

## Fertility Preferences and Desired Number of Children Among Couples Attending Premarital Counseling

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### Abstract

**Background** and Objectives: Fertility preferences and desired child numbers affect population patterns. Public health planning in Erbil City, Iraq, where traditional beliefs meet changing societal norms, requires understanding these options. This study examines fertility preferences and desired number of children among couples attending premarital counselling, focusing on sociodemographic characteristics.

**Methods:** A cross-sectional study design was utilized, employing structured interviews with 400 couples attending Mamoun Dabagh Pre-Marriage Counselling Centre in Erbil city. A self-administered questionnaire survey was employed to collect data on socio-demographic background, participants interest, Preferences about fertility and factors influence desired number of children. Alongside descriptive data analysis, Chi-squared test was utilized to analyze associations between categorical variables.

**Results:** Males had a significantly greater mean age ( $25.93 \pm 4.70$  years) than females ( $22.82 \pm 4.07$  years), with a significant difference ( $p < 0.001$ ). Gender differences in employment status indicate that self-employment and casual worker being more common among males (34.3%), whereas housewifery is exclusively female ( $p < 0.001$ ). Due to p-values, Occupation, number of siblings, monthly income, future housing plans, and house size are significantly associated with desired number of children. Gender, age, residence, religion, education, and family type not significantly correlate with ideal child number (all  $p > 0.05$ ).

**Conclusion:** This study found that couples' fertility desires and ideal number of children are influenced by their career context, upbringing, and economic position. Policymakers and family planning programs need to create equitable and responsive reproductive health interventions.

**Keywords:** *Premarital counseling, Desired number of children, Fertility preferences, Reproductive health, Family planning, Kurdish society*

## Introduction

Fertility preference pertains to the number of children that a couple or individual wishes to have in their lifetime. Every spouse in a couple possesses the fundamental right to make educated decisions regarding their reproductive health, including the time, spacing, gender composition, and quantity of children to have (Askew et al., 2017). Fertility preferences and the desired number of offspring are essential factors influencing reproductive behavior and demographic transformation. They come from what individuals and the economy value and also from the traditions, beliefs, and lifestyle of a community (Khraif et al., 2017; Rodrigues et al., 2022).

It is shown by statistics that overall fertility levels are going down all over the world, mostly in developing countries (Akram et al., 2020). The world's population, counted at 7.3 billion in 2015, will likely double to 9.8 billion by 2050, creating a major international problem (Eshete and Adissu, 2017).

The fertility rate in Iraq exhibited stability from 1997 to 2010, with an average of approximately 4.5 children per woman. An analysis of age patterns in fertility reveals a notable change in birth timing, characterized by a greater than 30% rise in adolescent fertility shortly following the onset of the conflict (Cetorelli, 2014). The total fertility rates were 3.1 births per woman in Erbil, 2.8 in Sulaymaniyah, and 3.7 in Duhok (Osman, 2021).

Premarital counseling, mandated by policy in certain regions of Iraq, provides a valuable opportunity to evaluate fertility expectations prior to childbearing, particularly among educated urban populations such as those in Erbil. Previous studies have emphasized the complex influence of premarital counseling on reproductive health attitudes, encompassing contraception use, fertility timing, and childbearing expectations, as noted in previous studies (Khadivzade & Arghavani, 2014; Lotfi et al., 2017).

The findings indicate that the counseling period is essential for correcting misconceptions and aligning health policies with personal reproductive goals. There isn't much research on what couples in Iraq want regarding having children before they get married, and even less on those in Erbil, a city near Mosul and Baghdad. This shows a difference between the number of children people want and what they actually have, often due to economic problems, conflict, and limited access to reproductive health services (Al-Ridhwany & Aljawadi, 2018; Tull, 2020).

In societies like the Middle East, where family and fertility are pivotal to social identity and marital dynamics, comprehending the reproductive goals of young couples is crucial for formulating effective public health. Therefore, this study aims to examine the fertility preferences and desired number of children among couples attending premarital counselling in Erbil City, Iraq. The research questions are as follows

(1) What are the fertility preferences and desired number of children among couples attending premarital counseling in Erbil City? (2) Which sociodemographic factors are significantly associated with the desired number of children?

