

# **Spousal Communication and Fertility Related Decisions: A case Study of Western and Coast Provinces, Kenya**

**By**

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## **Abstract**

The paper examines the extent to which spousal communication influences reproductive health decisions in two provinces of Kenya. Data for analysis is derived from couple data collected in the Kenya Demographic and Health Survey 2008-9 and supplemented by in-depth interviews and focus group discussions from two districts within the two provinces. Bivariate analysis was employed to assess the association between background variables and measures of spousal communication (discussion of FP). Transcripts from qualitative data were imported into the Atlas.ti software for ease of analysis. Results indicate that spousal communication is a crucial factor in determining levels of fertility and contraceptive use in the two provinces. Qualitative data highlights obstacles to spousal communication on childbearing and use of family planning for the two areas under study and should be considered in fertility reduction strategies.

**Key words: spousal communication, fertility, family planning**

## Background

Although some fertility decline has begun, high fertility and low contraceptive use continue to characterize the Western and coast provinces of Kenya. This is of concern to planners, researchers and policy makers in the country. Trends in fertility in the two provinces indicate that there has been a stall and yet fertility levels remain higher than the national average of 4.6 children per woman. Further, contraceptive use is low. Table 1 presents trends in fertility in Western and Coast provinces and the corresponding contraceptive prevalence rates.

**Table 1: Trends in Total Fertility Rates and Contraceptive Prevalence, 1998 - 2008**

Region	Total Fertility Rates			CPR		
	1995-8	2000-03	2006-08	1995-8	2000-03	2006-08
Coast	5.1	4.9	4.8	22	24	34
Western	5.6	5.8	5.6	30	34	47
Kenya	4.7	4.9	4.6	39	39	46

Source: KDHS 1993, 1998, 2003, 2008\_09

Studies have shown that spousal communication is an important precursor to fertility decline (Raynar, 2000; Oyediran and Isiugo-Abanihe 2002). Other studies have indicated that men prefer more children than women (Bankole and Singh, 1998; Short and Kiros, 2002). This in itself shows that decision making regarding fertility and family planning requires the concurrence of couples. The present study is an attempt to contribute to this wealth of knowledge by examining the extent to which spousal communication influences reproductive health decisions in two provinces of Kenya.

There is substantial evidence showing an association between spousal communication and contraceptive use. Link (2011) using couple's longitudinal data from Nepal, established a strong positive impact of spousal communication on contraceptive use. The influence persists even after controlling for confounding factors. Studies have also shown that spousal communication plays an important role toward increasing men's participation in reproductive health (Lasee and Becker, 1997). Since both men and women have key responsibilities with respect to their reproductive health, communication becomes an important factor when making these choices. Communication between husbands and wives promotes understanding of partner's attitudes toward family planning and contraceptive use. Couples are able to voice their concerns about reproductive health issues, such as worries about undesired pregnancies or STDs.

The present study aims at advancing literature on spousal communication and reproductive behavior by using qualitative information collected during a project on ‘Fertility and Poverty: *the role of gender and reproductive health*’ conducted in Kenya in 2011. (See Acknowledgement) The *project* is a follow-up from two studies conducted about 20 years ago and focused on the impact of gender systems on fertility and poverty in Bungoma-Western province and Kwale-Coast province (Jensen and Juma, 1989; Jensen and Khasakhala, 1993). Couples data obtained from KDHS of 2008-09 are used to give background information on the two provinces.

### **Research Questions**

Key question being asked is whether there is a link between spousal communication and contraceptive use in western and Coast province. Secondly, what are the factors that hinder spousal communication on issues related to reproductive health in Coast and Western Provinces in Kenya?

### **Literature Review and Theoretical Framework**

This study is based on theoretical framework drawn from a number of fertility theories linking contraceptive use and fertility. Following Easterlin (1975) Bongaarts (1978) and Bongaarts and Potter (1983), contraceptive use is linked to fertility goals behavior. Furthermore, contraceptive use is considered as an important proximate determinant that helps reduce fertility to a greater extent in developing countries (Bongaarts, 1978). The link between spousal communication about family planning and the modern contraceptive use is one that is very crucial and well established (Shrestha et.al, 2005). Communication between husband and wife has been recognized as a key factor for adoption and sustained use of family planning and ensures that the couples achieve their preferred number of children.

In many developing countries, smaller families are preferred due to social, economical and financial constraints (Bulatao and Lee 1983; Easterlin and Crimmins 1985). Adoption of FP is one way of realizing smaller families. The communication about the use of contraception for family planning is important since the adoption of modern contraceptive may require some expense. Couples are also able to discuss issues affecting their lives such as seeking medical advice for any problems or complications arising from the use of FP.

