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Mental health and its role in youth willingness to marry and have children: A systematic review

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Abstract

The decline in marriage and fertility rates in many countries has become a major demographic challenge, and mental health is considered one of the key factors influencing youth attitudes and decision-making. Neglecting mental health may reduce the effectiveness of population policies.

In this systematic review, the target population included young people aged 18–35 whose mental health status (levels of depression, anxiety, life satisfaction, and self-efficacy) was compared across groups with higher and lower psychological well-being. Databases searched included PubMed, Scopus, Google Scholar, SID, and IranDoc. Keywords were: Mental Health, Youth, Marriage, Childbearing, Fertility, Psychological Well-being, and their Persian equivalents. The review process was conducted and reported based on PRISMA 2020 guidelines. The search covered the period from 2010 to 2025. Out of 1,127 identified studies, after removing duplicates and screening titles and abstracts, 39 studies were included.

Positive mental health was associated with increased willingness to marry and have children. Psychological problems such as anxiety, depression, and stress reduced the desire to form a family. Social and economic support played a moderating role, and cultural context showed a mediating effect.

Mental health is a fundamental factor in decisions related to marriage and childbearing, and population policies that overlook this component may be ineffective. Psychological interventions, life-skills training, and strengthened social support are recommended.

Keywords: Mental health, Youth, Marriage, Childbearing, Population policies

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Introduction

In recent decades, the decline in marriage and fertility rates in many countries, including Iran, has intensified significantly (1,2). This trend has confronted younger populations with various social and economic challenges and has turned population rejuvenation into a major concern for policymakers (3). Reduced youth willingness to marry and have children may lead to consequences such as decreased population growth, population aging, and increased socioeconomic burdens on families and social support systems (2,4).

Economic, cultural, and social factors play substantial roles in youth decisions regarding marriage and childbearing (5). However, mental health—one of the core components of quality of life—has received comparatively less attention (6). Mental health includes feelings of satisfaction, hope, resilience, calmness, the ability to cope with stress, and social adjustment (7,8). Studies show that higher mental health levels are associated with improved interpersonal relationships, increased self-confidence, and a positive outlook on the future, which can enhance youth motivation for marriage and parenthood (9,10).

Mental health is also linked to the ability to manage economic, occupational, and social pressures. In contexts where young people face job-related stress, financial worries, and social pressures, mental health may play a moderating role and facilitate important life decisions (11,12). Additionally, social support, life-skills training, and cultural background strengthen mental health and the motivation to marry and have children (13,14).

International studies have shown that depression, anxiety, and stress contribute to delayed marriage or reduced willingness to have children (7,12). Conversely, individuals with positive mental health, confidence in the future, and a sense of competence are more inclined to form families and have children (8,10). Therefore, understanding the relationship between mental health and major life decisions among young adults is critical and can guide effective population policies.

The necessity of this systematic review stems from the growing decline in youth willingness to marry and have children in recent years. Although multiple studies have explored the relationship between mental health and youth attitudes towards marriage and fertility, their findings are often inconsistent or fragmented. The absence of an integrated evidence-based perspective limits policymakers' ability to design effective psychological or social interventions. A systematic review provides a structured method for synthesizing previous findings, identifying research gaps, and informing supportive policies that promote mental health and population vitality.

Methods

The target population included young individuals aged 18–35. Studies assessing mental health indicators (depression, anxiety, life satisfaction, self-efficacy) and comparing groups with different mental health levels were included. Databases searched were PubMed, Scopus, Google Scholar, SID, and IranDoc. Keywords included: "Mental Health, Youth, Marriage, Childbearing, Fertility, Psychological Well-being", and their Persian equivalents. The review adhered to PRISMA 2020 guidelines. The search period was 2010–2025.

Study selection process

Out of 1,127 identified articles, duplicates were removed, and titles/abstracts were screened. A total of 39 studies met the inclusion criteria.

Inclusion criteria: Research articles related to mental health and youth willingness to marry or have children; Persian or English language; published between 2010 and 2025; study designs include: Cross-sectional, Cohort, Experimental.

Exclusion criteria: Non-relevant articles, previous reviews, and inaccessible full texts.

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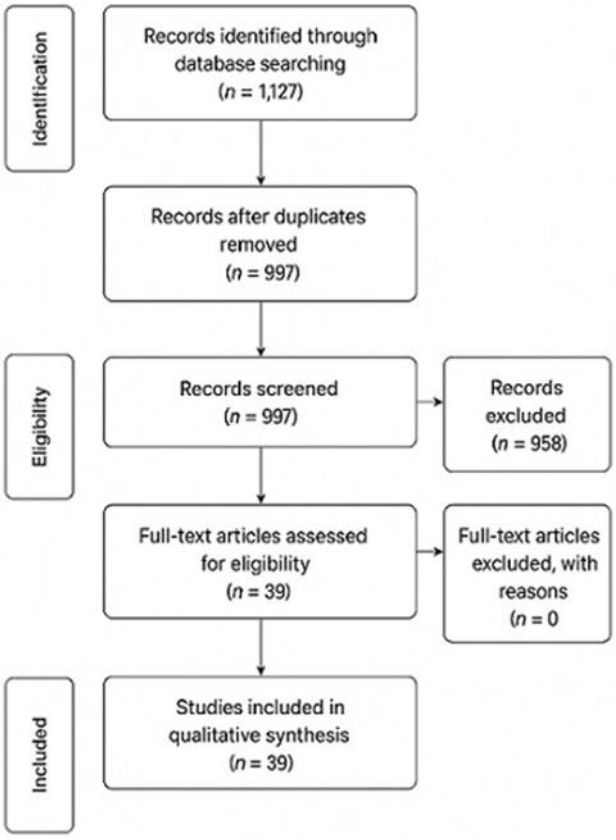
Two independent researchers screened studies and extracted data using a standardized form, including study characteristics, mental health measures, marriage/childbearing indicators, and key findings.

