INFLUENCES OF HUSBANDS' FERTILITY PREFERENCES ON YOUNG COUPLES' REPRODUCTIVE BEHAVIOR IN KAMUKUNJI SUB-COUNTY, NAIROBI COUNTY

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DECLARATION

This project paper is my original work and has not been presented for examination in any other university.

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

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Dr. Dalmas Omia

DEDICATION

I dedicate this work to the memory of my late Aunt, Amina Abdullahi.

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LIST OF ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
APHRC	African Population Health Research Centre
FGD	Focus Group Discussion
FP	Family Planning
GoK	Government of Kenya
HIV	Human Immunodeficiency Virus
ICPD	International Conference on population and Development
KDHS	Kenya Demographic and Health Survey
KII	Key Informant Interview
NACOSTI	National Commission on Science, Technology and Innovation
NGOs	Non-Governmental Organizations
SPSS	Statistical Packages for Social Sciences
SSI	Semi-Structured Interview
STIs	Sexually Transmitted Infections
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WB	World Bank
WFP	World Food Programme
WHO	World Health Organization

ABSTRACT

Fertility preferences, in the Kenyan context, is an issue of great importance because of the high fertility rates in the country. Several studies have revealed that the preferences of fertility are essential in determining the society's fertility levels because the fertility intentions of the future have a high likelihood of falling under the effect of currently observed fertility inclinations. The measurement of preferences fertility is often defined in terms of desire for additional children and the difference between the actual and ideal number of children. Understanding the fertility intentions and how they predict fertility behavior is key for population policy and implementation of family planning programmes. The objective of this cross-sectional study of the influences of husband's fertility preferences on couples' reproductive behavior in Kamukunji Sub-County in Nairobi City County, Kenya. The study specifically set out to: identify the socio-economic influences of husbands' fertility preferences on couples' reproductive behavior and establish the effects of husbands' fertility preferences on couples' reproductive behavior among young married couples in Kamukunji Sub-County. Qualitative approach was used in collecting and analyzing data while Social Exchange Theory and Social Learning Theory guided the inquiry. Respondents for the semi-structured interviews, 40 in number, were selected through purposive sampling. Focus group discussants were selected through convenience sampling while the key informants were purposively selected. 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 fertility preferences among husbands' is influenced by many socio-economic factors operating within urban set-up including education, occupation, religion, place of residence, number of living children and preference for a male child. The effect of husbands' fertility preference on couples' reproductive behavior whether negative or positive are borne by wives. For instance, preventing parity births, consensus on fertility intentions, and use of family planning. The study concludes that fertility preference of married men is largely influenced by socio-economic and socio-cultural factors. The study recommends that the government through its line ministries should pay close attention in promotion and inclusion of men in uptake and use of contraceptives. This should be focused on the various factors such as region of residence, age, education levels, among others in order to meet the needs of men in the various parts of the county and country. Additionally, policies that aim at integrating population into development should be designed in a manner that they foster socio-economic development in the counties and hence minimize the differences that exists in terms of fertility preferences

Keywords: Fertility preferences, couples, influence, reproductive behavior,

CHAPTER ONE
BACKGROUND TO THE STUDY

1.1 Introduction

Fertility as a variable affecting population growth rate has been defined demographically as one's feelings and desires for reproduction (Keats, 2018). These desires and preferences consist of three dimensions including childbearing desires, ideal number of children, and birth interval. For many years, fertility and reproductive health programmes, policies and frameworks have centered their attention largely on women's attitudes and behaviors. This has been attributed to the fact that women bear the brunt of pregnancy and child bearing such as physical and emotional strain and as such fertility and prevalence rates have been solely based on female population. Squires & Anderson (2015) note that the influences and social responsibilities of men in fertility regulations within the family and community levels have been ignored, understudied and underutilized across the globe.

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. According to WHO (2014) and Keats (2018), high fertility is constant feature in developing countries. High fertility is characterized by moderate or non-use of contraceptives and high level of un met needs of family planning. Couples are therefore provided with family planning facilities for them to meet their fertility goals such as the number of children and the timing of pregnancy. Hence, fertility and family planning or contraception runs parallel. Fertility in reproduction lenses is affected by cultural values and norms in the society that invites interests and preferences.

Fertility goal and preferences are an essential component of family planning and programming as envisaged in the Sustainable Development Goals (SDGs) but empirical evidence on this remains

scarce in developing countries like Kenya (KDHS, 2014). Regulation of fertility through family planning methods helps at both household and national levels by ensuring appropriate timing and spacing of pregnancy and births; a key demographic factor (Saima & Gusso, 2018). Consequently, unsafe and fatal abortions in developing countries have been minimized through family planning, which is a major regulator of fertility. The reduction of maternal deaths as a consequence of unsafe abortions has also been cited as one of the successes of family planning (Jennings & Piorotti, 2016).

The need to understand the influence of husbands' preferences on fertility outcomes has received much scholarship as that of women. Studies such as Kabagenyi *et al* (2014); Tseng & Hsu (2018); and Zaidi & Morgan (2016) have indicated that husbands' have preferences and interest on fertility and fertility outcomes which in turn have overall effects on usage of family planning among married couples. The preference of a male child as the heir and the need to have large/small families are motivations of fertility among male.

A survey conducted by Zaidi & Morgan (2016) among the Pakistani found that husbands have preference for large family than their wives in developing countries. The findings from the surveys showed that husbands desired at least two additional children compared to their wives. Further, the study showed that the husbands had a strong preference for a male 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 the number of children the couple should have as well as the uptake of family planning including the supply of the methods.

Jennings & Pierotti (2016) studying the influence of husbands on fertility behavior in Nepal recorded that husbands have a characteristically dominant role in couples' fertility behavior. Findings show that Nepalese men are the ones to approval of family planning method especially the modern ones led to a higher uptake of the methods among females. The is attributed to the traditional gender roles existing in different societies that limits women voice on matters of sexuality and as such women do not have any influence on their husbands in this regard. The power relations and gender roles invite the need for spousal communication on matters of sexuality which researchers have highlighted as pathways to realization of couples reproductive goals.

Similarly, Char (2011) found that Mumbai is a male-dominated society, where men play a major role in contraceptive practice, and women's position in society is increasingly contested. Women in traditional societies like Pakistan have to submit to their partner's will, as the husband is usually the sole breadwinner. Craig, Childs & Beall (2016) in their study among the Tibetan found that the number of married men who wanted more children was higher than that of wives. Further, the desire to have more children was noted to be higher among men above the ages of 30 years. The findings also showed that men preference larger family size as compared to women.

The trend is no different in Africa as fertility remains high and contraceptive use low. African societies are patriarchal and as such the family structures give all authority to men including over their wives. For a long time, African women hardly had a say on matters relating to the timing of the next birth, the number of children and when to stop childbearing. This is dues to the predominant traditional gender roles that give all power of sexual issues to men. Vouking, Evina & Tadenfok (2014) contend that in Africa men and their kinsmen are the decision-makers on issues relating to reproductive health, while their women are expected to remain submissive. They further found that the views of women who bore the burden of pregnancy and child-birth were hardly

sought in these societies). Further, the number of children a woman bore was perceived to most often as a reflection of fertility as well as wealth.

In Ghana Vouking, Evina & Tadenfok (2014) found that the wives' uptake and usage of family planning was largely influenced by the husbands' attitudes and background characteristics. Notably, the views of the wives, however, did not influence the husband. They further recorded that the Ghanaian husbands has attitudes towards FP because they felt it was meant to undermine and curtail their power and authority in the family. Mboane & Bhatta (2015) in their study on influence of a husband's healthcare decision making role on a woman's intention to use contraceptives among Mozambican women found that women believed that the male partner was the sole decision maker on fertility issues. The findings indicate that many women reported that they would be pressured by their husbands into bearing many children. These findings demonstrate male dominance on fertility regulations.

In Uganda men were found to be the key players on matters of fertility because they were the significant sources of information on regarding family planning methods, where the services are found, the methods to be used as well as the advantages to the wives (Keats, 2018). According to a study on perceptions on fertility regulations in South Ethiopia, it was found that spousal communication about family planning, as reported by female participants, strongly predicted contraceptive use, even after controlling for other factors and a strong preference of larger families (Cain, 2018). Conversely, a Nigerian study on male reproductive intentions found that inter-spousal communication, as reported by more husbands were keen usage of family planning and were significantly associated with having a smaller family size (WHO, 2011).

According to Ajani & Kevi (1998) as cited in Keats (2018), Kenya was among the first countries in the continent to develop family planning programme. This was motivated by the countries need for achieving social and economic development. However, in the face of the push for realization of agenda 2030, the national trend on use of contraception is very law. Further, the family planning uptake among women was found to be higher than men and this has made the country renew its push of incorporating the men in family planning (KDHS, 2014). APHRC (2013), argues that as much as the role of men in FP has been intensified, there is little available knowledge and frameworks on the best mechanisms of fully incorporating men.

Over years, reproductive health programmes in Kenya have labored to engender the reproductive health and understand the roles played by men and women in decision-making on issues of reproduction, particularly those concerning number of children, use of contraceptives and timing of pregnancy. Recently, the push by WHO and USAID has seen fertility studies within the marital dyad dominate discussions on reproductive health as an important predictor of the couple's reproductive behavior.

According to Grimes (2017) scholarship on fertility behaviors need to come to a consensus that the dynamics of a couple's reproductive decision-making process cannot be fully understood by only using data from one partner. These presupposes the need to examine the influence of both husbands' and wives' preferences on fertility outcomes. Resultantly, Saima & Guzzo, (2018), aver that couples nationally are increasingly exercising conscious control over their reproduction as both spouses' preferences have the opportunity to influence fertility. There is a growing need to understand the position of men in marriage and their influence on reproductive behavior. For instance, Akinso & Akinso (2015) observed that a husband's fertility desire is dominant in predicting the couple's behavior when the number of living children is small, while the wife's

desire becomes dominant as the number of children increases. This is particularly true because Kenya is patriarchal societies, where the socio-cultural and economic structure of the society protects men's authority in all spheres of life, including reproductive ones. This is also evident from studies done on couples' reproductive intentions done by Donatien & Blessings (2015); and Grimes, (2018). The two studies found that fertility preference in Kenya found that women desired to have fewer children than and that women in higher socio-economic status and living in urban area had desired to have even fewer children as compared to men. These differences perhaps could explain the differentials in fertility preference among men and women and the regional differences regarding fertility.