In Kenya, existing studies shows that men and women who discuss family planning are more likely to use contraception, to use it effectively, and to have fewer children. Lasee and Becker (1997) using 1989 KDHS found that husband-wife communication together with Knowledge and approval of family planning, desire for more children and ideal family size are all significantly associated with current use. Using multiple logistic regression in their analyses, they show that husband-wife communication, particularly the wife's perception of her husband's approval of family planning significantly increase the odds of current contraceptive. Another study by Kimuna and Adamchak (2001) found that the success of contraceptive use depends on the agreement and cooperation of the husband. Using the 1993 Kenya DHS, the study found that discussion of fertility and family planning between spouses and male approval of contraceptive use were important factors that influenced ever use of family planning. Elsewhere, a study by Shresth et.al, 2005 in Nepal found spousal communication to be a significant predictor of current use of modern contraceptives. Shretha and colleagues noted that frequency of spousal discussion is important in achieving greater contraception prevalence. Those who 'often' engaged in spousal communication about family planning were 3.57 times more likely to use contraception than those who did not engage in spousal discussion. Similarly, those who were engaged in spousal discussion 'sometime' were 2.7 times more likely to use modern contraceptives than those who did not discuss it. A recent study based on data from urban areas indicates that spousal concordance among urban couples in Kenya still remains very low (Tumlinson et.al, 2011). Further, the study found that significant numbers of men still prefer larger families although many approve of the use of family planning and small ideal family sizes,.

## **Data and Methods**

This study used both quantitative and qualitative datasets. The former is derived from the couple data of 2008-09 Kenya Demographic Survey (KDHS) for Coast and Western Provinces which is a nationally representative sample survey of 8,444 women age 15 to 49 and 3,465 men age 15 to 54. Out of these, a total of 1431 couples' data were successfully matched. This study is based on a sub sample of 176 and 181 matched couples' data from Coast and Western provinces respectively. The second data were obtained from data collected during a project on 'Fertility and Poverty: *the role of gender and reproductive health*' conducted in Kenya in 2011. Poverty and fertility project focused on the impact of gender systems on fertility and poverty in the two

areas-Bungoma County in Western province and Kwale County in Coast province. In Bungoma, the study was done in Muchi and Makuselwa, both of which are sub-locations that represent a different economic system. Muchi is an area that represents a cash crop economy as the population there is highly dependent on sugarcane as a source of income. On the other hand, Makuselwa is characterized by a subsistence economy, where most of the population owns small pieces of land and depend on subsistence farming for food and income. In Kwale, the study was done in Kibundani and Mtambwe. Kibundani is a semi-urban setting where residents live close together and depend on small businesses and tourism to earn a living. Mtambwe is a rural sub-location, where the mainstay is farming of subsistence crops.

Qualitative data were collected through in-depth interviews (IDIs); key informant interviews (KIIs) and focus group discussions (FGDs) in four locations. Data were collected in two phases: Phase 1 involved IDIs and KIIs while phase 2, which involved FGDs, was done 5 months later, and sought to fill gaps on issues that were not fully explored in phase 1.

The respondents were selected through snowballing, where the initial respondent, referred to as the core respondent, was a participant in the aforementioned study 20 years ago. It was a difficult and frustrating process to identify and recruit core participants in both areas, as some were dead and others had moved. In Bungoma, we managed to identify more than 7 core participants. It was more difficult to find core participants in Kwale as many of the women had relocated, mostly due to re-marriage. Also, the record of participants in the prior study was scanty as the women's names were not fully recorded or had changed. In spite of this, we managed to identify a number of core participants. Using the core participants, we recruited women and men of reproductive age within their network, mainly relatives. The participants that were snowballed were mostly younger than, and related to, the core participants - daughters, sons, daughters-in-law, sons-in-law, grandchildren, nieces and nephews. A few participants were randomly selected when it was clear that they satisfied the criteria of belonging to the desired age group and had interesting views and experiences to share.

Bivariate analysis was conducted to assess the association between background variables and measures of spousal communication. Qualitative data were transcribed and coded using Atlas.ti qualitative software. Coding captured emerging themes and also enabled us to continue to make

discoveries about deeper realities in the data that were referenced by the codes. Data were analyzed using these themes to identify connections between the themes and the respondents.

