children, gender-based value, the ideal number of

children at the time of marriage and the ideal number of children at the time of study) this scale was valid and reliable [19]. Religious attitude scale (Golriz and Baraheni, 1964) contains 25 items. The scores ranging from 0-100 were classified based on four scales: excellent, good, average and poor where religious orientation was considered excellent from 76-100, good from 51-75, average from 26-50 and poor from 25 to lower scores. Its scoring was based on Likert Scale ranging from totally agree to totally disagree. Applying the correlation coefficient, the validity of this questionnaire was calculated 0.8 through Allport-Vernon- Lindzey test [20]. This questionnaire was reevaluated over recent years where using Spearman-Brown formula, the reliability and validity were calculated 0.63 and 0.248, respectively [21]. In order to determine the reliability of the questionnaire, test- retest method was used and scores of reliability test was above 0.7. After receiving code of ethics from the vice-chancellor for research at SBUMS [IR.SBMU.RETECH.REC.1395.267] and asking for permission from the respective health centers and hospitals as well as the Education Organization, the research samples, in case of meeting the inclusion criteria, were selected after giving them the necessary explanations about the subject of study and receiving their informed consent.

Statistical analysis: Chi-square test, Fisher exact test, Pearson correlation and Poisson regression analysis are utilized. The collected data was statistically analyzed using SPSS software, version 17. P value < 0.05 was considered statistically significant.

## RESULTS

The findings of our study demonstrated that the Mean ±SD age of all samples was 33.89±7.94 years old. The majority of participants (55.3%) had excellent religious orientation. However, this excellent religious orientation with respect to the employed status was significantly higher for the employed female group (60.3%) compared to the unemployed one (39.7%). The mean (SD) number of children for the housewives, women employed at schools and those employed at health centers and hospitals was 1.29±0.75, 1.68±0.71 and 1.08 ±0.84 children, respectively. The Mean ±SD age of marriage in housewives, women employed at health centers and hospitals and those employed at schools was 21.5±4.34, 23.63±4.14 and 24.31±4.03 years old, respectively. The level of gender preference for a male child in the housewife group (21.7%) was higher than that of the employed groups and the majority of employed women in Ministry of Health (61.1%) and Ministry of Education (70%) had no gender preferences. Moreover, housewives were keener for childbearing 43.3% (78). Women employed at health centers and hospitals 22.2% [19] had greater tendency for childbearing compared to those employed at schools 12.2% [11]. The mean ideal number of children for women employed at schools (2.2) was significantly higher than that of nonworking women (1.87) and those employed at health centers and hospitals (1.91) (P=0.001). A comparison of several factors contributing in reproductive performance of nonworking women and those women employed at health centers, hospitals and schools is given in table 1.

According to table 2, religious orientation of women had a significant positive correlation with the number of children (P = 0.01, r = 0.13). But according Poisson regression this reproductive variable was not significantly related with women's job and their Religious orientation score (Table 3).

## DISCUSSION

Our study aimed to identify the relationship of employed with religious orientation and reproductive performance in women in Tehran. The results indicated that excellent religious orientation was significantly higher among the employed women. Mohammadi et al. (2010) in their study stated that employed female nurses undertake the burdensome responsibilities of their family life, treating the spouse and bringing up children in addition to their workplace responsibilities and are subject to psychological problems due to being in a stressful working environment for a long time. Therefore, they resort to religious orientation and reflect their religious thoughts and beliefs in all their activities and behaviors to compensate for this situation [22].

In our study, religious orientation of women had a significant positive correlation with the number of their children so that a higher level of religious orientation led to a larger number of current children. A similar study in Netherlands found that religious attachment is a fundamental component of social identity and fertility is associated with religiosity [13]. fertility rates of the most Muslim-majority countries remain above the world average of 2.4 children [23]. Hayford et al. (2008) in their study explained that women who considered a critical role for religion in their lives had more children than other women [24]. Generally, some studies have reflected that there is a positive association between religion and fertility rate [25, 26]. It seems that the reason why religious people have more children than non-religious ones may result from this fact that religious beliefs create a sense of comfort, power and hope for future in people.

In our study, employed status also had a significant positive correlation with the age of marriage. In addition, tendency for childbearing and the ideal number of children at present in nonworking women was significantly higher than the employed ones. However, Asadi et al. (2016) demonstrated that there is no significant difference in tendency for childbearing between working and nonworking women [2].

