DETERMINANTS OF FERTILITY PREFERENCES AMONG YOUNG MARRIED MEN IN GATANGA SUB-COUNTY, MURANGA COUNTY

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DECLARATION

I declare that is this project paper is my original work and has not been presented for examination in any other university.

Signature: _____ Date_____

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This project paper has been submitted for examination with my approval as the university supervisor.

Signature: _____ Date _____

Prof. Owuor Olungah

DEDICATION

I wish to dedicate this paper to my husband, Chris Kimathi for all the love, support and motivation that he gave me and to my adorable daughter Ziva Kathure who was the silent listener during the lectures and during the development of proposal for this paper.

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TABLE OF CONTENTS

LIST OF FIGURES

LIST OF ABBREVIATIONS AND ACRONYMS

CIDP	County Integrated Development Plan
FGD	Focus Group Discussion
FP	Family Planning
GoK	Government of Kenya
IAGAS	Institute of Anthropology, Gender and African Studies
ICPD	International Conference on Population and Development
IDI	In-Depth Interview
KII	Key Informant Interview
KDHS	Kenya Demographic and Health Survey
KNBS	Kenya National Bureau of Statistics
LMIC	Low- and Middle-Income Country
NACOSTI	National Commission on Science, Technology and Innovation
NFS	National Security Fund
NGOs	Non-Governmental Organizations
NRC	National Research Council
OBSI	Optimal Birth Spacing Initiative
SCT	Social Cognitive Theory
USAID	United States Agency for International Development
WB	World Bank
WFP	World Food Programme
WHO	World Health Organization

ABSTRACT

This was a cross-sectional study with the main objective of investigating the determinants of fertility preferences among married young men in Gatanga Sub-County, Muranga County. The specific objectives of this study were designed to: identify the socio-economic factors that determine fertility preferences and establish the socio-cultural factors that determine fertility preferences among married young men in Gatanga Sub-County. The population for this study was married young men residing in Kiriara Wards in Gatanga Sub-County aged between 24 and 35 years and the unit of analysis was the individual married man. Qualitative approach was used in collecting and analyzing data while Value of Children and Social Cognitive Theories guided the inquiry. The 22 respondents for the in-depth interviews as well as the key informants were selected through purposive sampling. Qualitative data collected were coded and analyzed thematically in line with the study objectives and verbatim quotes used to project the voices of the participants. The study findings indicate that determinants of fertility preferences among married men is influenced by many socio-economic and socio-cultural factors including education, occupation, religiosity, value of children, place of residence, number of living children and preference for a male child. The study concludes that fertility preference of married men is largely influenced by socio-economic and socio-cultural factors in that highly religious affiliations, low educational levels and positive attitude towards the value of children leads to high fertility in the study area. In terms of recommendations, Muranga County Government should localize its family planning programmes to speak to the needs of men, both young and old, focusing on aforementioned factors. Further, the Kenyan government through its departments and line ministries concerned with population control should take measures that deliberately target men in all age brackets to document their preferences in fertility and how it contributes to the current fertility trends in the country. The study makes suggestion for further study looking specifically at the factors which influence the preference for sons which manifested in this study as an issue of deep-seated significance that results in high population in the county.

Keywords: Determinants, fertility preferences, influence, factors, socio-economic, socio-cultural, married men and Kenya.

1.0 CHAPTER ONE: BACKGROUND TO THE STUDY

1.1 Introduction

Fertility preference has been defined differently and is measured in terms of desired family size, spacing of children, the number of children preferred and desire to have more children among other preferences related to fertility (Tseng & Hsu, 2018; Yoon 2016; KNBS, 2014). Fertility studies underscore aforementioned variables as important factors that gives projections of future fertility choices and preferences. The variables have been used across the globe to approximate the total count of children that women would want to sire or produce. Studies on fertility desires also associates family planning approval as strongly dependent on fertility preferences. For instance, Cain (2018) noted that understanding fertility desires or preferences, and determining how they forecast fertility and reproductive behavior, is crucial not only for policy on population but also proper implementation of contraceptive programmes.

According to Askew *et al*., (2016), understanding the desires for the need for more children and their drivers is important in predicting future patterns of fertility especially when the driving causes of the desires are addressed. Men within the patriarchal African society have dominance in power relations and decision making which comprises household and family decisions such as the number of children to sire and the methods of contraceptives to use. The roles of men in fertility desires is not well represented in literature on fertility patterns. Whereas men play key role in making decisions around fertility in Kenya, their roles are not well documented and represented (Mboane & Bhatta, 2015).

Studies on fertility have provided evidence on the impact of husband's desires and preferences on child bearing which in most cases may subdue those of their wives (Iran, 2014; Khasakhala, 2011; Mboane & Bhatta, 2015). Thus, having knowledge on what drives husbands or married men's

desires towards fertility is essential in designing fertility and population programmes and structures. Taking the cue, Janet (2016) opine that understanding the role men play in fertility choices is a necessity for programmes on contraceptives and family planning. She further notes that this has an overall net effect in the determination of mechanisms that men, especially married men, can be involved in programmes on children spacing, birth controls as well as unplanned pregnancies.

A survey conducted by Zaidi & Morgan (2016) among the Pakistani found that husbands have preference for large family than their wives in Pakistan. The findings from the surveys showed that husbands desired at least two additional children compared to their wives. Similarly, Dommaraju & Agadjanian (2009) found that Lebanese husbands had a strong preference for a male child compared to the female child. Kulczycki, (2008) also found that the Turkish men had different fertility goals as compared to their wives. Many husbands that were interviewed intimated to be the key decision makers on when and how many children the family should produce as well as the uptake of family planning including the supply of the methods.

According to Zaidi and Morgan (2016), developing countries have for a long time been characterized with demographic pattern of high fertility, high infant and child mortality. Studies from several countries demonstrate that infant mortality increases with increase in fertility rate (Blanc & Tsui, 2005). However, as a country, Kenya is undergoing transition demographically which has seen a great reduction in maternal death while at the same time sustaining a high rate in fertility (KNBS, 2014). Such patterns observed can be attributed to the patriarchal dominance that is deeply rooted in Kenyan culture and the desire for male child and large family sizes. As a result, men influence in fertility regulations have become key concern in reproductive health in Kenya

and the rest of the world and have attracted investigations on the factors influencing men's fertility desires.

Fertility studies conclude that men are the forgotten 50% of the population in fertility and reproductive health studies who would indisputably contribute to its success and the ultimate reduction of total fertility rates across the globe (Beguy & Mberu, 2015). According to WHO (2010), Muhoza *et al*., (2014) and Keats (2018), high fertility is characterized by moderate or non-use of contraceptives and high level of unmet needs of family planning. Couples are therefore, provided with family planning facilities for them to meet their fertility goals such as timing of the pregnancy and deciding on how many children to sire. Hence, as concepts, fertility and family planning or contraception run parallel. Fertility in reproduction lenses is affected by social, economic, cultural values and norms in the society that invites interests and preferences (Iran, 2014).

Despite the role played by men in fertility regulations, many government initiatives and programmes have revolved around women and understanding their role in reproduction. In past few years, however, researchers have been aroused on how men influence decisions around fertility and reproductive behavior owing to the socio-economic and socio-cultural determinants existing in Kenya and the rest of Africa (Iran, 2014; Janet, 2016 and Muhoza *et al.*, 2014). This has led to surveys looking at the influence of husbands on reproductive behavior of couples. In Uganda for instance, men were found to be the key players on matters of fertility because they were the significant sources of information on or regarding family planning methods, where the services are found, the methods to be used as well as the advantages to the wives (Muhoza *et al*, 2014).

Many studies have looked at fertility with concentration on women in the context of reproductive health but little attention to the influences of husbands' preference on fertility desires. This study investigated the socio-economic and socio-cultural determinants of fertility preferences among married men in Gatanga Sub-County, Muranga County.

1.2 Problem statement

In the recent decade, there has been renewed focus on the husband's role in fertility decisions as well as reproductive outcomes. Research conducted on preferences of fertility indicate that fertility decisions measures are indicators that can be relied on and have the power to predict the potential future patterns and trends of fertility (Tseng & Hsu, 2018; Keats, 2018, Yoon, 2016; and Askew *et al*., 2016). Understanding of the radical differences between men and women fertility desires and reproductive health decisions, particularly those concerning number of children and the timing of pregnancy are key indicators of future fertility transitions. These variables are key aspects that shape preferences on matters fertility especially in the Kenyan context (KNBS, 2014; WHO, 2010; Li, 2017).

In Kenya and elsewhere in Africa, a wide variation and a slow pace of decline in fertility levels is still being experienced in the face of decline in fertility throughout the world (Jennings and Piorotti, 2016). The factors leading to the variations and the staggering pace of fertility levels decline, however, are issues to be investigated. Askew *et al.,* (2016) and Brase (2016) contends that preference for large family size as well as preferences for a male child is still prevalent in most Sub-Saharan Countries and Kenya in particular. These preferences act as propellants for high fertility and have hindered government initiatives to curb the rapid population growth in Kenya (Iran, 2014).

Despite the demonstrated significance of the role played by men in fertility outcomes, fertility studies, family planning research and programmers have concentrated on women's role in fertility desires as situated within the context of maternal and child health (Zaid & Morgan, 2016). While studies have discussed the influence of husbands on contraceptive use among couples (Eze *et al*., 2009; Khasakhala, 2011; Ekisa & Andrew, 2006; and Mboane & Bhatta, 2015) very few have gone to the extent of providing empirical evidence on the socio-economic and cultural determinants of fertility among married young men. This qualitative study was designed to investigate the social, economic and cultural determinants of fertility needs and desires while focusing on young married men in Gatanga Sub-County, Muranga County. To achieve the desired goal in teasing out the problem and investigating the preference of men, the following research questions guided the inquiry:

i. What are the socio-economic factors that determine fertility preference among married young men in Gatanga Sub-County?
ii. What are the socio-cultural factors that determine fertility preference among married young men in Gatanga Sub-County?

1.3 Objectives of the study

1.3.1 Overall Objective

To investigate the determinants of fertility preferences among married young men in Gatanga Sub-County in Muranga County.

1.3.2 Specific Objectives

i. To identify the socio-economic factors determining fertility preferences among young married men in Gatanga Sub-County, Muranga County.

ii. To establish the socio-cultural factors determining fertility preferences among young married men in Gatanga Sub-County, Muranga County.

1.4 Assumptions of the study

The following study assumptions guided the study;

i. Socio-economic factors have substantial influence on fertility preferences among married young men in Gatanga Sub-County Muranga County.
ii. Socio-cultural factors have direct influence on fertility preferences among married young men in Gatanga Sub-County Muranga County.