The frequency of discussion of family planning between partners is used as an indicator of husband–wife communication. In the KDHS 2008-09, both women and men were asked if they discussed family planning issues with their spouses. A variable reflecting spousal communication on how often the respondent discussed family planning with her/his partner in the past year was created using matched information from each partner’s response to the question, “How often did you talk to (NAME) about family planning in the past year?” Response options included 1-Never; 2-Once or twice; or 3-More often

## **Results**

### **Profile of Respondents**

The basic individual characteristics of respondents are presented in Table 2. There were a total of 176 and 181 matched couples from Coast and Western provinces respectively. The results indicate that whereas partners discussed family planning more often in the two provinces, there was a high percentage of non-response to the question on the frequency of discussion of family planning in the past one year. The percentage of those who did not respond to the question was higher at Coast at 64.8 per cent and western 54.1 per cent. With regard to the perception of wives on whether the partner approved of use of family planning, the majority of the respondents in the two provinces indicated that there was approval. However, as in the previous case the no response category was over half of all the responses in both provinces. Furthermore, contraceptive use among couples is low in both provinces. In Coast province, 32.4 percent of couples reported ever use of modern contraceptives compared to 42.0 percent in Western province.

The level of education differs among the couples with the result indicating more male partners having better education levels than female partners in both areas. Comparing the two regions, about 21 percent of wives had reached secondary school level in Coast compared to 27 percent in Western province. In contrast, about 43 percent of husband had secondary and above education in Coast province compared to about 36 percent in western province. Wealth index was grouped into three dummies; poor, middle and rich. In Coast provinces, majority of couples were from rich households (61% while in Western province, half of the couples were poor. In terms of place

of residence, the result indicates nearly equal distribution of couples from Coast province living in urban and rural areas, however, in Western province, majority of the couples interviewed were from rural areas (76.9 %).

Couples' responses regarding their desire for more children and their ideal number of children were also considered. The results indicate that 62 percent of couple in Coast province reported less than 4 as the ideal number of children compared to 73 percent in Western province. The distribution of couples by desire for more children was considered separately for husbands and wives. The results show that over 60 percent of both husbands and wives said they desired more children in Coast province, while in Western province, less than 50 percent of husbands and wives wanted more children. In terms of type of marriage, majority of the couples were in monogamous union (93% and 89% for Coast and Western respectively)

**Table 2: Percentage Distribution of Couples by Selected Background Characteristics, KHDS 2008-09**

	COAST (N=176)	WESTERN (N=181)
<b>Discussion of FP</b>		
Never	5.7	12.2
Discussed	29.5	33.7
Non-Response	64.8	54.1
<b>Partners approval</b>		
Approves	27.8	37.0
Disapproves	5.1	7.1
Don't Know	2.3	1.1
Non Response	64.8	54.1
<b>Ever use of Modern contraception</b>		
Yes	32.4	42.0
No	67.6	58.1
<b>Wife's level of Education</b>		
No Education	21.0	3.3
Primary	58.0	69.6
Secondary +	21.0	27.1
<b>Husband's level of Education</b>		
No Education	5.1	1.7
Primary	51.7	62.4
Secondary +	43.2	35.9
<b>Type of place of residence</b>		
Urban	54.5	20.4
Rural	45.5	79.6
<b>Wealth Index</b>		
Poor	28.4	49.7
Middle	10.2	21.0
Rich	61.4	29.3
<b>Ideal number of Children</b>		

< 4 Children	61.9	72.9
> 4 Children	38.1	27.1
<b>Husband's desire for more children</b>		
Yes	63.1	42.0
No	32.4	49.2
<b>Wife's desire for more children</b>		
Yes	62.5	47.5
No	28.4	48.6
<b>Type of marriage</b>		
Monogamous	93.8	89.0
Polygamous	3.4	11.0
<b>Religion</b>		
Roman Catholic	8.5	18.8
Protestants	42.0	74.6
Muslims	39.8	6.6
Others	9.6	0.0

