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Impact of motivational interviewing on the motivations and attitudes mothers of only children toward childbearing

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Abstract:

BACKGROUND: One of the most crucial components in addressing the issue of population aging is a shift in societal attitudes and perceptions. By challenging stereotypes and promoting accurate, effective awareness, we can foster positive change. This study aimed to determine the impact of motivational interviewing on the motivations and attitudes of mothers of only children toward childbearing.

MATERIALS AND METHODS: This quasi-experimental study employed a pretest–posttest design with a control group and an intervention group. The research population consisted of mothers of only children who had sought routine care at comprehensive health service centers in 2024. Sixty mothers of only children were randomly selected and assigned to one of the two groups via a multistage sampling method. Data collection instruments included a demographic questionnaire, Miller's Fertility Motivation Questionnaire, and the Attitude toward Fertility and Childbearing questionnaire, which validity and reliability were confirmed in previous studies. The intervention group participated in a five-week motivational interviewing program, with each session lasting 60–90 min. Data were collected both before and one month after the intervention. Data analysis was conducted using IBM SPSS Statistics for Windows, Version 21.0.

RESULTS: The finding showed that among demographic variables, significant differences were found in the duration of marriage ($t = -2.26$, $P = 0.02$) and maternal occupation ($\chi^2 = 6.94$, $P = 0.00$) between the two groups. ANCOVA revealed no significant difference in positive ($F = 0.25$, $P = 0.61$) and negative ($F = 1.02$, $P = 0.31$) fertility motivations between the control and intervention groups post-intervention. However, a significant difference in attitudes toward childbearing was found between the two groups post-intervention ($P = 0.036$).

CONCLUSION: The current study demonstrated the potential of motivational interviewing to influence the attitudes of mothers of only children toward childbearing positively. However, it is essential to acknowledge the multifaceted nature of childbearing, which is shaped by cultural, economic, and social factors.

Keywords:

Attitude, child, childbearing, mothers, motivation, motivational interviewing

Introduction

Human resources are a cornerstone of development, fueling societal dynamism and growth. They are essential for strengthening independence, security, and national influence. A growing population, particularly a young population, is a key

driver of sustainable and comprehensive development.^[1] Recent statistical studies indicate that many developed and developing countries are experiencing rapid population aging due to factors such as declining mortality rates, increased migration, urbanization, and evolving healthcare policies. This demographic shift has led some countries into a cycle of population decline.^[2,3]

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The inclination to have children significantly shapes the composition and structure of populations, influenced by a myriad of economic, social, cultural, and psychological factors.^[4] Evidence indicates a substantial global transformation in perspectives and behaviors regarding childbearing, with contemporary trends leaning toward smaller family sizes.^[5,6] The advent of modernity has altered perceptions of childbearing, leading some to regard larger families as indicative of cultural backwardness.^[7] Nevertheless, the choice of remaining childless or opting for a single child, which is increasingly accepted as a societal norm, can have profound individual, social, and national repercussions, potentially resulting in population decline and increased dependency. Many countries are grappling with the trend of single-child families, often seen as a way to balance personal, marital, environmental, and family factors.^[8] Children raised in single-child households frequently encounter physical and psychological challenges throughout various life stages. Research indicates that only children may display distinct strengths and weaknesses in life skills and personal capabilities. They often benefit from enhanced resources and attention, which can significantly influence their personality and family dynamics.^[8,9] However, some studies have highlighted potential disadvantages associated with being an only child, such as diminished intelligence, efficiency, adaptability, and social skills.^[6,10]

Changes in childbearing practices are associated with transformations in personal values, motivations, and attitudes, which are influenced by cultural, religious, and socioeconomic contexts.^[8,10,11] A positive attitude toward children and childbearing can lead to both earlier and more frequent childbearing.^[12,13] Interventions that can shape attitudes and motivations toward childbearing are crucial for promoting desired reproductive behaviors.^[9,14] The decreasing desire for children is affected by both material and cultural influences.^[13] Cultural considerations, including worries about education, future opportunities, and personal goals, play a significant role in the reduction of birth rates.^[15-17]