1.5 Significance of the study

The major findings generated from this study might be useful in shaping the country's policies on key aspects of sustainable development that targets key indicators on matters demographic. Among the key targets in the reduction of Kenya's fertility rate from 4.6 in 2009 to 2.6 by 2030 (KNBS, 2014) is the male involvement. As such, navigation on these issues presents numerous challenges for the country especially in the economic spaces of growth. Following on this, an understanding of the determining factors of fertility preference among young married men would also add to already developed knowledge pool on fertility and reproductive issues in Kenya and provide a comparative basis for the already documented determinants of fertility and reproductive behavior among women.

Findings from this study would help both the National and County governments in understanding the population dynamics of the counties and country in order to guide resources mobilization and allocation through influencing policy. Reproductive behavior and contraceptive programmes would benefit from the findings as the results would be useful in the development and designing

of appropriate and relevant contraceptive programmes. This will provide a deeper understanding of how married men view and perceive fertility and their preferences which would support the county government of Murang'a in meeting its developmental goals. Besides, the advocates for lean and healthy family would have evidence to be able to target men in their campaigns since they are the wielders of power and prominent decision makers in matters fertility. Further, the findings of this study may be used by academicians since it can form the basis for further research on determinants of fertility preferences, challenges and effects thereof.

1.6 Scope and Limitation of the study

The current study adopted a cross-sectional research design. This research was carried out in Kariara Ward in Gatanga Sub-County Muaranga County. Its limited geographical scope was due to the fact that covering the whole Sub-County was not feasible as it required more time and resources. The study adopted qualitative approaches in data collection and used in-depth and key informant interviews as data collection methods. Study was carried out among married men who were aged between 18 to 35 years and living in Kariara Ward and were in both polygamous and monogamous marriages. Unmarried men, married men below the age of 18 years and those above 35 years were beyond the scope of this study and therefore, did not form part of those interviewed.

The study was limited to socio-economic and cultural factors determining fertility preferences among married young men. Therefore, the findings of this study are specific to Gatanga Sub-County and should not be generalized to the entire Muranga County or other counties. Theoretically, the researcher applied the Value of Children Theory and Social Cognitive Theory as the two theoretical frameworks that guided the inquiry while using the individual man living in Kariara Ward as the unit of analysis. The researchers' choice of the two theories was for complementary purposes.

Limited time and strained resources as key limitations of this study were envisaged from the time of proposal development in that only a select few of the study participants were reached by this study and as such might not bring out the entire picture of the phenomenon as it is. Another limitation of this study was the nature of the topic, some respondents were reluctant to participate and give information freely on matters considered private and individual. The researcher managed to overcome this challenge by giving details to the study respondents on the purpose of the research and assured them that the information provided was purely for academic purposes and no names would appear in the final report as part of the ethical considerations. The researcher also used trained local research assistants from the study area who were well known to the residents which in the process enhanced acceptance.

1.7 Definition of variables

***Fertility**:* Used in the study to refer to how many live births women have. Differing from fecundity, fertility is measured in terms of the biological capacity of a woman to reproduce which may be positive or negative.

Fertility preferences: In this study, it refers to choices and desires in terms of the number of children, family size, and need for more children.

Socio-cultural factors: refers to established and longstanding beliefs, values, traditions, norms, laws, and languages of a group of people or community or society.

Economic factors: these are factors related to access to services in terms of cost and affordability. They include factors such as incomes levels and occupation that affords individuals the ability to access, utilize and make decisions on fertility issues.

Married men: refers to women's partners in a marriage.

Married couple: refers to a social group of two people who are married to each other and are fertile or are productive.

2.0 CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter provides normative documentation and literature to the study and is organized along the study objectives. The chapter reviews literature on the overview of fertility preference, the socio-economic factors and socio-cultural factors influencing fertility preferences among married men. The chapter also looked at the theoretical frameworks that guided the study.

2.2 Overview of fertility preference

There has been substantial effort devoted towards estimating desired fertility among men throughout the world. Several studies have been done worldwide and some of them reveal the social, cultural, economic, demographic factors on fertility preference to be most important (Li, 2017; Bongaats, 2010). Literature review on the role of men in fertility issues such decision on how many children their wives should give birth to has shown that among other factors, male child stands out as the key determinant increased number of children per couple for couples in Kenya (Iran, 2014).

While there is plethora of research indicating the value of demographic transitions in communities, explorations on the influence of husbands on fertility choices are still limited. This becomes vital, as research has shown that fertility rates differ in different segments of the society. For instance, studies in some African countries have demonstrated that lack of education as well as poorer socio-economic status is linked to increased fertility rates (Agadjanian, 2005). Furthermore, Askew *et al.*, (2016), observed that the populations in low and middle income countries (LMICs) are becoming rapidly urbanized, with the urbanization accompanied by increasing poverty levels among such migrants. Child spacing and birth intervals is affected by an array of factors that have

roots within the societal norms, beliefs and other cultural issues, individual behaviors of men, knowledge and use of contraceptives (Ezeh *et al.,* 2009).

Fertility preferences in the Kenyan context, remain an issue of great significance because it has remained at a runaway level although reduction has been reported. Fertility studies define fertility preference differently. However, fertility preference is measured in terms of the size of family preferred, the children on desires to have, the need for more children and other fertility choices (Yoon, 2016). These variables have provided grounds to measure and approximate the size of family that people prefer and how many children couples intend to have. Fertility preference varies with age and as such it is an indicator of general attitude and possible course of fertility. For instance, Ezeh *et al.,* (2009) and Bongaats (2010) contends that within African context, many men aged between 20 and 30 years and those aged above 60 years have 8.8 and 16.6 as their mean ideal size of the family. This relationship shows young men having reproductive norms that are different from that of older men.

According to Ezeh *et al.,* (2009) while young men have high levels of education, their motivation emanates from the new norms and knowledge on reproduction. Elderly men are, however, still dominated by the traditional reproductive values and norms. Further, Bongaats (2010) opines that elderly men and husbands tend to adjust their preferences regarding fertility with the outcome being an upward adjustment to cater for their increasing number of children. Matsumoto & Yamabe (2013) in their study among the urban poor records that poor people living in urban areas have a preference for smaller families. These preferences, however, varies according to regions and places where people live.

Many studies also document that the connection between the need for more children and the family size preferred as having an inverse relationship. This means that parents may want to stop giving birth to children as the processes of building the family progresses (Hossain *et al.*, 2007; Ding & Heskert, 2006; Kulczycki, 2008). Additionally, many individuals would want to take into account various factors besides the number of children who are alive to guide the choice to have more children. Some of the personal preferences are motivated by factors such as the socio-demographic characteristics (how old are the living children and how many are they), socio-cultural variables (preferences for the sex of the child and the marriage type) and socio-economic aspects (level of education, region, place of residence, occupation and wealth) which are all the key concerns of this study.

2.3 Socio-economic factors

Education is a major factor influencing the life style, status and position of men in the society. Research has consistently revealed that the level of educational attainment has a direct effect on the reproductive choices and behaviors of men and their partners. Men who have attended at least primary level education have knowledge of the current contraceptives and will use them when compared to those who are uneducated (Cain, 2018). A study by Adhikari (2010) revealed a curvilinear relationship between fertility preferences among men and education implying that high fertility preferences levels were likely to be a characteristic of people with low education levels. Therefore, low levels of education meant high preferences for large families which declines with increase in the education level.

Bongaarts (2010) studying 30 countries in the Sub-Saharan Africa analyzed the drivers/causes of attainment of education and fertility desires. The study found that women who had attained secondary or higher levels of education had on average a lower desire for more children than

women who had lower education levels and this is not any different in cases of desired family size. The women would agree with their husbands on issues relating to child bearing. Additionally, differences were also noted on how education level interacts with reproductive indicators. The study also noted that, rise in level of education lowers preferences for large families and vice versa. These shifting relationships can be explained that the better educated the couple are, the more knowledgeable on and often use of contraceptives, great control to reproductive choices and the more encouraged women are to actualize demands that are associated with higher opportunity cost of unplanned childbearing.

A study carried out by NSF (2006) demonstrated that in Benin, Ghana, Chad, Zambia, Mozambique and Kenya, a high percentage of couples that lack formal education have a high likelihood of agreeing to have an additional child as compared to couples who have acquired formal education. Further, the study also found that among couples, even if the level of education of the wife is lower than that of the husband, the cases of wanting an additional child will be lower. As such, the literature indicates that generally it is expected that educated men would have a lower demand and desire for large numbers of children when compared with those who are educated. Contrary to this assumption and expectation, a study done by Muhoza *et al.* (2014) in Uganda, documented that men who had attained secondary or higher levels of education had a high need for many children (42.8%) when checked against the desire for women who had primary education (41.1%) and those with no education (29.3%).

According to Askew *et al*. (2016), occupation and areas where people live have a direct effect on the future bearing of children among individuals. Urban areas are normally accompanied by better access to a plethora of resources like better education that exposes residents to new ideas. Resultantly, men living in urban areas may be expected to have higher level of agreement on

limiting their family sizes as opposed to those living in rural areas. A strong relationship arises between occupation and areas where people live and desired number of children is evident in several studies. Research carried out in Malawi recorded that a factor leading to change in peoples' economic status may change the plans to have children. Losing a job can make couples or women or men delay or postpone pregnancy in order to work on their financial situations before starting or continuing rearing children. In providing a different perspective, starting new job especially for the husbands who are considered the bread winners, could hasten a couple's childbearing plans (Askew *et al.*, 2016; Bongaarts, 2010; and Khasakhala, 2011).

The everchanging fertility desires are also linked to the economic uncertainties that are a characteristic of developing countries (Agadjanian, 2005) like Malawi in which employment may be sporadic or scarce. In another study in Yoruba of the territory of Nigeria, it is shown that fertility desires for additional children is less as compared to that of women who are wives of husbands working outside as compared to women who are married to husbands whose livelihood depends on agriculture (Bankole *et al.*, 1995 cited in Ekisa & Andrew, 2006). Ayehu, (1998) cited in Khasakhala, (2011) from his research among the Meru of Kenya, he observed that wives of husbands who had higher occupational status were found to have a likelihood of stopping childbearing while those whose husbands were engaged in lower and middle occupational status were found to be likely to continue with child rearing hence giving an inverse relationship between the desire for more children and occupation.

Ekise and Andrew (2006) also noted that there are high numbers of children being born in Western and Coast regions of Kenya while Khasakhala (2011) found that, the highest number of husbands with a great desire for many children live in the coastal region of Kenya. Similarly, Janet (2016) also recorded that the Coast region was well known as a key aspect influencing the need for more

children. She further noted that husbands from North Eastern Kenya were found to be 16 times more able to want many children when compared with their contemporaries from Nairobi.