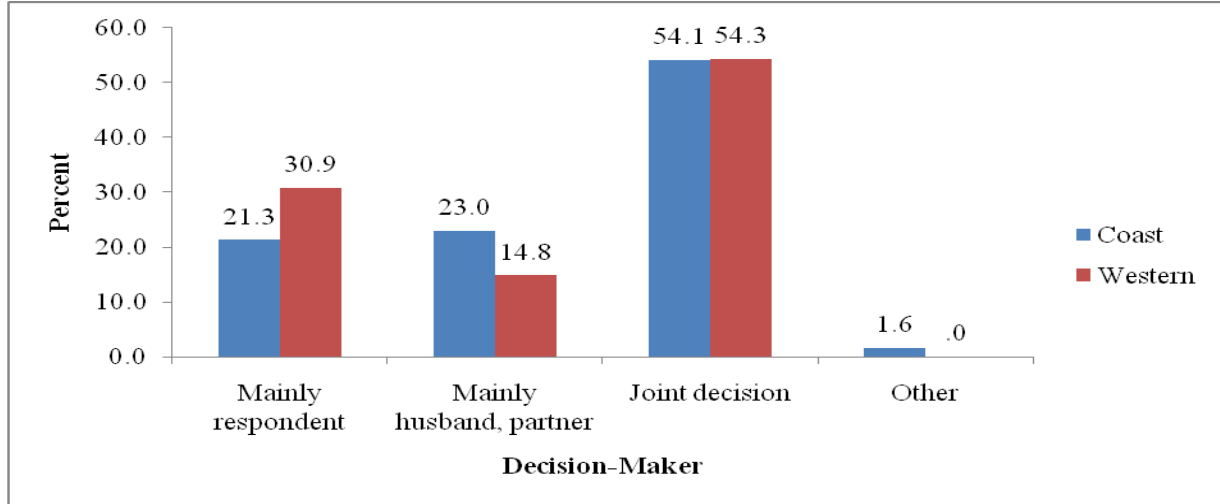
Source: Computed from KDHS 2008-09

### **Decision Maker for Contraceptive Use**

Decision making regarding fertility and family planning usually occur after discussion between couples and it is known to be influenced by the attitude and intentions of one or both couples. The DHS usually ask a question related to decision-making regarding contraceptive use at the household level. Our main focus is on whether there a link between spousal communication and household decisions on contraceptive use and desire for more children. Figure 2 presents the proportion of who makes decisions on contraceptive use among couples in Coast and Western provinces. Overall, the proportion of households where joint decisions are made regarding contraceptive use is similar in Coast and Western province. The result indicates that joint decisions on contraceptive use occur in more than half of the couples in both areas. The result further indicates that respondents' (wife) decision tends to be higher than husband dominated decisions in Western province (31% vs. 15% respectively). However, there is no significant difference in wife and husband/partner dominated decisions in Coast province.



**Figure 1: Decision-Maker for Using Contraceptives among Couples, Coast and Western KDHS 2008-09**

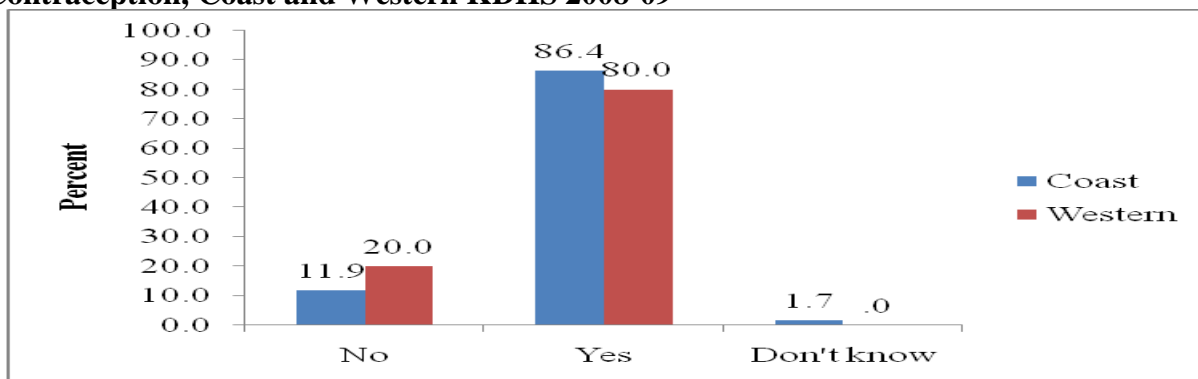


Source: Computed from KDHS 2008-09

### Covert Use of Contraceptives

Women’s covert use of contraceptives, that is, use without the knowledge of their husbands may be a sign of lack of spousal communication on reproductive health matters. This might be as a result of conflict between husbands and wives about family planning. Figure 3 below present the prevalence of covert contraceptive use among couples in Western and Coast province. In both areas, over 80 percent of respondents stated their husband/partners are aware they were contraception. Comparatively, the prevalence of covert contraceptive use is higher in Western than Coast province.

**Figure 2: Proportion of Couples Where Husband Knows the Respondent is Using Contraception, Coast and Western KDHS 2008-09**



Source: Computed from KDHS 2008-09

### Discussion of Family Planning According to Selected Background Variables

Association between discussion of FP and other background variables was established using chi-square test. The results are presented in Tables 3 and 4. There was a significant association between discussion of FP and contraceptive use in both areas. Couples who discussed FP tended to have ever used modern contraceptives compared to those who did not discuss. Women's level of education was also found to have a significant association with spousal discussion on FP. The result shows that more educated women tended to have discussion on FP with their spouses than less educated. The association between wealth index and discussion of FP was found to be significant in Coast province. The results indicate that couples in the middle class have more discussion on FP compared to those from rich and poor households. However, the association was found to be insignificant in Western province. Type of marriage was significantly associated with discussion of FP in Coast with couple belonging to monogamous union reporting more discussions on FP than those from polygamous union. The study did not establish any significant association between desire for more children and discussion of FP in both areas.