Establishing a culture that supports healthy childbearing necessitates both individual and societal empowerment. Counseling focused on healthy fertility and childbearing can assist individuals in gaining self-awareness, overcoming barriers, and making informed choices regarding fertility and childbearing.^[18] Motivational interviewing, a counseling technique based on empathy, identifying discrepancies, preparing for behavioral change, addressing resistance, and building self-efficacy, can be effective in promoting healthy childbearing choices.^[19] The goal is to foster open communication and encourage healthy behaviors without judgment. This approach is especially beneficial for individuals who may be ambivalent about change.^[20] Overall

motivational interviewing reveals the feeling of change by enabling individuals to reach their inner motivations about the issues they struggle with during their lifelong monitoring.^[21] The components of motivational interviewing include collaborative effort, client-centeredness, nonjudgmental, trust building, reduced resistance, increased readiness for change, increased self-efficacy, increased perceived incongruence, reflective listening, call to change conversation, discovery, and listening with empathy.^[22]

Numerous studies have shown that motivational interviewing can effectively promote health-promoting behaviors, prevent health-risk behaviors, and improve adherence to treatment regimens in various populations, including healthy adults and individuals with chronic conditions like diabetes and hypertension. In other words, the presence and participation of clients in the sessions and compliance with the principles related to the interview sessions have led to changes in individuals' awareness, motivation, and performance in the field of health-related issues.^[7,21,22]

Studies have shown that motivational interviewing can effectively improve couples' motivation to have children and increase their knowledge of reproductive options.^[23-25] Considering these findings, motivational interviewing can be a valuable tool in adopting population policies and developing reproductive health programs. This study aimed to evaluate the impact of motivational interviewing on the motivations and attitudes of mothers of only children toward childbearing.

Materials and Methods

Study design and setting

This quasi-experimental study employed a pretest-posttest design. The research population consisted of married women aged 18–54 with one child who sought routine care at comprehensive health service centers affiliated with Isfahan University of Medical Sciences in 2024.

Study participants and sampling

A sample size of 30 participants per group was calculated, accounting for a 20% potential dropout rate, to achieve a significance level of 0.05 and a power of 80%. Participants were recruited from four comprehensive health centers in Health Center No. 1 and six comprehensive health centers in Health Center No. 2 using a multistage sampling approach: cluster random sampling followed by convenience sampling.

The inclusion criteria included married women aged 18–54 with one healthy child at least 1 year old, Iranian nationality, normal hearing and literacy, stable family

and healthy spouse (self-reported), no history of infertility, stillbirth, miscarriage, cancer, or other chronic conditions (self-reported), and no contraindications for pregnancy. The exclusion criteria included incomplete questionnaires, non-participation in at least two training sessions, and simultaneous enrollment in other motivational training programs.

Data collection tool and technique

Data collection instruments included a demographic questionnaire, Miller's Fertility Motivation Questionnaire, and the Attitudes toward Fertility and Childbearing (ATFC) questionnaire. The last two variables were the primary outcomes.

Miller's Fertility Motivation Questionnaire, which originally consisted of 28 positive and 21 negative items, was culturally adapted to a 25-item positive and 16-item negative version. Scores range from 28 to 112 for positive motives, with higher scores indicating greater motivation, and from 21 to 84 for negative motives, with higher scores indicating lower motivation. Khadivzadeh *et al.*^[7] conducted a confirmatory factor analysis (CFA) on the adapted questionnaire in an Iranian population. The original factor structure did not fit the data well. After removing eight items with low factor loadings, the CFA revealed adequate model fit. The Cronbach's alpha coefficient for the revised questionnaire was 0.9.

The ATFC questionnaire is an adapted version of Soderberg *et al.*'s scale (2013).^[22] The Iranian version consists of 20 items across three subscales: the importance of children for the future, children as obstacles in the present, and social identity. Items are rated on a 5-point Likert scale. The lowest score is 20, while the highest score is 100, with higher scores indicating a more positive attitude toward fertility and childbearing. The validity and reliability of the ATFC were assessed in a study of Iranian women with no history of pregnancy. The Cronbach's alpha coefficient of 0.88 indicates good internal consistency.^[26]