Similarly, KDHS (2014); note that married women may seem to prefer smaller number of children or cease bearing more children, their male counterparts do not allow them to do so while at the same time they (male) are unwilling to use the available male family planning methods. Colby & Ortman (2015) observed that couples, men and women, have differentials when it comes to reproductive goals. Taking the cue, Jennings & Pierotti (2016) notes that discordant and spousal communication on fertility dictate the level of family planning usage hence reproductive behavior.

Nonetheless, fertility is a key variable for demographic growth globally. High fertility is synonymous with high child mortality and as such invites the need for factors necessitating fertility regulation and control within marriages. Based on the demonstrated significance of husbands' participation on fertility outcomes of couples and the illustrated gap on preferences, this study wishes to investigate the influences of husbands' preferences of fertility on couples' reproductive behavior. 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 and the associated effects. In this regard, this study aims at investigating the influences of husband fertility

preference on couples' reproductive behavior in Kamukunji Sub-County the factors that contribute to fertility preferences among married men leading to the aforementioned fertility outcomes.

1.2 Problem Statement

There has recently been a revival of interest in the relative roles played by men in reproductive health decisions, particularly those concerning number of children and the timing of pregnancy. The studies provide an opportunity for examining gender differences in reproductive behavior and fertility preferences, and an understanding of the husband's influence in decision-making regarding family size and contraceptive use (Li, 2016; Yoon, 2016; and Tseng & Hsu, 2018).

Numerous studies conducted on fertility and reproduction health in Kenya have focused on women and attention to men has been largely absent from research on the influences of fertility preferences and outcomes (KDHS, 2014; GoK, 2013; Grimes, 2015; and Donatien & Belssings, 2015). This phenomenon has continued for long despite the characteristically dominant position that men have as decision-makers in Kenyan families. However, with a heightened agitation Kenya for improving women agency, it seems likely that women's decision-making power has increased.

Consequently, women's have asserted their own preferences on fertility. However, given that women tend to want smaller families as their status improves the stagnation in fertility levels imply that women are still unable to assert their preferences. According to World Bank (2011) and KDHS (2014) reports, men are aware and knowledgeable on matters of fertility regulations and that they are keen on deciding on family size and timing of pregnancy.

Despite the illustrated significance of male partner fertility preferences on reproductive behavior, there is dearth of evidence on the motivations of husbands' fertility preferences in Kamukunji Sub-County. As such, there was need to understand the social and economic factors that shape men

fertility preferences on couple's reproductive behavior within marriages in Kamukunji Sub-County. Further, there was need to understand the effects of husbands' fertility preferences influence couples' reproductive behavior. The study therefore investigated the phenomenon and responded to the following research questions.

i. What are the socio-economic factors that influence husbands' fertility preferences on couples' reproductive behavior among young married couples in Kamukunji Sub-County?
ii. What are the effects of husbands' fertility preferences on couples' reproductive behavior among young married couples in Kamukunji Sub-County?

1.3 Objectives of the study

The study was guided by the following objectives:

1.3.1 Overall objective

To assess the influences of husbands' fertility preferences on couples' reproductive behavior among young married couples in Kamukunji Sub-County

1.3.2 Specific objectives

i. To identify the socio-economic influences of husbands' fertility preferences on couples' reproductive behavior among young in Kamukunji Sub-County.
ii. To establish the effects of husbands' fertility preferences on couples' reproductive behavior among young married couples in Kamukunji Sub-County.

1.4 Assumptions of the study

The study made the following assumptions:

i. There were societal norms, believes, social relations which are key factors that influence husbands' fertility preferences on couples' reproductive behavior among young married couples in Kamukunji Sub-County.

ii. There was widespread knowledge on fertility and fertility outcomes as well as effects of fertility preferences on reproduction behavior of couples among young married couples in Kamukunji Sub-County.

1.5 Justification of the study

For this study, understanding the influence husbands have on fertility and reproductive behavior was deemed essential in achieving universal healthcare. Men's fertility preferences and roles in reproductive health have been undermined and much of the attention given to women and maternal health care. Therefore, findings from this research would be useful to interventionists as it will inform policy makers on men's perceptions on fertility and their preferences. The study aimed at documenting the strategies used by men in matters fertility and to increase their incorporation into the reproductive health scholarship. The findings from this study would be useful to academicians by adding to the gendered body of knowledge on reproductive health. The study would produce men's perceptions on fertility preferences and outcomes. The findings of this study would also form the basis for further research on matters fertility preferences among men. Individuals and groups interested in the study topic will use the findings of this study to further research on the study topic

1.6 Scope and Limitations of the study

The current study used a cross-sectional research design. The study was carried out among young married women aged between 18 - 39 years and their husbands irrespective of their age and will target a total of 20 participants. The choice of the design was appropriate to the study as it was meant to give a snap-shot of the phenomenon as one point in time. Married women above the age of 39 years and those below the age of 18 years as well as unmarried women and men were beyond the scope of this study. Focus of the study was on assessing the socio-economic factors influencing husband fertility preferences and their influence on the reproductive behavior among married couples in Kamukunji Sub-County. The geographical scope of this study was limited to Pumwani and California Wards among the five Wards in Kamukunji Sub-County owing to the fact that covering the whole sub-county required a longer time and was costly.

This study adopted qualitative approach for data collection through semi-structured interviews, focus group discussion and key informant interviews. The choice of this approach was due to the fact that the researcher was more interested in the subjective experiences of the study participants. The data was triangulated through the mentioned interview methods to aid in richness and validity of data collected. The study was guided by the social exchange theory and social cognitive theory. The researcher's choice of the two theories was for them to complement each other. The social exchange theory addressed the economic factors and on the other the social cognitive theory addressed the social factors that the social exchange theory was limited on.

1.7 Definition of key terms

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 incomes levels and occupation that affords individuals the ability to access, utilize and make decision fertility issues.

Effects: refers to both changes on reproductive behavior as a consequence of influences from husbands' preferences on fertility and its outcomes.

Fertility preferences: Is the desired family size, ideal number of children, and desire for additional children or fertility intentions.

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

Reproductive behavior: refers to reproduction patterns among male and female who are married to each other that lead to production of children or off springs.

Young married couple: refers to two people who are married or in a marriage. Wives in these unions are aged between 18 to 39 years while husbands are of adults aged 18 years and above

CHAPTER TWO
LITERATURE REVIEW

2.1 Introduction

This chapter reviewed literature relevant to the study topic. The review was done along the study objectives. The chapter begun with an overview of fertility outcomes, followed by a review of husbands' fertility preferences on reproductive behavior. This was followed by a review of the socio-economic factors influencing husband fertility preferences and an understanding of the effects of husbands' fertility preferences act on couple reproductive behavior. This chapter concludes by looking at theoretical frameworks that guided the study as well as the conceptual framework.

2.2 Overview of fertility outcomes

KDHS (2014); and GoK, (2013) notes Kenya has recorded a transition in demographic trends that the country is now characterized with low mortality but high fertility. The KDHS report further notes that the country's is classified as very young with two-thirds of the total population composed of young people below the age of 30 years while only 5% of the population is over 60 years. This is attributed to the persistent high fertility rate in the country despite the well-established National Family Planning Programme. The programme was established in 1967 to help the country contain the then runaway total fertility rate. In its quest to lower fertility rates further, the government continued making massive investments in family planning through the development of strategies, programmes, and policies arrived at addressing the population management challenges.

According to APHRC, (2013) Kenya's fertility transition has not slowed down as expected. The massive investments and campaigns on uptake of family planning were expected to be a major

driver towards decline in fertility. However, GoK, (2013) records that fertility rates are still high in the country although there has been a considerable decline in infant mortality. Increase in per capita income and demonstrated high demand for family planning services are other variables that have experienced changes in the wake of the sustainable development goals. The government through line ministries and agencies has heightened dissemination of reproductive health messages to the population. Consequently, there has been an improvement in access to family planning which is deemed a key factor is changing the fertility dynamics of the country's population (KDHS, 2014).

As observed by Sileo (2014) the government is assenting to the global and regional agreements such as the Abuja Declaration, Maputo Protocol, Family Planning 2020 (FP 2020) protocol and the ICPD. All these agreements require the government to allocate a given percentage of its annual budgets to the health sector. Amrad (2014) writes that the Family Planning 2020 protocol is in support of the rights of both women and girls to freely decide on their own on the number of children they want. Brown *et al*., (2014) note that the FP2020 works handily with governments, donors, multilateral organizations, the private sector, civil societies, and research and development communities geared towards enabling over 120 million women and girls to use contraceptives by 2020.

Studies of fertility across the globe indicate that family size is major regulator of fertility among couples. Yoon (2018) observed that women, for instance, prefer having and running smaller families. UNFPA (2011); World Bank (2011); USAID (2012) observed that the number of women who prefer avoiding pregnancy yet they are not using family planning is roughly about 100 million. This happens as result of unmet needs of family planning that women are struggling with today six decades after family planning programmes were launched globally. Nationally, the unmet need

for FP stands at 46% and this has been linked to the many fatal abortions that women have undergone in the country (APHRC, 2013; and UNFPA, 2011). The population trend in Kenya is characterized by high fertility rate which has seen the population increased tremendously. APHRC (2013) predicts a population trajectory of rapid population growth and indicates that the Kenyan population will be more double by the year 2050.

2.3 Husbands' fertility preference

Review of literature shows a strong association between social, cultural, political, and economic factors and fertility preference. Keats (2018) observes that the decline or increased in fertility is triggered by socio-economic factors. Studies by (Zaidi & Morgan, 2016; Amrad, 2014; and APHRC, 2013) have shown that men's education, place of residence, occupation, preferred number of children among others have a close relationship with fertility outcomes. These factors do not operate in isolation but combine to draw up new paths and opportunities for both men and women. The resultant effect is more participation in labor and employment. This divorces men and women from focusing and playing the important roles associated with reproduction and child bearing. Socio-economic factors associated with men influence their attitudes and knowledge and hence fertility preference.