**Table 3: Distribution of Couple's by whether they Discussed FP According to Selected Background Characteristics, Coast province 2008-09**

	Discussion of FP in the past 1 year			Total	P-value
	Never	Discussed	NR		
<b>Ever use of Modern contraceptive use</b>					
No	2.5	1.7	95.8	119	0.000
Yes	12.3	87.7	0.0	57	
<b>Wife's level of education</b>					
No Education	0.0	13.5	86.5	37	0.022
Primary	6.9	31.4	61.8	102	
Secondary and above	8.1	40.5	51.4	37	
<b>Household Wealth Index</b>					
Poor	2.0	20.0	78.0	50	0.003
Middle	16.7	55.6	27.8	18	
Rich	5.6	29.6	64.8	108	
<b>Type of marriage</b>					
Monogamy	6.1	31.5	62.4	165	0.041
Polygamy	0.0	0.0	100.0	11	
<b>Wife's desire for more children</b>					
Yes	3.6	56.1	34.1	132	0.190
No	10.5	29.8	56.6	57	
<b>Husband's desire for more children</b>					
Yes	4.5	26.4	69.1	110	0.263
No	10.0	32.0	58.0	50	

**Table 4: Distribution of Couple's by whether they Discussed FP According to Selected Background Characteristics, Western province 2008-09**

	Discussion of FP in the past 1 year			Total	P-value
	Never	Discussed	NR		
<b>Ever use of Modern contraceptive use</b>					
No	0.0	6.7	93.3	105	0.000
Yes	28.9	71.0	0.0	76	
<b>Wife's level of education</b>					
No Education	0.0	0.0	100.0	6	0.080
Primary	13.5	31.0	55.6	126	
Secondary and above	10.2	44.9	44.9	49	
<b>Household Wealth Index</b>					
Poor	16.7	27.8	55.6	90	0.210
Middle	15.3	44.7	50.0	38	
Rich	9.4	35.8	54.7	53	
<b>Type of marriage</b>					
Monogamy	12.4	32.9	54.7	161	0.810
Polygamy	10.0	40.0	50.0	20	
<b>Wife's desire for more children</b>					
Yes	13.2	30.3	56.6	76	0.688
No	9.0	32.6	58.4	81	
<b>Husband's desire for more children</b>					
Yes	10.5	27.9	61.6	86	0.181
No	10.2	40.9	48.9	88	

### Spousal Perception and Attitudes towards FP

The wife's perceptions of husband's attitude towards FP were compared with the discussion of FP and the results are presented in Table 5. Overall, there was significant association between discussion of FP and the perception on husband's attitude. The result indicates the proportion of women who reported their husbands' approval was larger if discussion had occurred than if it had not. In Coast province, among women who perceived their husbands approved FP, 91.8 percent reported couple's discussion. This trend is also observed in Western province (79.1 percent).

**Table 5: Distribution of couples by wife's perception of their husbands' family planning attitude, Coast and Western province KDHS, 2008-09**

	Discussion of FP in the past 1 year		p-value
	Never (%)	Discussed (%)	
<b>Coast</b>			
<b>Husband's approval</b>			0.004
Approves	8.2	91.8	
Does not approve	44.5	55.6	
<b>Western</b>			
<b>Husband's approval</b>			0.024
Approves	20.9	79.1	
Does not approve	50.0	50.0	

### Number of children ever born by husband-wife communication

Table 6 presents the mean number of children ever born by the inter-spouse communication variable- discussion of FP. It is clear from the table that for both the provinces, the mean number of children ever born was less for the group of couples who had discussed FP in the last one year. The result clearly indicates that positive communication between spouses can bring down family size.

**Table 6: Number of children ever born by husband-wife communication on FP**

Discussion of FP	Coast			Western		
	N	Mean	SD	N	Mean	SD
Never	10	3.50	2.369	22	5.23	2.636
Discussed	52	2.94	1.841	61	4.05	2.132
Non Response	114	2.93	2.470	98	3.85	2.578

### Result from Qualitative Data

#### Fear of having co-wife

In Bungoma, many women are reluctant to discuss family planning or number of children with their husbands as they believe men do not approve of it. They fear doing so would suggest they intend to stop bearing children and would make their husbands to marry another wife. Some respondent's especially older women argued that having many children would prevent their husbands from marrying another wife. The following comment by a female, aged 67 years from Muchi, expresses this view.