Table 1. Keywords Used in the Search

Concept Category	English Keywords	Year
Mental Health	(Mental Health OR Psychological Well-being OR Psychological Distress) AND (Depression OR Anxiety OR Stress)	2010-2025
Target Population (Youth)	Youth OR Young Adults OR Adolescents	2010-2025
Marriage	Marriage OR Marital Intentions OR Marriage Attitudes	2010-2025
Fertility / Childbearing	Fertility OR Childbearing OR Reproductive Intentions OR Fertility Intentions	2010-2025

Table 2. Search Results (PRISMA-Style)

Database	Records Identified	Duplicates Removed	Titles/Abstracts Screened	Full Texts Assessed	Final Included Studies
PubMed	412	48	364	28	13
Scopus	301	35	266	19	11
Google Scholar	238	22	216	14	8
SID	112	15	97	9	5
IranDoc	64	10	54	4	2
Total	1127	130	997	74	39



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Results

1. Mental Health and Willingness to Marry

The findings indicate that positive mental health is linked to a higher willingness to marry. Individuals experiencing anxiety, depression, or chronic stress are less inclined to form families and may delay marriage. In contrast, high mental well-being enhances confidence and cultivates positive attitudes toward marriage (7,12).

2. Mental Health and Childbearing

Better mental health is associated with a greater willingness to have children. Individuals with higher psychological well-being not only show stronger motivation for parenthood but also demonstrate greater capacity to manage family responsibilities and parenting-related stress (8,10).

3. Role of Social Support

Support from family and the community plays a moderating role, reducing anxiety surrounding marriage and childbearing. Youth with stronger social support make more informed and confident decisions (9,10,12).

4. Cultural and Social Differences

Cultural context mediates these relationships. In societies that highly value marriage, even individuals with psychological problems may still marry, whereas in individualistic cultures mental health has a more direct and pronounced influence on marriage and fertility decisions (5,13,14).

Discussion

The results demonstrate that mental health is a critical determinant in youth decisions regarding marriage and childbearing (1,4,7). Positive mental health fosters confidence and motivation toward family formation (8,10), whereas anxiety, depression, and stress reduce willingness to marry and have children (7,12). Therefore, economic incentives alone are insufficient without addressing mental health (3,5).

Social support plays a key moderating role, and cultural context shapes marriage-related norms (9,10,12). Enhancing mental health through supportive environments, life-skills training, and premarital counseling can strengthen youth optimism and motivation (8,10,11).

Limitations

These include language limitations (Persian/English only), cultural variation across studies, cross-sectional designs limiting causal inference, and inconsistency in definitions of mental health and fertility intentions.

Conclusion

This systematic review highlights mental health as a fundamental factor in youth decisions regarding marriage and childbearing. Positive mental health increases willingness to marry and have children and enhances overall life satisfaction, family functioning, resilience, and stress management (1,4,7,8). Youth with better mental health exhibit stronger confidence, future orientation, and social competence, all of which support successful family formation (8,10,11).

Conversely, anxiety, depression, and stress delay marriage and reduce fertility intentions (7,12). Social and economic support mitigates these negative effects, while cultural context shapes the influence of mental health on decision-making (13,14).

Practical Implications and Recommended Strategies

1. Population policies that focus solely on economic and incentive-based factors have limited effectiveness if mental health is ignored. Practical strategies include establishing free or low-cost psychological counseling centers in universities and urban areas, and integrating mental-health services into marriage and fertility support programs.

2. Psychological interventions, premarital counseling, and life-skills training can strengthen young people's motivation to form a family.

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Practical strategies include organizing mandatory premarital counseling sessions and incorporating communication and decision-making skills into school and university curricula.

3. Creating supportive environments in universities, workplaces, and communities is essential for reducing anxiety and strengthening social resilience. Practical strategies include offering continuous training workshops, establishing mental-health support units in organizations, and providing supportive leave policies to reduce stress among young adults.

4. Population policies must consider cultural and social differences and propose tailored strategies. Practical strategies include designing media campaigns adapted to the culture of each region, and engaging local leaders, religious figures, counselors, and academics to promote positive attitudes toward marriage.