Research has also shown that fertility preference for men in urban area differs with that of men in rural areas (World Bank, 2011). This is attributed to the differing socio-economic factors extant within these contexts. The value systems and ideas regarding childbearing and rearing that men are exposed in urban areas differ radically with those that exist in rural areas, hence the differing fertility preference as well as reproductive behavior (Li, 2016; and Cain, 2018). However, in many settings like Kenya, husbands' fertility preference may dominate within their marriage because of the considerable influence they have over fertility regulations and reproductive health behavior.

This power of men disadvantages women in decision-making over fertility behavior. The influence of men on fertility regulation is largely attributed to the socio-economic determinants operating within marriages that shape their value systems regarding fertility outcomes.

2.4 Socio-economic factors and husbands' fertility preference

2.4.1 Social factors

Fertility being the desire to have children is a strongly affected by societal social constructs that invites gender roles and expectations. Women ability to control fertility is particularly associated the most with the social construct and gender relations (WHO, 2010). This inequality serves to dictate who uses, accesses, and makes decision of contraceptives. Further, the gender imbalances dictate when to participate and dissociate from sexual activities. Notably, these gender inequalities vary from cultures to cultures with a commonality on their adverse effects to reproductive behavior.

Yoon (2016) found out that in a patriarchy society, gender inequality would result in verbal and physical abuse to women. Research conducted by the Family Health International Women Studies in Bolivia and Philippines about the relationship between gender and family planning found that the use of contraceptives was a factor in domestic violence (Sileo, 2014). In the Philippines, 25% of the women reported having been physically abused by their husbands and in India, a male dominated society, the acceptance and use of female sterilization is only significant based on the husband's decision (Char, 2011).

WFP (2014) adds that in Malawi men determine family size decision-making and the use of contraceptives. However, the study points out those male partners are always resistant to family planning initiatives. It further reports that fear of spousal retaliation due to disagreements about

whether to use contraceptives or not as a major barrier to male involvement. USAID (2011) writes that the role of men in the family is quite in a contradictory state thus their decision-making role is detached from reproductive health issues, thereby posing immense challenges for their active involvement in family planning and contributing to low contraceptive prevalence rates in the African context.

Religion has been cited 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 finds out that most religions are against the use of modern contraceptive. Similarly, Tseng & Hsu (2018) posit that, Christians believe that procreation is the only purpose of marriages. Sexual intercourse among 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. They observe that the majority of Islamic jurists in Swaziland indicate that the use of family planning is not forbidden. Others, on the other hand, suggest that family planning violates God's primary intention of marriage. Among fundamentalist Muslims, FP methods that are permitted are those that do not induce abortion and are reversible. Amrad (2014) adds that irreversible sterilization methods are not allowed. As such, this has left male Muslims with a condom as the only contraceptive, and it should strictly be used within marriage only (Tseng & Hsu, 2018).

Sileo (2014) suggests that mobilization of family planning geared towards controlling fertility in Uganda has been rendered difficult owing to the involvement of religious leaders. The effect of religion is not only a factor in developing but also developed countries in equal measure.

According to Ngetich (2016), religious barriers are quite evident in Africa in that about 20% of the population is composed of Catholics whose doctrine emphasizes that sexual acts are for recreational purpose. Therefore, Catholics oppose any form of artificial methods. Kabagenyi (2014) reports that almost all religions in Sub-Saharan Africa have negative impact on the use of contraceptives makes it hard for conservative males to be involved in fertility regulations programmes. Conversely, in Western Kenya, some religious leaders support the adoption of family planning although these leaders were largely non-Catholics (KDHS, 2014). Other religious leaders who were non-Catholics as well opposed the campaigns on controlling fertility through contraception. Such cases can leave men in confused positions on whether to participate in contraceptives or not. Thus, the use of contraceptives is based on their conservative decisions which then dictate their fertility behavior.

Abdel and Amira (2013) note that the desire for women to use contraceptives is brought about by the rapid population growth which is characterized by high fertility rates, high birth rates, and low male contraceptive prevalence rates. In India, a study conducted by the National Family Welfare Programme found that only 27% of males were aware of the modern contraceptive methods. The remaining proportion used the traditional methods (Abdel & Amira, 2013). They further noted that a higher percentage of rural men are less knowledgeable about the modern contraceptive methods compared to their urban counterparts. Rural men therefore have larger families compared to urban.

In Lesotho, as studied by Sileo (2014) among female university students on their awareness and factors influencing the high fertility rates found that 97.5% of the total study population was knowledgeable and that many indicated that men preferred not to use FP. In Ethiopia, on the other hand, Wubegzier and Alemayehu (2011) describe that over 97% of married women were aware of pills and Depo-Provera methods. They highlight that the number of contraceptives that a couple

knows will dictate their contraceptive use. The same research in Kenya reported that the majority of married men are not aware of modern contraceptives. Thus, it remains a hindrance to male uptake of family planning since this knowledge is absent to them. As such, there is a great fear of side effects of contraceptive use among men. Amrad (2014) therefore, suggest that there is a great need to conduct further studies to ascertain the knowledge level on contraceptives in Kenya so as to determine the mean number of contraceptives known to men in order to incorporate them fully in fertility regulations programmes.

An assortment of studies indicates that the extent to which social factors influence male preference regarding fertility behavior differs based on the social and cultural background of the male partners. Its noted that men unlike women have limited choice of contraceptives due to their personal beliefs, dislike, and perception of contraceptive costs and their side effects. Amrad (2014) describes that cultural factors contribute to higher extent to male fertility preference as a result of several couples autonomy and age of the married couple. According to a study conducted in Nepal, there exists a significant association between male fertility preference and gender roles. An assortment of studies shows that a couple that increases their fertility through family planning improve their social and cultural changes while at the same time reducing maternal and child mortality WHO (2010).

Various other studies have demonstrated that the association between additional children and actual fertility is negative. Mboane & Bhatta, (2015) records that the more the number of living children a couple has, the lesser the likelihood that they would desire an additional child or children However other case studies (Li, 2016 and Yoon, 2016) have revealed that the average number of children desired tends to increase quite noticeably with almost every increase in the number of children living.

According to Ngetich (2013) and Acayo (2013) observes that the cultural believes and norms as well as taboos in most communities render it hard for a male to be involved in family planning because contraception would lead to sexual unfaithfulness among the taker. However, a study conducted in Lesotho among female university students indicate that the 10% who were unaware of modern contraceptives and where their male counterparts were also non-knowledgeable, chances of the spread of STIs and HIV could be high. Therefore, WHO (2010) is concerned about the reluctance of male involvement in family planning which may hinder its goal of reducing the AIDS epidemic by 26% by 2020.

In Kenya, Ngetich (2013) indicates that husbands' preferences for larger families and lack of involvement in fertility reduction may further increase maternal and child mortality rates making it hard for the government to achieve its Millennium Development Goal and Vision 2030 with regard to reproductive health and social development.

2.4.2 Economic factors

Fertility theories on the economic lens have argued that parents always equate their children to household goods. This means that modern society considers children a liability and they attract competition with the goods such that couples are forced to make rational decisions when to have children and whether to have additional children or not based on their economic status. According to World Bank (2010) and WHO (2011), most developing nations have high poverty rates. Highly populated countries are no exception as the per capita income is relatively small owing to the large population.

The World Bank (2010) report indicates that in India, for instance, only men earning at least Rs. 5000 were 2.3 times likely to use contraceptives as mechanisms for regulating fertility. Kamal *et*

al. (2013) found that in Bangladesh, the level of a couple's income influences husbands fertility preference as well as uptake of family planning. This study reports that about 45.5% of men whose income level was more than 10,000 taka per month would be involved in reproductive health and family planning. The research further indicates that unemployed men have high levels of not participating in contraceptive use compared to the employed ones hence high fertility.

In Sudan and Uganda, the research found that male involvement in family planning declined with the decrease in the level of a household's income (Oluwasanmi *et al*., 2011). In Kenya, Abdel and Amira (2013) posit that rural areas are associated with low-income levels and thus use of modern contraceptives is substituted with traditional methods of which does not always hold resulting to untimed pregnancies.

The stagnating and increasing fertility rate is associated with education level. Studies conducted by Hossain (2003) in India, Pakistan and Bangladesh, found that the level of education couples have contributed to their use of contraceptives leading to small families. As such, the higher the level of education, the lower the fertility rate. The reduction in fertility has, however, been associated with higher usage of contraceptives.

A study conducted in southern Sudan reported that fertility decreases with the level of a married couple's educational achievement and employment status. Li (2016) illustrate that this happens as men become more and more empowered. In Uganda, studies show that fertility is lower for men with better education. For example, a study by Keats (2018) found that in, unmet need for family planning was less for men with at least secondary education. In Kenya, the same study reported that men with incomplete primary education were two times more likely to want additional children as comparison to those with complete primary education or higher education. Conversely,

Yoon (2016), however, reports that, in most times, a husband's education is insignificant and suggests that the level of a wife's education is the most important if couple's fertility rate was to be reduced.

According to the World Bank (2010), poorer couples have a tendency of having children at a relatively younger age as compared to the wealthy ones. Moreover, this study reports that poorer couples have more children throughout their lives compared to wealthy couples. Conversely, Jennings & Pierotti, (2016) argue that effort to regulate fertility is only evident among wealthy couples who are in turn keen on the contraceptives. Thus, poorer couples are left enshrined to the traditional contraceptive use where at most time males are reluctant to adopt leading to subsequent births which are unplanned. Therefore, consequences that are associated with lack of husbands using family planning persist in such households World Bank (2010).

Acayo (2012) found in his study in Uganda's among students, unemployed men, men operating small businesses and employed men concluded that a majority of men could not afford family planning services owing to their economic status. Thus, this makes it hard for male involvement in family planning initiatives which the Ugandan government deemed a tool for fertility control. Moreover, the study found that poverty has an adverse effect of contributing to further unwanted pregnancies, as well as high maternal and child mortality rate.

