Received Date: 21 October 2025 I Accepted Date: 9 December 2025

RESEARCH ARTICLE

OPUS Journal of Society Research

Balancing Career and Childbearing: The Effect of Work–Family Conflict on Fertility Intentions among Employed Women

Ezgi Şahin[1], Saadet Yazıcı[2]

[1] Asst. Prof. Dr., Giresun University, Faculty of Health Sciences, Department of Midwifery, Giresun//Türkiye
ROR ID: https://ror.org/05szaq822
ORCID: 0000-0002-5971-2964
E-Mail: ezgishn90@gmail.com

[2] Prof. Dr., Altınbas University, Faculty of Health Sciences, Department of Midwifery, Istanbul /Türkiye
ROR ID: https://ror.org/0145w8333
ORCID: 0000-0001-6348-0695
E-Mail: saadetyazc@yahoo.com

Corresponding Author:
Ezgi Şahin

November 2025
Volume:22
Issue:6
DOI: 10.26466/opusjsr.1807714

Citation:
Şahin, E. & Yazıcı, S. (2025). Balancing career and childbearing: The effect of work–family conflict on fertility intentions among employed women. *OPUS– Journal of Society Research*, 22(6), 1295-1304.

Abstract

This study aimed to examine the impact of the conflict experienced by full-time working women between their work and family roles on their intentions to have children in the future. In this context, an online survey was administered between July and September 2025 to 403 women who had been working full time for at least one year, were between the ages of 25 and 45, married, and had never given birth. Data were collected using a Descriptive Information Form, the Work–Family Conflict Scale (WFCS), and the Attitudes Toward Fertility and Childbearing Scale (AFCS). In the data analysis, descriptive statistics were used to summarize participant characteristics, followed by t-tests, one-way ANOVA, and two multivariable linear regression models examining work-to-family and family-to-work conflict as continuous variables. The mean age of participants was 31.85 years (SD = 3.75); 51.4% reported experiencing work–family conflict, and overall conflict levels were moderate (WFCS total = 39.5, SD = 3.3). AFCS subscales significantly predicted both directions of conflict (R^2 = 0.553 for work-to-family; R^2 = 0.238 for family-to-work). The findings indicate that counseling practices such as boundary management in healthcare settings, spousal role-sharing, structured return-to-work planning, and referrals to reliable childcare services provide meaningful support for women. When these interventions are combined with predictable and flexible work arrangements and accessible leave policies, they may help women achieve a more balanced alignment between their reproductive goals and well-being in the workplace.

Keywords: *Work–family conflict, fertility intention, attitudes toward childbearing, health services, women's health.*

Öz

Bu çalışma, tam zamanlı olarak çalışan kadınların iş ve aile rolleri arasında yaşadığı çatışmanın, gelecekte çocuk sahibi olma niyetleri üzerindeki etkisini incelemeyi amaçlamıştır. Bu kapsamda, Temmuz–Eylül 2025 tarihleri arasında, en az bir yıldır tam zamanlı çalışan, 25–45 yaş aralığında, evli ve hiç doğum yapmamış 403 kadına çevrim içi bir anket uygulanmıştır. Veriler Tanımlayıcı Bilgi Formu, İş-Aile Çatışması Ölçeği (WFCS) ve Doğurganlığa ve Çocuk Doğurmaya Yönelik Tutumlar Ölçeği (AFCS) ile toplanmıştır. Verilerin analizinde tanımlayıcı istatistikler, katılımcı özelliklerini özetlemek için kullanılmış; ardından işten aileye ve aileden işe çatışmayı sürekli değişkenler olarak inceleyen t-testleri, tek yönlü ANOVA ve iki çok değişkenli doğrusal regresyon modeli uygulanmıştır. Katılımcıların ortalama yaşı 31,85'tir (SD = 3,75); %51,4'ü iş-aile çatışması yaşadığını bildirmiş ve genel çatışma düzeyleri orta düzeydedir (WFCS toplamı = 39,5, SD = 3,3). AFCS alt ölçekleri, çatışmanın her iki yönünü de anlamlı şekilde öngörmüştür (işten aileye geçiş için R^2 = 0,553; aileden işe geçiş için R^2 = 0,238). Bulgular, sağlık hizmetlerinde sınır yönetimi, eşler arası rol paylaşımı, yapılandırılmış işe dönüş planlaması ve güvenilir çocuk bakım hizmetlerine yönlendirme gibi danışmanlık uygulamalarının kadınlara destek sağladığını göstermektedir. Bu uygulamalar, öngörülebilir ve esnek çalışma düzenlemeleri ile erişilebilir izin politikalarıyla birlikte sunulduğunda, kadınların üreme hedefleri ile iş yaşamındaki iyilik hâllerini daha uyumlu bir şekilde dengelemelerine yardımcı olabilir.