By addressing these questions, this study will yield essential insights into current reproductive aspirations and their drivers, with implications for health policy, counseling practices, and demographic forecasts in the Kurdistan area.

## METHODS

We conducted a quantitative descriptive analytic cross-sectional to assess fertility preferences, desired numbers of children, and associated factors among couples attending pre-marriage counseling in Erbil Governorate. We used a non-probability convenience sampling technique to select 400 couples (800 participants) aged between 14 and 46 years who planned to marry in the near future and were attending pre-marriage counseling in the Erbil Governorate in the Kurdistan region/Iraq. Based on a population survey via Epi Info's StatCalc tool, the calculated sample size was 364. However, the researchers aimed to recruit 400 couples to improve the reliability of the data while accounting for no-shows or non-responses using a convenience sampling technique. We collected the data after obtaining verbal and written informed consent from the couples. Couples filled in the self-administered anonymous questionnaire separately. For illiterate participants, we conducted direct interviews and provided instructions on each question. The data were collected from 28th of November 2024 to 17th of March 2025. Several academic experts in the field analyzed the questionnaire's content validity, and we implemented their feedback to ensure its validity. and reliability was confirmed by a pilot study (Cronbach's  $\alpha = 0.848$ ). We constructed the questionnaire after extensive review of relevant literature (Lotfi et al. 2017). The questionnaire consists of three parts; the first part includes information about the sociodemographic characteristics of respondents, such as gender, age, residence, level of education, occupation, religion, number of siblings, monthly family income, future housing plan, and future house size. The second part is about the fertility preferences and desired number of children of couples, such as consanguineous marriage,

suitable age for marriage, plans to use contraceptives, type of contraceptive, ideal number of children, how many sons and how many daughters you would like to have, plans to start having children, and ideal interval between pregnancies. The third part of the questionnaire is about the factors influencing decisions regarding the desired number of children (economic situation, housing conditions, health status, educational aspirations, religion, childcare barriers, working conditions, cultural influence, and social influence). The inclusion criteria were Kurdish couples who attend Mamoun Dabagh pre-marriage center counseling in Erbil Governorate. Exclusion criteria were non-Kurdish nationality, second time marriage, and couples who refused to participate in the study. We coded and analyzed the data using Microsoft Office Excel 2016 and SPSS version 27. We summarized categorical variables using descriptive data analysis, including frequencies and percentages. We used the chi-squared test to analyze associations between categorical variables and considering p-values of less than 0.05 as statistically significant. We coded and analyzed the data using Microsoft Office Excel 2016 and SPSS version 27.

#### Ethics Approval and Consent

This study was approved by the Ethics Committee at the College of Nursing, University of Hawler Medical (Approval No. 2461). Written and verbal informed consent was obtained from participants. Data confidentiality and anonymity were strictly maintained. We also obtained formal permissions from the General Directorate of Health/Erbil and the administration of the Mamoun Dabagh pre-Marriage Counseling Center. All participants were informed that participation entailed no inherent risks and that their information would remain confidential.

## RESULTS

Table 1 presents the demographic and socioeconomic characteristics of the study participants by gender. The mean age of males ( $25 \pm 934.70$  years) was significantly higher than that of females ( $22.82 \pm 4.07$  years), with a highly significant difference ( $p < 0.001$ ). Younger age groups (14–19 and 20–25 years) were predominantly female, whereas older age groups (26–31 and above) were more common among males. Employment status also varied significantly between genders ( $p < 0.001$ ). Self-employment and casual work were more prevalent among males (26.3% and 8.0%, respectively), while being a housewife was exclusively reported by females. Unemployment was higher among females (7.4%) than males (1.8%). There are no statistically significant differences in residence ( $P = 1.000$ ), religion ( $P = 1.000$ ) or educational attainment ( $P = 0.193$ ). The majority of both males and females live in urban areas, identify as Muslims, and hold an institute- or college

level education. The distribution of family type was similar across genders, with nuclear families being the most common (both 32.4%;  $P = 1.000$ ). A statistically significant difference was found in the number of siblings ( $P = 0.015$ ), with more females reporting three siblings compared to males. Monthly family income did not significantly differ by gender ( $P = 1.000$ ); most participants reported having a sufficient income. Likewise, no significant gender differences were observed in future housing plans ( $P = 1.000$ ), or anticipated house size ( $P = 1.000$ ). The most frequently anticipated house size among both males and females was 100 m<sup>2</sup>.