Also, Amrad (2014) adds that even for wealthy women whose husbands are not that rich, only one out of five married women have an unmet need for family planning. This is because, in patriarchal society, men feel that it is their responsibility to provide for their families and if they cannot afford to buy contraceptives, then they will prevent their wives from doing so. But by the time they can procure contraception services, the damage has already occurred.

2.4.3 Cultural factors

In most traditional African society, women were more valued according to the number of children they can bear to a given man. Children and on some extend women were seen as a source of cheap labor in the farming communities with large tracks of land. Li (2016) states that the more a woman bears more children regularly, the more reproductive challenges and complication she might develop. Husband fertility preferences have effects on the reproductive behavior of the couple. There are many world views and misconceptions regarding using fertility control methods.

According to Forrest, Arunachalam & Navaneetham (2018), a man's attitudes towards having children of a certain number are oriented early in life during enculturation period based on the society. These attitudes tend to hold water across the life course, and boil down to career-oriented, family-oriented, and a combination of both work and family. Their research shows that family-oriented men and women have the more children as opposed to work-oriented couples who have the least or none at all. Hossain, Phillips & Mozumder (2007) add that fertility preferences among men preferences can also apply to the sex of the children born, and can therefore influence the decisions to have more children. For example, if a couple's preference is to have at least one boy and one girl, and the first two children born are boys, there is a significantly high likelihood that the couple will opt to have another child. This leads to the change of reproductive behavior in men. Some end up marrying a second wife in the pursuit to get a child of the opposite gender with the one he has. The chain can continue is he still get the same gender with the second wife and it can lead to family conflict and gender-based violence.

Mashara (2016) explains than men in most developing nations have a higher preference for having more children and the boy child is given more value. In communities where children are seen as a source of cheap labor, the number of children per woman is higher. In Bangladesh as explored by

Hossain, Phillips & Mozumder (2007), men in the rural areas where there is much land for farming tend to have many children with either one woman or multiple women. The authors further suggest that polygyny is a common practice in rural Bangladesh influence by perceptions of having many children to be seen as rich or of having a high social status in the community.

In yet another study, Lunani (2014) explains that in Uganda, the Baganda community is rooted in patriarchy and the value of a boy child is very significant. Men are allowed to have extramarital sexual activities in the pursuit of having a son who will inherit the property. This agricultural community according to her, women were expected to bear many children and those who have many children, especially boys were regarded highly in the community.

A study done by Mashara (2016) suggests that in East Africa, men's fertility preferences are also influenced by the job they do. The men who work in the cities with their wives staying back in the rural areas in most cases are found to have other women alongside their truly married wives. This is also common among long distance track drivers who spend weeks on the roads in different areas. Mashara further explains that these track drivers end up having children with the women they engage sexual practices on the ways without their knowledge or plan. This has increased the number of single mothers along the long-distance highways especially where the track drivers and other long-distance drivers board lodges overnight or for several days.

According Forrest, Arunachalam & Navaneetham (2018), the rise of the living standards especially in the urban centers has changes men's fertility preferences in the 21st century. The demands for parenting and offering quality living standards to the family including good education to children calls in the husband/father efforts to orient himself to work rather than thinking about having more and more children. Furthermore, Mashara (2016) adds that the fertility education and controlling facilities have really changed the husband's fertility preferences. Most men have understood the

risk their wives may encounter if they keep on bearing children year in year out. They are even supporting their wives to access family planning services. Most men also use family planning methods including using condoms and some going for vasectomy to control the consequences that might come as a result of high fertility rate in the family.

2.5 Consequences of husbands' fertility preferences on reproductive behavior

In developed countries, studies indicate that fertility preferences have dropped drastically in the last two decades. High fertility is characterized by moderate or non-use of contraceptives and high level of unmet needs. Family planning programs provide couples with the facilities they need to meet their fertility goals. Thus, fertility goes hand in hand with contraception which helps the couple to go about fertility intentions like spacing of children and determining or predicting their fertility behavior.

Fertility is the driving force for demographic growth globally. High fertility leads to high child mortality. This may be due to lack of resources to take care of the infant and the biological capacity of a woman to bear healthy children which is affected by the short intervals of child spacing when fertility is high. Bongaarts *et al*., (2016) urges that family planning programs can reduce child mortality rates by delaying the age at first birth preventing high parity births and improving birth spacing. Gender systems majorly influence the consensus between husbands and wives on the issues of fertility and in most cases husband fertility preferences may be the cause of non-use of contraceptives among women especially where patriarchal domination is embedded in the culture (Mboane, R., & Bhatta, M. P. 2015). Predicting future fertility can be more effective if all measures of ensuring fertility are put into place

According to Kenya demographic health survey (K.D.H.S 2017), the mean ideal number of children among all women age 15-49 is 3.6, while that of all men is 3.9. this shows that husband

fertility preference in Kenya is higher than women. The report further asserts that the rate of childbirth by women from poor households (6.4) is higher compared to women from wealthy families (2.8). Social Economic, social cultural, demographic factors, physiological capacity, means of fertility control, and gender discrimination are key factors that determine couple's decision on fertility issues. Power dynamics and gender differentials within the couple especially in cases of men domination, the woman has no voice over her fertility preference and this leads to larger families (Yoon, 2016). Studies in low-income countries that were based on the spousal dynamics of fertility limitation decisions have recorded a variety of decision-making patterns. These studies found that husbands' preferences drive fertility (Jennings & Pierotti, 2016). In cases where literacy and education level of the couple is more or less the same, husband's fertility preferences are given less attention meaning wife's fertility preferences are also influential (Bankole and Singh 2016).

Men and women's reproductive goals are different especially between partners who are couples. Spousal communication on fertility issues determines the contraceptive behavior. Due to the biological role of women to give birth, husband pronatalism is not upheld because women argue that they are the carriers of the babies so they are key in determining the use of contraceptives and when to get pregnant. Variation of sex composition is also another key determinant of fertility preference among couples. Son preference is prevalent in African and Asian countries. Studies focusing on south Asia and East Asia have affirmed sex selective abortions where a pregnancy is terminated when found to be a girl (Zaidi & Morgan, 2016).

2.6 Theoretical frameworks

The study was guided by two theories i.e. Social Exchange Theory and Social Cognitive Theory.

2.6.1 The Social Exchange Theory

Social exchange theory was developed by Thibaut and Kelley (1959) and advanced in the 1960s by sociologists Homans (1961) and Blau (1964). This theory focuses on the rational assessment of self-interest in human social relationships. Social exchange theory provides scholars with an economic metaphor to social relationships. According to this theory, the fundamental principle is that humans in any social setting have a tendency of choosing those behaviors that maximize their likelihood of meeting self-interest in their enshrined situations (Cook *et al*., 2013). At the center of the theory are four key assumptions. First, the theory assumes that individuals are rational and that they regularly engage in the calculation of costs and benefits in their social exchanges and interactions and mostly looks at the gains. According to Thibaut & Kelly:

> "Individuals exist as both rational actors and reactors in the social exchanges" (Cook *et al*., 2013 pg. 137).

Secondly, those involved in interactions are rationally seeking to maximize their individual needs and interests, such the need for a make child or many children, for them to gain from those situations especially those regarding meeting basic needs. Third, the rewards that a person accrues dictate his pattern of social interactions. This pattern is what constrains individuals on how they will seek to meet their needs. Finally, the theory assumes that individuals participate in competitive relationship out of a sense of mutual benefit rather than coercion and the benefits include power and privileges in social groups (Cook *et al*., 2013). Based on the social exchange theory, human behavior is in such a situation that it is motivated by the desire to seek rewards and avoidance of potential costs in social situations. As such, humans choose rationally on the more

beneficial social behaviors. Since social practices are costly, humans have a tendency of choosing only those behaviors that have high rewards (Cook *et al*., 2013). Exchange is concerned of as a social process of crucial significance in social life. The social exchanges reflect any behavior oriented to socially mediated goals. It posits that husbands' position in the marriage enables them to act rationally and often employ exchanges, such as contraceptive use and other fertility preferences, in pursuit of rational ends.

Thibaut and Kelley (1959) were interested in the psychology underlying behavior in small groups forming relationships, exerting control, following norms and rules, achieving goals, and playing roles. They often focused on interpersonal relationships and dyads as they examined the impact of costs and rewards. They developed matrices that reflected various decision outcomes (like a game) such that one choice might lead to both members getting a moderate reward with little cost while another choice led to the decision maker receiving significant rewards while his or her partner incurred significant costs.

However, in its emphasis for husband fertility preferences, the Social Exchange Theory does not account for the significance of the importance of community solidarity on issues of reproductive behavior. This is because the theory overlooks the connected self in giving priority and emphasis to the reparative self in terms of rationality and self-interest. The communal or collective interest invites the need for another theory. The researcher therefore focused attention on Social Cognitive Theory which attended to how people collectively learn to adapt to behavioral changes.

2.6.2 Social Cognitive Theory

Social cognitive theory was developed by Albert Bandura in 1986 as a behavior theory of human motivation and action. It is an offshoot of the social learning theory proposed by Bandura to explain

the various internal and external processes (cognitive, vicarious, self-reflective and self-regulatory) that come into play in human psychosocial functioning. 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, p. 6).

2.6.3 Relevance of the theories to the study

The Social exchange theory relates to the study objectives by taking into account economic factors that make individuals rational and engages in rewarding exchanges. The tendency of choosing social interactions or exchanges that is less costly and is of maximum benefits. That the study

used this theory to assess the economic factors that influence the husbands' fertility preferences on couple reproductive behavior thus making them rational beneficiaries of fertility regulation knowledge and practices as well as family planning services. When there is a campaign on or widespread agitation for fertility regulations, men will embark on weighing the costs and benefits associated with fertility outcomes and reproductive behavior at their disposal. The social exchange theory, however, only explained the economic factors and effects thereof but was limited in the area of social factors which were accounted for by the second theory.