Anahtar Kelimeler: *İş-aile çatışması, doğurganlık niyeti, çocuk sahibi olmaya yönelik tutumlar, sağlık hizmetleri, kadın sağlığı*

Review Note: *Evaluated by Double-Blind Peer Review*
Ethical Statement: *Ethical matters may be addressed via editorialoffice@opusjournal.net*

Introduction

Balancing career progression with first-birth planning is especially salient for married, nulliparous, non-pregnant women in full-time employment, a life stage at which occupational investments and family formation often collide (Li et al., 2024). In many settings these pressures manifest as work–family conflict—an inter-role tension that is bidirectional: Work can interfere with family (work-to-family conflict, WFC) and family demands can impede work (family-to-work conflict, FWC) via time-, strain-, and behaviour-based pathways (Greenhaus & Beutell, 1985; Li et al., 2024). Accumulating evidence links WFC to lower fertility intentions or postponement, while policy environments (e.g., parental-leave design, childcare access) and everyday workplace practices shape the magnitude of these associations (Li et al., 2024; Organisation for Economic Co-operation and Development [OECD], 2024). In Turkey, recent OECD reviews highlight limited father-reserved (non-transferable) leave and generally rigid scheduling norms, signalling structural frictions around the transition to parenthood (OECD, 2024; OECD, 2025).

Beyond structures, fertility-related attitudes appear to condition how role pressures translate into intentions and timing. Perceived current barriers (e.g., affordability, career interruption, unstable schedules), the future importance attributed to having a child, and the centrality of femininity/female identity may either amplify or buffer conflict in this population, where the opportunity costs of stepping out of full-time roles are particularly salient (Vignoli et al., 2020). Informal supports such as grandparental care can mitigate pressures in some contexts, yet effects vary by setting and cannot substitute for formal, reliable services (Aassve et al., 2012). Together, these factors underscore the need to examine WFC/FWC alongside nuanced fertility attitudes in well-defined, policy-relevant cohorts.

Prior studies rarely examine bidirectional WFC/FWC together with multidimensional fertility attitudes among married, nulliparous, non-pregnant full-time employees, and they seldom translate their findings into health services (nursing) practice, including antenatal/preconception counselling, postpartum follow-up, and return-to-work planning (Cooklin et al., 2015; Hashemzadeh et al., 2021; Kohan et al., 2021; Schober & Scott, 2012).

Although previous research has explored the links between work–family conflict and women's fertility intentions, these studies typically rely on broad or heterogeneous samples and seldom integrate comprehensive attitudinal frameworks. For instance, many analyses focus on general employed women (Schober & Scott, 2012) or examine WFC primarily as a unidirectional construct, without simultaneously considering both work-to-family and family-to-work pathways (Hashemzadeh et al., 2021). Likewise, studies evaluating fertility attitudes frequently emphasize single-domain measures—such as overall fertility intention—rather than multidimensional constructs including present barriers, future importance, and identity-based dimensions (Kohan et al., 2021). Furthermore, existing evidence rarely operationalizes a strictly defined population of married, nulliparous, non-pregnant, full-time employees, despite this group being at a critical life stage where occupational demands and first-birth planning directly intersect. The limited translation of findings into health services and nursing practice—particularly in areas of preconception counselling, antenatal education, postpartum follow-up, and structured return-to-work support—further underscores the gap this study seeks to address.

This study focuses on married, nulliparous, non-pregnant women aged 25–45 who have been employed full-time for at least one year, and pursues three aims: (i) to describe the sociodemographic correlates of WFC/FWC; (ii) to assess associations between fertility attitudes—present barriers, future importance, and femininity/female identity—and conflict; and (iii) to test whether these attitudes predict WFC/FWC, generating practice-oriented implications for health services (nursing) counselling and workplace policy in Türkiye.

Methods

Study Design

This study was designed as a descriptive, cross-sectional and analytical study because this approach is suitable for examining relationships between psychosocial constructs and health-related intentions at a single point in time. It also allows for the efficient recruitment of a well-defined sample and the use of multivariable analyses to identify predictors (Levin, 2006; Setia, 2016; Greenhaus & Beutell, 1985).

Sample/Participants

The study was conducted nationwide in Türkiye through an online, web-based platform; data were collected from July to September 2025. An a priori power analysis (G*Power 3.1) for multiple linear regression (fixed model, R^2 different from zero), assuming a small effect size ($f^2 = 0.02$), $\alpha = 0.05$, power $(1–\beta) = 0.80$, and 10 predictors, indicated a minimum required sample of 395 women. A total of 403 women were included in the study. Eligible participants were married, full-time employed, nulliparous, aged 25–45 years who had been working full-time in Türkiye for at least 12 months. Exclusion criteria were part-time or irregular employment, current pregnancy, and parity ≥1. Participants were recruited via social media, WhatsApp groups, and women's health and employment-related social media communities, using non-probability convenience and snowball sampling methods.

Measures

Descriptive Information Form: Developed by the researchers in line with the relevant literature, this form was prepared to assess participants' sociodemographic, occupational, and institutional characteristics. It includes items on age, educational level, income status, length of marriage, use of contraceptive methods, desire to have children, employment sector, career goals, and the presence of work–family conflict (Akın et al., 2017; Vignoli et al., 2020; Alderotti et al., 2021;Damar and Bolsoy, 2021).

Work–Family Conflict Scale (WFCS): The WFCS, developed by Haslam et al. (2015) and adapted into Turkish by Akın et al. (2017), is a two-dimensional, 10-item instrument designed to evaluate conflict between individuals' work and family roles. Items are rated on a 7-point Likert scale (1 = Strongly disagree to 7 = Strongly agree). The Work-to-Family Conflict subscale score is the sum of Items M1–M5 (range 5–35), and the Family-to-Work Conflict subscale score is the sum of Items M6–M10 (range 5–35). Higher scores indicate greater levels of conflict in work and family life. In Akın et al. (2017), the Cronbach's alpha was reported as 0.86. In the present study, Cronbach's alpha was 0.90.

