

Original Article

Challenges of Fetal Rights under Economic Hardship: A Qualitative Study from Iran

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ABSTRACT

While fetal rights are gaining momentum in global health, ethics and legal discourses, they are still below par in socioeconomic policy frameworks. Access to prenatal services and family decision-making in Iran faces increased challenges due to both current international economic sanctions and recently introduced pronatalist population policies that have intersected with long-standing structural economic hardships. This study investigates the challenges concerning fetal rights in the context of Iranian families' economic difficulties. The focused qualitative analysis was derived from the broader mixed-methods research titled "Policy Analysis for Developing a Charter of Fetal Rights in Iran". Semi-structured, in-depth interviews were conducted with 25 participants (5 parents, 6 healthcare providers, 4 legal experts, 4 religious scholars and 6 policy specialists). Key informants such as legal experts, theologians and policymakers were recruited using purposive sampling to ensure diversity of professional perspectives, while snowball sampling was applied primarily for parents due to accessibility challenges. Recruitment continued until data saturation was reached. Data analysis was performed using the conventional content analysis method by Zhang and Wildemuth in eight stages, supported by the MAXQDA software (version 2020). Content analysis revealed that the central theme was "Fetal Rights in the Context of Economic Hardship", which encompassed four interrelated subcategories: 1. Financial barriers to accessing specialized prenatal screening services under limited insurance coverage; 2. Occupational insecurity and informal employment conditions during pregnancy; 3. Anticipatory economic anxiety regarding long-term childrearing expenses under unstable economic conditions; 4. Insufficient institutional welfare mechanisms and fragmented family-based support systems. The factors of economic vulnerability were found to be one of the structural determinants affecting maternal well-being and fetal health outcomes. Economic hardship and insufficient structural support indirectly affect maternal physical and mental health, thereby constraining the realization of fetal rights. Economic safety nets should therefore be incorporated into maternal and fetal health policies, including expanded insurance coverage for prenatal diagnostic services and targeted financial and nutritional programs for economically disadvantaged pregnant women.

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Introduction

The rights of the fetus are increasingly becoming part of ethical, legal and health-related debates worldwide. In Iran, this issue is particularly complex because cultural and religious traditions interact with ethical, social, legal and economic factors in the shaping of both the understanding and implementation of fetal rights (1).

As stated in the Iranian Constitution, every person, born and yet to be born, is granted “the right to life (2), but in reality, this right is applied more through the perspective of maternal rights because legal and medical systems revolve around maternal needs to a greater extent (3). With improved medical advancements, especially those in “prenatal diagnostic techniques”, there has been increased focus on “fetal rights”, as anomalies and diseases can be diagnosed in utero (4).

There is a lot of divergence in opinions on the topic of the right of the fetus. Some opinions on this issue see this right on an equal footing with that of all human beings, whereas others visualize this aspect in terms of ensuring the autonomy of women (2, 3). Society's culture and female status have had a significant effect on opinions being shaped in this manner (4, 5). The study conceptualizes fetal rights from a medical ethics perspective, rather than a Pro-Life or strict legal perspective, focusing on ethical responsibilities and public health implications.

Economic dynamics also add to the complexity of this scenario. Sanctions from the international community, inflation rates and unemployment rates have all negatively influenced healthcare access in Iran, particularly among women during pregnancy (6-8). Pregnant women should receive access to proper medical care, prenatal checks, diagnostic tests and adequate nutrition; nevertheless, with financial difficulties, access to such integral needs could be impeded (9). Financial situations could also affect reproductive choices and decisions, especially with increased expenses concerned with childbearing and caring for children with health problems (10). Recent discussions in Iran regarding fetal rights have been influenced by the 2021 “Family Protection and Youthfulness Act”, which is a pronatalist law

that limits access to abortion, contraception, sterilization and prenatal screening, even when there are severe fetal anomalies. Critics claim that the law values the population of Iran more than it does women's rights and has negative health outcomes for women; specifically, low-income families are at risk due to high-risk pregnancies. From a reproductive justice perspective and from a public health perspective, the law is seen as a tool to violate women's reproductive rights, create additional unsafe methods of obtaining an abortion and provide no real protection to the fetus (11).