Yoon (2016) found out that in a patriarchal community like Kenya, gender imbalances leads to aggression and abuse of women. In the Philippines, 25% of the women reported to have experienced abuse of physical nature from their spouses and in India, a male dominated society where they make all decisions including sterilization of females in the household (Char, 2011).

Religiosity has been cited as a regulator of fertility preference among men. According to Kabagenyi *et al* (2014) religion instigates beliefs, values and norms on sexuality which varies depending on the type of religion. Li (2016) in his study on family planning records that, religion has a strong influence on peoples' beliefs and ideas about fertility outcomes and issues touching on family planning. He found that many institutions with religious doctrines prevents the use of modern birth controls. Similarly, Tseng & Hsu (2018) posit that, Christians believe that reproduction and procreation is the only benefit of marriages. Sexual intercourse among the Catholics and Muslims for instance is the only preoccupation of marriages and therefore, use of contraceptives contradicts the sole role of marriage hence high fertility. Others, however, posit that the use of family planning is against God's plan and intention for the institution of marriage (Amrad, 2014; Tseng & Hsu, 2018).

Status of men has also been directly associated with fertility levels. According to a Bangladeshi study based on the implications of men's status and contraceptive use revealed that variables such as man's status namely level of education, job or daily occupation and discussion of birth controls with their wives were highly linked to the size and number of children who are alive. Planning with partner were strongly associated with number of living children (Bernardi *et al.,* 2007; Hosain

et al., (2007). The findings from the study documents that being highly educated, working as a skilled laborer and engaging wives with contraceptive use discussions were linked with having a small number of children. The study shows that higher education, skilled job and discussions about family planning with partner were related with having significantly fewer numbers of children. Thailand has been highlighted as an example in which status of men was considered to be high but on the other hand desires for more children was lower than that which would be expected on the basis of indicators for development only (Kamal & Khalid, 2002; Yoon 2016). The position and status of men in the society is, however, shaped by social institutions extant within the community. The dominance of patriarchy, the nature of marriages which is characterized by polygamy for many countries in the African continent serves as catalysts that give men higher status. As a result, all the decision-making powers are a preserve of husbands who wield all the powers in the family.

2.4 Socio-cultural factors

Socio-cultural factors are determinants that indirectly affect the fertility choices of men and women through proximate variables. Keats (2018) conceptualizes culture as the total way of life or the design for living as characteristic for each human society. It encompasses a complex integrated whole of all learned and shared behaviors stemming from the values, norms, themes and ethos operating within a matrix. Li (2016) contends that culture greatly modifies human behavior in the society which manifest through instincts. Therefore, in any society whether economically improved or not will experience different demographic patterns as a result of cultural underpinnings or influences. For instance, Janet (2016); WHO (2010) and Tseng & Hsu, (2018) aver that the value placed upon large families, the social security for old age and high preference for the male/female child are among some of the cultural factors that significantly influence fertility preferences among married men.

Taking the same cue, Ezeh *et al.* (2009) identified the factors precluding fertility reduction in the Sub-Saharan Africa to be rooted in the cultural background, which is centered on the religious belief system that propagates lineage continuation that guarantees the succession of generations. He identified high fertility to be the by-product of socio-cultural factors. These socio-cultural variables are highlighted in many studies in the regions to have a significant role in fertility desires.

Within African setups, the value on children is a driver of fertility choices. In many societies, children are valued as sources of security for the elderly in the family. Gulhat (1983) cited in Khasakhala (2011) documents that having large families, parents would have a secure future especially in localities where formal governments are not established to take care of the old. Similarly, Brace (2016) observed that a large family is considered by men as important due to the fact that children will support their parent in their old age. He further associates the high fertility rates in Africa especially the Sub-Saharan with Africa's social patterns. African cultural precepts include the perception that husbands have towards patterns in that having many children is necessary for continuation of the lineage, being an alpha female is associated with giving birth to many children and a strong belief in the influence and power of ancestral spirits (Zaid & Morgan, 2016; Khasakhala, 2011; and Muhoza *et al.*, 2014).

Askew *et al.*, (2016) concludes that the need to have large numbers of children is a common feature for the developing countries directly impacts the number of children sired in its durability. The reason for the big number of children is associated with the notion that lineages don't die but members die and therefore, replacements through births becomes paramount. This is designed to ensure that at all times, fertility levels remain higher than mortality to ensure survival of a lineage. Janet (2016) documented that the high numbers of children in African context and other developing countries is considered a mechanism for expansion membership and enhancement of

power and prestige of a specific lineage which in turn reduces the likelihood of extinction through death.

Religion and ethnicity are highlighted as important cultural determinants of fertility preferences. Religion shapes and is shaped by cultural influences such as the speech, norms and customs, which studies indicate that have direct link with fertility behaviors of men. Further, the fertility trends for certain homogenous groups are the same suggesting the value of diffusion within such groups (Cleland and Wilson 1987 cited in Blanc & Tsui, 2005). For instance, the reports from the National Health Statistics in the United States have found that needs for husbands and wives in regards to fertility differed along the lines of race and religion (Blanc & Tsui, 2005). Furthermore, focusing on religiosity, some groupings such as Catholic men tended to a high tenancy to have more children than their counterparts in the Protestant groupings. Fertility choices and desires was found to be high among Mormons and Hispanics, regardless of their religion, and was lowest among Jewish men and those with no religion (Ding & Hesket, 2009: Beguy & Mberu, 2015; and Blanc & Tsui, 2005; Khasakhala, 2011; and Wachira, 2001).

Ekisa & Andrew (2006) and Mboane & Bhatta, (2015) also recorded a similar finding that fertility behavior operate within religious undertones where they demonstrate that interactions of social nature among women could not be traded for other forms of interactions. Entwisle *et al*, (1996) cited in Bernardi *et al.,* (2007) showed communities in the same localities had similar choices regarding use of contraceptives. She concluded that phenomenon must have been a product of diffusion of contraceptive knowledge through community social networks. This is because individual (men) locates within and operate within the social networks. As a result, their attitudes and choices towards bearing of children may be a product of initiation and learning socially from family kin, relatives, peers. Bongaarts (2007) argues that all cultural groupings have their own

institutions that serve to perpetuate their ideologies on biological functions and their lineage continuations (Bongaarts, 2007).

Studies from India provide that Hindus marry and start child bearing while still very young as compared to the non-Indians (Bloom and Reddy, 1986 cited in Dommaraju and Agadjanian, 2009). Muhoza *et al*., (2014) documented that in Tanzania, religion influences the age at which one gets married and of course the age at which women first give birth in religions such as Islam that encourages early marriage. In Kenya, Luos, Luhyas, Kisii were found to have the highest desire for more children followed by the Kalenjin community and last but not least the Kamba, Kikuyu, Embu and Meru with the following percentages respectively 46%, 44.4%, and 38.1% (Khasakhala, 2011; Janet, 2016; and Iran, 2014).

Sex composition and preference of the children has been highlighted as a drive of fertility preference. The sex of children born and are living has an effect on the fertility desires. In Kenya, many men or husbands who indicated that they had more female children than males (47.2%) had a need for siring other children as compared to those men or husbands who had the same number of female and male children or when compared to husbands who had sired more male children in their household (Wachira, 2001; Janet, 2016 and Iran, 2014).

2.5 Theoretical Framework

The Value of Children Theory and the Social Cognitive Theory have been used as frameworks that guided this research.

2.5.1 Value of Children of Theory

Value of Children Theory as a lens for analyzing the main value of children to parents was propounded by Hoffman and Hoffman in 1973. Hoffman and Hoffman (1973) reviewed four

reasons for studying how children are valued by parents: to motivate fertility regulation, to anticipate compensations which might be necessary to achieve ideal family size, to predict fertility motivations and population trends, and to consider the value of children in the parent-child relationship. As such the theory is well suited to understand the value of children in various contexts. For instance, countries like Kenya that are still developing, children are seen as having economic value to parents in the present and in old age. To the contrary, developed countries like Germany, children are considered a liability economically.

Hoffman and Hoffman (1973) conceptualize the value of children in terms of psychological satisfaction in that children are considered as providers of group ties for the family, fun moments and give families opportunities to be creative. They note that among parents, children and especially many children give a sense of power and protection as well as pathways to competition of social natures. Their theoretical scheme helps to determine changes which would result in a decreased desire for children. It consists of 5 classes of variables: 1) the value of children, 2) alternative sources of the value, 3) costs, 4) barriers, and 5) facilitators. The theory has been applied by Obembe, Odubunni and Olalemi (2018) in assessing the determinants of family size among men in slums of Ibadan in Nigeria.

Employment as an alternative to childrearing is explored using this theory. It is concluded that educated men will have lower demand for additional children as compared to uneducated men and thus decrease fertility. An educated man is seen to draw some form of satisfaction from his source of employment leading to a lower desire for more children and large families. Men who are not educated, on the other hand, could be working as a casual or menial laborer and therefore their only source of satisfaction and fulfilment will emanate from their children leading to choices to give birth to more children.

2.5.2 Social Cognitive Theory

Social Cognitive Theory (SCT) was propagated by Albert Bandura (1986) as a behavior theory concern with what motivates human action and behavior. SCT is considered to draw heavily from the social learning theory which is still works of Bandura. In doing this, SCT tries to provide explanations for the many internal and external processes (cognitive, vicarious, self-reflective and self-regulatory) which are considered as pillars of psychological functioning of human beings. The theory is based on the assumption that people are purposeful, goal-directed beings who are primarily motivated through their beliefs of self-efficacy and outcome expectations stemming from their actions within specific social contexts. Social cognitive theory explains human agency through the interdependence of determinants using a three-point model called "triadic reciprocal causation" (Bandura, 1986). The model visually resembles a triangle with the following points interacting and mutually influencing each other: personal factors, which include cognitive, affective, and biological events; environment; and behavior. Therefore, with respect to fertility behavior, self-efficacy, self-regulation and outcome expectation are typical examples of cognitive factors which shape behavior, while social support is an example of environmental factors.

This theory presupposes that the process through which people learn to adopt new fertility behaviors includes gaining knowledge of the risks and benefits of behavior change. Further, the theory suggests the importance of assessing outcome expectations, overcoming social and structural perceived impediments to health behavior change (Bandura, 1986). According to Bandura:

> "The self is socially constituted, but by exercising self-influence, individuals are partial contributors to what they become and do" (Bandura, 1997, 6).