After obtaining ethical approval from the Research Council of Isfahan University of Medical Sciences, researchers visited selected comprehensive health service centers to coordinate sample selection. Eligible mothers of only children were identified using the SIB system and invited to participate in the study. Informed consent was obtained from all participants. Mothers in the intervention group participated in a motivational interviewing program based on the Navidian protocol.^[25] The intervention, conducted by a PhD-prepared nurse with expertise in psychiatry and motivational interviewing, consisted of five weekly 60- to 90-min sessions [Table 1]. The intervention group

Table 1: Motivational interviewing sessions

Sessions	Content
Session 1: Introduction and Group Norms	- Establish a comfortable and supportive group environment - Explain the goals and structure of the group - Practice open communication and emotional expression - Assess participants' current level of commitment and confidence in childbearing
Session 2: Exploring Emotions	- Identify and express emotions related to childbearing - Understand the emotional impact of having or not having children - Homework: Writing about feelings and experiences related to childbearing
Session 3: Weighing the Pros and Cons	- Brainstorm short-term and long-term benefits and drawbacks of childbearing - Create a table to visualize the positive and negative aspects of childbearing
Session 4: Aligning Values	- Define and discuss the importance of personal values - Assess the alignment of individual values with the decision to have a child
Session 5: Visioning the Future	- Review key points from previous sessions - Create a vision of the future with a child - Reassess participants' level of commitment and readiness for childbearing

was divided into groups of 8–10 participants. The control group received a standard educational session on fertility and childbearing. Data were collected from both groups at baseline, immediately post-intervention, and 1 month post-intervention. Consequently, the final analysis included 30 participants in the control group and 30 in the intervention group [Figure 1].

Ethical considerations

The study was approved by the Institutional Human Ethics Committee of Isfahan University of Medical Sciences (IR.MUI.NUREMA.REC.1403.056).

Statistical analysis

Data were analyzed using IBM SPSS Statistics for Windows, Version 21.0. Descriptive statistics, including frequency distributions, means, and standard deviations, were employed. The Kolmogorov–Smirnov test was used to assess data normality. Chi-square and independent *t*-tests were used to compare demographic variables between the two groups. Analysis of covariance (ANCOVA) was used to compare dependent variables while controlling for confounding factors. The statistical significance level was set at $P < 0.05$.

Results

The mean (SD) ages of mothers in the control and intervention groups were 34.93 (5.50) and 36.35 (4.69),