The Iranian government exercises rigorous laws regarding abortion. Religious and juristic values form the basis for strict laws. Legal abortion is allowed under particular conditions, such as when there are fetal abnormalities and/or there is any threat to the health of mothers (12, 13). In such tight laws, financial struggles can amplify ethical dilemmas for families. Despite increasing scholarly work on mothers' health and abortion issues among Iranians, there is very limited work on fetal rights as an applicable issue linked to economic conditions. This qualitative work aims to fulfill this lacuna regarding economic conditions on views and practices regarding fetal rights among key stakeholders, such as mothers and fathers.

The current study explores the findings from the qualitative analysis of a mixed-methods study titled “An Analysis for Policy Making on the Charter of Fetal Rights in Iran”. This study was carried out in Iran, as part of a doctoral thesis.

The data collection method used here was semi-structured interviews, targeting a pool of diverse respondents, including parents, medical professionals, jurists, theologians and policymakers. These types of interviews allow the researcher to target a pool of diverse respondents to uncover a range of information or data.

Key informants such as legal experts, theologians and policymakers were recruited using purposive sampling to ensure a diversity of professional perspectives, while snowball sampling was applied primarily for parents due to challenges in accessibility. Recruitment continued until data saturation, with 25 participants (5 parents, 6

healthcare providers, 4 legal experts, 4 religious scholars and 6 policy specialists) selected for the

study (Table 1).

Table 1: Demographic Characteristics of the Participants

Demographic Characteristics		N (%)
Sex	Female	18 (%72)
	Male	7 (%28)
Age	30-40	5 (%20)
	40-50	12 (%48)
	More than 50	8 (%32)
Professional Experience	5-10	2 (%8)
	10-15	9 (%36)
	15-20	12 (%48)
	Over 20	2 (%8)
Education	Diploma	1 (%4)
	Bachelor's Degree	3 (%12)
	Professional Doctorate	21 (%84)

Before each interview, the research aims, interview fields and confidentiality undertakings were carefully discussed with the interviewees. Informed consents were obtained from the interviewees. With the interviewees' approval, the interviews were audio-recorded. Unless recording was refused, the interviews were done and notes were taken. Each interview lasted no more than 45 minutes, with a variation between 30 and 60 minutes.

A draft interview guide was prepared after reviewing select literature on related topics in the area of reproductive healthcare and bioethics. Open-format questions assessed study subjects' perspectives on fetal rights and economic factors surrounding these issues. Interviews started systematically with a focused question: "What rights would you think a fetus should have?" followed by additional questions to gain more information. The English version of the interview guides is shown as Supplementary Material 1.

For the analysis of the collected data, a qualitative content analysis was applied in this research through the use of MAXQDA software version

20. Content analysis has been identified as a popular approach/technique of qualitative research for its application on textual data, recognized as an iterative approach (from part to whole). There are generally three types of content analysis, namely conventional, directed and summative content analysis. For the purpose of this research, a conventional method of content analysis was adopted, which is used when establishing a description of a phenomenon, especially where a theoretical background or a literature review would not be sufficient (14). Procedures followed a standard content analysis approach proposed by Zhang and Wildemuth (15), conducted in eight stages:

1. Preparing data: Transcribing interviews word for word and several readings for immersion;
2. Unit identification: Identifying the main semantic units (words, phrases, sentences);
3. Coding and Categorization: Team code groupings based on meaning connections;
4. Pilot testing: Evaluating the accuracy and reliability of codes on sample texts;

5. Full-text search: Application of validated coding on all;
6. Certainty of Reliability: Expert assessment and team consensus;
7. Interpretation: Analysis of relationships among categories;
8. Final reporting: Structured presentation of coherent findings.

To enhance analytical rigor, peer debriefing was conducted, in which a research colleague reviewed the coding and suggested refinements to ensure consistency and accuracy. Member checking was also performed in a confidential manner, providing participants with summaries of findings to verify interpretations without compromising anonymity. Finally, to ensure validity and trustworthiness of the findings, Guba & Lincoln's criteria were applied throughout the study.

Analysis of the qualitative data yielded 487 initial codes, which were organized into seven main categories: Fetal rights from parents' perspectives; fetal rights from professionals' perspectives; the relationship between fetal rights and maternal rights; fetal status in religious and ethical contexts; fetal rights and induced abortion; challenges and barriers to recognizing fetal rights; and societal, governmental and medical obligations toward fetal rights.

Among these, the category "Challenges and Barriers to Fetal Rights Recognition" comprised five subcategories: Legal and juridical challenges,

socio-cultural challenges, economic and supportive challenges, health system challenges and ethical-philosophical challenges. Given the prominence of economic and supportive challenges, this subcategory was further developed as a main analytical focus.