2.5.3 Relevance of the theories to the study

The Value of Children Theory postulates that fertility preferences are driven by various factors which influence why men would intend to have additional children or not. The theoretical scheme is relevant to this study on determinants of fertility preferences because it helped in establishing transformations that resulted in a reduced or increased number of children among married men. The categories i.e. value, cost of raising the children, substitute value sources, barriers as well as facilitators, as brought out in the theory helped to explain the socio-economic and socio-cultural factors driving preferences for having children among married men in Muranga County. However, the Value of Children theory does not deeply and richly explain the socio-cultural factors extant within the study area and how they act to mediate on fertility preferences among married men and hence the need for another theory.

Socio-cultural factors being the second objective of the study are considered further in the Social Cognitive Theory. The socio-cultural aspects in the theory include myths, taboos, and beliefs system that are embedded in the community thus defining the new or unique approaches adopted for purposes of reproducing and child bearing. As such, the SCT provides reasons to account for sudden changes in behavior as related to matters reproduction. The theory provides that the human mind will model behavior through observation together with its consequences and they will not forget these series of performances while at the same time utilizing the knowledge to guide their behaviour that follows. As such, observation of behavior can direct the viewer to replicate the same in their daily performances. In other words, men who are in marriage simply replicate what they had learnt in their early life engagements of other people's performances and actions and not by trying to learn afresh or new actions. This theoretical framework was fit for this study inquiry as

it was useful in understanding the cultural related aspects that influenced male fertility preferences in a more nuanced manner.

2.6 Conceptual Framework

According to the reviewed literature, socio-economic and socio-cultural factors as well as contraceptive use were conceptualized as key factors (variables) that shape and define fertility preferences among husbands in Kenya. It was envisaged that socio-economic factors like education, age, occupation, and place of residence which were found to have the potential of predicting the attitudes and behavior in regards to fertility preference among married men. Socio-cultural factors like religiosity, value for children, number of children, status of men, ethnicity, preference for large family and sex of the child were found to have profound influence on married men's attitude and behavior towards family size. The figure below is a framework developed for this study. The conceptual framework below shows fertility preference as the dependent variable (child spacing and number of children) being affected by the socio-economic and socio-cultural factors as the independent variables. Contraceptive use, however, is a moderating (intervening) variable that was found to have the potential of influencing the dependent variable to cause effect which would not be directly attributed to independent variables.

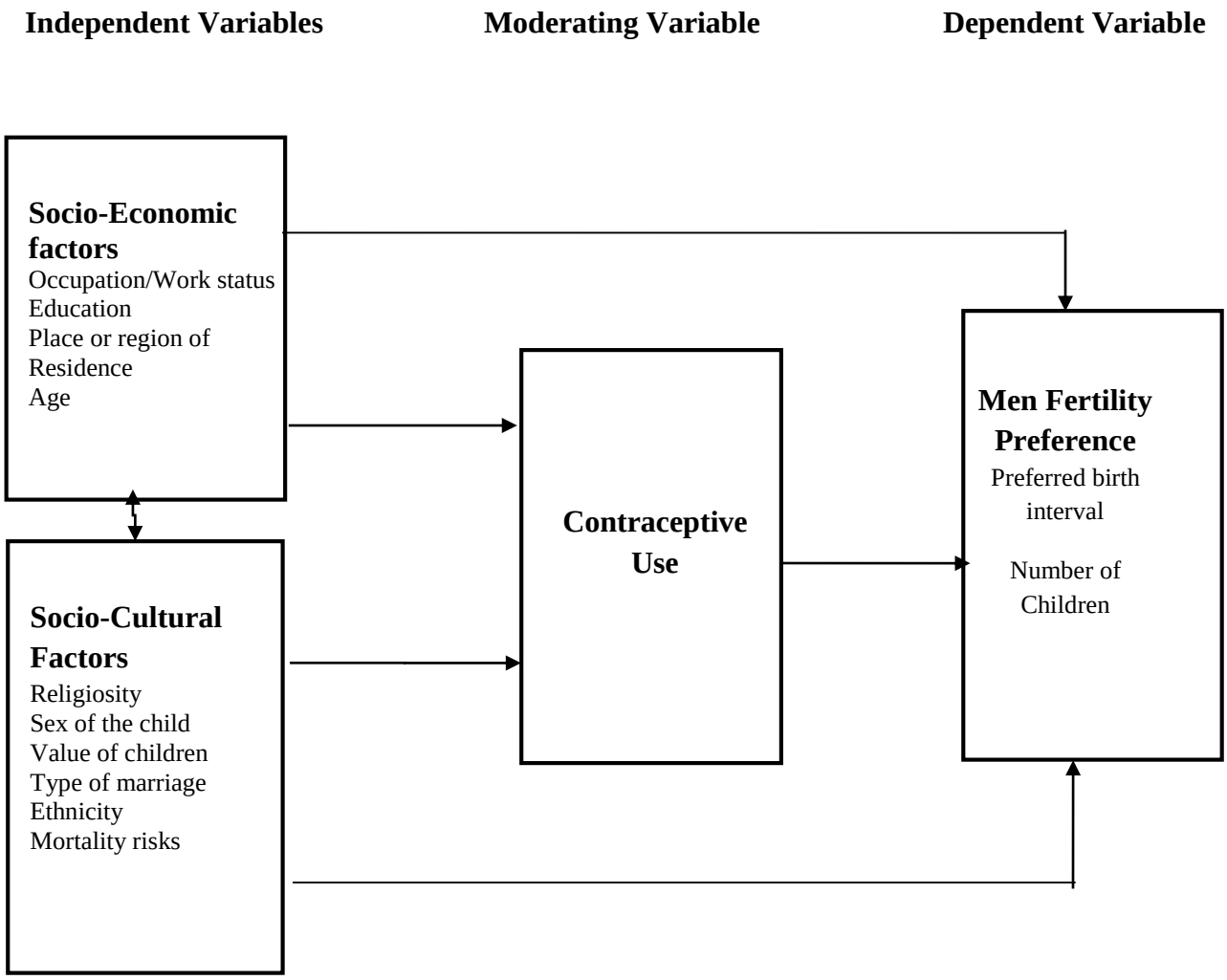

Figure 2.1 Conceptual Framework

Source: Researcher's Construct (2019)

3.0 CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

The chapter highlights the approach that the study employed to investigate the socio-economic and socio-cultural factors determining fertility preferences among married young men. The chapter includes a detailed explanation of the research site, research design, study population and unit of analysis and the sample size and the sampling procedures. It also includes a description of the data collection methods as well as data processing and analysis. In concluding, the chapter outlines the ethical considerations that the researcher adhered to throughout the study.

3.2 Study area

The study was conducted in Kariara Ward in Gatanga Sub-County, Muranga County, Kenya. Muranga County is located in the Central region of Kenya and it borders Nyandarua to the West, Embu to the East, Kiambu to the South, Nyeri to the North and Machakos and Kirinyaga Counties to the southeast and northwest respectively. The County covers approximately 2,558 square kilometers with a population of 942,581 people where men and women constitute 48% and 52% of the total population respectively (KNBS, 2014; CIDP, 2017). The major inhabitants of the County are Kikuyus whose major economic activity is farming. Others ethnicities in the county include; Kamba, Embu, Meru and Luhyas who primarily engage in business activities. In regards to religion, the majority of the residents in the county are Christians (Catholic and Protestants) while a significant other still worship the traditional religious sects such as the ***Thaai*** (Wachira, 2001; Khasakhala, 2011).

The County is divided into seven sub-counties namely; Gatanga, Kandara, Kigumo, Kiharu, Maragua and Mathioya. Gatanga Sub-County was selected purposively as the study site owing to high fertility rate in the area. The different socio-economic and cultural factors extant within the

sub-county were brought to bear as well as the fertility preferences and reproductive behavior nexus. In the locality, there are many of the indigenous socio-cultural institutions that serve to support preferences for additional numbers of children or not. In the context of economic uncertainties with little access and ownership of land particularly for women who do not have sons, kinship patterns and marriage practices have all become key variables driving the need for children especially desires to have more children. This scenario is expanded by the ever-present Agikuyu ideologies and traditional belief systems about childbearing (Irani, 2014; Khasakhala, 2011).

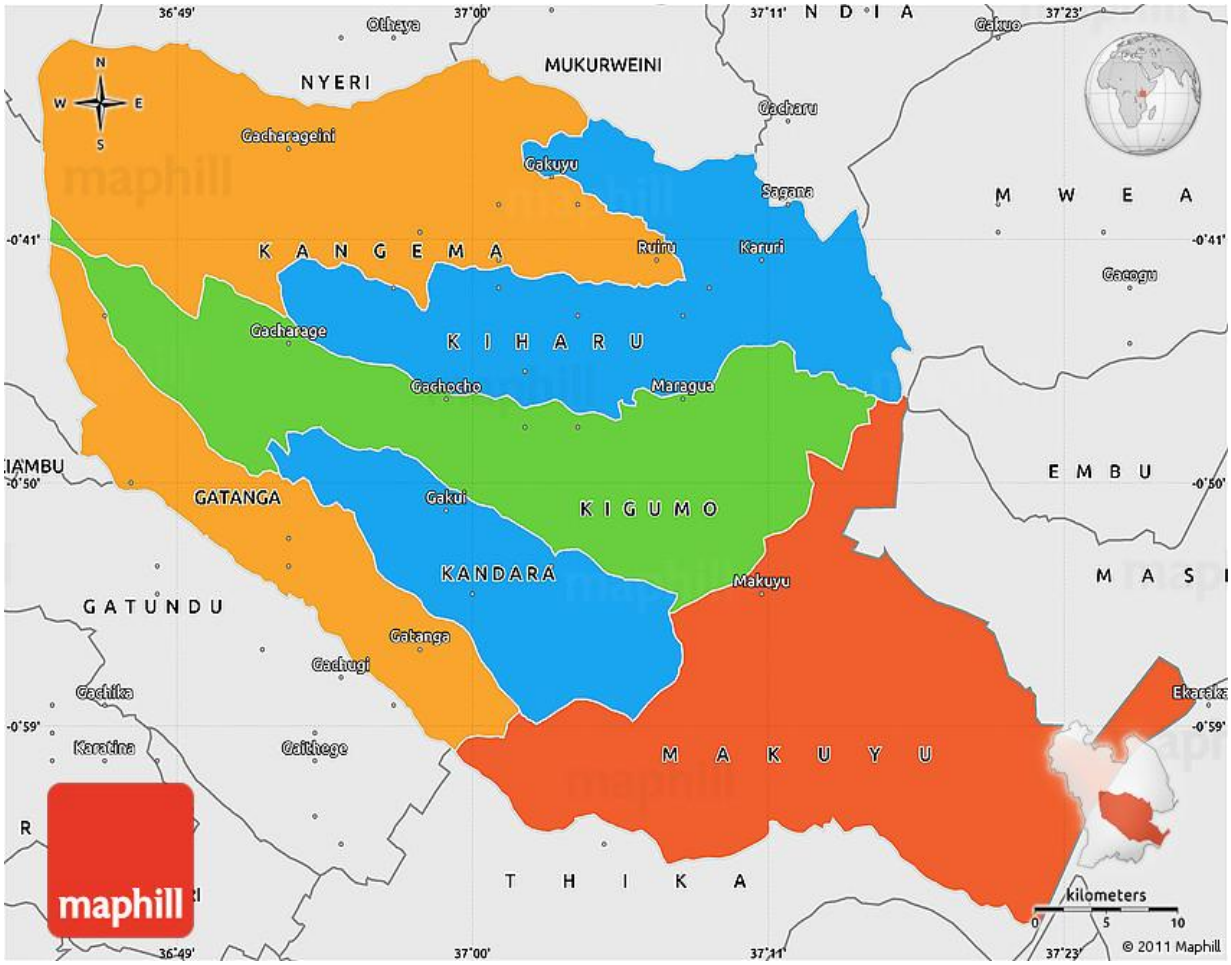

Figure 3.1 Map showing study site-Murangá County, Gatanga Sub County.