Attitudes Toward Fertility and Childbearing Scale (AFCS): Developed by Söderberg et al. (2013) and revised in 2015, the AFCS assesses and compares attitudes toward fertility and childbearing among women who have not yet become mothers. The scale comprises 21 items and three subscales: Future Importance (7 items), Present Barriers (9 items), and Importance of Female Identity (5 items). Items are rated on a 5-point Likert scale (Strongly disagree to Strongly agree), with no reverse-coded items. Possible score ranges are 7–35 for Future Importance, 9–45 for Present Barriers, and 5–25 for Importance of Female Identity; higher scores indicate stronger attitudes in the respective domain. The Turkish validity and reliability study by Damar and Bolsoy (2021) reported a Cronbach's alpha of 0.82. In the present study, Cronbach's alpha was 0.86.

Data Collection

Data were collected using an online survey on Google forms. The Google Forms landing page provided a summary of the study purpose, eligibility criteria, voluntary participation, and confidentiality/anonymity. Only individuals who selected "I agree" (electronic informed consent) were able to proceed to the questionnaire. Mandatory response settings were applied to minimize item nonresponse and data loss.

Statistical Analysis

Analyses were conducted in IBM SPSS v27. Descriptive statistics (n, %, mean±SD) summarized demographic, occupational, and institutional characteristics. Distributional assumptions were checked using plots and skewness/kurtosis; group comparisons employed independent-samples t-tests and one-way ANOVA as appropriate. To address the aims, we fitted two multivariable linear regression models with WFC and FWC as continuous outcomes; primary predictors were the AFCS subscales (Present Barriers, Future Importance, Femininity Identity). Variance inflation factors (VIFs) were calculated to assess multicollinearity. Statistical significance was set at $p < 0.05$.

Ethics

Prior to study initiation, ethics approval was obtained from the Scientific Research Ethics Committee of Giresun University (Approval No. 07/386; July 2025). The study was conducted in accordance with the Declaration of Helsinki. Electronic informed consent was obtained from all participants before enrollment.

Findings

Participants' Demographic and Work-Related Characteristics

Table 1. Participant Characteristics by Demographic and Work-Related Variables (N= 403)

Age: Mean±SD: 31.85±3.75 **Minimum-Maximum:24-38**	**N**	**%**
Education level		
High school	60	14.9
Associate degree	110	27.3
University	130	32.3
Master's degree	68	16.9
Doctorate degree	35	8.7
Income status		
Income < Expenses	112	27.8
Income = Expenses	165	40.9
Income > Expenses	126	31.3
Spouse's education level		
High school	84	20.8
Associate degree	112	27.8
University	108	26.8
Master's degree	67	16.6
Doctorate degree	32	7.9
Your sector of employment		
Healthcare	50	12.4
Technology	82	20.3
Education	54	13.4
Finance	54	13.4
Public sector	47	11.7
Manufacturing	62	15.4
Services	54	13.4
Career goals in the next 3 years		
Promotion/advance to a higher-level position	64	15.9
Stay in the same position and specialize	92	22.8
Changing sectors	177	43.9
Starting your own business	70	17.4
Do you experience conflict between your work and family roles?		
Yes	207	51.4
No	196	48.6
Do you think your current workplace has family-friendly policies?		
Yes	168	41.7
No	235	58.3
Do you plan to have children within the next 3 years?		
Yes	221	54.8
No	182	45.2
Do you use birth control ?		
Yes	120	29.8
No	283	70.2
Duration of marriage ?		
1-5 years	209	51.9
5-10 years	194	48.1

The mean age of the sample was 31.85±3.75 years (range 24–38). The most common education level among participants was bachelor's degree (32.3%), while spouses most frequently held an associate degree (27.8%). Regarding household finances, the most frequently reported category was income expenses (40.9%). In terms of occupation, the technology sector was the largest group (20.3%). For three-year career goals, the largest share planned to change sector (43.9%). More than half reported experiencing work–family conflict (51.4%), and 58.3% perceived their organizations as not family-friendly. Concerning fertility, 54.8% planned to have a child within three years, while 70.2% reported not using contraception. For marital duration, the 1–5 years category was slightly predominant (51.9%).

WFC/FWC and AFCS Scores by Sociodemographic and Occupational Characteristics

Education level significantly influenced fertility-related attitudes: doctoral-level women reported stronger femininity identity than master's and bachelor's respondents ($p=0.001$); "current barrier" was also associated with education ($p=0.026$). Income disparities correlated with both conflict and barrier perceptions: those with income < expenses had higher WFCS scores ($p=0.026$), while those

earning more reported elevated "current barrier" (p<0.001). Occupational sector affected femininity identity, with higher scores in education versus manufacturing (p=0.048). Career aspirations, workplace policies, contraceptive usage, and marriage duration all showed notable associations with conflict and fertility attitudes.