A closer examination of the four economic-related subcategories - financial barriers to accessing specialized prenatal screening services, occupational insecurity and informal employment conditions during pregnancy, anticipatory economic anxiety regarding long-term childrearing expenses and insufficient institutional welfare mechanisms - revealed that economic concerns operate at two interrelated levels. The first level concerns immediate medical costs, including prenatal screening, diagnostic procedures and delivery expenses. The second level reflects long-term socioeconomic burdens, such as child-rearing, education, housing and future livelihood responsibilities. Occupational instability and weak institutional welfare structures function as structural conditions that intensify both levels of financial vulnerability.

Thus, economic challenges were not merely episodic financial difficulties but embedded within broader structural and societal factors, shaping how participants perceived and approached fetal rights. Four subcategories were identified within this theme, each reflecting the influence of economic hardship on fetal rights (Table 2).

Table 2: Categories and Subcategories Derived from Qualitative Findings

Categories	Subcategories	Integrated codes
Ignoring the rights of the fetus through deliberate abortion as a result of economic challenges	Financial barriers to accessing specialized prenatal screening services under limited insurance coverage	- Multiple instances of abortion due to financial incapacity. - Reluctance to continue an unplanned or unwanted pregnancy due to economic difficulties. - Financial challenges associated with a fourth or fifth pregnancy. - Previous unwanted pregnancy termination due to lack of support from a spouse or parents.
	Occupational insecurity and informal employment conditions during pregnancy	- Being compelled to undergo an abortion due to economic hardship and inability to cover child-rearing costs. - Fear of giving birth to a child with disabilities and the high costs of their care.
	Anticipatory economic anxiety regarding long-term childrearing expenses under unstable economic conditions	- Need for government support for families with children with disabilities (unmet need: Leading to the choice of abortion). - Lack of state-provided facilities for caring for and raising both healthy and disabled children. - High costs associated with pregnancy and lack of government support. - High expenses of fetal screening and lack of insurance coverage.
	Insufficient institutional welfare mechanisms and fragmented family-based support systems	- Negative impact of stress and anxiety caused by economic difficulties on fetal health. - Maternal malnutrition due to financial constraints and its adverse effects on fetal growth and development. - Occupational exposure to chemicals and fear of their negative effects on fetal health.

Following the assessment of the interviews, we identified four subcategories, all illustrating the effect of economic conditions on fetal rights, which we discuss below in depth:

1. Financial Barriers to Accessing Specialized Prenatal Screening Services under Limited Insurance Coverage

Findings of this study found that worries about expenses related to prenatal care and delivery were notable factors impacting parents' decisions about continuing or terminating a pregnancy. One participant described her circumstances, saying, "I became pregnant unexpectedly and my finances didn't allow me to continue the pregnancy" (P5). Worry about expenses often occurs right after learning the pregnancy status. As one participant summarized, "When I found out about my pregnancy, the first thing I thought of was the

expenses involved, especially hefty hospital costs and medications. Even if I chose to keep the baby, I wouldn't be able to afford everything" (P3). Financial concerns would not only exist regarding the costs of delivery; participants also mentioned ongoing financial concerns, factors that would follow a delivery. As that participant again articulated, "It's not just about getting it to the delivery costs, they're also the costs associated with raising a child" (P12). In addition to considering the views of parents, experts' comments shed light on the larger ethical and legal ramifications of financial barriers. A legal expert noted "that prenatal diagnostic services are mandated by the law as critical for the health and welfare of both mother and fetus; however, those in low-income families experience a disproportionate impact from financial constraints"

(P12). Similarly, a religious scholar pointed out “that while Islamic ethics advocate for the protection of the fetus, the inability of mothers to afford continued pregnancy must be considered as an ethical factor in their decision about whether to continue the pregnancy” (P15). These findings point to two interrelated levels of economic concern: The short-term medical costs associated with screening, diagnostic testing and delivery and the long-term costs related to the socio-economic burden of raising a child (child-rearing, education, housing). While parents tended to focus on the financial burden, experts provided an ethical and legal context for these burdens and offered insight into how economic hardship intersects with moral obligation and legal recognition and thus impacts the ability to uphold fetal rights.

2. Occupational Insecurity and Informal Employment Conditions during Pregnancy

In relation to the qualitative data gathered, maternal concern about negative environmental and nutritional exposures affecting fetal health was identified as a key subtopic of mothers' concerns. One participant spoke about the stressors surrounding finances that prevent some mothers from being able to quit their job, stating, “Some pregnant moms must work due to financial concerns and even though they think of and understand that chemical compounds may affect the baby's health, they have to work in an unsafe environment” (P4).