Source: www.maphill.co.ke

3.3 Study design

This study used a cross-sectional study design. Accordingly, a cross-sectional research involves providing a description in a snapshot on the state of affairs as observed (Kombo and Tromp, 2006). This design was meant to provide a snapshot of the phenomenon at one point in time and to elicit in-depth information on the socio-economic and socio-cultural determinants of fertility preferences among married young men in the study site. The study adopted qualitative approach and used qualitative data collection method. Creswell (2009) argue that since qualitative approach is inductive in nature, it provides an effective space for determining the inner meanings of human beings' experiences. In-depth interviews, as primary data collection methods were used in gathering information and were carried out at the household level with married young men in monogamous and polygamous marriages. Key informant interviews were also held with persons knowledgeable on the study topic.

On sampling criteria, the study used purposive sampling in selecting the married young men who were the target participants for the study. Being a qualitative study, data were analyzed qualitatively. Data that was audio-recorded from the field was translated and transcribed verbatim. The transcripts were checked for completeness and transcripts were analyzed thematically according to the main objectives of the study which acted as parent nodes. Selected quotes from the transcripts have been used to project the voices of study participants. The study was conducted within the month of February 2020.

3.4 Study population and unit of analysis

Bryman (2012) defines a study population as the population upon which the results of the study is generalized. The population for this study consisted of married young men aged between 18 to 35 years residing in Kariara Ward in Gatanga Sub-County, Muranga County. The study used an

individual young married man living in Kariara Ward in Gatanga Sub-County as the unit of analysis.

3.5 Sample size and sampling procedure

The study reached a sample size of 22 participants for the in-depth interviews who were selected through purposive sampling. Babbie (2008) conceptualizes sampling as the process of identifying the people or events to be involved in a research inquiry. An inclusion and exclusion criteria were followed in that the married men who were within the age bracket and were either in monogamous or polygamous marriages were selected to participate in the study. Married men who participated in the study were those who had lived continuously in Kariara Ward for at least five years prior to the study. Purposive sampling was applied in order to reach the participants who met the inclusion criteria who were then subjected to in-depth interviews.

3.6 Data collection methods

3.6.1 In-depth Interview (IDI)

In-depth interviews were conducted with 22 married men in their households. The in-depth interviews had open-ended questions which allowed the participants to express their views in their own words. The IDI guide was divided into three sections: In the first section, the socio-demographic information of the study participants is captured. The second part documented the socio-economic factors that determine husband fertility preference and the third section captured information on the socio-cultural factors determining fertility preferences among married young men. Data under this method wad gathered using the IDI guide (Appendix II).

3.6.2 Key Informant Interview (KII)

Eight (8) key informant interviews were carried out with purposively selected informants from the sample population. These informants were experts and knowledgeable persons with experience in the topic of this study. This included; two (2) community gate keepers who are the individuals serving as custodians of cultural and social institutions, one (1) chief, two (2) community health volunteers, one (1) doctor who was a fertility specialist, and two (2) officers from local NGO operating in Kariara Ward. They shared their knowledge on socio-economic and socio-cultural factors influencing fertility preferences among married young men. A key informant guide (Appendix 3) was used to collect data.

3.6.3 Secondary sources

Relevant sources from books and journal publications on determinants of fertility preferences and behavior was comprehensively used to develop the study proposal. These materials have continuously been reviewed to enrich the study proposal as well as the findings.

3.7 Data processing and analysis

Qualitative data collected from the individual in-depth interviews and expert informant interviews were audio-recorded with participants' permission after which they were translated in cases where they were conducted in the local language and transcribed verbatim. Transcriptions begun as soon as the first few interviews were conducted. Transcripts were then checked for clarity and completeness. The data was sorted into themes, categories and patterns. Data analysis was done thematically and according to the specific study objectives as parent nodes and the sub-themes picked as child nodes. Nvivo software was used to aid in the management and analysis of data and generated Nvivo report that the researcher used for reporting. Verbatim quotes have been used to project participants' voices in the presentation of findings.

3.8 Ethical considerations

Creswell (2009) and Babbie (2008) defines ethical principles as deliberate measures adopted by the research team to protect the rights and safety of the participants in the study. Prior to conducting the study, the researcher was permitted by the National Commission for Science, Technology, and Innovation (NACOSTI P/19/3175) in the Ministry of Education, Science and Technology to conduct the study. The study also obtained ethical approval from the Commissioner of Education Muranga County Government. The researcher ensured adherence to the principle of informed consent by ensuring that all the participants were aware of the benefits and the risks of the study. The researcher also ensured that the participants understood that their participation in the study was voluntary and that they were free to withdraw from the study at any stage of the interview when they felt they could not continue. Acceptance into the study was only done after the explanation of the voluntariness of the study and informants consented to participate. Only those who met the set criteria were asked to sign the consent forms (Appendix 1).

On confidentiality, the researcher assured the study participants that the information they gave would not be availed to anyone outside the study team. The researcher ensured that the findings of this study would only be used for academic purposes. The researcher also used non-identifiers in reporting the findings to adhere to the principle of anonymity. Findings of this study will be available at the University of Nairobi Library and the County Government as well as to the study respondents in adhering to the principle of dissemination.

4.0 CHAPTER FOUR: DETERMINANTS OF FERTILITY PREFERENCES AMONG YOUNG MARRIED MEN

4.1 Introduction

This chapter is a presentation of the findings and discussions of the study on determinants of fertility preferences among young married men in Gatanga Sub-County, Muranga County. The chapter is presented in two parts. The first part of the chapter presents and discusses the results of the study's first objective while the second part is a presentation of findings and discussion of the study's second objective.

4.2 Socio-economic factors influencing fertility preference among married young men

This section concentrates on the findings and discussion on the first objective of this study which sought to identify the socio-economic factors influencing fertility preferences among married men. Respondents were asked about the socio-economic determinants of their preferences on matters fertility. The findings are presented in the following sub-themes:

4.2.1 Husband's age

Findings of the study indicate that age of the man/husband is a key socio-economic factor that plays a critical role in deciding on fertility desires for married men who are 35 years and below. Respondents for this study were asked about their ages and the findings show that majority (15) were aged between 26-35 years while the remaining (7) were aged between 18-25 years. From these results, age was found to negatively affect fertility preferences. This show that as men grow old in their marriages, their fertility intentions changes which means that the desire for more children decreases with husband's age. Married men who were aged above 30 years and had more than two children indicated a decrease in desire for additional children while men who were aged 30 years and below indicated a desire for additional children.

According to two respondents:

> "Age plays a role because you will find that young husbands like men would want to have more children but as they grow older that changes and they prefer not to have more children but to take care of the ones they already have" (IDI#16 M 31).

> "I have talked to my wife and made it clear to her that I want us to have five children before she gets to her 40's….". (IDI#7 M 25)

This was supported by one key informant who said that:

> "Young men would most of the time have fertility intentions that are very different from older men in marriages in their late years……specifically men would not want to have many children in their old age unless there are other factors involved…" (KII #3 Chief).

Thus, age of husbands is an important predictor of the fertility intentions of men. Consistent with the Value of Children Theory and Social Cognitive Theory, the findings permitted the researcher to posit that the desire for additional children among married men decreases with increase in age of husbands. Findings of the study showed that younger married men had needs for giving birth to other children when compared with older men hence illustrating an inverse relationship between husbands age and the need to sire more children. An explanation to this could be based on the fact that as husbands age and grow old, they will attain a desired or ideal family size hence the non-desire at old age. The above findings corroborate those by Tseng & Hsu (2018) who found that men in the age groups of 15-24, 25-34, and 35-44 were 5.761; 5.463 and 3.087 times more likely to want to give birth to other children respectively when this is compared to men in the 45-54 age group that acted as the reference category. Ayahu (2008) recorded same findings when carrying out a study among the Meru community where he found that the desire for additional children decreased with increase in age.

4.2.2 Husband's level of education

From the study, results show that education is an important variable that determined the desire for additional children among married men. From the findings, two (2) of the participants had attained primary level of education, seven (7) had attained tertiary level of education while the majority (13) had attained secondary level of education. Education was found to negatively impact the respondents' choices in having more children. This finding points out to the fact that, men who are highly educated have a preference for small family size. This is because education make husbands cautious of the implications of having huge families on the financial status of the family. Also, education makes men decide to start families at a later age and are more likely to approve the use of child bearing control methods. The following voices put the situation into perspective:

> "Yes…when a man is educated, he tends to have smaller families…" (IDI#3 M 26).

> "Educated men are very keen on maintaining a small family size as compared to those who have not gone to school. They get more concerned with quality rather than quantity and how they can adequately provide for their children……" (IDI#19 M 34).

> "We spend a lot of time studying which in itself delays the time we marry let alone having children….but yes with education, you understand better the burden that comes with having many children which will make you prefer one or two children that you can take care of very well..(IDI#22 M 30).

The above sentiments were corroborated by one key informant who asserted that:

> "Education acts on fertility behavior of men in that they no longer value numbers of children but quality of life they are giving to those children…therefore, the more educated a man is the lesser the number of children….." (KII# 7, NGO Official).

Findings show that when husbands' level of education increases, the desire to produce many children reduces. From the results, having a few years of schooling such as primary education can create a big difference on matters reproduction and choices on fertility for married men. Thus, education as key variable has a great effect on fertility needs and desires for married men since it impacts on their perspectives about lifestyle some of which are associated with quality life and lower number of children or small family size. Education also influences husbands in fostering communication and dialogue with their spouses concerning fertility and reproductive behavior. Further, educated men would marry educated women who share the same perspectives about the quality of life of children hence low fertility. They would also participate more effectively in family planning and may not be part of the statistics in unmet needs. These findings are consistent with Value of Children Theory that posit that educated men have low need for more children as compared to uneducated ones. Men with education will find enjoyment and satisfaction in employment while uneducated ones who are largely casual laborers will draw their satisfaction from children and thus the need for more children (Hoffman & Hoffman, 1973).