Table 2 presents the association between gender and various aspects related to marriage and family planning and reproductive preferences. Across most variables—including marriage arrangement method ( $P = 1.000$ ), consanguineous marriage ( $P = 1.000$ ), plans for contraceptive use ( $P = 1.000$ ), preferred type of contraception ( $P = 1.000$ ), discussions about future children ( $P = 1.000$ ), and ideal number of children ( $P = 0.927$ ), sons ( $P = 0.951$ ), and daughters ( $P = 0.979$ ), no statistically significant differences were found between male and female respondents. Similarly, both genders expressed comparable views regarding childhood sibling preference ( $P = 0.159$ ), timing for starting a family ( $P = 1.000$ ), and preferred birth spacing ( $P = 1.000$ ), indicating broadly aligned perceptions and behaviors related to family and fertility matters.

However, a statistically significant gender difference was identified concerning the suitable age for marriage ( $p < 0.001$ ). Female respondents show a stronger preference for marrying at a younger age (below 20 years), whereas male respondents favored marrying at the age of 25 years or older. This finding suggests a gender-specific difference likely influenced by cultural or societal expectation.

The findings also illustrate the relationship between a series of sociodemographic variables and the ideal number of children among respondents. The results indicate no statistically significant association between the ideal number of children and the following variables: gender ( $p = 0.927$ ), age group ( $p = 0.083$ ), residence ( $p = 0.058$ ), religion ( $p = 0.066$ ), educational level ( $p = 0.070$ ), and family type ( $p = 0.828$ ).

However, several variables showed statistically significant associations. Occupation was significantly associated with ideal number of children ( $p = 0.022$ ). Self-employed individuals and housewives were more likely to prefer larger families than government or private sector employees and the unemployed participants.

Similarly, the number of siblings significantly influenced ideal number of children ( $p = 0.019$ ); Individuals from larger families prefer having more children themselves.

Monthly family income is very significant ( $p = 0.001$ ) in determining ideal family size. Respondents who have sufficient income are likely to have two or more children, while those having less than sufficient income want small families.

Moreover, housing expectations were important predictors. Future housing plans ( $p < 0.001$ ) and future house size ( $p = 0.027$ ) significantly influence ideal family size. Landlords or those who anticipate residing in larger houses are likely to desire more children, while renters or those anticipating smaller houses prefer fewer children.

**Table 1. Demographic and Socioeconomic Characteristics of Participants by Gender**

Demographic and Socioeconomic Characteristics	Male No. (%)	Female No. (%)	$\chi^2$ / Test Value	p-value	Significance
Age (Mean $\pm$ SD)	25.93 $\pm$ 4.70	22.82 $\pm$ 4.07	—	<0.001	HS
<b>Age Group</b>					
14–19 years	28 (3.5%)	76 (9.5%)			
20–25 years	177 (22.1%)	245 (30.6%)			
26–31 years	147 (18.4%)	66 (8.3%)			
32–37 years	42 (5.3%)	10 (1.3%)			
38+ years	6 (0.8%)	3 (0.4%)			
<b>Residence</b>			0.000	1.000	NS
Rural	43 (5.4%)	43 (5.4%)			
Urban	304 (38.0%)	304 (38.0%)			
Suburban	53 (6.6%)	53 (6.6%)			
<b>Religion</b>			0.000	1.000	NS
Muslim	394 (49.3%)	394 (49.3%)			
Christian	6 (0.8%)	6 (0.8%)			
<b>Educational Level</b>			—	0.193	NS
Illiterate	19 (2.4%)	7 (0.9%)			
Read & Write	68 (8.5%)	61 (7.6%)			
Primary School	26 (3.3%)	27 (3.4%)			
Secondary School	88 (11.0%)	100 (12.5%)			
Institute or College	188 (23.5%)	197 (24.6%)			

