## Changes in Family, marriage and fertility: Notes from Western and Coastal Kenya

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Kenya is one of the African countries that has recorded fertility decline in the last couple of decades. Kenya's total fertility rate (TFR), declined from an estimated 8.1 children per woman in the late 1960s to 5.4 in the early 1990s, according to UN estimates. However, like in other sub-Saharan countries like Zimbabwe and Uganda, Kenya's fertility decline has slowed considerably since then, with the 2008 TFR estimated at 4.9 children per woman--below the 5.5 children per woman average for sub-Saharan Africa, but above the average for all less developed countries (3.3). While the fertility decline is observed countrywide, there is indication that it is not happening at the same rate. Within the country regional differences are substantial (Blacker, 2002). Two regions, Western and Coast, capture this variation. Western Province, predominantly Christian, had high fertility and a sharp fertility decline which came to a halt by the end of the 1990s. A slight increase has occurred in the recent years. By contrast in Coast Province, predominantly Muslim had low fertility in the Kenyan context and little change has taken place since (Opiyo, 2004). While the difference is not stark, it highlights a difference in the way fertility is conceptualized and practiced in the two different cultural and religious settings.

In populations that are characterized by high fertility, marriage and marital practices are known to play a critical role in regulating fertility. This paper examines the connection between changes in marriage and family formations, and attitudes towards fertility. How do different generations of women perceived marriage and family? How do changes in family formation influence marital practices such as marital timing, spouse choice, living arrangements and the number and spacing of children? In other words, how have changes of attitudes affected fertility behaviors in Western and Coastal Kenya?

This paper is based on a qualitative study carried out in Bungoma, Western Kenya and Kwale, Coastal Kenya, in which in-depth interviews (IDIs), Key informant interviews (KIIs) and Focus Group discussions (FGDs) were administered to women (18-35 and 36-60+) and men (18-35 and 36-60+). KIIs included health experts, education experts, community/opinion leaders, and religious leaders. Some of the participants (core participants) were derived from a study carried out 20 years prior, in order to show generational differences in attitudes towards marriage and fertility. The younger cohort were mostly relatives – daughters, sons, daughters-in-law - of core participants.

This paper shows that marriage processes are fast changing in both the areas, favoring pragmatic unions, most commonly known as 'come we stay', most of which are driven by unwanted pre-marital pregnancies and lack of resources required for formal marriage. 'Come we stay' unions are most common among the young cohort (18-35), but are increasingly becoming acceptable in the society. Their temporary nature makes women insecure in the marriage and prompts them to desire more children to secure the marriage. Most women expressed a desire to transition from 'come we stay' to formalized unions as this would empower them to perform their roles as wives and mothers without inhibition. In Bungoma, most of the 'come we stay' unions transition to polygynous unions as men are not fully committed to their 'come we stay' partners. In Kwale, there was tendency for women to leave their 'come we stay' unions when they felt that their husbands were not ready to commit, but in most cases, the women already had a child or two from the union. The desire for permanence in a union is clearly shown to influence women's fertility desires, as well as outcomes.

## **References:**

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