Thus, educated men will marry at a later age and most of them tend to adopt the western modes of fertility and culture that favors having small number of children. Further, with the occurring changes in norms that govern reproduction, young husbands and men who are educated are keen to accept the modern reproductive patterns and even champion them to the entire community. Level of education attainment affects the fertility behavior of men, uptake and use of contraceptive and cognizance to a family's health. Therefore, husbands who have attained secondary level of education have a higher likelihood of using up-to-date birth control methods as compared to those who have not attended school or having attained education at primary level. These findings are in agreement with those of Yoon (2016) and Sileo (2014) which recorded that level of education

significantly impacts on the fertility choices of individuals. Similarly, Mbatha (2015) also observed a curvilinear relationship between fertility and education implying that with a diffident education level, fertility preference levels are likely to increase and with high levels of education, fertility preferences tend to decline.

4.2.3 Occupation and work status

Findings of the study show that occupation that men are engaged in is directly associated with their desire for additional children. From the study, overwhelming majority (15) of the respondents were engaged in business/farming as a source of income. Some (5) of the respondents were formally employed while others (2) were not employed. Findings show that men who have a stable source of income are likely to prefer larger families compared to those who do not have a source of income or not employed. This is because men with stable sources of income perceive themselves to have the capacity to give their children quality life regardless of their number.

Consider the quotes below:

> "If I have money then having more children can't be an issue because I can take care of them well …." (IDI#10 M 29).

> "Income is very key…. the children must go to good schools and dress well. So, for me if I have the resources to give my children all that they need I can even give birth to up to 10 children…." (IDI#20 M 34).

Some of the key informants also supported the above sentiments by saying that:

> "Occupation or employment status as you may want to call it is a key factor of fertility behavior. For instance, men who are into farming and all those activities that require labor would want more children compared to those in other income earning activities" (KII#1 Community Elder).

> "……it is also important to understand that fertility behavior can be influenced by someone's financial power. You will find a rich man with one or two children but you will also find a rich man who has married five wives and has many children with them because he can take care of them…." (KII#8 NGO Official).

Thus, the findings show that the value of children varies in different occupational set ups. For instance, loss of a job, business failure and business non-performance were also found derail childbearing to give the husbands time to regain economic steadiness before having or adding a new member of the family. Educated men with good employment and steady income will be likely to have fewer children as compared to uneducated men with steady sources of income like businesses or farming, the latter being the most common livelihood activity in the study area. The same sentiments were echoed as key factors that men look at before getting married and beginning child bearing. In some of the sources of livelihood, children are valued as sources of labor and hence the desire for additional children.

The findings of this study confirm those of Li (2016) who found that men who are engaged in non-agricultural occupation were seen to have preferences for fewer numbers of children. Similar findings were also observed by Oluwasanmi *et al*. (2011) in South Sudan and Uganda. They found that the association between the needs for more children and the sources of income or occupation had a strong statistical significance which stood at 0.00 significance level. Ayahu (2008) recorded same findings when carrying out a study among the Meru community where he found that a positive link between fertility preference among married men and occupation.

4.2.4 Place of residence

Findings of the study show that place of residence was a factor determining fertility preferences among young married men. The results indicate that those who live near town centers generally have a low desire for additional children when looked at in comparison to people in the remote

settings. Further, the findings indicate that the urban dwellers have access to better social amenities such as education and they are exposed to modern and new ideas which most of the rural dwellers are deprived of. In addition, married men living in or working in towns and urban centers are keen to offer children quality life which leads to low fertility preferences. On the other hand, married men in rural areas have different views on quality of life of children and that the cultural norms operating within rural areas in addition to the limited social amenities like family planning programmes act as drivers for more children hence high fertility preference. Also, study residents being entrepreneurs and can easily commute to Nairobi County for business purposes, would want fewer children because of limited time in looking after children while running businesses.

As a consequence, men in rural areas are therefore, not to be in agreement with the expectations of urban characteristics of limiting family sizes. The following respondents put the situation into perspective:

> "In Gatanga here people give birth to so many children like our relatives and friends do in the other parts of the County (IDI# 4 M 22).

> "I am a business man and I do travel to Nairobi on daily basis so I don't have time to look after children and therefore, I would not want many children" (IDI#6 M 28).

> "The life in the village is not very expensive like in towns so for us we value children and we go for more children …." (IDI#18 M 34).

> "……I think it is just the way the village life is. People prefer having many children and large families as compared to those living in the cities…. I don't know if that's fashionable or they fear the cost of raising many children…." (IDI#7 M 27)

In support of the above assertions, two key informants noted thus:

> "…...and fertility levels transition from high in rural areas to low in urban areas. This means that urbanites have a characteristic of preferring small families and people wait for so long before the second or third birth…. (KII#7 NGO Official).

> "…. Yes, there is a variation within the urban center itself with some areas like the slums and lower-class areas having a higher preference for additional children while couples in high end areas have a low preference for additional children…." (KII#6 Medical Doctor).

Thus, place and region of residence plays a critical role in determining fertility preferences among married men and couples in general. Proximity to Nairobi City County by the residents of Muranga County has a great role in limiting childbirth because of the adoption of lifestyle associated with being a Nairobian. The above findings concur with those done in Kenya by Hinde (2006) which found that a greater proportion of couples living in cities and urbans centers prefer small families and couples normally agree on issues regarding the total count of children when checked against those living in rural areas where there is preference for relatively large families and both husbands and wives exert their preferences when in comes to matters fertility.

4.2.5 Spousal age gap

Findings of the study also show spousal age gap as a determinant of fertility preference among married men. The age difference between husband and wife has a correlation with fertility preference. The following quotes from the study respondents illustrates the situation:

> "…...I have a friend who keeps on telling me that he wants his wife to give birth to many children because he feels that he is getting old but the wife is still young…..." (IDI#2 M 28).

> "…...when women are married off to people, they don't really love they may end up having less power in the household when it comes to the need for more children or just the actual number of children that they should have as a family" (IDI# 11 M 31).

> "When I marry a second wife who is a bit younger, I will ensure that she gives birth to a good number of children within a short time because you know I have to raise all my children before I die" (IDI#1 35).

A key informant corroborated the above findings by stating the following:

> "…. when the husband is a bit older than the wife, you know all decision-making around fertility behavior rests with the husband. They pressure their wives to meet their desired number of children. Also, if you look at forced or arranged marriages, the husbands wield more power than the wives" (KII#3 Community Elder).

Thus, spousal age gap has an influence on decision-making and power between couples in marriage. A large age gap between the husband and wife indicates a high desire for additional children hence high fertility. From the findings, some men who are older than their wives always pressure their younger wives to have many children which sometimes may not be their preferred fertility levels. Further, the dynamics around the amount of pressure exerted by the husband on the wife or wives' rests on the type of marriage. Arranged marriages, for instance, have given men more power than women in terms of decision making around reproductive behavior unlike romantic marriages which might invite some level of joint decision making in regards to fertility preferences. Findings show that in cases of unequal decision-making powers, women's opinion would only matter when they prefer additional children.

On the contrary, with a small age gap conflicts tend to be fewer as far as fertility intensions are concerned. These findings are in keeping with those of Khasakhala (2011) who revealed that majority of women in Meru and Embu married to men 10 years older than them were pressured to have additional children by their husbands.

4.3 Socio-cultural factors influencing fertility preference among married men

The study sought to establish the socio-cultural influences on fertility preferences of young married men in the study area. The findings and discussions are presented in the following sub-themes:

4.3.1 Religiosity

Study findings show that religion as a cultural underpinning has a great impact of fertility preferences among married men. Religious beliefs and practices that men subscribe to such as Christianity and Islam have profound effect on follower's construction of sexuality and issues on family planning which directly influences the number of children the believers' sire. Respondents in this study were asked about their religion in which the majority (19) reported to belong to Christianity, two were Muslims and only one was a traditional believer. Respondents from the catholic religion, one of the Christian groupings, were observed to have many children and they indicated a higher desire for additional children. Respondents from the Protestant group were observed to have a low-fertility intention as compared to the Catholics while Muslims on the other hand were noted as having the leading interest in many children when compared with the Catholics and Protestants. The following voices exemplify the situation as perceived:

> "As Muslims, we are allowed to marry many wives and have as many children as we wish. So, our wives know that the Quran allows and supports having big families and many children…." (IDI#3 M 29).

> "Children are gifts from God and the Bible doesn't prescribe the number of children people should have….so we will have as many children as we want since our deliverance church supports it" (IDI#12 M 30)

> "Yes…. for us Christians the Bible tells us to multiply and fill the earth but we have to ensure we only give birth to children we can take care of" (IDI#16 M 34).

> "Although our Catholic Church doesn't support use of contraceptives, we try to maintain small families using natural and traditional birth control methods. Having additional children is not a problem the only problem is if we can't take care of them…" (IDI#9 M 24).

One key informant confirmed the above voices by stating that: *"Religion is a major determinant of fertility behavior. If you look at this area, we have Muslims and Christians but the fertility levels are high among Muslims as compared to their Christian counterparts"* (KII#5 Area Chief).

From the findings, Christians and Muslims believe that giving birth and rearing children is the key purpose of the institution of marriage. Among Catholics and Muslims, intercourse of sexual nature, for instance, is one of the key preoccupation of marriages and therefore use of contraceptives to limit childbirth according to them contradicts the sole purpose of marriage hence high fertility levels among these groups.

Thus, religiosity informs and shapes the social world and construction of sexuality of followers in the society hence mediating on the fertility intentions and behavior. The above findings agree with the findings from Kenyan cases by Ngetich (2016) and Kabagenyi (2014) that revealed that Muslims had the highest level of desire for more children which was at 56.6% while Catholics were at the 42% and Protestants at 43.4 %.

4.3.2 Preference for male child

The study findings show that married men have preference for a male child which influences their fertility behavior. The sons who a married man has given birth to is greatly associated with the need and desire to give birth to more children irrespective of the family size. Men within the study area noted a very strong preference for a male child with some indicating that when it comes to

having a child then they would prefer the child to be male. Findings show that men who have no male child or son have desire for additional children with the aim of giving birth to a male child.

Some respondents note that:

> "We are Africans and we must strive to at least have a male child who will carry on our legacy besides being able to inherit our property" (IDI#4 M 29).