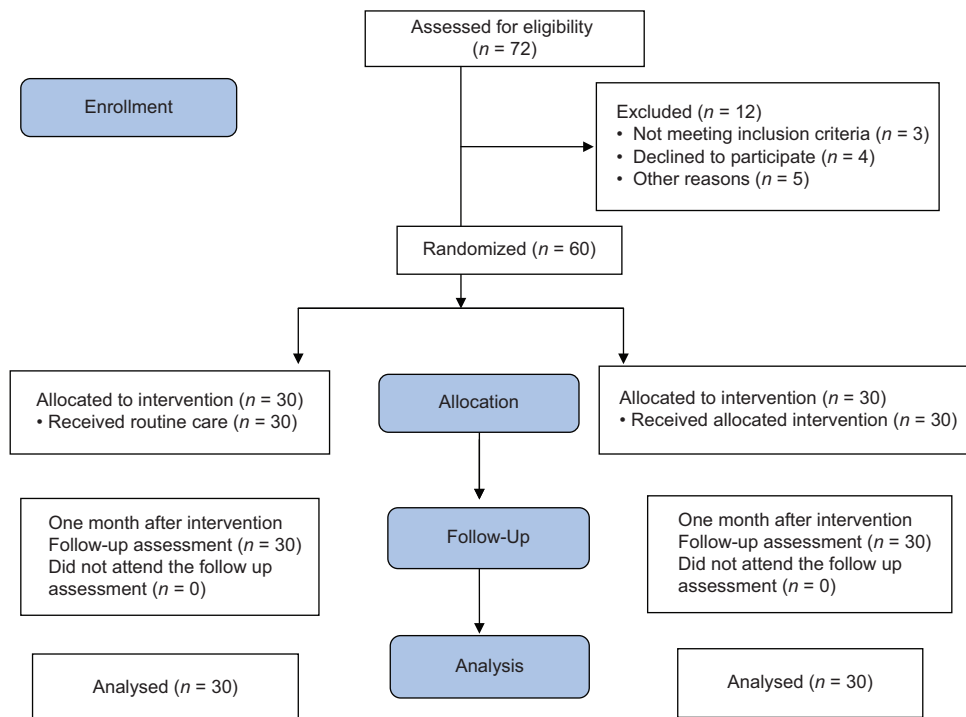


Figure 1: Flowchart of the study

respectively. No significant differences in maternal age, paternal age, or maternal age in the current marriage were found between the two groups [Table 2]. Significant differences in duration of marriage ($t = -2.26$, $P = 0.02$) and maternal occupation ($\chi^2 = 6.94$, $P = 0.00$) were observed between the two groups. No significant differences in maternal and paternal education level, paternal occupation, income, or child's gender were found between the two groups [Table 2].

Table 3 shows that before the intervention, the mean score of positive fertility motivations was significantly higher in the intervention group (54.37 ± 12.24) compared to the control group (44.24 ± 13.74 ; $t = -2.96$, $P = 0.004$). One month post-intervention, the mean score of positive fertility motivations remained significantly higher in the intervention group (61.07 ± 11.70) compared to the control group (53.46 ± 9.19 ; $t = -2.05$, $P = 0.047$). Independent t -test indicated no significant difference in negative fertility motivations between the two groups before (control: 39.30 ± 7.32 ; intervention: 36.65 ± 9.52 ; $t = 1.14$, $P = 0.256$) or after the intervention (control: 27.57 ± 6.58 ; intervention: 31.24 ± 7.85 ; $t = -1.50$, $P = 0.139$).

Before the intervention, the mean ATFC score was not significantly different between the control group (66.23 ± 3.21) and the intervention group (63.27 ± 6.09 ; $t = 1.64$, $P = 0.109$). Similarly, 1 month post-intervention, the mean ATFC score remained non-significantly different between the two groups (control: 64.00 ± 8.18 ; intervention: 67.44 ± 16.95 ; $t = -0.71$, $P = 0.479$).

As shown in Table 4, after controlling for pre-test positive fertility motives, maternal occupation, and current duration of marriage (Levene's test for homogeneity of variances: $F = 0.121$, $P = 0.73$), the ANCOVA revealed no significant difference in post-intervention positive fertility motivations between the intervention and control groups ($F = 0.25$, $P = 0.61$).

Table 5 shows that after controlling for pre-test negative fertility motives, maternal occupation, and current duration of marriage (Levene's test for homogeneity of variances: $F = 0.002$, $P = 0.968$), the ANCOVA revealed no significant difference in post-intervention negative fertility motivations between the intervention and control groups ($F = 1.02$, $P = 0.31$).

Similarly, Table 6 indicates that after controlling for pre-test ATFC, maternal occupation, and current marital duration (Levene's test for homogeneity of variances: $F = 1.55$, $P = 0.220$), the ANCOVA revealed a significant difference in post-intervention ATFC scores between the intervention and control groups ($F = 4.76$, $P = 0.036$).

Discussion

This study aimed to evaluate the impact of motivational interviewing on the motivations and attitudes of mothers of only children toward fertility and childbearing. After controlling for pre-test positive and negative fertility motivations, maternal occupation, and current marital duration, the results indicated no significant difference

Table 2: Comparison of demographic characteristics between intervention and control groups