Social factors were considered in the social cognitive theory. The cultural aspects in the theory include myths, taboos, and beliefs that communities embrace making them adopt new and different behaviors. As such, the theory explained reasons for any abrupt behavioral changes. The theory states that when people observe a model performing a behavior and the consequences of that behavior, they remember the sequence of events and use this information to guide subsequent behaviors. Observing a model can also prompt the viewer to engage in behavior they already learned. In other words, people do not learn new behaviors solely by trying them and either succeeding or failing, but rather, the survival of humanity is dependent upon the replication of the actions of others. Depending on whether people are rewarded or punished for their behavior and the outcome of the behavior, the observer may choose to replicate behavior modeled. This theory, therefore, was relevant to the study as it was useful in explaining the socio-cultural factors that influence male fertility preferences.

2.7 Conceptual framework

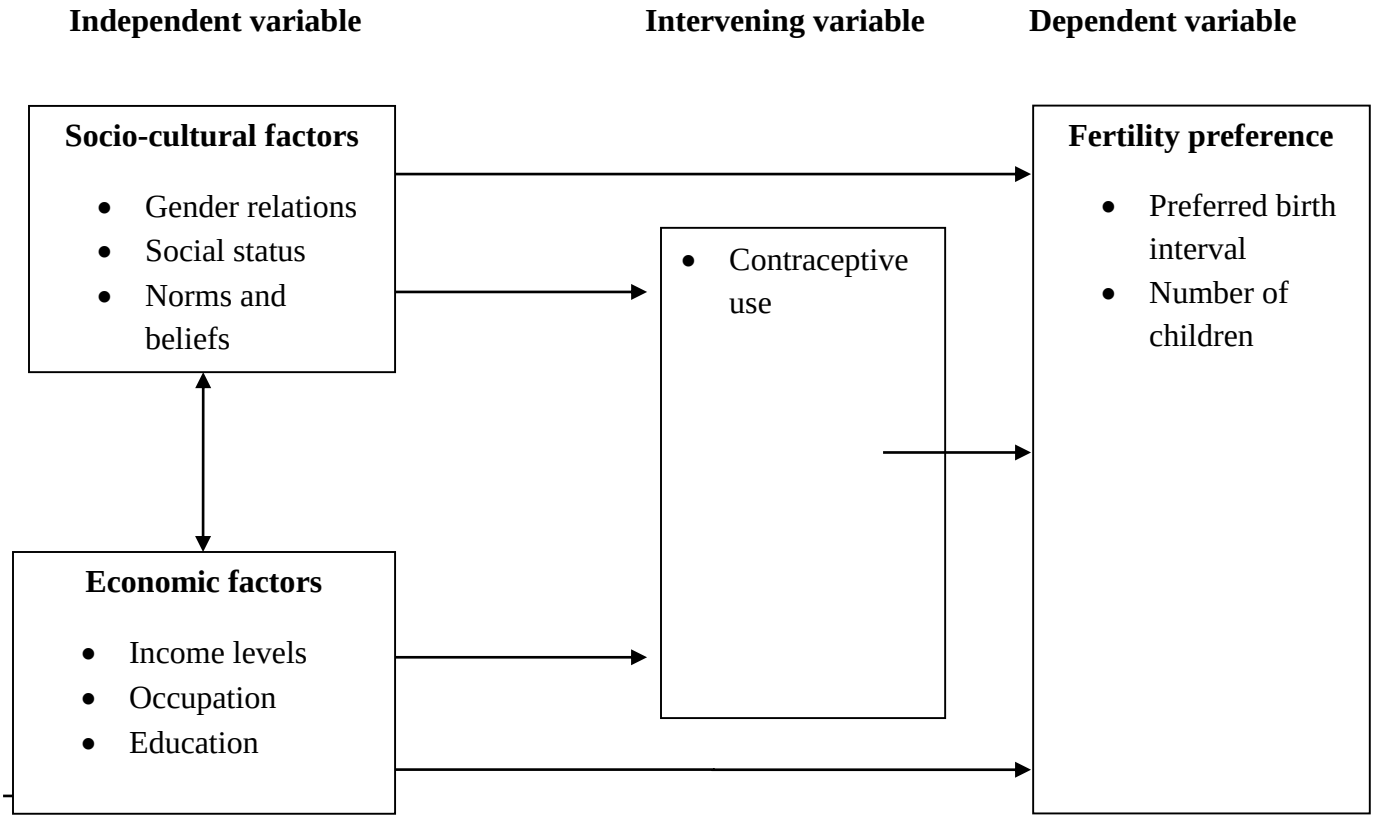


Figure 2.1: Conceptual framework

(Source: Author**)**

CHAPTER THREE

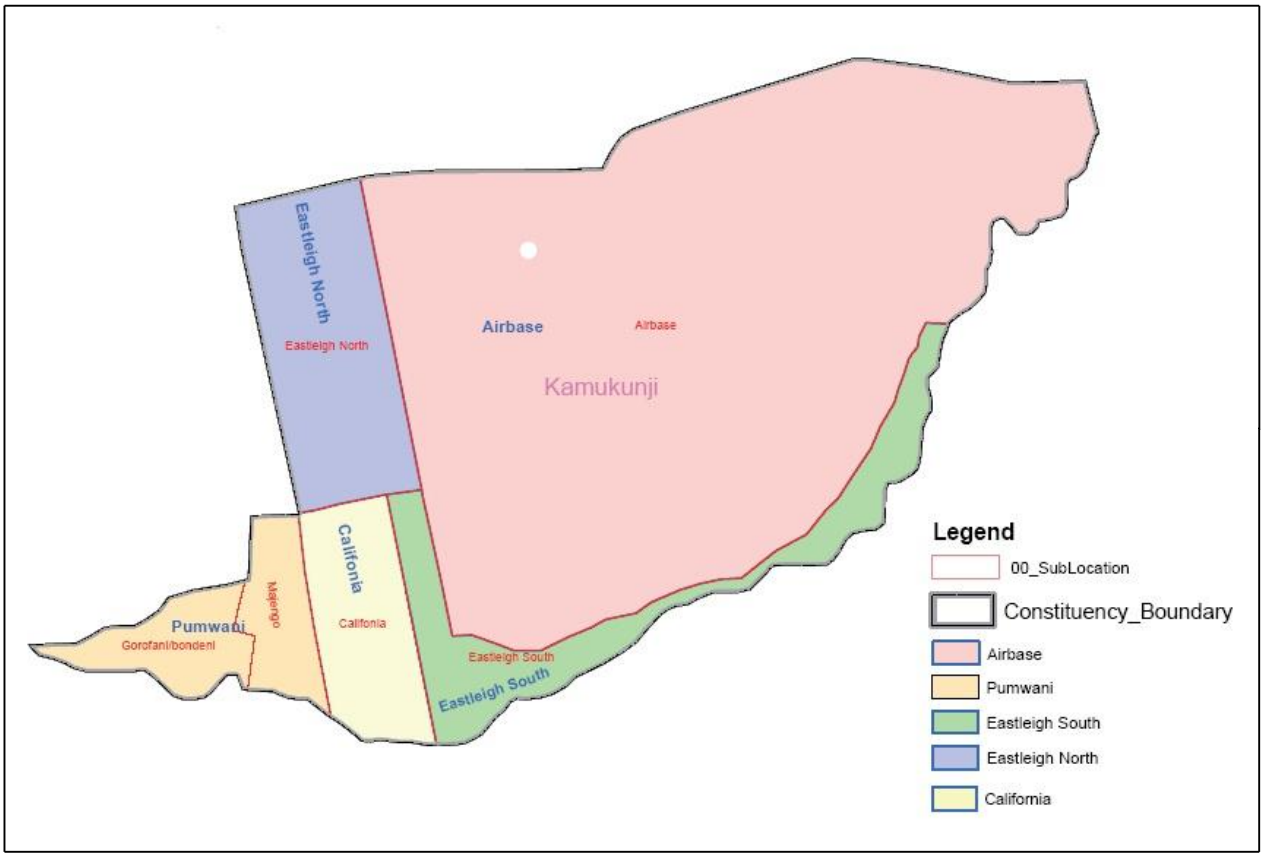
METHODOLOGY

3.1 Introduction

The chapter on research methodology highlights the approach that the used to investigate the influences of male fertility preferences of couple reproductive behavior. The section includes a description of the study site, study design, study population and unit of analysis and the sample population and the sampling procedure. It also includes a description of the data collection methods as well as data processing and analysis. The chapter ends by outlining the ethical issues were adhered to throughout the study period.

3.2 Research site

This study was carried out in Kamukunji Sub-county of Nairobi City County. It is one of the seventeen (17) sub-counties in Nairobi City County and occupies an area of 12 sq. kilometers (Map 3.1). Kamukinji Sub-County consists of five Wards namely: Pumwani/ShauriMoyo, Eastleigh North, Eastleigh South, Airbase and California Wards. The Sub-County has a total estimated population of 261,855 people with an average population density of 45,147 people per square kilometers. The sub-county borders Starehe Sub-County to the North and West, Makadara Sub-County to East and South while Embakasi East on the corridor to the East and Kasarani to the East. The sub-county being a settlement that houses middle and low-class populations provided a mixed bag in terms of how individuals perceive and deal with their fertility within an urban context. The different socio-economic factors extant within the sub-county were brought to bear as well as the fertility preferences and reproductive behavior nexus. The sub-county has strong prevalence of Somali, Borana, Luo, Luhya and Kikuyu inhabitants.



Source: www.softkenya.com

Figure 3.1: Map of Kamukunji Sub-County

3.3 Research design

A research design provides a framework for the collection and analysis of data (Bryman, 2012). Bryman further says that it is a blueprint for guiding how a study will be conducted. This study adopted a cross-sectional study design to help answer the study objectives. According to Bryman (2012) and Creswell (2009), a cross-sectional study design is one that captures the phenomenon as it exists at one point in time. The design facilitated the collection of qualitative data. Further, this design was suitable for this study because it helps researchers to learn about a population by simply interviewing a sample of that population. Cross-sectional study design involves acquiring information about one or more groups of people – perhaps about their characteristics, opinions, attitudes, or previous experiences – by asking them questions and tabulating their answers. According to Kombo and Tromp, (2006), cross-sectional research involves the description of state of affairs as it exists.