> "There were times my elder brothers' house was not at peace for a very long time until his wife gave birth to a male child. I remember my brother was almost marrying another wife because his only wife was not giving him a son but God answered their prayers and they are now a family of nine people" (IDI#4 M 26).

Findings of the study show that the need to have more children goes down when the count for the number of sons increases. Those men with no male child indicated a higher need for more children when compared to those who had already given birth to male children.

One respondent illustrates thus:

> "…. If I don't have a son who will take after me. Who will carry on with my geneology….so I must ensure that me and my wife give birth to a son who will carry our name…" (IDI#4 M 25)

According to one key informant:

> "Sons are valued in our society and that is something that happens everywhere in the country. Men have a high value for sons in that if a couple do not have a male child, they will want more children in order to meet that need" (KII#2 Community Elder).

Number of living sons

The study further revealed that when a man in marriage and with five sons is considered to have a lower need for additional children when looked at in comparison to a man who has no child who is alive. Thus, as shown in the finding is that the count and number of sons targeted greatly

structures childbearing patterns rather than the ideal size of the family. A key explanation for this could be based on the perception that sons perpetuate family name and the importance of male children in exercising power and provision of security to the homestead and community. In addition, the inheritance laws and practices that consider sons as the only paths through which family names and property could be retained could be a reason for son preference.

Thus, families with female children only had the likelihood of getting additional children compared to the rest. This shows that the next birth is directly influenced by the sex of the currently living children and their nature. Social Exchange Theory (Thibat & Kelly, 1959) agrees with these finding as it posits that those who participate in the interactions only engage to maximize their own personal needs and priorities in a rational manner such as the need for a male child or many children. The findings are in agreement with those of Dahl and Moreti (2008) who observed that male children or sons are seen within the African contexts, specifically the Sub-Saharan, valued culturally as well as economically.

Conversely to the above findings, one key informant underscored to the evolving nature of the value placed on male and female children. "*We agree that male child preference is still a key issue for this community but we must acknowledge that girls are equally valued like boys. Some people today don't even bother about the number of sons they have but instead treat their children equally without preferences…..girls are allowed to own property unlike it used to be in the past which we would say was also a key factor by most men who would want to ensure that they have a son or sons who will inherit their property*" (KII#3 Area Chief).

Results show that girls are nowadays given almost equal value as boys and the long-standing traditional preference for male child is slowly losing its place as the current empowerment and

gender equity and justice programmes continue to penetrate the deep-seated patriarchal structures in Kenya. Further, women have also demonstrated the capacity to take care of their parents when they are at old age and hence communities are collapsing the preference for male children but instead treat boys and girls equally and give them equal opportunities in life.

4.3.3 The type of marriage

Study findings has shown clearly that there is key relationship between the needs for more children and the types of marriage. The study participants were requested to disclose on the number of women they have married or had children with and six of them indicated to have more than one wife. However, among the six polygamous men, it was found that they had a likelihood of wanting additional children when looked at against the monogamous men. One of the respondents confirms this assertion by stating that:

> "…...men with many wives have high fertility preferences. These men want more children as compared to those who are in monogamous marriages…" (IDI#9 M 31).

> "My two wives have three children each and we have not stopped giving birth yet because as you can see, I am still young" (IDI#17 M 34).

> "…...if you have two wives, it will compel you to make sure that they give you good number of children …." (IDI#1 M 29).

These findings were echoed by a key informant who confirmed the role of marriage type in determining fertility preference by stating that: "*the type marriage is a key driver that determines fertility desires of men. A husband could have married more wives for the sole reason of having many children and therefore, men with many wives will definitely have a higher fertility preference as compared to the ones in monogamous marriages"* (KII#4 CHV).

These findings reveal that married men who practice polygamy are more likely to want more numbers of children in comparison to those in monogamous marriage types. Men in monogamous marriages would have higher need to produce more children unlike the men in polygamous marriages. The results of this study are echoing those that have been conducted previously which found similar results that husbands with many wives have less desire for many children compared to those having only one wife (Ampofo 2010 and De Rose *et al.,* 2012).

4.3.4 Number of living children

The study findings indicate that the actual number of children who are alive significantly affects the need for additional children. Men's fertility preference is mediated upon by the number of the children they have given birth to and their understanding of a good family size.

The following respondents puts this into perspective:

> "In this area men want large families. Like for me I want a large family with like five children and above. For now, I have two so I know, me and my wife will reach an agreement and with time give birth to the other three….." (IDI#2 M 30).

> "I have to have a good number of children like 3 or 4 because you never know what might happen and its only your children who will take care of you..." (IDI#20 M 31).

> "With the development in medical technology, many children born today are surviving hence the need to ensure that you take good care of the children one already has. Traditionally, many children died of childhood diseases hence, the need to cancel the loss by additional births" (IDI #5 M23).

In support of the above statement, one key informant indicated that:

> "In this location, people can have even one child and be contended but again we can't forget the fact that the number of living children which some consider as the ideal family is a factor that affect men's fertility preferences….." (KII#3 Area Chief).

The findings illustrate further that the relationship is of inverse nature in that the more the number of children one has sired, the lower the need for other or more children. The findings of this study support those by WHO (2013); World Bank (2010); and Kamal *et al*. (2013) which found that the number of living children couples have has a direct effect of the preference to produce more children in that the higher the number, the lower the fertility levels and desires.

4.3.5 Mortality risks

Findings of the study show that husbands' fertility intentions are influenced by the infant and child mortality experiences that the husbands and couples have experienced in the previous years. Infant mortality has been established by the study as a significant influence of high fertility among men who come out largely as decision makers in fertility desires for the family. Husbands indicated that high fertility is often one of the mediums of precluding extinction of their lineages. Majority of the respondents, however, noted that the reduction of mortality rates of children and infants in Kenya, and county in particular, which is as a result of improved immunization and reproductive health services, has seen fewer and fewer men putting much pressure on their wives to have many children because of infant mortality risks since the few who are born have higher chances of survival.

One respondent who had lost two children in the last four years indicated a very strong desire for additional children in comparison to the husbands who had not experienced child loss.

The following quotes from the study respondents illustrate the situation:

> "…. we lost our second born in 2018 and this was our only son. So, me and my wife decided to have two more children so that incase such a thing befalls us again, we will have other children remaining with us….." (IDI#17 M 35).

> "Today, we can see that the rate of deaths of children is not high so you can be sure that even if you give birth to one or two children, they will survive……but still we don't take chances because we don't know how things might be tomorrow" (IDI#10 M 28).

In corroborating the above sentiments, one informant maintained that the motivation of couples having more children because of fear of losing some was really declining which many of the key informants attributed to the improved health care system in the country.

Consider the quote below:

> "the infant mortality rate has really declined in the country. However, it is still a factor that influences the need for more children because couples feel that they should be prepared for any eventuality that might rid them off some of their children so that's why they will have more than one in order to take care of such…." (KII#4 CHV).

Thus, the findings show that decrease in infant mortality rates lowers fertility preferences among couples. These results are confirmed by Bandura (1986) in the Theory of Social Cognitive Learning which presupposes that the means that men and women use to acquire new fertility behaviors including acquiring information on the threats to their environment and gains of the changes in their behavior. Further, the theory makes suggestions on the benefits of doing an outcome expectation assessment. These findings agree with those by Chege & Susuman (2016) in their study in Kenya which established that high preferences for children among families having child loss experiences was at about 50% when compared to those without experience of losing a child which stood at a distant 25%.

4.3.6 Cultural socialization

The study also found that cultural socialization has influence on the need for additional children by married men. Groups of individuals and villages with similar and common traditional social norms, beliefs, attitudes and values might hold similar decisions and choice when it comes to

family planning. The study established that the men who participated in this study were all Agikuyu speakers and they all showed homogeneity in terms of choices for contraceptive methods, the preferred number of children, and naming of children. The study noted that this phenomenon must have been a product of diffusion of ideal family size and contraceptive information into the villages through the local interpersonal and social networks. The study records that these cultural nuances, norms and ideologies produces norms, beliefs and values as well as the practices that are likely to affect fertility preferences and behavior of a given people. As such, men become manifestations of these deep-seated beliefs and norms on child bearing and fertility preference in general.

The following voices exemplify the state of affairs:

> "I remember we were still boys being taught so many things on being a man including fertility intensions, number of children and how we name our children according to our parents and grandparents names…." (IDI# 16 M 27).

> "…...even my mother still reminds us up to date that, our people do always consider the generations to come and one must ensure that they leave behind enough people who will carry that job on" (IDI# 2 M 31).

> "For me and my wife we will ensure that we name our parents and so you will find that there is need for many children so that my parents and her parents can be named" (IDI#1 M 27).

> "In our culture, we are taught these things when we are circumcised and when we marry, we practice them especially those relating to fertility intentions leading to family size" (IDI#9 M 26).

The above assertions were supported by one key informant who noted that: "*Culture is a vehicle that sometimes drives what men do in terms of fertility desires. The number of children will be determined by the need to name grandparents and parents whether alive or dead…. normally, the*

first child is named after the husband's parents and the second after the wife's parents. The third again is named after the husband's and the fourth after the wife's parents and the pattern continues. So, if it means the husband wants to ensure that all his parents and grandparents are named, then fertility desire will be higher" (KII# 2 Community Elder).

Thus, socialization as a cultural process is a determinant of fertility preference and behavior among married men. From the study, men both young and old, exist within a complex web within which there are social networks that serve to maintain diffusion of fertility preference information. Consequently, the child bearing attitudes, child naming process, fertility desires and decisions might be informed by the social learning and interactions with kin, relatives and peers in the community. These findings consistently agree with Social Cognitive Theory which states that fertility behavior, self-efficacy, self-regulation and outcome expectation are typical examples of cognitive factors which shape individual fertility behavior. The results of this study are in keeping with that of Bongaarts (2007) who concluded that for each cultural grouping, their social and cultural values comes into center focus when it comes to matters of reproduction and biological functioning. Bongaarts noted that many cultural groups place much value on aspects embedded in their cultural reproductive norms and institutions which explains their fertility differentials in terms of choices.

4.3.7 Value of children

The study established that men have certain attitudes regarding the value of children in marriages in particular and the community in general. Majority of the study participants noted that they prefer to have many children in order to ensure the survival of their lineage. Others also indicated that value of children was placed on the family prestige that one acquires, assisting with household work and labor and the sense of security that men have when they have many children. Almost all

of the study respondents agreed that having large families was a guarantee of support and security during old age.

In contextualizing the above discussion, some of the respondents noted the following:

> "Children are important for every family; they are the ones to take after us in the future…." (IDI#9 M 29).