Environmental stressors can come with nutritional stressors. One participant spoke to the essential connection between maternal nutrition and fetal health, stating, “The mother's diet is important for the fetus's growth, development and brain health. If mothers don't eat properly or at all during pregnancy, they are jeopardizing their baby's health” (P13).

Another participant particularly mentioned the potential outcomes of nutritional deficiencies, stating, “The health of both the mother and the fetus should not be impacted by under-nutrition and nutritional deficiencies, as this can lead to serious negative health impacts” (P7).

One of the participants offered to describe the underlying causes behind this concern, stating that

economic hardship often leads to poor nutrition. The participant stated, “Economic hardships can limit access to good nutrition. Families that face economic hardship are often concerned with their fetus's well-being and adequate growth” (P21). In addition to the experiences of mothers, the opinions of experts have “further helped to situate these concerns within the context of a rights framework” (P12). A legal scholar has pointed out that “the right to health of the fetus cannot be abstracted from the working conditions of mothers, especially in a situation where there are no labor rights for pregnant women” (P8). Similarly, a religious scholar has pointed out that while the preservation of fetal life is viewed as a moral imperative, the economic realities of the situation may not enable the mother to make good on this imperative (P15).

These narratives together point to the fact that occupational insecurity is not simply an individual problem but a structural issue that impacts the realization of fetal health rights

3. Anticipatory Economic Anxiety Regarding Long-Term Childrearing Expenses under Unstable Economic Conditions

Unlike immediate medical costs, this subcategory reflects anticipatory economic anxiety related to the long-term socioeconomic responsibilities of childrearing under unstable economic conditions. This research demonstrates that financial constraints and the worry about child-rearing costs are summarized for families when considering fetal rights and occasionally even encourage an alternative consideration of abortion. This economic hardship manifests directly in participants' responses. One participant stated: “I know a family that has thought about having an abortion a few times because of economic hardship. When you are struggling to meet life's basic expenses, having a child worries you terribly” (P1).

At times, economic insecurity can become so overwhelming that parents are left with not only a sense of economic insecurity, but a sense of fairness or moral culpability. One respondent expanded on their considerations as: “My greatest fear is that I will not be able to provide for my child after they are born. When I think about our

struggle to even pay rent, it seems like I am creating an unfair situation for my child” (P6).

Even if both parents are employed, financial security can still be a barrier to considerations and/or choices in the future. One participant elaborated further: “Both my partner and I work, but when we add together the costs of clothes, healthcare and even baby formula, it’s terrifying to think about. And that’s partly why sometimes we think continuing this pregnancy might not be a smart idea” (P11). Apart from parental concerns, expert participants also contextualized these concerns in terms of ethical and legal issues. A legal expert pointed out that although the fetus is recognized as having inherent rights, the actualization of these rights is contingent on the family’s socioeconomic ability to provide a favorable living environment (P13). A religious scholar also pointed out that although the preservation of fetal life is a moral imperative, the parents’ expectation of future suffering is a moral dilemma between responsibility and ability (P17). These results suggest that the anticipatory economic anxiety is a forward-looking structural force. Rather than being concerned with current costs, parents consider their future potential to provide the child with housing, nutrition, education and dignity. In this way, economic instability not only influences parental decision-making but also the potential for realizing fetal rights.

4. Insufficient Institutional Welfare Mechanisms and Fragmented Family-Based Support Systems

Moving beyond personal financial issues, this subcategory indicates inherent weaknesses within institutional welfare structures and disjointed family support networks. In contrast to direct cost-related worries, these results indicate systemic weaknesses that influence parental perceptions of the realizability of fetal rights. According to the results of this study, the lack of structural support from government and family institutions was a key factor in decision-making about pregnancy. Participants often said that the absence of social support makes them reconsider whether they can continue a pregnancy, often discussing this through conversation. One participant expressed this struggle: “How can anyone consider having another baby when you

don’t have financial support or even free daycare for small children? You are forced to consider abortion” (P17). Similarly, another participant elaborated on their experience of being unsupported at a micro, individual-level: “My family isn’t helping me with my kids at all. I’m basically by myself and the government has no support for me. So under those circumstances, another pregnancy is not manageable” (P12).