**Table 1:** The Comparison of Factors of Reproductive Performance and Religious Orientation in Employed and Unemployed Women

| Variable | Housewife (180 individuals) | Employed (180 individuals) | | P-value |
|---|---|---|---|---|
| | | Ministry of Health | Ministry of Education | |
| | Number (%) | Number (%) | Number (%) | |
| **Religious orientation** | | | | P=0.001[a] |
| Excellent | 79(43.9%) | 56(62.2%) | 64(71.1%) | |
| Good | 99(55%) | 33(36.7%) | 26(28.9%) | |
| Moderate | 2(1.1%) | 1(1.1%) | 0 | |
| Mean ±SD | 73.18±9.66 | 77.7±10.38 | 79.58±8.94 | |
| **Tendency for childbearing** | | | | P=0.001[b] |
| Yes | 78(43.3%) | 20(22.2%) | 11(12.2%) | |
| No | 102(56.7%) | 70(77.8%) | 79(87.8%) | |
| **Number of current children** | | | | P=0.001[b] |
| No child | 20(11.1%) | 25(27.8%) | 4(4.4%) | |
| One child | 98(54.4%) | 35(38.9%) | 29(32.3%) | |
| Two children or more | 62(34.5%) | 30(33.3%) | 57(63.3%) | |
| Mean ± SD | 1.29±0.75 | 1.08±0.84 | 1.68±0.71 | |
| **Use of pregnancy spacing methods** | | | | P=0.007[b] |
| Yes | 158(87.8%) | 72(80%) | 65(72.2%) | |
| No | 22(12.2%) | 18(20%) | 25(27.8%) | |
| **Spacing of children** | | | | P=0.57[b] |
| Less than 3 years | 84(46.7%) | 36(40%) | 40(43.8%) | |
| More than 3 years | 96(53.3%) | 54(60%) | 50(56.2%) | |
| **Gender-based value** | | | | P=0.001[b] |
| Boy | 39(21.7%) | 11(12.2%) | 3(3.3%) | |
| Girl | 51(28.3%) | 24(26.7%) | 24(26.7%) | |
| No difference | 90(50%) | 55(61.1%) | 63(70%) | |
| **Age of marriage** | | | | P=0.001[b] |
| Younger than 20 years old | 80(44.4%) | 15(16.7%) | 19(21.1%) | |
| 21-30 years old | 92(51.2%) | 69(76.7%) | 66(73.3%) | |
| Older than 30 years old | 8(4.4%) | 6(6.6%) | 5(5.6%) | |
| Mean ± SD | 21.5±4.34 | 24.31±4.03 | 23.63±4.14 | |
| **Ideal number of children at the time of marriage** | | | | P=0.2[a] |
| No child | 2(1.1%) | 3(3.3%) | 0 | |
| One child | 20(11.1%) | 13(4.4%) | 9(10%) | |
| Two or more children | 158(87.8%) | 74(82.3%) | 81(90%) | |
| Mean± SD | 2.4±1.27 | 2.08±0.84 | 2.4±0.94 | |
| **Ideal number of children at present** | | | | P=0.005[b] |
| No child | 0 | 1(1.1%) | 0 | |
| One child | 42(23.3%) | 24(26.7%) | )10%(9 | |
| Two or more children | 138(76.7%) | 65(72.2%) | 81(90%) | |
| Mean± SD | 1.87±0.56 | 1.91±0.77 | 2.2±0.76 | |

a: Fisher Exact Test, b: Chi-Square Test

**Table 2:** Correlation of Religious Orientation and Employed Status with Reproductive Performance of Samples

| Variable | Number of children | Age of marriage | Ideal number of children at present | Ideal number of children at the time of marriage | Spacing of children |
|---|---|---|---|---|---|
| **Religious orientation** | R=0.13, P=0.01 | R=-0.04, P=0.13 | R=0.02, P=0.65 | R=0.06, P=0.24 | R=-0.04, P=0.3 |