Postgraduate	11 (1.4%)	8 (1.0%)			
<b>Occupation</b>			—	<0.001	HS
Unemployed	14 (1.8%)	59 (7.4%)			
Government Employee	44 (5.5%)	41 (5.1%)			
Private Sector	68 (8.5%)	54 (6.8%)			
Self-employed	210 (26.3%)	22 (2.8%)			
Casual Worker	64 (8.0%)	0 (0.0%)			
Housewife	0 (0.0%)	224 (28.0%)			
<b>Family Type</b>			0.000	1.000	NS
Nuclear	259 (32.4%)	259 (32.4%)			
Extended	141 (17.6%)	141 (17.6%)			
<b>Number of Siblings</b>			—	0.015	S
None	4 (0.5%)	0 (0.0%)			
One	24 (3.0%)	32 (4.0%)			
Two	60 (7.5%)	38 (4.8%)			
Three	55 (6.9%)	72 (9.0%)			
Four or more	257 (32.1%)	258 (32.3%)			
<b>Monthly Family Income</b>			0.000	1.000	NS
Less than sufficient	43 (5.4%)	43 (5.4%)			
Sufficient	333 (41.6%)	333 (41.6%)			
More than sufficient	24 (3.0%)	24 (3.0%)			
<b>Future Housing Plan</b>			0.000	1.000	NS
Renter	141 (17.6%)	141 (17.6%)			
Landlord	143 (17.9%)	143 (17.9%)			
Belong to father	116 (14.5%)	116 (14.5%)			
<b>Future House Size Plan</b>			0.000	1.000	NS
<100 m <sup>2</sup>	57 (7.1%)	57 (7.1%)			
100 m <sup>2</sup>	169 (21.1%)	169 (21.1%)			
125–150 m <sup>2</sup>	104 (13.0%)	104 (13.0%)			

200–250 m <sup>2</sup>	52 (6.5%)	52 (6.5%)			
≥300 m <sup>2</sup>	18 (2.3%)	18 (2.3%)			

**Table 2. Association Between Gender and Marriage, Family Planning, and Reproductive Preferences**

Variable	Response	Male	Female	$\chi^2$	p-Value (Sig.)
		No. (%)	No. (%)		
How was your marriage arranged?	Personal choice (love)	184 (23.0%)	184 (23.0%)	0.000	1.000 (NS)
	Arranged by family	216 (27.0%)	216 (27.0%)		
Consanguineous Marriage	Close relative	76 (9.5%)	76 (9.5%)	0.000	1.000 (NS)
	Distant relative	128 (16.0%)	128 (16.0%)		
	No relative	196 (24.5%)	196 (24.5%)		
Suitable Age for Marriage	< 20 yrs.	30 (3.8%)	80 (10.0%)	20.51	< 0.001 (HS)
	20–25 yrs.	230 (28.8%)	258 (32.3%)		
	≥ 25 yrs.	140 (17.5%)	62 (7.8%)		
Do you have plans to use contraceptives?	Definitely plan to use	168 (21.0%)	168 (21.0%)	0.000	1.000 (NS)
	Do not plan to use	153 (19.1%)	153 (19.1%)		
	Not sure	79 (9.9%)	79 (9.9%)		
If planning, what type of contraceptive do you prefer?	OCP	38 (11.3%)	38 (11.3%)	0.000	1.000 (NS)
	Condom	38 (11.3%)	38 (11.3%)		
	Natural	92 (27.4%)	92 (27.4%)		
Have you discussed how many children you want?	In detail	108 (13.5%)	108 (13.5%)	0.000	1.000 (NS)
	Briefly	138 (17.3%)	138 (17.3%)		
	Not at all	154 (19.3%)	154 (19.3%)		
Ideal number of children	One	17 (2.1%)	16 (2.0%)	0.23	0.927 (NS)
	Two	178 (22.3%)	178 (22.3%)		
	Three	83 (10.4%)	90 (11.3%)		
	Four or more	122 (15.3%)	116 (14.5%)		
Ideal number of sons	None	21 (2.6%)	22 (2.8%)		
	One	213 (26.6%)	210 (26.3%)		
	Two	125 (15.6%)	128 (16.0%)		
	Three	19 (2.4%)	22 (2.8%)		