Multiple Linear Regression Analysis

The model examined the predictive role of AFCS subscales on work–family conflict. The final model explained 55% of the variance in work–family conflict (Adjusted R^2=0.550, F=164.497, p<0.001). "Future importance" (β=-0.184, p<0.001) and "femininity identity" (β =-0.248, p<0.001) were significant negative predictors, while "current barrier" (β=0.534, p <0.001) was a significant positive predictor. Variance inflation factors (VIF) were within acceptable limits (<1.3), indicating no multicollinearity.

This model evaluated the effects of AFCS subscales on family–work conflict, explaining 23.8% of the variance (Adjusted R^2=0.238, F=42.959, p<0.001).

Table 2. WFC/FWC and AFCS Scores by Sociodemographic and Occupational Characteristics

Sociodemographic and Occupational Characteristics	Work–Family Conflict Scale (WFCS)			Attitudes Toward Fertility and Childbearing Scale (AFCS)		
	The Work-to-Family Conflict (WFC) Mean±SD	The Family-to-Work Conflict (FWC) Mean±SD	WFCS Total Mean±SD	Future Importance Mean±SD	Present Barriers Mean±SD	Female Identity Mean±SD
Education level						
High school	20.57±2.65	20.15±2.31	40.19±4.50	13.27±1.91	30.10±3.49	19.28±2.30
Associate degree	18.74±5.36	19.23±2.39	39.55±4.52	14.64±2.70	29.18±3.34	18.88±3.95
University	18,85±4.67	19.94±2.70	39.78±4.52	15.42±2.25	28.90±2.93	19.77±3.92
Master's degree	18,65±4.69	19.06±2.34	39.79±4.84	16.26±1.98	28.79±2.54	18.57±3.61
Doctorate degree	18,57±6.21	19.71±2.42	40.88±4.90	18.09±2.80	29.23±3.64	19.63±4.88
Post Hoc Test/Bonferroni	F=1.879 p=.113	F=2.785 p=.026	F=1.252 p=.290	F=28.606 p=.001	F=1.798 p=.128	F=1.505 p=.200
Income status						
Income < Expenses	19.75±3.80	19.64±2.42	40.18±4.42	14,15±2.33	29.57±2.69	19.12±3.38
Income = Expenses	18.26±5.98	19.52±2.62	39.87±4.70	15,54±2.80	28.96±3.37	19.64±4.60
Income > Expenses	19.35±3.66	19.69±2.37	39.86±4.77	15,88±2.43	29.08±3.22	18.83±2.79
Post Hoc Test/Bonferroni	F=3.680 p=.026	F=.177 p=.837	F= 2.140 p=.039	F=15.108 p=.000 3>1	F=1.333 p=.265	F=1.692 p=.186
Spouse's education level						
High school	19.04±4.44	18.96±2.32	39.85±4.27	13.64±2.17	28.93±3.10	18.60±3,40
Associate degree	19.15±4.82	19.90±2.46	39.96±4.71	14.82±2.57	29.44±3.45	19.29±3.72
University	19.56±4.25	19.56±2.52	40.61±4.63	15.75±2.49	29.56±2.98	19.13±3,76
Master's degree	17.91±5.50	19.51±2.58	39.81±5.03	16.07±2.25	28.36±2.89	19.43±4,04
Doctorate degree	18.94±5.80	20.63±2.44	41.10±3.91	17.69±2.54	29.22±3.12	20.72±4.29
Post Hoc Test/Bonferroni	F=1.261, p=.285	F=3.194 p.013	F=1.936 p=0.43	F=21.328 p=.000	F=1.852 p=.118	F=1.913 p=.107
Your sector of employment						
Healthcare	20.36±2.43	19.48±2.15	40.86±4.98	15.18±2.52	29.48±2.71	18.66±2.45
Technology	19.72±4.27	19.62±2.72	40.50±4.46	15.09±2.63	29.52±2.63	18.83±3.00
Education	18.13±5.82	19.76±2.21	39.43±4.31	15.52±2.47	29.09±3.67	20.24±4.57
Finance	18.50±5.39	19.56±2.91	39.89±4.99	15.81±2.69	28.76±3.12	19.94±4.99
Public sector	18.32±5.13	19.72±2.48	39.35±4.69	15.57±2.63	28.89±3.38	19.60±3.93
Manufacturing	19.03±4.40	19.42±2.68	39.72±4.39	14.90±2.80	28.92±3.52	18.26±2.67
Services	18.69±5.51	19.72±2.20	39.67±4.67	14.93±2.78	29.33±3.16	19.52±4.33
Post Hoc Test/Bonferroni	F=1.569p=.155	F=.151 p=.989	F=1.892, p=.039	F=.984, p=.436	F=.556p=.765	F=2.139 p=.048
Career goals in the next 3 years						
Promotion/advance to a higher-level position	19.64±4.25	19.34±2.47	40.30±4.85	14.95±2.39	29.44±2.85	18,73±2.93
Stay in the same position and specialize	18.54±5.69	19.57±2.57	39.60±4.97	15.79±2.88	29.29±3.41	19.66±4.33
Changing sectors	19.76±4.15	20.04±2.48	40.18±4.35	15.01±2.49	29.62±2.93	19.19±3.27
Starting your own business	17.17±5.12	18.81±2.29	38.63±4.67	15.49±2.89	27.60±3.19	19.27±4.83
Post Hoc Test/Bonferroni	F=5.688 p=<.001	F=4.453 p=.004	F=5.620 p=.000	F=2.254 p=.082	F=7.528 p=<.001	F=.771 p=.511