> "Having many children is a source of prestige and wealth…. Like me I have intentions of getting five or more children and so incase things do not go well for me when I grow old, I will have my children to look up to for support" (IDI#21 M 35).

> "Marriage is not complete without children. The society expects us to sire children and therefore, that family respect is also maintained by having many children" (IDI#11 M 32).

In supporting the above assertions, one key informant stated that:

> "Men have a high value of children. Marriages without children will have issues and sometimes men decide to marry another wife if the one he would be having is not ready to meet his desired number of children" (KII#1 Community Gate Keeper).

Another key informant opined that:

> "Sons are key for security of parents in the old age and therefore, families will struggle to have many children for their future security…." (KII#3 Area Chief).

Further, the value of children in this community is also tied to their mode of production. As an agricultural dependent community, children provide support to their parents and families with agricultural work in the farms. People would want to have many children with the view that their children would afford them cheap labor in the farms and also provide contribution to the overall household production. Some of the respondents noted that:

> "When you have many children then you are sure of cutting down cost in the coffee farm" (IDI#12 M 35)

> "Children provides security, labor and any support needed for our production of agricultural goods. You will send them to the market to sale the tomatoes and onions as you work on others" (IDI# 16 M 32).

Thus, the above findings confirm that the value men place on children is driver to fertility choices. The understanding by men that children provide security to parents at old age and support in livelihood production serves to influence the number of children a married man would want to have. It is very common in many societies across the globe for parents to place their old age insurance on their children and therefore, children are and still being valued, in the Kenyan context, valued as sources of security for the elderly in the family leading to high fertility. These findings agree with those of Khasakhala (2011) who documented that having many children is the only sure road to ensuring family security and the security of the parents in old age especially where formal systems are not well established to protect the elderly. Similarly, Brace (2016) observed that a large family is considered by men as important due to the fact that children will support their parents in their old age.

5.0 CAHPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter summarizes the findings of this study. The summary is presented as per the study objectives. The chapter presents a contextual conclusion derived from the study findings and makes recommendations based on the findings. The chapter also makes suggestions and recommendation of areas for further research.

5.2 Summary of findings

The overall objective of this study was to investigate the determinants of fertility preferences among married young men in Gatanga Sub-County of Muranga County. The study investigated how socio-economic and socio-cultural factors influenced fertility preferences among young married men. To this end, in-depth interviews were conducted with married men aged between 18 years and 35 years and the study managed to reach a total of 22 married men. From the study findings, men preferences on reproductive behavior has always been given little attention even in the wake of heightened campaigns on family planning.

Among the socio-economic factors determining fertility intentions among married men include; age, level of education, place of residence, spousal age gap and occupation. Fertility preferences among married men have been influenced by their level of education as one of the key determinants. Education level influence married men's fertility choices and desires by shaping their perspectives and lifestyles which prioritizes the need for lower fertility and higher quality of life leading to favorable attitudes towards contraceptive use and overall reproductive behavior. Men who stay longer in school and those with higher levels of education have a lower preference and desire for additional children. Further, age was found to be a factor which is germane in determining fertility preferences among men in that young men have a high desire for more

children but the desire reduces as the men grow older. Unlike in the urban areas, rural areas are characterized with high fertility and men as key players equally have a higher desire for more children in these localities. The study established that occupation of men mediates on their preferences when it comes to fertility. Men's value of children varies with varying occupational set ups. On one hand, men with stable and well-paying jobs wouldn't mind having another child and only if they can give the child quality life while on the other hand, loss of a job, business failure and business non-performance would derail childbearing to give the husbands time to regain economic steadiness before adding more children.

Socio-cultural factors also determine fertility preferences among married men. The first of these covers' factors such as religiosity, actual count of children living, preference for a male child, value of children, cultural socialization, type of marriage, mortality risks and status of men in the society. The two main socio-cultural determinants are religiosity and preference for male child. Religion and cultural underpinning largely form part of the social worlds of men and thus shapes their fertility preferences. The religious teachings on fertility and contraceptive use, beliefs and practices of dominant religious groups such as Protestants, Catholics and Muslims have profound effect on children the believers' sire in terms of numbers. The number of living sons that a married man has was established to be a major factor associated with desire to produce more children regardless of the overall number of the currently living children and the size of the family.

5.3 Conclusion

The study concludes that young married men exert preferences over their wives when it comes to fertility intentions in Kenya. In as much as there is need for reducing fertility rates in the county in particular and country in general through birth controls, African communities' value of children, especially the male children, and socio-cultural fabric related to childbearing have not changed

much. Communities still have their traditional fabric that still hold the norms and ideologies together and as such the preferences of larger families, value of children and preferences for sons by husbands' does not come as a shock. The study concludes that socio-economic and socio-cultural factors have significant relationship with husbands' fertility preferences and intentions. However, from the findings the relationships were both positive and negative depending on how the selected variable influenced married men's fertility preferences. Given the fact that intentions and desires associated with fertility keep changing, therefore, what husbands may prioritize and prefer today is likely to change in time to come since at the time of the interviews, the study assumed that the men's desires on fertility outcome remains static. One wonders whether the stalling fertility rates in the country and the region in particular could be as result of persistent sidelining of husbands' roles in fertility decisions. An important measure of reproductive behavior is husbands' intention to have or not to have additional children. Understanding fertility preference of men assists programmers and policy makers to comprehensively predict contraceptive use and fertility behavior among individuals or couples in addition to being utilized in estimating couple's unmet need for family planning.

5.4 Recommendations

In view of the above findings and conclusion, the study makes the following recommendations that there is need for:

1. The County Government of Muranga to localize its family planning programmes to speak to the needs of young men, focusing on aforementioned factors such as level of education, age, religion, child sex preference, occupation among others.
2. The Kenyan government through its departments and line ministries concerned with population control should take measures that deliberately target men in all age brackets to

understand and document their motivations for high fertility in order to make substantial progress in the stalling fertility rates in the country.

3. The development planners and policy makers should aim at integrating issues influencing population dynamics into development programmes and they should be designed in a manner that they foster holistic social, economic and cultural development that might help in controlling the fertility rates in the country.

5.5 Areas for further research

With respect to the study topic which is the determinants of factors influencing fertility preferences among young married men in Gatanga Sub-County, there is however, need for further research on the areas suggested below:

1. An elaborate study that looks at how wives' cope with the influences of husbands' fertility preferences in the county and country.
2. A study looking specifically at the factors which influence the preference for sons which manifested in this study as an issue of deep-seated significance that results in high population in the county.

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APPENDICES

Appendix I: Consent form

Investigator: Juliet Wangari Njuguna

Introduction

My name is **Juliet Wangari** from the Institute of Anthropology, Gender and African Studies, University of Nairobi. I am conducting a study on **DETERMINANTS OF FERTILITY PREFERENCES AMONG MARRIED YOUNG MEN IN GATANGA SUB-COUNTY MURANGA COUNTY**

Purpose

The study seeks to investigate the factors that determine fertility preferences among married young men in Gatanga Sub-County, Muranga County.

Procedure

If you agree to participate in the study, an in-depth interview guide will be used by the researcher to collect data. The nature of the questions will be about the topic on determinants of fertility preferences among married young men as well as questions on your demographic characteristics.

Risks/Discomfort

There is no risk in participating in this study. However, you may experience some discomfort due to the personal nature of the questions but this will be asked in private and your confidentiality will be maintained at all times.

Benefits

There will be no direct benefit in participating in the study but in case you have any question the investigator will readily assist you. Findings of this study will help deepen the understanding of factors determining fertility preferences among married young men which could be essential in formulating relevant reproductive health policies or reviewing the existing ones to improve reproductive health of married couples.

Confidentiality

Confidentiality will be maintained at all times. There shall be no mention of names or identifiers in the report or publications which may arise from the study.

Compensation

There will be no compensation for your participation in the study.

Voluntariness

Participation in the study is voluntary. If you choose not to participate, you will not be compelled to. You will also be free to withdraw from the study at any time. However, I humbly request your full cooperation.

Persons to contact

If you have any questions regarding the study, you can contact **Juliet Wangari** through telephone number **0723936080** or **Prof Owuor Olungah** through telephone number **0722217132**

Your participation in the study will be highly appreciated.

I_____ hereby voluntarily consent to participate in the study. I acknowledge that a thorough explanation of the nature of the study has been given to me by Mr/Miss._____. I clearly understand that my participation is completely voluntary.

Signature_____Date_____

Signature of Reseacher/Assistant_____Date_____

Appendix II: In-depth Interview guide

Date of the Interview

Location and time

a) Socio-demographic Characteristics

1. How old are you?
2. What is your occupation?
3. What is your highest level of education?
4. What is your religion?

b) Socio-economic factors

5. What is your understanding of fertility preferences?
6. How are you involved in fertility decisions with your partner?
7. Can you tell me how your fertility preference is influenced by social factors?
8. Please explain to me how economic factors determine and influence your attitude and preferences towards your desired family size?
9. How do the mentioned factors affect your preferences in relation to fertility outcomes?

c) Socio-cultural factors

10. How does your culture shape your fertility preferences? (probe for: beliefs, norms, attitudes and perceptions towards family size, value of children, sex of children)
11. Now tell me the effect of these cultural factors on the fertility outcomes in your household?
12. How do you ensure that you meet your fertility preferences?
13. What would you consider the appropriate ways of achieving desired fertility and why?
14. Any other suggestion or comment?

Thank you for participating

Appendix III: Key Informant Interview guide

Date of the Interview

Location and time

a) Background characteristics

1. How old are you?
2. What is your current position/portfolio?
3. How many years have you served in this capacity?
4. What is the Organization name?

b) Socio-economic and cultural factors

5. How would you describe fertility of this area and why?
6. What is the average or ideal number of children that people have and prefer in this area?
7. What are the social factors that drive the husbands' decisions and choices on when to have children, their number and sex in this community?
8. What are the economic factors that drive the husbands' decisions and choices on when to have children, their number and sex in this area?
9. What are the cultural factors that influence husbands' decisions and choices on when to have children, their number and sex area?
10. What programmes and policies are there to address the needs of men as far as fertility outcome and programmes are concerned?
11. What would advise as the best way to address fertility preferences among husbands in this area?

Thank you for participating

Appendix IV: NACOSTI Research Permit

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Ref No: **986595**

Date of Issue: **18/December/2019**

RESEARCH LICENSE

This is to Certify that Miss.. JULIET NJUGUNA of University of Nairobi, has been licensed to conduct research in Muranga on the topic: DETERMINANTS OF FERTILITY PREFERENCES AMONG YOUNG MARRIED MEN GATANGA , MURANG'A COUNTY for the period ending : 18/December/2020.

License No: **NACOSTI/P/19/3175**

986595

Applicant Identification Number

Director General
NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

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