	Four or more	22 (2.8%)	18 (2.3%)	0.20	0.951 (NS)
<b>Ideal number of daughters</b>	None	17 (2.1%)	15 (1.9%)		
	One	207 (25.9%)	213 (26.6%)		
	Two	125 (15.6%)	121 (15.1%)		
	Three	29 (3.6%)	31 (3.9%)		
	Four or more	22 (2.8%)	20 (2.5%)	0.13	0.979 (NS)
<b>Sibling preference in childhood</b>	More	149 (18.6%)	132 (16.5%)		
	Less	82 (10.3%)	72 (9.0%)		
	Same number	169 (21.1%)	196 (24.5%)	3.66	0.159 (NS)
<b>When do you plan to start having children?</b>	Within next year	101 (12.6%)	101 (12.6%)		
	In 1–2 years	202 (25.3%)	202 (25.3%)		
	In 3–5 years	81 (10.1%)	81 (10.1%)		
	After 5 years	16 (2.0%)	16 (2.0%)	0.00	1.000 (NS)
<b>Ideal interval between pregnancies</b>	1–2 years	161 (20.1%)	161 (20.1%)		
	3–4 years	189 (23.6%)	189 (23.6%)		
	≥ 5 years	50 (6.3%)	50 (6.3%)	0.00	1.000 (NS)

**Table (3) Association Between Sociodemographic Variables and Ideal Number of Children Among Couples Attending Premarital counseling**

Variables	Category	What is your ideal number of children?				P-Value (Sig.) <sup>test</sup>
		One No. (%)	Two No. (%)	Three No. (%)	Four and more No. (%)	
<b>Gender</b>	Male	17 (2.1%)	178 (22.3%)	83 (10.4%)	122 (15.3%)	0.927 (NS) <sup>†</sup>
	Female	16 (2.0%)	178 (22.3%)	90 (11.3%)	116 (14.5%)	
<b>Age Groups</b>	14 – 19	2 (0.3%)	40 (5.0%)	23 (2.9%)	39 (4.9%)	0.083 (NS) <sup>‡</sup> (6 cells (30%) have expected No. <5)
	20 – 25	17 (2.1%)	189 (23.6%)	99 (12.4%)	117 (14.6%)	
	26 – 31	13 (1.6%)	101 (12.6%)	44 (5.5%)	55 (6.9%)	
	32 – 37	1 (0.1%)	20 (2.5%)	6 (0.8%)	25 (3.1%)	
	38 and More	0 (0.0%)	6 (0.8%)	1 (0.1%)	2 (0.3%)	

<b>Residence</b>	Rural	3 (0.4%)	34 (4.3%)	15 (1.9%)	34 (4.3%)	0.058 (NS) <sup>†</sup>
	Urban	25 (3.1%)	280 (35.0%)	124 (15.5%)	179 (22.4%)	
	Suburban	5 (0.6%)	42 (5.3%)	34 (4.3%)	25 (3.1%)	
<b>Religion</b>	Muslim	33 (4.1%)	346 (43.3%)	173 (21.6%)	236 (29.5%)	0.066 (NS) <sup>‡</sup>
	Christian	0 (0.0%)	10 (1.3%)	0 (0.0%)	2 (0.3%)	(3 cells (37.5%) have expected No. <5)
<b>Educational level</b>	Illiterate	4 (0.5%)	7 (0.9%)	8 (1.0%)	7 (0.9%)	0.070 (NS) <sup>†</sup>
	Able to Read and Write	2 (0.3%)	57 (7.1%)	27 (3.4%)	43 (5.4%)	
	Primary school	1 (0.1%)	22 (2.8%)	17 (2.1%)	13 (1.6%)	
	Secondary school	4 (0.5%)	82 (10.3%)	40 (5.0%)	62 (7.8%)	
	Institute or College	21 (2.6%)	180 (22.5%)	78 (9.8%)	106 (13.3%)	
	Postgraduate	1 (0.1%)	8 (1.0%)	3 (0.4%)	7 (0.9%)	
<b>Occupation</b>	unemployment	0 (0.0%)	35 (4.4%)	13 (1.6%)	25 (3.1%)	0.022 (S) <sup>†</sup>
	Governmental employee	7 (0.9%)	46 (5.8%)	14 (1.8%)	18 (2.3%)	
	private employee	5 (0.6%)	50 (6.3%)	22 (2.8%)	45 (5.6%)	
	self-employee	6 (0.8%)	107 (13.4%)	52 (6.5%)	67 (8.4%)	
	casual worker	7 (0.9%)	26 (3.3%)	16 (2.0%)	15 (1.9%)	
	house wife	8 (1.0%)	92 (11.5%)	56 (7.0%)	68 (8.5%)	
<b>Family Type</b>	Nuclear	20 (2.5%)	233 (29.1%)	108 (13.5%)	157 (19.6%)	0.828 (NS) <sup>†</sup>
	Extended	13 (1.6%)	123 (15.4%)	65 (8.1%)	81 (10.1%)	
<b>Siblings: How many siblings?</b>	None	1 (0.1%)	3 (0.4%)	0 (0.0%)	0 (0.0%)	0.019 (S) <sup>†</sup>
	One	2 (0.3%)	30 (3.8%)	12 (1.5%)	12 (1.5%)	(6 cells (30%))