In some instances, this worry was especially strong when it came to children with disabilities. As one mother shared, “I was worried that if my baby was born disabled, there would not be any rehabilitation or support. That fear made me consider abortion” (P9). Another participant reiterated, “In our society, where we don’t even have the facilities for a healthy child, how can there be facilities for a child born with disabilities” (P10). The expert participants articulated these issues in a larger rights-based and ethical discourse. A legal expert highlighted that “the recognition of fetal rights must be matched with the existence of institutional capacity that can protect these rights after birth, including welfare, rehabilitation and social protection” (19). Another participant from the religion sector highlighted that “the preservation of fetal life may be morally valued, yet the lack of collective social responsibility may place undue moral burden on the family” (21). Taken together, these stories suggest that a lack of institutional welfare provision and a lack of cohesion in family support act as structural hindrances to the attainment of fetal rights. The sense of a lack of governmental and social support, especially in cases of disability, can make the ethical and legal assertion of fetal rights seem remote from socioeconomic reality.

This study explored fetal rights from the perspectives of parents and professionals, revealing that economic pressures can be an important factor influencing decisions about pregnancy. While participants frequently mentioned financial insecurity as a reason for considering abortion, this does not imply that economic hardship is the sole or dominant cause. Rather, it is one of several interacting factors, such as family support, cultural expectations and access to healthcare, that shape reproductive

decision-making. Many couples reported feeling unable to provide adequate care for their child and other family members due to insufficient resources. The results of the present study are aligned with international survey studies pointing to economic pressures and overall high costs associated with pregnancy and childbirth, as well as being involved in parental decision-making when pregnant. For example, Stringer et al. (2005) and Spinder et al. (2017) reported that some parents might delay or avoid pregnancy altogether due to negative economic and occupational circumstances (16, 17). Moreover, several studies have reported that prenatal care and delivery are frequently financially burdensome. For example, Aracena et al. (2020) identified high costs associated with pregnancy and childbirth care, especially among low-income women, as a prominent reproductive health challenge (18). Mori et al. (2020) conducted a systematic review reporting that direct costs at the time of delivery create financial strain on families due to hospital or midwifery care delivery, which may cause delays in accessing healthcare services (19). Likewise, Wollum et al. (2025) found that cost concerns of pregnancy care and delivery are a major reason some women, even with a desired pregnancy, consider abortion (20).

Overall, the highlighted evidence seems to illustrate that high costs of maternal and newborn care, as well as the economic context, may be a constellation of factors that lead parents to continue or terminate a pregnancy. These findings highlight the need for supportive policies to reduce health care costs, expand reproductive health insurance and strengthen social support systems for pregnant women to reduce unintended pregnancy terminations and bolster fetal rights. About the economic pressures, for the case of Iran, these need to be analyzed considering a macroeconomic setting. The constant inflation, devaluation of currency and economic sanctions are all making prenatal technologies and nutritional supplements more expensive and the system of direct payments is also adding to the economic pressures on families. At the same time, recent pronatalist policies, which stress protection of the fetus, are not matched by a corresponding extension of welfare and insurance systems for

maternal care, implying that acknowledging the rights of the fetus may not automatically go hand-in-hand with providing corresponding support to families.

Occupational exposures also emerged as an important factor. Some participants voiced concerns about potential harm to the developing fetus due to dangerous work environments or poor nutrition. Although previous research has not specifically documented cases where mothers intentionally ended pregnancies because of occupational exposures, the current study's findings suggest that increased awareness of workplace-related reproductive risks may lead some women to consider abortion out of concern for fetal safety. Among the studies reviewed, Cordier et al. (1997) investigated the link between maternal exposure to organic solvents during pregnancy and congenital malformations, noting a higher risk associated with such exposure (26). Similar findings were reported by Gao et al. (2013), who found that women working in laboratories or industrial settings had a greater likelihood of giving birth to infants with major birth defects (27). Hooiveld et al. (2024) also discovered that maternal exposure to agricultural pesticides during the first trimester significantly raised the risk for congenital heart anomalies (28). Additionally, studies published in *BMC Pregnancy and Childbirth* (2011) and *Environmental Health* (2017) reported similar effects, connecting maternal exposure to pesticides, chemical agents and workplace dust with higher rates of neural tube defects and oral clefts in infants (29, 30). In summary, these studies highlight the potential reproductive harm from hazardous work environments beyond safety standards and emphasize the need for federally mandated occupational health prevention strategies for pregnant women.