Overall, mental health is not only a crucial factor in individual decision-making but also a key instrument for achieving sustainable and effective population policies. Therefore, integrating mental-health promotion programs into social and demographic policies, expanding counseling services, and enhancing social and economic support for young people can significantly improve marriage and fertility rates.

References

1. Singh OP. Comprehensive mental health action plan 2013–2030: we must rise to the challenge. Indian Journal of Psychiatry. 2021 Sep 1;63(5):415-7. doi: 10.4103/indianjpsychiatry.indianjpsychiatry_811_21

2. Gautam S, Jain A, Chaudhary J, Gautam M, Gaur M, Grover S. Concept of mental health and mental well-being, it's determinants and coping strategies. Indian journal of psychiatry. 2024 Jan 1;66(Suppl 2):S231-44. doi: 10.4103/indianjpsychiatry.indianjpsychiatry_707_23

3. Kalateh Sadati A, alimondegari M, falakodin Z, Shiri-Mohammadabad H, Kalantari F. Analyzing the Opinion of the Elites in the Field of Population Policies in the City of Yazd: A Qualitative Study. TB 2024; 23 (2) :100-118. doi:10.18502/tbj.v23i2.16100

4.Helgadottir H, Matikas A, Fernebro J, Frödin JE, Ekman S, Rodriguez-Wallberg KA. Fertility and reproductive concerns related to the new generation of cancer drugs and the clinical implications for young individuals undergoing treatments for solid tumors. European Journal of Cancer. 2024 May 1;202:114010. doi: org/10.1016/j.ejca.2024.114010

5. Zhang TT, Cai XY, Shi XH, Zhu W, Shan SN. The effect of family fertility support policies on fertility, their contribution, and policy pathways to fertility improvement in OECD countries. International Journal of Environmental Research and Public Health. 2023 Mar 8;20(6):4790. doi: 10.3390/ijerph20064790

6. Ravens-Sieberer U, Kaman A, Erhart M, Otto C, Devine J, Löffler C, Hurrelmann K, Bullinger M, Barkmann C, Siegel NA, Simon AM. Quality of life and mental health in children and adolescents during the first year of the COVID-19 pandemic: results of a two-wave nationwide population-based study. European child & adolescent psychiatry. 2023 Apr;32(4):575-88 doi:10.1007/s00787-021-01889-1

7. Gurvich C, Thomas N, Thomas EH, Hudaib AR, Sood L, Fabiatos K, Sutton K, Isaacs A, Arunogiri S, Sharp G, Kulkarni J. Coping styles and mental health in response to societal changes during the COVID-19 pandemic. International journal of social psychiatry. 2021 Aug;67(5):540-9. doi: 10.1177/0020764020961790

8. Baghoori D, Roduta Roberts M, Chen SP. Mental health, coping strategies, and social support among international students at a Canadian university. Journal of American college health. 2024 Oct 12;72(8):2397-408. doi: org/10.1080/07448481.2022.2114803

9. Ortega-Gómez S, Adelantado-Renau M, Carbonell-Baeza A, Moliner-Urdiales D, Jiménez-Pavón D. Role of physical activity and health-related fitness on self-confidence and interpersonal relations in 14-year-old adolescents from secondary school settings: DADOS study. Scandinavian journal of medicine & science in sports. 2023 Oct;33(10):2068-78. doi: 10.1111/sms.14431

10. Mohaddesi H, Khalkhali HR, Behrozi-lak T, Rasouli J, Edalat Nemoon R, Ghasemzadeh S. Correlation between marital satisfaction and mental health in infertile couples referred to kosar infertility clinic in urmia: a cross-sectional study. Journal of Obstetrics, Gynecology and Cancer Research. 2022 Mar 14;7(4):341-7. doi: org/10.30699/jogcr.7.4.341

11. Kirkbride JB, Anglin DM, Colman I, Dykxhoorn J, Jones PB, Patalay P, Pitman A, Soneson E, Steare T, Wright T, Griffiths SL. The social determinants of mental health and disorder: evidence, prevention and recommendations. World psychiatry. 2024 Feb;23(1):58-90. doi: 10.1002/wps.21160

12.Heshmati R, Arab-Moghaddam N, Sadeghi R. Mental health, hope, and fertility intentions among university students: A cross-sectional study. Int J

[Downloaded from jrhms.thums.ac.ir on 2026-09-10]

Adolesc Youth. 2020;25(1):381–92. doi: 10.1186/s12889-024-18121-9

13. Nouri N, Naghsh Tabrizi M. Predicting Pregnancy Anxiety on the basis of Fertility Motivations, Early Maladaptive Schemas, Marital Satisfaction, and Quality of Life. Women's Studies Sociological and Psychological. 2024 Jun 21;22(2):178-218. doi:10.22051/JWSPS.2024.42087.2691

14. Warne E, Oxlad M, Best T. Evaluating group psychological interventions for mental health in women with infertility undertaking fertility treatment: a systematic review and meta-analysis. Health psychology review. 2023 Jul 3;17(3):377-401. doi: 10.1080/17437199.2022.2058582

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