Table 2. WFC/FWC and AFCS Scores by Sociodemographic and Occupational Characteristics (continue)

	Work–Family Conflict Scale (WFCS)			Attitudes Toward Fertility and Childbearing Scale (AFCS)		
	The Work-to-Family Conflict (WFC) Mean±SD	**The Family-to-Work Conflict (FWC) Mean±SD**	**WFCS Total Mean±SD**	**Future Importance Mean±SD**	**Present Barriers Mean±SD**	**Female Identity Mean±SD**
Do you experience conflict between your work and family roles?						
Yes	19.81±4.27	19.94±2.43	40.85±4.66	15.19±2.57	29.98±3.10	19,43±3.53
No	18.59±5.60	19.33±2.61	39.07±4.65	14.81±2.78	28.47±3.22	19,86±4.20
Test/p(value)	t=2.738 p=0.006	t=2.167 p=0.003	t=.1469 p=.011	t=2.989 p=0.03	t=2.901 p=0.004	t=1.228 p=.513
Do you think your current workplace has family-friendly policies?						
Yes	18.57±5.54	19.86±2.42	40.37±4,72	15.35±2.69	28.65±3.17	19,88±4.22
No	19.33±4.21	19.43±2.55	39.74±4.62	15.20±2.62	29.53±3.09	18,78±3.38
Test/p (value)	t=-1.566 p=.118	t=1.733 p=0.84	t=1.245 p=.041	t=.579 p=.563	t=-2.773p=0.006	t=2.892 p=0.04
Do you plan to have children within the next 3 years?						
Yes	19.24±4.76	19.71±2.56	38.78±4,69	14.69±2.72	29.33±3.24	19,28±3.65
No	18.74±4.83	19.48±2.42	40.03±4.64	15.96±2.40	28.97±3.03	19,19±3.95
Test/p (value)	t=1.033 p=.302	t=.905 p=.366	t=1.605 p=.046	t=-4.907p=<.001	t=1.150 p=.251	t=.232 p=.816
Do you use birth control ?						
Yes	17.93±5.68	19.41±2.41	40.10±4,58	1.,56±2.87	28.88±2.97	19,58±4.74
No	19.47±4.32	19.69±2.54	39.84±4.69	15.13±2.55	29.29±3.32	19,10±3.30
Test/p(value)	t=-2.964 p=0.003	t=-1.042 p=.298	t=.529 p=.597	t=1.468 p=.143	t=-1.172 p=.242	t=1.153 p=.250
Duration of marriage ?						
1-5 years	17.95±6.02	19.69±2.59	38.15±4.66	15.48±2.85	28.74±3.39	19,86±4,53
5-10 years	20.16±2.56	19.52±2.40	40.89±4.36	15.02±2.41	29.62±2.81	18,57±2,62
Test/p (value)	t=-4.740 p=<.001	t=.674 p=.501	t=-2.674 p=.001	t=1.752 p=0.80	t=-2.827 p=0.005	t=3,456p=<.001

Values are mean ± SD unless otherwise indicated. Comparisons use independent-samples t-tests or one-way ANOVA with appropriate post-hoc tests. WFC = Work-to-Family Conflict; FWC = Family-to-Work Conflict; AFCS = Attitudes Toward Fertility and Childbearing Scale

Table 3. Multiple Linear Regression Analysis Predicting Work–Family Conflict

Variable	**B**	**Std. Error**	**B (Beta)**	**t**	**p**	**95% CI**		**VIF**
						Lower	**Upper**	
Constant	6.412	2.274	-	2.820	.005	1.941	0.883	
Future Importance	-.334	.066	-.184	-5.057	<.001	-.463	-.204	1.180
Present Barriers	815	.055	.534	14.848	<.001	.707	-922	1.154
Female Identity	-.315	.047	-.248	-6.678	<.001	-.408	-.222	1.233

B: Unstandardized regression coefficient; β: Standardized regression coefficient; CI: Confidence interval; VIF: Variance inflation factor. Dependent variable: Work–family conflict subscale. Model statistics: R = 0.744, R^2 = 0.553, Adjusted R^2 = 0.550, F = 164.497, p < 0.001, Durbin–Watson = 1.159.

Table 4. Multiple Linear Regression Analysis Predicting Family–Work Conflict

Variable	**B**	**Std. Error**	**B (Beta)**	**t**	**p**	**95% CI**		**VIF**
						Lower	**Upper**	
Constant	12,690	1.538		8.252	<.001	9,667	15.714	
Future Importance	-.184	.045	-.195	-4.131	<.001	-.272	-.097	1.180
Present Barriers	.095	.037	.120	2.563	.011	.022	.168	1.154
Female Identity	.362	.032	.547	11.323	<.001	.299	.424	1.233

B: Unstandardized regression coefficient; β: Standardized regression coefficient; CI: Confidence interval; VIF: Variance inflation factor. Dependent variable: Family–work conflict subscale. Model statistics: R = 0.494, R^2 = 0.244, Adjusted R^2 = 0.238, F = 42.959, p < 0.001, Durbin–Watson = 1.262.