Based on the findings of the present study, poverty and nutritional deficiencies were identified as contributing factors for women's decisions to terminate a pregnancy. Consistently, research conducted in 2023 demonstrated that stress resulting from food insecurity can significantly influence women's reproductive choices, leading to delayed childbirth or the decision to terminate a pregnancy (21). Similarly,

a study by Foster et al. (2022) reported that economic hardships, including the inability to afford essential needs such as food, housing and transportation, drove women toward abortion decisions (22). These findings are in line with the results of the qualitative study “Reasons for Unsafe Abortion in Iran after Pronatalist Policy Changes” (2024), which highlighted that unintended pregnancies and concerns about fetal anomalies were major factors influencing Iranian women’s decisions to pursue unsafe abortions (23). Similar observations can be noted in other Muslim societies, including Turkey, Malaysia and Egypt, where economic insecurity intersects with the religion’s moral imperative for fetal protection. Research conducted in these societies has noted that while abortion may not be morally acceptable, economic insecurity and the long-term welfare of the child do play a role in reproductive decision-making (24). This similarity serves to highlight that the conflict between economic capability and moral responsibility may not be unique to Iran but may be a part of a larger dynamic that occurs in societies undergoing economic change. This body of evidence highlights that the combination of concerns about fetal health and, in particular, concerns regarding the economic health of the pregnant person’s existing children, including its implications for maternal nutrition, is key to understanding decision-making around abortion in the context of legal restrictions and limited access to the health care system.

Our study also highlighted the absence of governmental and family support as a contributing factor. Anxiety about raising a child with disabilities and concerns over associated financial costs were important mechanisms influencing abortion decisions in cases of fetal anomalies. Kamran Pour et al. (25) reported similar concerns, including inadequate counseling and uncertainty about the child’s future. A study in Kenya (26), also indicated that insufficient financial capacity and concerns about child-rearing expenses were key drivers of abortion decisions.

Finally, our results indicate that both women’s economic status and professional circumstances have notable impacts on the decision to terminate a pregnancy, as well as the psychological effects

of the pregnancy outcome. Economic pressures and working conditions create a greater likelihood of abortion and contribute to women’s mental health even after abortion (27). Providing financial, nutritional and psychological services, as well as educational opportunities, may help reduce stress around pregnancy, benefit maternal and fetal health and allow women to make more informed decisions related to their reproductive health.

In summary, economic and social pressures play a central role in abortion decision-making. A multidimensional approach addressing financial, nutritional, psychological and educational needs is necessary to mitigate abortions driven by economic hardship and to enhance maternal and fetal well-being (28, 29). Recognition of fetal rights within legal and religious discourse remains incomplete without parallel structural support systems capable of sustaining maternal and child well-being in economically fragile settings.

Conclusion

This study represents the first qualitative phase of the development of the proposed Fetal Rights Charter. The findings of the study suggest that economic difficulties, fear of the costs of pregnancy and childbearing and lack of governmental or familial support represent significant structural challenges to the realization of fetal rights. These challenges not only affect parents but also, indirectly, the health of the mother and the fetus through stress, malnutrition and unsafe working conditions.

The findings of the study suggest that the realization of fetal rights in Iran cannot be based simply upon legal or moral recognition. Rather, any Fetal Rights Charter that is developed will need to incorporate integrated economic and social support policies, including financial support for prenatal care, nutritional support programs for low-income pregnant women, working conditions that ensure the health of the mother and ongoing support programs for families with children, particularly children with disabilities. Without the integration of such structural supports into the proposed Charter, the fundamental Fetal Rights to

Life and Health will be morally affirmed but structurally limited.

Limitations: Like other qualitative research, this study also has some limitations. First, this study was carried out among a small number of participants and the findings may lack transferability. Second, because of the legal and environmental context of abortion in Iran, this issue is very sensitive. Some participants may have been reluctant to report their views because of the fear of legal, social or professional repercussions, which might have affected the findings of this study. Third, the findings of this study are based on the experiences of the participants in their particular social and economic setting and may not be generalizable to other areas or populations. Despite the limitations, the study has ensured methodological rigor by using prolonged engagement with the participants, peer debriefing and Guba and Lincoln's criteria for trustworthiness.

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Authorship

Sepideh Panjali-Pour: Study design, data extraction, initial drafting; Ali Mohammad Mosadeghrad: Analysis, scientific supervision, editing; Tahereh Mirmolaei & Mahmoud Abbasi: Jurisprudential/ legal extraction; Shirin Shahbazi: Qualitative analysis, final drafting.

Conflict of Interest Statement

The authors declare no competing interests.

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