The study used qualitative approach that utilized qualitative data collections methods. Creswell (2009) argue that qualitative approach as an inductive approach is eminently effective in determining the deeper meaning of experiences of human beings and in giving a rich description of the specific phenomena being investigated in reality. Semi-structured interviews were used to collect data and were carried out at the household level with married women and their husbands. Complementary qualitative data were collected using focus group discussions which were conducted with community members to document their subjective experiences. Key informant interviews were held with persons knowledgeable on the study topic. The study was carried out within the month of July 2019.

On sampling, the respondents for semi-structured interviews were sampled through convenience sampling. Focus group participants and key informants were also sampled purposively. Qualitative data that was audio-recorded from the field was transcribed verbatim and the transcripts were checked for clarity and completeness. What followed was content and thematic analysis in line with the specific study objectives as the parent nodes. Verbatim quotes have been used to project participants' voices in the presentation of findings.

3.4 Study population and unit of analysis

A target population is conceptualized as the population to which the study findings would be generalized (Cooper & Schindler, 2003). The population for this study consisted of married women aged between 18 to 39 years and their husbands irrespective of their age but living in Kamukunji Sub-County in Nairobi City County. The unit of analysis was the individual man and woman living in Pumwani and California Wards in Kamukunji Sub-county.

3.5 Sample size and sampling procedure

Amin (2005) describes a sample as elements of a population that is subjected to the research questions. According to Babbie (2008), working with a sample reduces the length of time needed to complete research, cuts cost, is manageable and is almost a mirror of the entire population. In this study targeted a total of 40 married men and women for semi-structured interviews. Convenience sampling was used to select participants for semi-structured interviews. Burns and Groove (2001) refer to sampling as a process of selecting a group of people, events or behavior with which to conduct a study. Warren (2002:99) (cited in Bryman, 2012) remarks that, for a qualitative research study to be published, the minimum number of interviews required should be between 20 and 30. The study endeavored to have equal gender representation as well as equal respondents' representation from the two sampled Wards which were sampled purposively. The

study reached 20 men and 20 women from the two Wards for the study, with each Ward having 10 men and 10 women as shown in the table below.

Table 3.1: Sample size distribution

Study sites (Wards)	**Number of married women**	**Number of married men**	**Total number of study sample**
California	10	10	20
Pumwani	10	10	20
Total			**40**

Source: Research data (2019)

3.6 Data collection methods

3.6.1 Semi-structured interviews

Semi-structured interviews were conducted with 40 respondents. Target respondents were men and women at the household level. A semi-structured interviewing is best used when a researcher will not get more than one chance to interview someone and when he/she will be sending several interviewers out into the field to collect data (Bernard, 2006). The semi structured interviews had both closed and open-ended questions. The semi-structured interview guide was divided into three sections: The first section captured the demographic information of the respondents. The second section documented the socio-economic factors that influence husbands' fertility preferences on couples' reproductive behavior and the third section documented the effects of husbands' fertility preferences on couples' reproductive behavior. Data was collected using a semi-structured interview guide (Appendix 2).

3.6.2 Focus group discussion

Focus group discussions turned the focus away from individual experiences and towards a focus on norms, expectations and practices at the community level and to gain consensus on some of the issues discussed with individuals. This method was essential because it provided qualitative data on the subjective experiences of men and women, and couples concerning fertility and fertility outcomes. The study targeted a total of four (4) focus group discussions disaggregated according to sex basing on the nature of the study. Thus, there were men only and women only focus group discussions. This involved two (2) FGDs for each category; men and women in the two Wards where separate discussions were held to allow for different voices and perspectives of the participants to be heard. Each Ward therefore had two (2) FGDs. The FGDs were segregated on the lines of gender to allow men and women have freedom of airing their views freely. The researcher conducted the FGDs in the social hall in Kamukunji Sub-County where there were disruptions from onlookers. The women only FGDs consisted of 12 participants while the men only FGDs consisted of 9 and 10 participants for Pumwani and California Wards respectively. The focus group discussion guide captured the demographic characteristics of the participants and the socio-economic factors influencing husbands' fertility preferences on couples' reproductive behavior. The guide also captured the effects of husbands' fertility preferences on couples' reproductive behavior. With permission from respondents, interviews were audio recorded with audio tape recorders. A focus group discussion guide (Appendix 3) was used to collect data.

3.6.3 Key informant interviews

These interviews were carried out with experts and knowledgeable persons and with experience in the topic of this study. This included one (1) doctor who was fertility specialist, two (2) community health volunteer (CHVs) each from the two Wards, two (2) community village elders who were

community gatekeepers from each of the Wards, one (1) officials from local Caroline Foundation who provided reproductive health and education services to the community. Six (6) informants were selected purposively from the sample population as key informants. They shared their knowledge on social and economic factors influencing fertility preferences among husbands as well as effects of such influences on reproductive behavior of couples. A key informant guide (Appendix 4) was used to collect data.

3.7 Data processing and analysis

Qualitative data collected from the semi-structured interviews, focus group discussions and key informant interviews were transcribed verbatim. Transcriptions begun as soon as first few interviews were conducted. Transcripts were then checked for completeness and accuracy and what followed was sorting the data into themes, categories and patterns. Data analysis was done thematically with specific study objectives as parent nodes and emerging themes were picked as child nodes. Direct quotes from the participants have been used along the presentation of findings to amply the voices of the informants.

3.8 Ethical considerations

Resnik (2011) defines ethical considerations as principles that protect the rights of participants in a research. They are actions taken to ensure that the safety and rights of participants are not violated during the entire process of the study. These standards include voluntary participation, informed consent, confidentiality of information, anonymity of research participants and approval from relevant authorities to undertake research studies (Shamoo & Resnik, 2009). The researcher obtained authorization for the study from the National Commission for Science, Technology and Innovation and reported to the County Commissioner and County Director of Education, Nairobi City County, prior to conducting the field work.

During the field work, the researcher gave an explanation to the respondents on the voluntary nature of the study and hence the freedom of withdrawal at will. To ensure that all the respondents and informants were those who voluntarily consented to the research, no one was interviewed outside the targeted group. Also, all those targeted and finally interviewed were based on a mutual understanding and rapport that had been created by the researcher. A consent form was used to obtain the approval of the respondents' participation in the study. Permission was obtained from respondents before any recording of interviews as well. The researcher guaranteed the respondents to observe the principles of confidentiality and anonymity throughout the study by using codes and pseudonyms to protect their identity. The results of this study will be made available at the library services of the University of Nairobi as a project paper and disseminated to the scientific community through publication. The researcher will avail a copy of the project paper to the County of Nairobi to support policy on ways to involve men in reproductive health programmes.

CHAPTER FOUR

INFLUENCE OF HUSBANDS' FERTILITY PREFERENCE ON COUPLES' REPRODUCTIVE BEHAVIOR

4.1 Introduction

This chapter presents the research findings on influences of husbands' fertility preference on couples' reproductive behavior. The first section is a presentation of the respondents' socio-demographic characteristics while the second section is a presentation of the study findings based on the research objectives.

4.2 Socio-demographic characteristics

This section presents the socio-demographic characteristics of the study respondents. The aim is to understand the background information of the respondents who took part in the study. The study investigated the following socio-demographic characteristics: gender, age, level of education and occupation.

4.2.1 Gender

From the findings, out of the 40 respondents reached in the study, 20 were women and the remaining 20 were men. The study viewed gender as an important variable in the study because it could show the differences in fertility preferences between men and women. Study findings show that men have a higher need for additional children compared to women. Findings of the study indicate that men would want larger families compared to women which to them is a sign of prestige, security, honor and wealth.

4.2.2 Age

The study findings indicate that 8 of the respondents were aged between 18-25 years, 18 were aged between 26-35 years, 6 were aged between 36-45 years, 5 were aged between 46-55 years while only 5 were aged 55 years and above as shown in table 4.1 below. The result show that all the respondents in the in the first age bracket (18-25 years) were women while all the respondents in the last two age brackets (46-55years & 55 years and above) were men. Majority of respondents in the second age bracket (26-35 years) were women. Age was an important variable in this study it could show its relation to fertility behavior. From the findings age was found to negatively affect fertility behavior. This show that as couples' (men and women) grow old fertility intensions changes. The desire for more children decreases with age. Where women were aged between 26-35 years and men aged between 36-45 years there was desire for additional children.

According to one respondent:

> "Age plays a role because you will find that young men would want to have more children but as they grow old that changes and they prefer not to have more children but take care of the ones they already have" (R#13 F43).

This was supported by one key informant who said that:

> "Young couples would most a time have fertility intensions that are very different from couples in their late years……specifically men would not want to have many children in their old age unless their other factors involved" (KII #3 NGO Official).

Thus, age of husbands is an important predictor of the fertility behavior. The desire for additional children decreases with increase in age. Findings of the study showed that younger married men had desire for additional children compared to older ones. This illustrates an inverse relationship between respondents age and desire for additional children. This could be attributed to the fact that

as the parent grow, they will have achieved their desired family size and hence the non-desire for additional children. These 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 desire additional 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.

Table 4.1: Respondents' age

Age Category (Years)	Frequency (n)	Percentage (%)
18-25	8	10
26-35	18	45
36-45	6	25
45-55	5	12.5
55+	3	7.5
Total	**40**	**100**

Source: Research data (2019)

4.2.3 Level of education

Three levels of education were investigated. The levels included tertiary, secondary and primary levels of education. The study findings indicate that 19 of the respondents reported to have attained secondary level of education, 15 reported to have attained tertiary level of education while 6 reported to have attained primary level of education. The study considered education as an important variable that would reveal the significance position it has in influencing fertility intensions among married men. Education has a negative effect on the respondent's desire for additional child. This finding points out the fact that, educated men prefer small family sizes. Some

of the reasons alluded to this is because educated men appreciate the financial implication of supporting large families, marry at a later age and are more likely to approve family planning.

Findings revealed that increase in education decreases a man's desire for additional children. It is evident that even a few years of schooling (primary level education) creates a highly significant difference on married men's fertility preference. Education can influence men's fertility preference by changing perspectives and lifestyles that are consistent with lower fertility and higher 'quality of children', encouraging partner communication and favorable attitudes towards contraceptive use and overall reproductive behavior. The following voice puts the situation into perspective:

> "Yes…when is educated they tend to have small families…educated men are very keen on maintaining a small family size as compared to those who have not gone to school……" (R#1 F 33).