	Two	10 (1.3%)	45 (5.6%)	22 (2.8%)	21 (2.6%)	have expected No. <5)
	Three	2 (0.3%)	51 (6.4%)	27 (3.4%)	47 (5.9%)	
	four and more	18 (2.3%)	227 (28.4%)	112 (14.0%)	158 (19.8%)	
<b>Monthly family income</b>	<sufficient	7 (0.9%)	44 (5.5%)	10 (1.3%)	25 (3.1%)	0.001 (HS) <sup>†</sup>
	Sufficient	25 (3.1%)	288 (36.0%)	145 (18.1%)	208 (26.0%)	
	More than sufficient	1 (0.1%)	24 (3.0%)	18 (2.3%)	5 (0.6%)	
<b>Future Housing plan</b>	Renter	11 (1.4%)	143 (17.9%)	47 (5.9%)	81 (10.1%)	<0.001 (HS) <sup>†</sup>
	Landlord	18 (2.3%)	109 (13.6%)	81 (10.1%)	78 (9.8%)	
	Belong to father	4 (0.5%)	104 (13.0%)	45 (5.6%)	79 (9.9%)	
<b>Future House Size plan</b>	<100 m2	9 (1.1%)	43 (5.4%)	33 (4.1%)	29 (3.6%)	0.027 (S) <sup>†</sup>
	100 m2	13 (1.6%)	155 (19.4%)	61 (7.6%)	109 (13.6%)	
	125-150m2	6 (0.8%)	82 (10.3%)	52 (6.5%)	68 (8.5%)	
	200-250m2	5 (0.6%)	54 (6.8%)	20 (2.5%)	25 (3.1%)	
	300->300 m2	0 (0.0%)	22 (2.8%)	7 (0.9%)	7 (0.9%)	

## Discussion

We provided a comprehensive overview of fertility preferences and the desired number of children among Kurdish couples attending premarital counseling in Erbil City, Iraq. In our study, most respondents stated that two children (one girl, one boy) was their ideal number of children. This finding is compatible with the cross-sectional study conducted in Finland. The most common ideal number of children was two (44.5%), as shown in a previous study (Karhunen et al., 2023). Nonetheless, in a cross-sectional study that took place in Alborz Province, Iran, it was documented that approximately 50% of the female and male participants mentioned that the ideal number of children for an ideal family is 2 (one girl, one boy), as found in a previous study (Lotfi et al., 2017). Regarding suitable age of marriage for males and females, it was found that 20-25 years is the most preferable age of marriage among the couples in this study. This result matches the study conducted in Indonesia showing that the perfect marriage age for males and females is 20-24 years (Murniati et al., 2024).