"Future importance" (β=-0.195, p<0.001) was a significant negative predictor, while both "current barrier" (β=0.120, p=0.011) and "femininity identity" (β=0.547, p<0.001) were significant positive predictors. VIF values indicated no multicollinearity.

Minimum, maximum, and average scores from scales and sub-dimensions

Values are presented as mean ± standard deviation (SD), minimum, and maximum scores. The WFCS total score in the sample averaged 39.53±3.28 (min-max: 33–46). The work–family conflict subscale mean was 19.01±4.81 (min-max: 12–30), while the family–work conflict subscale mean was 19.61±2.50 (min-max:13–27). The Attitudes Toward Fertility and Childbearing Scale total score was 63.88±5.02 (min-max: 54–78). The subscales of AFCS included 'Future importance' (mean: 15.26±2.65, min-max: 8–26), 'Current barrier' (mean: 29.17±3.15, min-max: 18–39), and 'Femininity identity' (mean: 19.24±3.79, min-max:12–35).

These descriptive findings provide baseline insights into participants' levels of work–family conflict and attitudes toward fertility and childbearing.

Table 5. Minimum, maximum, and average scores from scales and sub-dimensions

	N	Minimum-maximum	Mean ± SD
Work–Family Conflict Scale (WFCS) total	403	33-46	39.53 ± 3.28
Work–family conflict subscale (WFC)	403	12-30	19.01 ± 4.81
Family–work conflict subscale (FWC)	403	13-27	19.61 ± 2.50
Attitudes Toward Fertility and Childbearing Scale total			
Future importance	403	8-26	15.26 ± 2.65
Current barrier	403	18-39	29.17 ± 3.15
Femininity identity	403	12-35	19.24 ± 3.79

Discussion

The present study shows that fertility-related attitudes—particularly perceived current barriers and the centrality of femininity (female) identity—play a critical role in how work–family conflict relates to fertility intentions. Greater perceived current barriers were associated with higher work-to-family conflict (WFC), whereas placing higher future importance on childbearing and holding a stronger femininity identity buffered WFC. These patterns align with evidence that perceived constraints—such as employment/earnings insecurity, opportunity costs, and childcare gaps—deter or postpone childbearing in high- and middle-income settings (Vignoli et al., 2020; Alderotti et al., 2021; OECD, 2024; OECD, 2025). At the same time, higher education and income may reduce economic insecurity yet increase opportunity costs, often delaying childbearing; under supportive family policies, women tend to narrow the gap between intended and achieved fertility (OECD, 2024).

The workplace context also matters. "Family-friendly" policies that exist only on paper have limited impact without implementation quality—managerial support, workload redesign, and schedule control (Moss et al., 2019; Las Heras et al., 2020). In our data, perceiving the workplace as family-friendly coexisted with higher current-barrier scores, underscoring the policy–practice gap. Moreover, social support—notably grandparental care in Turkey—can buffer WFC/FWC, though effects vary by context and child age (Aassve et al., 2012).

The distributions of age, education, sector, and marital duration support a demands–resources interpretation: time- and strain-based demands in one role undermine performance in the other (Greenhaus & Beutell, 1985). In Turkey, gaps between the end of parental leave and access to affordable early childhood education and care can elevate caregiving load (OECD, 2024). Grandparental support may buffer conflict but is context-sensitive (Aassve et al., 2012). Sectoral patterns with long hours and low flexibility are consistent with higher conflict; OECD (2025) also notes the absence of non-transferable father-reserved leave and rigid scheduling as barriers.

Bivariate contrasts indicate that conflict and attitudes are sensitive to sociodemographic conditions. Education and income can reduce economic insecurity while raising opportunity costs, consistent with postponement that narrows under supportive policies (Vignoli et al., 2020; OECD, 2024). The distinction between policy presence and implementation quality/culture is crucial—symbolic provisions rarely improve lived experience (Kelly et al., 2014; Moss et al., 2019). Lower WFC among contraceptive users suggests that perceived control over timing may mitigate conflict; recent open-access evidence links WFC to fertility intentions through attitudes and child-rearing burden (Li et al., 2024). Cross-national comparisons further highlight how leave designs interact with family behaviors (OECD, 2024).

Regression results show that Future Importance and Femininity (Female) Identity are protective for WFC, whereas Present Barriers increase WFC; for FWC, Femininity is a positive predictor. This asymmetry implies different boundary-management levers across conflict directions. Recent findings report that WFC/FWC can depress second-child intentions and that grandparental support may weaken the WFC burnout pathway (Fu et al., 2025), with effects conditioned by job quality ("decent work") and formal supports (Yan et al., 2025).