Group Variable	Control		Intervention		Statistical test	P
	Mean	Standard deviation	Mean	Standard deviation		
Mother's age (years)	34.93	5.50	36.35	4.69	$t=-1.05$	0.29
Spouse's age (years)	38.33	5.72	39.96	5.13	$t=-1.15$	0.25
Mother's age at the time of current marriage (years)	26.75	6.27	24.06	4.86	$t=1.82$	0.07
Duration of marriage (years)	9.43	5.71	12.43	4.45	$t=-2.26$	0.02
	Frequency	Valid Percent	Frequency	Valid Percent		
Mother's education level						
Upper/lower secondary	3	10	1	3.33	$\chi^2=6.04$	0.19
Diploma	7	23.33	7	23.33		
Associate/bachelor	19	57.57	16	53.33		
Master/higher	1	3.33	6	20		
Spouse's education level						
Upper/lower secondary	5	16.66	6	20	$\chi^2=1.41$	0.92
Diploma	9	30	9	30		
Associate/bachelor	12	40	10	33.33		
Master/higher	4	13.33	5	16.66		
Mother's job						
Housewife	23	76.66	13	43.33	$\chi^2=6.94$	0.00
Employed	7	23.33	17	56.66		
Spouse's job						
Self-employed	21	70	20	66.66	$\chi^2=0.07$	0.78
Employed	9	30	10	33.33		
Income						
Less than expenses	1	3.33	5	16.66	$\chi^2=3.14$	0.20
within the limits of expenses	28	93.33	23	76.66		
More than expenses	1	3.33	2	6.66		
Kinship relationship with spouse						
Yes	11	36.66	5	16.66	$\chi^2=3.06$	0.08
No	19	63.33	25	83.33		
The gender of the first child						
Girl	17	56.66	14	46.66	$\chi^2=0.77$	0.67
Boy	12	40	14	46.66		

t=independent t test

Table 3: Comparison of the mean ATFC, and childbearing positive and negative motivations scores of mothers between the two groups at different times

Variable	Time	Group	Mean	SD	t-test	P
ATFC	Before	Control	66.23	3.21	1.64	0.10
	intervention	Intervention	63.27	6.09		
	One month after	Control	64.00	8.18	-0.71	0.47
	intervention	Intervention	67.44	16.95		
Childbearing positive motivations	Before	Control	44.24	13.74	-2.96	0.004
	intervention	Intervention	54.37	12.24		
	One month after	Control	53.46	9.19	-2.05	0.047
	intervention	Intervention	61.07	11.70		
Childbearing negative motivations	Before	Control	39.30	7.32	1.14	0.256
	intervention	Intervention	36.65	9.52		
	One month after	Control	27.57	6.58	-1.50	0.139
	intervention	Intervention	31.24	7.85		

*Independent t-test. ATFC=Attitudes toward Fertility and Childbearing

in post-intervention positive or negative fertility motivations between the intervention and control groups. In other words, motivational interviewing did not significantly alter fertility motivations in the groups. The low mean scores of negative fertility motivations

in both the experimental and control groups (39.30 and 36.65, respectively, out of a total score of 84) suggest poor motivation for childbearing among these mothers. Miller proposed that fertility motivations can be categorized into positive and negative factors.

Table 4: Results of ANCOVA to examine the post-test effect of motivational interviewing on childbearing positive motivations

Parameter	Sum of squares	Mean squares	F	P	95% Confidence Interval		Effect size
					Lower Bound	Upper Bound	
Group	25.24	25.24	0.25	0.61	-13.16	7.94	0.007
Positive motivations (pre-test)	949.76	949.76	9.466	0.004	0.178	0.871	0.213
Mothers' job	62.94	62.94	0.62	0.434	-10.900	4.78	0.018
Duration of marriage	204.12	204.12	2.03	0.163	-1.500	0.263	0.055
Error	3511.74	100.33					

ANCOVA=Analysis of Covariance

Table 5: Results of ANCOVA to examine the effect of motivational interviewing on childbearing negative motivations in post-test

Parameter	Sum of squares	Mean squares	F	P	95% Confidence Interval		Effect size
					Lower Bound	Upper Bound	
Group	61.73	61.73	1.02	0.31	-10.90	3.64	0.02
Negative motivations (pre-test)	76.00	76.00	1.26	0.26	-0.46	0.13	0.03
Mothers' job	28.21	28.21	0.46	0.49	-3.49	7.05	0.01
Duration of marriage	0.77	0.77	0.01	0.91	-0.70	0.63	0.00
Error	2168.10	60.22					

ANCOVA=Analysis of Covariance

Table 6: Results of ANCOVA to examine the effect of motivational interviewing on ATFC in post-test

Parameter	Sum of squares	Mean squares	F	P	95% Confidence Interval		Effect size
					Lower Bound	Upper Bound	
Group	531.05	531.05	4.76	0.036	-20.21	-0.72	0.12
ATFC (pre-test)	4238.46	4238.46	37.99	0.000	1.30	2.58	0.52
Mothers' job	3.50	3.50	0.03	0.86	-7.98	6.70	0.001
Duration of marriage	33.60	33.60	0.30	0.58	-1.10	0.63	0.009
Error	3904.66	111.56					

ANCOVA=Analysis of Covariance, ATFC=Attitudes toward Fertility and Childbearing

Positive motivations include personal fulfillment, traditional values, satisfaction with parenting, and a sense of purpose and survival. Negative motivations, such as parental fears and stress, can also influence fertility decisions.