*"....The women think men look for other women due to the desire for more kids, so they resort to get more children or think that men may bring her co-wives if they failed to give birth to more to children more. Others think that men may bring them co-wives if they failed to give birth to more children"*

**[Female 67 Year old, Muchi-Bungoma]**

Furthermore, having more children is viewed as a means to get economic benefits from husbands' resources. Some women argued that having many children enabled them to receive unrivaled attention from their husbands. In particular, they perceive many children provide them with an avenue to acquire resources held by their husbands. It may also fend off the competition from actual or potential co-wives. One female respondent had to say this about women's' preference for more children.

*“It is mostly depends on the life situations which will vary according to the circumstances, For example when you look at my husband due to marrying many women one can think that he perhaps wanted to give birth to more children which may make you think that since he wants many children, then let me continue to give birth to at least to make him happy. It becomes a situation of competing to give birth to many children between the co-wives to at least to attract a lot of attention from the husband and so that you as a wife you can be a position to take a lion’s share in your husband’s budget. If you do not give birth to many children will mean that very little amount of money will be spend on you. This eventually creates a state of competition between the co-wives to deliver many children:*

**[Female-34 Year old, Muchi-Bungoma]**

### **Insurance and old age security**

In Kwale the issues of insurance and old age security strategies were mentioned frequently as the main motivation of having many children. A common view by most respondents irrespective of their ages was that having fewer children is disadvantageous since they may all die and leave the parents with no one to assist in the future. When asked if she discussed the number of children with her husband, a 43 years old respondent from Mtambwe said;

*“....I want ten children because when you will target few children, maybe they will maybe die all of them then you will lose them but if you will be having many children, few will die and the rest will come to assist you in the future..... I don’t know about my husband”*

**[Female-43 years, Matabwe-Kwale]**

Whereas in Kwale many residents believe it is better to have many children to provide support in the future, in Bungoma, the insurance and old age security is less prevalent. Many Bukusus seem to have started revising their reproductive goals to match with the prevailing standards of living. According to most responses obtained from in-depth interviews, the pronatalistic view that the number of children is up to God to decide does not reflect the feelings of most respondents. Both young and older generation in Bungoma seem to have now changed their mind about having many children. These views are expressed in the following quotes.

*“Whichever the number God will give me. It does not matter. You cannot throw away what God has given you. I can wish to have around four due to high cost of living”*  
**[Female-25 years- Muchi-Bungoma].**

*“I wanted to give as many children as God wished, even if I got 10 or more but as time went by I realized that my husband ability to support us declining. This is why I decided to limit the number of my children to be 9. I started going for family planning”*

**[Female-68-Muchi-Bungoma]**

### **Effect of religion and God decides attitude**

Many Digos are not willing to discuss family planning and the number of children with their spouse because traditional and religious belief does not permit such discussions. In-depth interviews from Kwale revealed many respondents (both male and female) consider reproductive matters to be purely up to God to decide. The difference views in the two areas under study could be as a result of their religious affiliations. Bungoma is dominated by Christians while Kwale is predominantly Muslims. This view is supported by the following quotes:

*“In reality children are planned by God. We human just anticipate but God will take the final decision. Personally if I get any figure like seven children, 3 ladies and 5 men I will thank God. As long as I can take care of the..... I have not consulted her especially because she conceived late”*

**[Male-36, Kibundani-Kwale]**

*“God is the one who plans our family. I cannot plan my family..... we have never discussed, but after she delivered our first born, I discovered that she was using family planning pills, and I had to let her decide if she would stop or continue”*

**[Male-27, Mtambwe-Kwale]**

*“I wanted to have all the children that God has granted me to have. It is not easy to know how many children he wishes to have because I was married as a second wife and he already had children with the first wife”*

**[Female-40, Mtambwe-Kwale]**

### **Desire for more children**

Respondents were asked to state their opinion on whether it is the men or women who prefers to have more children. Whereas data from KDHS 2008-09 indicates that both partners prefer a similar number of children in both Provinces, extracts from in-depth interviews indicates most women and men thinks that it is men who desire more children than women and this was attributed to a number of factors. The commonly voiced reason given by most respondents on why men prefer having for more children is polygyny. In-depth interviews with male and female respondents revealed a common belief that men are fond of marrying more than one wife to get more children. During fieldwork, we found out that polygyny is widely practice in Western than Coast. The following excerpts explain this belief.

*“I think its men who prefer to have more children than women. Because I can see some men adding wives apart from the ones they have”*

**[Male-42, Kibundani-Kwale]**

*“It is men because you find that if you go for family planning we have those men who will decide to marry another wife just to continue having more children”*

**[Female-27, Makuselwa-Bungoma]**

Some women perceive men have absolute influence on reproductive decisions while they remain powerless. The final decisions regarding number of children to have are always left for the men. Interviews with some women reveal that sometimes men demand to have more children even when the women have already achieved the desired number of children. The major role of women in marriage is to bear children to her husband and any indication that women are taking control of their reproductive function suggests to men that women might not wish to live up to their reproductive obligation.