The participants exhibited moderate levels of bidirectional work–family conflict, indicating that both work demands interfering with family life

and family-related pressures affecting work performance were meaningfully present in this cohort. Such mid-range levels are consistent with role interference mechanisms articulated in the work–family literature and with prior applications of WFCS/WFCS in employed women (Greenhaus & Beutell, 1985; Haslam et al., 2015). At these magnitudes, conflict is unlikely to be trivial for reproductive decision-making and has been associated with lower or postponed fertility intentions (Li et al., 2024). The AFCS findings suggest that participants perceived notable current barriers to childbearing, while future motherhood and femininity-related attitudes were only moderate. This pattern aligns with evidence that work and structural demands elevate perceived constraints shaping fertility intentions (Vignoli et al., 2020). In the AFCS framework, higher Current Barriers typically align with greater conflict, whereas Future Importance and identity can buffer the translation of demands into conflict (Söderberg et al., 2015). Contextually, policy design and usability—particularly non-transferable father-reserved leave and accessible childcare—shape how these averages translate into behavior (OECD, 2024; OECD, 2025). In Türkiye, persistent scheduling rigidity and limited father-specific leave likely sustain perceived barriers, helping explain the moderate levels of work–family conflict observed in similar national contexts. Evidence from ILO and OECD reports shows that long working hours and limited schedule flexibility are common in Türkiye, particularly among full-time employees, contributing to heightened role strain for women (İlkkaracan, 2021; OECD, 2025). Moreover, parental-leave structures provide short and largely transferable father leave, resulting in mothers carrying the primary caregiving burden during the transition to parenthood (OECD, 2024). While informal supports such as grandparental care can offer partial buffering, these supports cannot fully substitute for reliable, formal childcare services (Aassve et al., 2012).

Conclusion

This study indicates that fertility-related attitudes—particularly perceived present barriers and the centrality of femininity (female) identity—shape how bidirectional work–family conflict (WFC/FWC) relates to fertility intentions among married, nulliparous, non-pregnant women in full-time employment. Higher present barriers were linked to greater WFC, whereas stronger future importance of childbearing and femininity identity buffered WFC; femininity identity also positively predicted FWC, suggesting asymmetric spillover between domains. Conflict levels were moderate with meaningful heterogeneity, underscoring potential relevance for reproductive decision-making. Interpreting these findings requires caution given the cross-sectional design, self-report measures, and single-country context.

Building on these findings, several Türkiye-specific implications can be highlighted. Within health services, preconception and routine counselling could incorporate brief assessments of WFC/FWC and fertility-related attitudes, with referrals to municipal or public childcare services, family health centres, and psychosocial support where perceived barriers are high. At the organisational level, employers—particularly in the private sector—may adopt more predictable scheduling, expand remote-work and flexible-arrival options, and formalise graded return-to-work plans for women after childbirth. Encouraging fathers' participation through workplace awareness programmes and promoting the uptake of existing paternal leave could also reduce gendered caregiving burdens. At the policy level, expanding accessible 0–3 childcare capacity through public or subsidised crèche programs, extending non-transferable father-specific leave, and supporting flexible work legislation would address structural barriers that contribute to conflict. These concrete measures may better align reproductive intentions with employment sustainability for women in Türkiye.

This study has several limitations. First, its cross-sectional design does not allow causal inferences regarding the directionality between WFC/FWC and fertility attitudes. Second, the data rely on self-report measures, which may be subject to recall or social-desirability bias. Third, the sample consists solely of full-time employed, married, nulliparous women in Türkiye, limiting generalisability to other groups, such as part-time workers,

unmarried women, or multiparous mothers. Finally, online recruitment may have led to selection bias, favouring women with higher digital literacy or specific socio-economic profiles.

Future studies could address these limitations by employing longitudinal or mixed-methods designs to capture changes in conflict and fertility attitudes over time. Including diverse employment forms and family structures, sampling across different regions and sectors in Türkiye, and integrating objective workplace indicators (e.g., contract type, schedule variability) may strengthen external validity. Additionally, qualitative inquiry could deepen understanding of how cultural norms, workplace practices, and policy environments interact to shape conflict and fertility decision-making among women.

Declarations

Funding: No funding was received for conducting this study.

Conflicts of Interest: The authors declare no conflict of interest.

Ethical Approval: Prior to study initiation, ethics approval was obtained from the Scientific Research Ethics Committee of Giresun University (Approval No. 07/386; July 2025).

Informed Consent: Electronic informed consent was obtained from all participants before enrollment via the web-based survey; only individuals who selected "I agree" were able to proceed to the questionnaire.

Data Availability: The dataset generated during this study (web-based survey responses) is not publicly available due to the confidentiality/anonymity commitments made to participants and the ethical approval conditions. De-identified data may be made available by the corresponding author upon reasonable request and in line with relevant ethical requirements/approvals.

AI Disclosure: Artificial intelligence tools (e.g., ChatGPT by OpenAI) were used solely for translation purposes. No AI tools were used for data analysis, interpretation, or substantive manuscript writing.

Author Contributions: Both authors contributed equally to all aspects of the study, including conceptualization, data analysis, interpretation, and manuscript preparation. Both authors have read and approved the final version of the manuscript.

References

Aassve, A., Arpino, B., & Goisis, A. (2012). Grandparenting and mothers' labour force participation: A comparative analysis using the Generations and Gender Survey. Demographic Research, 27(3), 53–84. https://www.demographicresearch.org/articles/volume/27/3

Akın, A., Tunca, M., & Bayrakdar, İ. (2017). Turkish form of the Work–Family Conflict Scale (WFS): Validity and reliability study. In Proceedings of the 2nd International Social Sciences Symposium (pp. 39–44). Alaaddin Keykubat University

Alderotti, G., Vignoli, D., Baccini, M., & Matysiak, A. (2021). Employment instability and fertility in Europe: A meta-analysis. Demography, 58(3), 871–900. https://doi.org/10.1215/00703370-9164737

Cooklin, A. R., Westrupp, E., Strazdins, L., Giallo, R., Martin, A., & Nicholson, J. M. (2015). Mothers' work-family conflict and enrichment: associations with parenting quality and couple relationship. Child: care, health and development, 41(2), 266–277. https://doi.org/10.1111/cch.12137

Damar, E., & Bolsoy, N. (2021). Validity and reliability study of the Turkish form of the Attitude Scale towards Fertility and Childbearing. International Anatolia Academic Online Journal of Health Sciences, 7(3), 1–34.