The results of this study align with previous research. For instance, Ahmadi *et al.*^[27] compared two interventions (face-to-face and telephone) on the attitudes of infertile individuals and found no significant difference in negative attitudes toward fertility two weeks post-intervention. Similarly, Khadivzadeh *et al.*^[7] reported that negative fertility motivations, such as fear of parenthood, were not significantly associated with fertility desires, desired number of children, or preferred timing of childbearing. Ahmadi *et al.*'s^[27] study revealed no significant difference in positive fertility motivation before and after the intervention, regardless of whether counseling was delivered face-to-face or by telephone. In contrast, Khadivzadeh *et al.*^[7] found a direct correlation between positive fertility motivation and the desire for childbearing and ideal family size. Similarly, a US study linked positive fertility motivations to a desire for more children, specific child characteristics, and shorter birth intervals.^[2]

Akbarian Moghadam *et al.* (2020)^[28] demonstrated the effectiveness of training based on the theory of planned behavior in increasing childbearing intentions among single-child women. The discrepancy between these findings and the current study may be attributed to differences in intervention type. While the current study focused on uncovering and addressing internal motivations, other studies have employed educational interventions targeting attitudes, norms, and perceived behavioral control.

Sheikh Ghanbar's *et al.*^[29] study demonstrated the effectiveness of cognitive group counseling in enhancing positive fertility motivations and reducing negative ones. This intervention focused on addressing negative emotions, cognitive processes, and behavioral patterns. In contrast, the current study aimed to modify single-child mothers' behaviors by exploring their emotions, the positive and negative aspects of childbearing, and the importance of life values. Rezaee's *et al.*^[5] study on female university students showed that motivational interviewing can positively impact attitudes toward childbearing. However, the specific needs and challenges of single-child mothers may require a more tailored approach. Aghazadeh's *et al.*^[30] study on the impact

of multimedia education on mothers of only children highlights the potential of educational interventions in influencing fertility motivations. The discrepancy in findings between these studies and the current research may be attributed to differences in intervention type, target population, and specific content. Given the lack of significant findings, it is important to consider the demographic characteristics of the study participants. The majority of subjects were housewives with university degrees. Economic factors, particularly income, have been identified as significant influences on fertility motivations.^[1] Zare *et al.*^[31] demonstrated a negative correlation between lower income and negative fertility motivations. Demographic factors, including age, housing conditions, income, and education, have been shown to significantly influence fertility intentions.^[4] Given the high number of housewives among the study participants, economic insecurity may be a primary factor contributing to their reluctance to have children. Lukšik further supports the role of sociological factors, such as employment and housing, in shaping couples' reproductive decisions.^[32] Tavousi's *et al.*^[33] study found a significant association between unwillingness to have children and factors like older age, early marriage, higher number of children, fewer stillbirths, and abortions. Individuals with lower incomes were also more unwilling to have children compared to those with higher incomes. The decision to have children is a complex one, influenced by various factors, including health, economic status, social welfare, and cultural norms.^[1] Traditionally, children were seen as future contributors to the family workforce. However, societal shifts away from traditional family structures have led to significant financial burdens associated with childbearing, including potential unemployment. As a result, many individuals, despite personal desires, are choosing to limit family size.^[6]

Research by Abbasi-Shawazi^[34] and Khajeh Salehi indicates that higher education levels and social participation among women are correlated with a decline in childbearing. Additionally, involvement in social networks, clubs, and various educational and recreational activities can limit opportunities for childbearing and childcare, even for women without higher education or employment.^[26] Given the strong influence of internal motivation on behavior, studies have shown that combining motivation with a change in attitude can lead to more effective and lasting behavioral change.^[2,27]