*“...it is men, because with ladies, like me, these two kids may just be enough to me deep inside my heart. If I sit with my fellow women: “ah me I will give birth no more.....Probably somewhere else one has three kids, “ah me it is enough” but when the man comes in the house, what does he tell you he needs? Children. He married you so you can bear him children, as long you were born so should you also give birth”*

**[Female -34, Kibundani, Kwale]**

*“...I believe when I make a decision concerning that (**having more children**), she should obey it for instance when she is pregnant, will she abort it? And when she does that will be the end of our marriage” [Male 41-Muhaka-Kwale]*

### **Role of poverty**

Poverty was mentioned as a major obstacle preventing spousal communication on sexual and reproductive issues. Lack of money may lead to accusations, suspicions and disagreements which often may lead to lack of spousal discussion on reproductive health matters. In one of the FGDs with young men in Makuselwa, participants stated that if the husband is working and earning good money, then agreement on the reproductive issues is guaranteed. According to this group, lack of money is the biggest obstacle to spousal discussion on any matter within the family.

*“...if you want to tell your wife that we need only two children so that we can be able to live well, maybe she will reach a certain point and say you want to press me with two children that mean you want to marry another wife. ....but when you have money, when you tell your wife that you need only two children, you tend to agree in the house”*

**[FGD Young men, Makuselwa-Bungoma]**

Men in the FGD argued that poverty had affected their economic expectations and attitudes about large family size and now desire lower fertility rate compared to the past. Most participants mentioned four (4) as the ideal number of children one should have considering the current economic performance. Child's education and health were mentioned several times as the main reason for preference of fewer numbers of children. This could be an indication for shifting aspiration of having many children to fewer among the poor who aspire their children to have better education and improved living standards. Though primary education is free since 2003 and secondary levels is subsidized, parents are often asked to pay for school uniforms, classroom maintenance, registration, hiring of BOG teachers (teachers not employed by TSC<sup>1</sup>) e.t.c. For parents with a low income, the cost of schooling is not easily affordable since the major part of their income goes to cover food expenses.

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<sup>1</sup> TSC -Teachers Service Commission is a body created by under an Act of Parliament (Cap 212) of the Laws of Kenya in 1967 to oversee teachers' services



*“Personally, according to the present generation, and with the economic situation, a man needs to have a child well educated in school, so that he can have a good future. Four children would be ideal for me”*

**[FGD-Old men, Muchi-Bungoma]**

*“First of all, you need to be able to budget for your income in relationship to your family size. Your income should be able to feed yourself, wife and your four kids. The second thing is on education; first of all the kids must have a gap between their ages so that you can be able to educate them with ease. If you will deliver them continuously, some of them may miss their rights, you will fail to meet all of their rights. Mostly, you will fail to offer them education; you will start to consider leaving some of them out of school. So, its better and easier to manage four kid”*

**[FGD Young men, MTAMBWE-Kwale]**

## **Discussion and Conclusion**

This study examines spousal discussion of childbearing and use of family planning within households using quantitative and qualitative data collected in collected from Coast and Western provinces in Kenya. Quantitative data were obtained from 2008-09 KDHS couple’s data set while qualitative data were obtained from IDI, and FGDs conducted in Kwale and Bungoma counties. Quantitative results indicate that whereas partners discussed family planning more often in the two provinces, there was a high percentage of non-response to the question on the frequency of discussion of family planning in the past one year. Furthermore, the proportion of households where joint decisions are made regarding contraceptive use is also high in both provinces

The findings from bivariate analysis reveal a significant association between discussion of FP and contraceptive use in both areas. Couple who discussed FP tended to have ever used modern contraceptives than those who did not discuss. Not surprisingly, wife’s level of education have a significant association with spousal discussion on FP with more educated women tending to have more discussion on FP with their spouses than less educated wife. In Coast province, type of marriage plays a significant role in discussion with couple belonging to monogamous union reporting more discussions on FP than those from polygamous union. Contrary to other studies,

this study finds no evidence of association between desire for more children and discussion of FP in both areas. Due to fewer cases, we could not run the multivariate analysis to establish factors influencing discussion of FP differs in the two areas.

Results from qualitative analysis reveal various obstacles to spousal communication of childbearing and use of family planning. Different factors seem to influence spousal communication on childbearing and contraceptive use for Bungoma and Kwale. Issues of insurance and old age security are much prevalent among the Digos in Kwale compared to Bukusu's in Bungoma. Many respondents in Kwale preferred to have many children so that in case some die, they will still be some remaining to provide support to parents in the future. These findings suggest that deliberate insurance strategies prevent discussion on family size and contraceptive use in many households. Furthermore, religious belief that reproductive matter is up to God to decide also make couples reluctant to discuss childbearing and contraceptive use. Most respondents believe talking about number of children is not acceptable before God.