The above sentiment is corroborated by one key informant who opined 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# 2 Chief).

Thus, educated men will marry at a later age and most of them tend to adopt the western culture that favors a small family size. Further, the changing reproductive norms where the younger men who are likely to be more educated may be motivated more easily to accept modern ideas and act as fore runners of the new reproductive norms. 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 gone to school. These findings are in agreement with those of (Yoon, 2016; Sileo, 2014) which have shown that education has a

significant effect in the individual's fertility-related behavior. 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.

4.2.4 Occupation

Findings of the study show that overwhelming majority of the respondents were engaged in business as a source of income. Some of the respondents employed while others were not employed. 100% of those not employed were women who were housewives. Occupation was deemed as an important variable that affects fertility intentions among married men. 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 source of income perceive themselves to have the capacity to give their children quality life regardless of their number. Findings of the study also show that children are valued differently in different occupational set ups. Loss of a job was also found derail childbearing to give the couple to regain economic steadiness before adding a new member of the family. In some, children are valued as sources of labor and hence the desire for additional children. 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 …." (R# 11 M 48).

> "Income is very key…. the children must go to good schools and dress so if my husband has the resources to give our children all that they need I can even give birth to 10 children…." (FGD#1 F 31).

One key informant also supported the above sentiments by saying that

> "Occupation or employment status as you may want to call it is 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……it is also important to understand that fertility behavior is influenced by someone's financial muscle and that's why a rich man can marry even five wives and have five children with them because he can take care of them…." (KII#5 NGO).

The findings of this study confirm those Li (2016) who found that men whose occupation is not in the category of agriculture are likely to have lower fertility preference. Similar findings were also observed by Oluwasanmi *et al*., (2011) in South Sudan and Uganda. The found that the association between occupation and desire for additional children is highly statistically significant 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.

4.3 Socio-economic factors influencing husband's fertility preference

The study sought to identify the socio-economic factors that influencing husband's fertility preferences on couples' reproductive behavior. Respondent were asked about the factors that influence husbands' fertility behavior. Findings of the study show that place of residence was a factor determining fertility preferences among men. The findings show that those who live in urban centers generally have a low fertility preference compared to those in rural areas. Further, the results of the study indicate that people living in urban areas have access to better social amenities such education and they are exposed to modern and new ideas. As a consequence, mem in urban areas are therefore expected to be in agreement with urban characteristics of limiting family sizes. The following respondents puts the situation into perspective:

> "In Nairobi here people cannot give birth to so many children like our relative and friends do in the villages because the life of the city requires small families…." (R#21 F 34).

> "……I think it is just the way the city life is. People prefer having few children I don't see if that's fashionable or they fear the cost of raising many children…." (R#7 M 49)

In support of the above assertions, one key informant said that:

> "…...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…..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#1 CHV).

The findings concur with those done in Kenya by Hinde (2006) which found that a greater proportion of couples living in cities and urbans centers are in agreement in regard to fertility intensions as compared to those living in rural areas.

Study findings show that religion as a cultural underpinning has a great impact of fertility preferences among married men. Religion that men subscribe to such as Catholics, Protestants and Muslims influence the number of children they sire. Findings show that respondents from the catholic religion were observed to have fewer children and they indicated a low number of fertility intention. Respondents from the Protestant group were observed to have a high fertility intension compared to the Catholics. Muslims on the other hand were noted to have the highest fertility intension compared to the Catholics and Protestants. The following voices exemplify the situation as perceived:

> "In our religion we are allowed to marry many wives and have as many children as we wish. So, our wives know that Quran allows that when we want more children, they can't deny us the opportunity…." (FGD#3 M 40).

> "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" (R#16 F 34).

> "…...the word is clear that one man married one wife. Although our Catholic Church doesn't support use of contraceptive, we still maintain small families…" (R#4 F 24).

One key informant supported the above voices by stating that:

> "Religion is a major determinant of fertility behavior. If look at this area we have Muslims and Christians but the fertility levels are high among Muslims as compared to their Christian counterparts" (KI#2 Chief).

From the findings Christians believe that procreation is the only purpose of marriages. Sexual intercourse among 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. Thus, religion suffice as a key predictor of fertility 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 %.

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. One respondent noted that:

> "…...I have a friend who keeps on telling that her husband always insists on them getting many children because the husband feels that he is getting old the wife is still young…..." (FGD#2 F 32).

A key informant supported the above finding by starting 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…." (KII#3 Community Elder).

A large age gap among spouses shows a positive correlation with high fertility. Findings show that wives who are younger are always pressured by their elder husbands 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 have gave men more power than women in terms of decision making around reproductive behavior. Findings show that in such cases women opinions 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.

The study findings show that married men have preference for a male child which influences their fertility behavior. The number of living sons that a married man has is significantly associated with the desire for additional children. 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:

> "Our husbands want to ensure that they have a male child even if it's one……..." (R#9 F 28).

> "There were times my house was not at peace until I gave birth to a male child. I remember my husband was almost marrying another wife because I was not giving him some but God answered my prayers. And because of these are now a family of 9 people" (FGD#4 F 43).

Findings of the study show that the desire for additional children reduces as the number of living sons increase. Those men with no male child were found to have higher fertility levels compared to those with male children. One respondent illustrates this:

> "…. If I don't have a son who will take after me. Who will carry on with my generation….so I must ensure that me and my wife give birth to a son who will carry our name…?" (R#23 M 41).

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 NGO Official)

The study further revealed that, a married man, having at least 5 living sons is less likely to desire additional children compared to a man with no living children. The general trend presented by this finding is that childbearing is structured largely around a targeted number of sons rather than family size. This could be explained on the basis of sons perpetuating family name; the need for sons to exercise power in violent areas or to assure household security. In addition, the inheritance laws that rendered sons crucial to retain the family property could be a reason for son preference.

Thus, families with female children only had the likelihood of getting additional children compared the rest. This shows that the next birth is strongly influenced by the sex composition of the living children in the family. Social Exchange Theory (Thibat & Kelly, 1959) agrees with these finding as it posits that those involved in interactions are rationally seeking to maximize their individual needs and interests, such the need for a male child or many children. The findings are in conformity with other findings that there is preference for sons in most Sub-Saharan African countries for economic and cultural reasons (Dahl and Moretti, 2008).

Study findings indicate that the type of marriage has a significant effect on the desire for additional children. It was found that polygamous men compared to monogamous men were more likely to desire additional children. One of the respondents confirms this assertion by stating that:

> "…...men with many wives have high fertility levels. These men want more children as compared to those who are monogamous…" (R#11 F 38).

Further, findings of the study reveal that polygamous men desire additional children compared to monogamous men. Thus, monogamous men are likely to have lower fertility preference compared to polygamous men. The results of this study are consistent with related studies previously done (Ampofo 2010; De Rose *et al.,* 2012).

The study findings indicate that there is a significant association between desire for additional children and the number of living children. Men fertility preference is mediated upon by the number of living children or the ideal family. The following respondents puts this into perspective:

> "We want large families for 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…..." (FGD#2 M 39).

> "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..." (R#33 F 30).

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

> "In the city here, 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 fertility preferences….." (KII#5 Chief).

The findings further illustrate that the association is inversely related and as expected, the more the number of living children one has, the lower the desire for additional 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 desire for additional children in that the high the number the lower the fertility levels.

Findings of the study show that husbands fertility behavior is influenced by the child mortality experience that the couple has faced in the previous years. Infant mortality has been established by the study as a significant influence of fertility among men who comes out largely as decision makers in fertility levels of the family. One respondent had this to say:

> "…. we lost our second born in 2016 and this was our only son. So, me and my husband decided to have two more children so that incase such a thing befall us we will have other children remaining with us….." (R#21 F 29).

The above assertions were corroborated by one key informant who stated that:

> "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 of any eventuality that might ripe 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 Doctor).

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 Social Cognitive Learning which 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. These findings agree with those by Chege & Susuman (2016) in their study in Kenya 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 35%

4.4 Effects of husband's fertility preferences on couple's reproductive behavior

The study sought to delve into the effects of husband's fertility preferences on couple's reproductive behavior. To do this, respondents were asked how husband's fertility preferences affected couple's productive behavior. Finding of the study show that husbands fertility preferences affects the couples' ability to limit childbirth. Findings show that when husbands prefer not to have additional children as mediated upon by the afore mentioned factors results in the couple limiting child birth. This is amplified by the following quotes:

> "Because he said he doesn't want us to have more children so I had to go for sterilization method to ensure that we will not be able to conceive again……" (FGD#1 F 37)

> "…...we stopped giving birth because me and my wife agreed to close the chapter of giving birth….." (R#23 M 45).

These sentiments were supported by one key informant who noted that:

> "……Yes, as I said earlier, these intentions have an effect on their reproductive behavior in terms of their ability to limit child birth. These will be the case for those who would not want to continue having children…" (KII#1 NGO Official).

The study established that husbands' fertility preferences affects couples' birth spacing. The results show that husbands preferences in matters fertility affect the time space between subsequent births among the couples. One respondent indicated that:

> "…...because he wanted a son, we kept getting pregnant 6 months after giving birth. He kept pressuring me after I have given birth to a girl. I could see all the time he never looked happy and so I would keep on trying until we got a son……...yes we have four kids now….." (R#33 F 34).

This means that intentions of husbands' in as far as preferences for male children is concerned lead to many births with minimal spacing between the children. Equally, the findings also showed that some of the respondents indicated to have a large spacing between children for those who have given birth sons only. This shows that husbands need for male child goes down with the number of living sons.

One key informant in supporting the above sentiments noted that:

> "The value that husbands' have on the male children has seen families grow…...couples can give birth even up to children just for sake of looking for a male child" (KII#5 Chief).

Thus, spacing between children is a common effect of fertility preferences of husbands which is supported by the Theory of Social Exchange (Thibut & Kelly, 1959) agrees with these finding as it posits that those involved in interactions are rationally seeking to maximize their individual needs and interests, such the need for a male child or many children. Like in most African societies are patriarchal, husbands in Kamukunji (Kenya) exist in family structures in which husbands exert authority over their wives on most issues around fertility.