We found that the ideal number of children strongly correlates with occupation ( $p = 0.022$ ). Self-employed women and housewives tend to desire larger families than government or private sector workers and the unemployed participants. This evidence supports past findings that having a job can change a person's choice about childbearing. An example is a study on work and fertility that found that self-employed women wanted more children than those with regular work schedules (Yarger & Brauner-Otto, 2024). This result is well-matched with a study conducted in Babol City, Mazandaran Province, Iran, highlighting how employment can affect one's desire to have kids. It was noted that housewives more than employed women wished to have more children (Rezaei et al., 2023). It was also revealed in another study conducted in Nigeria that having a job reduced the number of children women had with their marriage compared to unemployed women (Oduşina et al., 2020).

Furthermore, a statistical correlation exists between the number of siblings a person has and the number of children they desire. Individuals who come from larger families prefer larger families. These findings are consistent with those from a study conducted in Finland. People with two or more siblings wanted more kids than those without siblings, and the more siblings they had, the more kids they wanted (Karhunen et al., 2023). However, another study indicates that children experience net decreases in cognitive test scores as family size grows, suggesting that larger families may not necessarily lead to a preference for larger families (Yu and Yan, 2023). Monthly family income is very significant in determining ideal family size. Respondents who have sufficient income are likely

to have two or more children, while those having less than sufficient income want small families. Similarly, a cross-sectional study in Nigeria illustrates that income was statistically significantly associated with fertility desire (Yu and Yan, 2023). Further evidence from Shanghai, China, showed that economic constraints negatively impacted couples' intentions to have a third child, with sufficient income serving as an enabler for larger family sizes (Zhu et al., 2022). The analysis found that income appears to correlate closely with fewer children being born, with the effect being particularly noticeable in women between 20 and 30 years old. According to the study, earning a higher income seems to lead to lower fertility as people focus on their careers more (Ferre et al., 2023). Both future housing plans and future house size significantly influence ideal family size. Landlords or those who anticipate residing in larger houses are likely to desire more children, while renters or those anticipating smaller houses prefer fewer children. The study found that individuals who anticipated living in larger homes or owning property were more likely to express intentions to have children, highlighting the role of future housing plans in family size decisions (Kim & Jang, 2025). A study in East Central Europe found that inadequate housing finance and limited rental markets restrict independent household formation, which in turn has a restrictive effect on fertility. Some studies suggest that difficulties with housing are a key reason families choose to remain small (Makszin and Bohle, 2020). Moreover, Song (2025) demonstrated that the housing price-to-income ratio negatively affects fertility rates across Chinese provinces, highlighting economic constraints over housing aspirations. These findings suggest that while housing may influence fertility in certain cases, it does not consistently predict ideal family size and may be outweighed by broader socioeconomic factors (Song, 2025).

Fertility preferences are not solely individual choices; they are deeply ingrained in broader socio-economic structures, as evidenced by this multidimensional pattern of associations. Policymakers seeking to impact trends in demographics must address the job composition of women, advocate for sustainable economic development, and formulate family-friendly workplace rules. Moreover, targeted education and family planning programs may address disparities in reproductive intentions and results, particularly within economically or occupationally disadvantaged populations. The finding suggest that local health authorities and counselors should tailor premarital counseling programs to address the economic and occupational factors influencing fertility preferences. Targeted interventions can help couples make informed reproductive choices, aligning family planning service with the specific needs and aspirations of the population in Erbil.

## Limitation

This study has some limitations. The cross-sectional study design precludes establishing causality between sociodemographic factors and fertility preferences. Additionally, the use of non-probability convenience sampling may limit the generalizability of the findings to all couples in Erbil or the wider Kurdistan region.

## CONCLUSION

The findings revealed that most couples favored having two children and were in agreement on family planning, suggesting that economic things such as income, occupation, and housing were the main influences for having fewer children. The results suggest that career, family experience, and economy play a bigger role in shaping fertility preference and ideal family size than maintaining them by themselves. These findings offer vital perspectives for policymakers and family planning initiatives seeking to develop equitable and responsive reproductive health interventions. According to the research, improving premarital counseling by teaching about family planning, financial stability, and housing would encourage informed decisions that could raise the standard of public health.

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## Conflicts of Interest

The authors declare that there are no conflicts of interest related to this work.

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