In Bungoma, the fear of men marrying another wife tends to make women reluctant to discuss family planning or number of children with their spouses. The general feeling among most women is that discussion of reproductive issues may suggest they intend to stop bearing children and would make their husbands to marry another wife. The finding reveals that little has changed in the last two decades. Earlier study found that women in monogamous marriages preferred having many children in order to prevent their husband from marry another wife (Jensen and Juma, 1989).

It is also emerging that people have started revising their reproductive goals to match with the prevailing economic standards. In Bungoma most responses obtained from in-depth interviews revealed the view that the number of children is up to God to decide does not reflect the feelings of most respondents. They consider having children they can afford to educate and care for. Generally an average of 4-5 children is now considered the ideal number one should have. Cost of education and health are the main factors for preference of fewer numbers of children.

The difference in men and women desire for more children was also established. The results confirm the findings of previous study (Jensen and Juma, 1989: 137) that majority of respondents think it is men who desire more children than women. This view is attributed to a

number of factors including polygyny, sex preference, insurance, old age security and male dominance. The results of this analysis indicate that although many couples discuss use of family planning and childbearing, various factors still inhibit spousal discussion on reproductive issues. Tailor made interventions to improve discussion of family planning may be a key strategy for increasing contraceptive prevalence and reduction of fertility in the two areas.

## References

- Bankole, A., and S. Singh. 1998. "Couples' fertility and contraceptive decision-making in developing countries: Hearing the man's voice". *International Family Planning Perspectives* 24(1): 15-24.
- Beckman, L.J. 1983. Communication power and influence of social networks in couple decisions on fertility. In Bulatao, R.A. & Lee, R.D (eds.), *Determinants of fertility in developing countries* (pp. 415-443). New York: Academic Press.
- Biddlecom, A. & Fapohunda, B.M. 1998. "Covert contraceptive use: Prevalence, motivations, and consequences". *Studies in Family Planning*, 29(4): 360–372.
- Bongaarts, J. 1978. "A Framework for Analyzing the Proximate Determinants of Fertility". *Population Development Review* 4:105-132.
- Easterlin, R. & Crimmins, E.M. 1985. *The Fertility Revolution: A supply demand analysis*. Chicago University of Chicago Press.
- Easterlin, R. A. 1975. An Economic Framework for Fertility Analysis. *Studies in Family Planning* 6:54-63.
- Gebreselassie, Tesfayi, and Vinod Mishra. 2007. *Spousal Agreement on Family Planning in Sub-Saharan Africa*. DHS Analytical Studies No. 11. Calverton, Maryland: Macro International.
- Jensen, A-M. and Khasakhala A. A. 1993. *Too Many Children? Fertility and Family Planning in a Muslim Society of Kenya*, NIBR-report, no 15, Oslo: Norwegian Institute of Urban and Regional Research
- Jensen, A-M. and Juma M. N. 1989. *Women, Childbearing and Nutrition. A case study from Bungoma, Kenya*, NIBR-report no 16, Oslo: Norwegian Institute of Urban and Regional Research
- Kenya National Bureau of Statistics (KNBS) and ICF Macro. 2010. *Kenya Demographic and Health Survey 2008-09*. Calverton, Maryland: KNBS and ICF Macro.
- Kimuna, S.R., and D.J. Adamchak. 2001. "Gender relations: Husband-wife fertility and family planning decisions in Kenya". *Journal of Biosocial Science* 33(1): 13-23.
- Lasee A. and Becker, S. 1997. "Husband-wife communication about family planning and contraceptive use in Kenya. *International Family Planning Perspectives* 23(1): 15-20.
- Link C.F., 2011. "Spousal Communication and Contraceptive Use in Rural Nepal: An Event History Analysis". *Studies in Family Planning* 2011; 42[2]: 83–92
- Short, S.E., and G-E. Kiros. 2002. "Husbands, wives, sons, and daughters: Fertility preferences and the demand for contraception in Ethiopia". *Population Research and Policy Review* 21(5): 377-402.
- Shrestha, Sundar S., Prem Bhandari, and Paban S. Shrestha. 2005. "Spousal Communication and Attitudes Towards and Practice of Contraception in Nepal: A Gender Comparison." Presented at the Population Association of America Annual Meeting. March 31-April 2, Philadelphia, PA.
- Tumlinson K, Fotso J. C., Speizer I, Davis J, Archer L, Kuria P. 2001. "He said, she said: partner communication and contraceptive use in urban Kenya". A paper presented at Sixth African Population Conference Ouagadougou – Burkina Faso, 5 – 9 December 2011

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