The current study demonstrated a significant difference in ATFC between the intervention and control groups 1 month post-intervention. Previous research supports these findings. Khodakarami *et al.*^[1] observed improvements in maternal attitudes following group counseling interventions. Salehabadi *et al.*^[35] reported

that an empowerment program enhanced self-esteem, self-efficacy, self-control, preventive behaviors, and ATFC among women with a history of miscarriage. Akbarian Moghadam *et al.*^[28] found that educational interventions based on the theory of planned behavior can increase the desire to have children among single-child women, particularly by influencing attitudes and mental norms. Soltani *et al.*'s^[36] study highlighted the effectiveness of both face-to-face and virtual cognitive-behavioral counseling in improving attitudes toward childbearing among childless couples. The intervention shifted participants' attitudes from negative to positive.

In contrast, Vatanparast *et al.*'s^[37] study, which employed an educational intervention based on the theory of planned behavior, did not yield significant differences in attitudes toward childbearing among single-child mothers. This discrepancy may be attributed to differences in intervention content. While both studies utilized the theory of planned behavior, the current study focused on a more specific approach, targeting emotions, behavioral dimensions, values, and future prospects. In this study, a majority of mothers (53%) held university degrees. The significant increase in female university enrollment in recent years in Iran has profoundly impacted women's attitudes and behaviors. Some studies have identified this as a key factor influencing women's reproductive decisions.^[26] Higher education can indirectly affect fertility by shaping individuals' attitudes and beliefs, fostering modern perspectives, and consequently delaying the age of childbearing.^[12]

In this study, motivational interviewing was used to enhance mothers' ATFC by highlighting the significance of larger families in addressing the aging population, the need for younger generations, and the demand for a productive workforce. It is crucial to acknowledge that a positive attitude is a fundamental prerequisite for the intention and decision to have children.^[13] This study aimed to foster a more positive attitude toward fertility and childbearing among mothers of only children by encouraging them to express their experiences and feelings related to childbearing, identify negative and positive beliefs, visualize a future with children, receive accurate information to correct misconceptions, and develop strategies for managing challenges. Additionally, participants were trained on the emotional implications of both having and not having children, including the limitations of female fertility and the potential complications associated with older pregnancies. The benefits of having children within a family and the potential consequences of limited family size were also discussed. By emphasizing healthy parenting, the training aimed to foster a positive attitude toward childbearing. It is important to recognize that a

mother's perception of children as either an obstacle or a catalyst for personal growth significantly influences her attitude toward having more children.

Limitation and recommendation

This study has several limitations that should be acknowledged. First, since we relied on self-reported data, there's always a chance that some participants answered in ways they thought were more socially acceptable—especially given how personal and sensitive the topic of childbearing can be. This could have influenced how accurately their true motivations and attitudes were captured.

Second, the follow-up period after the motivational interviewing sessions was relatively short. While we saw some changes in attitudes, we didn't track whether these changes actually led to future decisions about having more children. So, it's hard to say how lasting or impactful the intervention was over time.

Third, we focused solely on the mothers' perspectives without factoring in the possible influence of their partners, financial conditions, or previous reproductive experiences. These factors might also shape how someone feels about having another child.

Moving forward, it would also be helpful to include longer-term follow-ups to understand whether motivational interviewing can lead to real-life changes in behavior. Adding qualitative interviews or involving both parents in the process could give a more complete picture of what influences childbearing decisions.

Conclusion

The current study demonstrated the potential of motivational interviewing to positively influence the attitudes of mothers of only children toward childbearing. However, it is essential to acknowledge the multifaceted nature of childbearing, which is shaped by cultural, economic, and social factors.^[27] A comprehensive approach is necessary to maximize the impact of such interventions. Potential strategies include involving partners in training sessions, tailoring policies to support women's education after marriage, and integrating fertility-related interventions into premarital counseling.

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Declaration of patient consent

Written informed consent forms were obtained from all individual participants included in the study. All

procedures performed in this study complied with the institutional and national research committees' ethical standards and the 1964 Helsinki Declaration and its later amendments or comparable ethical standards.

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Conflicts of interest

There are no conflicts of interest.

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