Fu, W., Zhao, W., & Deng, F. (2025). Work–family conflict and second-child fertility intention in Chinese dual-earner families: Moderated mediation model of parental burnout and grandparent support. Journal of Child and Family Studies, 34(3), 632–647. https://doi.org/10.1007/s10826-024-02972-2

Greenhaus, J. H., & Beutell, N. J. (1985). Sources of conflict between work and family roles. Academy of Management Review, 10(1), 76–88.

Hashemzadeh, M., Shariati, M., Mohammad Nazari, A., & Keramat, A. (2021). Childbearing intention and its associated factors: A systematic review. Nursing open, 8(5), 2354-2368.

Haslam, D., Filus, A., Morawska, A., Sanders, M. R., & Fletcher, R. (2015). The Work–Family Conflict Scale (WFCS): Development and initial validation of a self-report measure of work–family conflict for use with parents. Child Psychiatry & Human Development, 46(3), 346–357. https://doi.org/10.1007/s10578-014-0476-0

Ilkkaracan, İ. (2021). Working hours and work–family reconciliation in Türkiye. International Labour Organization (ILO), Ankara Office. https://www.ilo.org/ankara

Kelly, E. L., Moen, P., Oakes, J. M., et al. (2014). Changing work and work–family conflict: Evidence from the Work, Family, and Health Network. American Sociological Review, 79(3), 485–516.

Kohan, S., Gholami, M., Shaghaghi, F., & Mohebbi-Dehnavi, Z. (2022). Investigating the relationship between attitudes toward fertility and childbearing and the value of children with attitudes toward fertility control in married women aged 15-45 in Isfahan. Journal of education and health promotion, 11, 409. https://doi.org/10.4103/jehp.jehp_1858_21

Las Heras, M., Rofcanin, Y., Escribano, P. I., Kim, S., & Mayer, M. (2021). Family-supportive organisational culture, work–family balance satisfaction and government effectiveness: Evidence from four countries. Human Resource Management Journal, 31(2), 454–475. https://doi.org/10.1111/1748-8583.12317

Levin, K. Study design III: Cross-sectional studies. Evid Based Dent 7, 24–25 (2006). https://doi.org/10.1038/sj.ebd.6400375

Li, Z., Fan, J., Xing, Y., Peng, G., & Zhang, X. (2024). The impact of work–family conflict on Chinese women's fertility intention: The role of fertility attitude, income class, and child-rearing burden. BMC Women's Health, 24(1), 557. https://doi.org/10.1186/s12905-024-03401-8

Moss, P., Duvander, A.-Z., & Koslowski, A. (Eds.) (2019). Parental Leave and Beyond: Recent International Developments, Current Issues and Future Directions. Policy Press. https://doi.org/10.1332/policypress/9781447338772.001.0001

Organisation for Economic Co-operation and Development. (2024, February). PF2.1. Parental leave systems (OECD Family Database). https://www.oecd.org/content/dam/oecd/en/data/datasets/family-database/pf2_1_parental_leave_systems.pdf

Organisation for Economic Co-operation and Development. (2025, April). OECD Economic Surveys: Turkey 2025. https://www.oecd.org/content/dam/oecd/en/publications/reports/2025/04/oecd-economic-surveys-turkiye-2025_fa62886d/d01c660f-en.pdf

Setia, M. S. (2016). Methodology series module 3: Cross-sectional studies. Indian Journal of Dermatology, 61(3), 261–264. https://doi.org/10.4103/0019-5154.182410

Schober, P., & Scott, J. (2012). Maternal employment and gender role attitudes: dissonance among British men and women in the transition to parenthood. Work, employment and society, 26(3), 514-530.

Soederberg, M., Christensson, K., Lundgren, I., & Hildingsson, I. (2015). Women's attitudes towards fertility and childbearing: A study based on a national sample of Swedish women validating the Attitudes to Fertility and Childbearing Scale (AFCS). Sexual & Reproductive Healthcare, 6(2), 54–58. https://doi.org/10.1016/j.srhc.2015.01.002

Vignoli, D., Guetto, R., Bazzani, G., et al. (2020). A reflection on economic uncertainty and fertility in Europe: The narrative framework. Genus, 76, 28. https://doi.org/10.1186/s41118-020-00094-3

von Elm, E., Altman, D. G., Egger, M., Pocock, S. J., Gøtzsche, P. C., & Vandenbroucke, J. P. (2008). The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) statement: Guidelines for reporting observational studies. Journal of Clinical Epidemiology, 61(4), 344–349. https://doi.org/10.1016/j.jclinepi.2007.11.008

Yan, Y., Bai, W., Geng, Y., & Gao, J. (2025). Can decent work promote fertility intention? The mediating role of work–family conflict. Humanities and Social Sciences Communications, 12, 361. https://www.nature.com/articles/s41599-025-04693-3