Findings of the study show that husbands' fertility preferences impact on the couples' communication and consensus on fertility intentions. Spousal discussion about fertility is significantly influenced by husbands' desire for having or not having additional children. However, couple consensus of fertility issues does not have significant effect on the couples' desire for no more children. This implies that spousal discussion about fertility may be centered on concerns other than family size per se, such as the sex of the child, infertility or subfecundity which is noted be influenced by male fertility preferences.

One key informant puts the situation into perspective:

> "We have seen coupes discuss their fertility intensions because they may have varying fertility intentions…….and such discussions entails when to have children and the number for children which I think is good for any family….." (KII#6, Community Elder).

Thus, fertility decisions are based on the current assessment of costs and benefits of the next birth and that decision is made on one birth at a time. After each birth, a couple might make a decision to have another birth, postpone another birth or stop reproduction, based on the constantly changing payoff structure which is sensitive to changes in the economic and social circumstances of the household and the country at large. Gender differences in fertility desires have also been attributed to the relative position of men and women in the male dominated cultures like Kenyan culture.

The study findings indicate that husbands' fertility preference affects the couples' use of contraception and family planning. The results show that the desire to have or not to have more children has a tremendous effect on the up take and use of family planning methods. Respondents noted that when they wanted to delay childbirth or stop pregnancy, then it saw the couple take up a certain contraceptive method that suits them.

Some respondents had these to say:

> "Because I was still going to skill so me and my husband agreed that we wait until I graduate is when I can get pregnant and that will be like in the next three years. We decided that I use the coil as our family planning method and he is very comfortable with that……" (FGD#3 F 24).

> "I usually use condom because we agreed that we will have our second once our first-born gets to four years……" (R#21 M 32).

Thus, the desire to have or not to have more children changes the couples' behavior in relation to use of birth control methods.

The findings of this study concur with those of Bongaarts *et al*., (2016) who found that family planning programs can reduce child mortality rates by delaying the age at first birth preventing high parity births and improving birth spacing. Mboane and Bhutta (2015) also observed the same findings. They noted that gender systems majorly influence the consensus between husbands and wives on the issues of fertility and in most cases husband fertility preferences may be the cause of non-use of contraceptives among women especially where patriarchal domination is embedded in the culture. Also, Yoon (2016) findings are corroborated by the findings of this study. He found that predicting future fertility can be more effective if all measures of ensuring fertility are put into place. Power dynamics and gender differentials within the couple especially in cases of men domination, the woman has no voice over her fertility preference and this leads to larger families.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATION

5.1 Introduction

This chapter summarizes the study findings in line with the research specific objectives. The chapter presents conclusion drawn from the study findings. It also presents the recommendations that the study makes out of the findings. The final section of the chapter is a suggestion of areas for further research.

5.2 Summary of findings

The overall objective of this study was to investigate the influence of husbands; fertility preference of couples' reproductive behavior in Kamukunji Sub-County of Nairobi City County. The study investigated how socio-economic factors influence husband fertility preference and the effect of husbands' fertility preference of couples' reproductive behavior. To this end, semi-structured questionnaires were conducted with married women aged between 18 to 39 years and their husbands regardless of the ages. The study managed to reach 20 women and 20 men in the study area. From the study findings, it was established that social and economic factors have profound effects on the husbands' attitudes towards fertility intensions. Age, education level, place of residence, religion, preference for a male child, number of living children, age between the husband and wife as well as child loss experience were the factors observed to have a significant effect on fertility preferences among husbands. The study established that the factors would either create the desire for more children or lower the need for additional children. It was established that husband fertility preferences acted on couple reproductive behavior in a number of ways. Husbands fertility preferences impacted on the couples' uptake and use of family planning and other contraceptives. In cases where the was need for additional children then the use of family

planning would be lower compared to cases where there is need for birth control. It was established that spacing of children and prevention of high parity birth were reproductive behavior mediated upon by husbands' fertility intentions. Equally, it was established that couples' communication and consensus on fertility issues were also other issues acted upon by fertility preferences of the husband.

5.3 Conclusion

Husbands' exert preferences over their wives when it comes to fertility intentions in Kenya. In as much as there is need for use of modern contraceptives in birth controls, African community value of children. especially the male children. have not changed. Communities still have their traditional fabric that still hold the norms and ideologies together. The preferences of larger families and preferences for sons by husbands' does not come as a shock. The study concludes that social and economic factors has a significant association with husbands' fertility preferences. However, the associations were both positive and negative depending on how the selected variable influenced married men fertility preferences. Given the likelihood that fertility preference is not static, that is what you prefer today may not be the same in the near future, this study made an assumption that the desire for the married men to have an additional child as stated during the interview, remains fixed. 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. Fertility intention assists programmers and policy makers to predict contraceptive use and fertility behavior among individuals or couples. In addition, it is commonly used in the literature to estimate unmet need for family planning. The extent of husband-wife communication on

contraceptive use or fertility is clearly related to fertility intentions; couples who do not hold such discussions may not see family size as an issue under their control.

5.4 Recommendations

Husbands fertility preference in a key determinant of population growth and fertility rates of the country. Despite this importance, policies and programmes in the county and country have given husbands very little attention when it comes to reproductive behavior yet they influence fertility levels due to many factors afore mentioned. The study suggests that there is need for:

1. The government through its line ministries should pay close attention in promotion and inclusion of men in uptake and use of contraceptives. This should be focused on the various factors such as region of residence, age, education levels, among others in order to meet the needs of men in the various parts of the county and country.
2. Fertility rates in Kenya is still considerably very high according to the KNBS (2014) with a mean of 3.6. in line with the Big Four Agenda and Vision 2030, the country aims at hitting fertility rate of 2.6 in the next 10 years and 2.1 by the year 2050. As such, there is need for the government to take deliberate efforts to reduce the factors that influence husbands' preference additional children.
3. Policies that aim at integrating population into development should be designed in a manner that they foster socio-economic development in the counties and hence minimize the differences that exists in terms of fertility preferences.

5.5 Suggested areas for further research

The study makes the following suggestions for further research

1. There is need for a comprehensive and comparative study that looks at influence of husbands' fertility preferences on couples' reproductive behavior in the rural and urban areas in the country to bring the differentials in terms of factors and influences.
2. An elaborate study that looks at the how wives' copes with the influences of husbands' fertility preferences in the county.
3. A study that explores the socio-cultural and religious beliefs, norms and attitudes of men in regards to the value of children.

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APPENDICES

Appendix I: Consent form

Investigator: Faiza Said Ibrahim

Introduction

My name is **Faiza Said Ibrahim** from the Institute of Anthropology, Gender and African Studies, University of Nairobi. I am conducting a study on **INFLUENCES OF HUSBANDS' FERTILITY PREFERENCES ON COUPLES' REPRODUCTIVE BEHAVIOR AMONG YOUNG MARRIED COUPLES IN KAMUKUNJI SUB-COUNTY, NAIROBI COUNTY**

Purpose

The study seeks to investigate the experiences of influence of husbands' fertility preferences on couples' reproductive behavior among young married couples in Kamukunji Sub-County.

Procedure

If you agree to participate in the study, a semi-structured interview will be administered by the researcher. The nature of the questions will be about the topic on influences of husband fertility preferences on couple reproductive behavior 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 understand the factors and the effects of husband fertility preferences which could be used to formulate or review existing policy to improve on reproductive health of 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 **Faiza Said Ibrahim** through telephone number **0705020050** or **Dr. Dalmas Omia** through telephone number **0724239868**

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 Master. /Miss._____. I clearly understand that my participation is completely voluntary.

Signature_____Date_____

Signature of Reseacher/Assistant_____Date_____

Appendix II: Semi-Structured Interview (SSI) guide

Date of interview: _____/_____/_____

Respondent's number: _____

Location: _____

Demographic characteristics

1. Gender: _____
2. Age: _____ Years
3. Level of Education
    a. [ ] Primary b. [ ] Secondary c. [ ] College d. [ ] University e. [ ] No School
4. What is your occupation?

    _____

Questions

7. How many years have been in marriage?

    ……..

8. What decisions does the husband makes regarding when to have children and why?

    …….

9. What social factors influence decisions on when to have children, their number and gender?

    ……

10. What economic factors influence decisions on when to have children and the number?

    ……

11. How does the husband ensure you have children at your intended time?

……

11. How does the husband decisions, choices and preferences affect you as a couple?

…….

12. What happens when his preferences are not met?

……..

13. What do you do ensure you meet the fertility preferences of your husband?

……

14. When would you consider the appropriate ways of achieving desired fertility and why?

……

Thank you for your time and assistance

Appendix III: Focus Group Discussion (FGD) guide

Location: _____

Age: _____ Years

Occupation: _____

Level of income: _____

1. What is your understanding of fertility?
2. What is the average number of children that people have in this area?
3. Who makes decision on when to have children and how many?
4. How does the husband influence the decisions on when to have children, how many and their sex?
5. What are the social factors that drive the husbands' decisions and choices on when to have children, their number and sex?
6. What are the economic factors that drive the husbands' decisions and choices on when to have children, their number and sex?
7. What are the effects of husbands' preferences of when to have children, their number and sex?
8. How do you cope with the effects husbands' influences on when to have children, their number and sex at the household and community levels?

Thank you for participating

Appendix IV: Key Informant Interview (KII) guide

Age: _____

Position: _____

Organization: _____

1. How would you describe fertility rate in this area?
2. What are the drivers and stressors of fertility in Kamukunji Sub-County?
3. Tell me some of the social factors that influence male fertility preferences among young couples in Kamukunji?
4. What are some of the economic factors that influence husband fertility preferences among young couples in this area?
5. What are the effects of husband fertility preference on couple reproductive behavior among young couples in this area?
6. How do couples cope with effects of husbands' fertility preferences at the household and community levels?
7. What programmes and policies are there to address the needs of men as far as fertility is concerned?
8. What would advise as the best way to address fertility preferences among husbands and wives in this area?

Thank you for participating