**Table 3:** Poisson Regression to Evaluate the Effect of Occupation and Religious Scores on the Number of Children

| Parameter | B | Std. Error | 95% Wald Confidence Interval | | P-value |
|---|---|---|---|---|---|
| | | | Lower | Upper | |
| **(Intercept)** | -.036 | .3823 | -.785 | .713 | .925 |
| **Job** | -.045 | .0947 | -.231 | .140 | .633 |
| **Religious score** | .005 | .0048 | -.005 | .014 | .332 |

Adsera et al. reported that there was an interval between preferred and real pregnancies in 36.6% of women in Spain [27]. Nasrpour's study (2016) indicated that the income of male and female employees is directly associated with the level of fertility [1]. Pradhan et al. (2010) in their study reported that in the employed women, the ideal number of children was significantly larger than the number of children [28]. However, another study in Taiwan reported that female employed had a minimal effect on their fertility [29]. The findings of Matysiak et al. (2013) showed that female employed in Italy is in conflict with their fertility but in Poland, despite the existing challenges, women tend to incorporate both. Also, according to the results of that study, strong attachment to religious values (Catholic) did not prevent from postponement of fertility and lower rates of fertility in Italy and Poland [30]. In present study, the degree of application of pregnancy spacing methods significantly differed in nonworking (53.6%), employed women at schools (22%) and employed women at health centers and hospitals (24.4%). On the other hand, as mentioned previously, for nonworking women, the average ideal number of children at the present time was lower than the average ideal number of children at the time of marriage. It seems that economic independence and women's occupational empowerment can play a critical role in this respect. Hajizadeh et al. (2016) concluded that the chance of tendency for childbearing in future in the employed women is 2.01 times as the housewives [31].

In our study, the mean age of marriage in the employed women was higher than the other group. In a study conducted by Kumar et al. (2016), age of marriage in working women was significantly older than the nonworking ones [32]. McQuillan and Erfani found that postponement in age of marriage has contributed about 31% in lower rate of fertility in Iran [33]. According to kariman et al. (2016), age of marriage is an effective factor in decision-making about fertility [34]. Today, marriage patterns have shifted toward modernization by which childbearing patterns may be affected [35]. Over recent years, higher levels of female education have led to their older ages of marriage [36], while those women who are young at their first pregnancy will probably reach the end of their reproductive period with more children compared to women who give birth at older ages [37]. In a study by Hajizadeh et al. (2016), the average age of marriage in working women was older than that of the housewives and the chance of tendency for childbearing in future increased 8% for each year older age of marriage [31].

In the current study, gender-based value of male and female children was dominant in nonworking women while no difference was observed in working women to this regard. Kumar et al. (2016) found that nonworking women preferred at least one daughter and the working group (88.5%) compared to the nonworking ones (82.1%) had further gender preference for a male child although this difference was not statistically significant [32]. Several studies have established that level of education is inversely correlated with gender preference [38, 39]. One study on United Arab Emirates married women showed that employed status of women has not significant effect on reproductive behavior and attitude of them [40]. Generally, it can be concluded that reproductive performance is affected by economic and cultural contexts such as female employed and religious orientation. This study described and compared the factors contributing in reproductive performance of working and nonworking women and gave valuable results.

Of its limitations we can refer to its sampling method that was restricted to some districts in Tehran. So the results cannot be generalized about the entire of Iran. In addition, this study didn't include different female professions and it is not generalizable to all female occupations. The strength of this study was the comparison of reproductive performance of employed and unemployed women.

## CONCLUSIONS

The results of this work suggested that, regarding the low rate of fertility in modern Iranian society, it is necessary to consider the role of female employed and establishment of religious beliefs in families in demographic planning and policies.

### Ethical Consideration

Permission for this study was through the Ethical Committee of Shahid beheshti University of Medical Sciences. All participants were informed of the purpose and design of the study. Participants signed a written consent for their participation. The research ethics committee of Shahid Beheshti University of Medical Sciences approved the study (IR.SBMU.RETECH.REC.1395.267).

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### Conflict of Interest

The authors declare that there is no conflict of interests regarding the publication of this paper.

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**Authors' Contributions**

Study design: Giti Ozgoli, Tayebeh Darooneh, Marzieh Saei Ghare naz; Data collection: Fahimeh Hajizadeh Bandeghara, farnaz kholosi; Statistical analysis of data: Malihe Nasiri, Marzieh Saei Ghare naz; Revision of the manuscript: Tayebeh Darooneh, Fahimeh Hajizadeh Bandeghara

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