

Differences in fertility desires between men and women: the role of gender context

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Abstract: We examine the differences in fertility desires between men and women in Kwale and Bungoma, Kenya, and explore the role that men and women play- together or separately – in realizing these desires. These roles are examined in the context of geo-cultural values as perceived through Bukusu and Christian value systems (for Bungoma) and Digo and Muslim value systems (for Kwale). Further, we look at the position of women within these value systems, and examine its impact on fertility desires and the pathway to realizing ideal fertility. Women in Kwale enjoy a certain level of freedoms that is not accessible to women in Bungoma. This is due to the difference in marriage systems, where women in Kwale are paid bridewealth directly, thereby allowing them to invest in profitable ventures. In Bungoma, dowry is paid to the family of the bride and the bride bears no ownership to it. As a result, the women in Bungoma start their marriages in dependence on their husbands for their own and family needs. In both areas, the prominence of polygyny creates competition between the women and encourages desire for high fertility. But there is a difference in the fertility outcomes in that women in Bungoma seem to have more children than those in Kwale. There seemed to be discordance in fertility desires between men and women in both areas. Men seemed to want children, but they did not feel that there was any pressure on the women to have many children. Women were of the opinion that their partners wanted a higher number of children, but contrary to their wives' beliefs, the men disagreed with that sentiment and wondered where their partners could be getting these ideas. This suggests that there is lack of communication with regards to reproductive health and fertility.

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Introduction

Fertility and family planning research has traditionally been based on data collected from women in marriage unions. It is on the basis of these data that policies and programs in developing countries have been formulated to address family planning and other reproductive health needs in these countries. Granted, women are the ones who bear children and, therefore, in most need for contraceptives. However, men are also impacted by the burden of childbearing through their social responsibilities of maintaining the family's well-being through providing needs such as health, education and shelter. Moreover, it is argued that male influence on fertility decisions is so strong that it cannot be ignored or captured via proxy information from the wife (Adamchak & Adebayo, 1987; DeRose & Ezeh, 2005; Lasee & Becker, 1997)). It is this realization that has, in recent years, prompted research to pay notable attention to the inclusion of men in surveys.

The inclusion of men in survey studies has yielded some interesting results. It has been found that men and women differ in their fertility desires, attitude and goals. Variation in fertility preferences are argued to often be a result of the differences in individual value placed on children, as well as the perceived costs and benefits (Ibisomi & Odimegu, 2011; Mason & Taj, 1987). This cost-benefit differential, it is argued, is the reason for gender differences in reproductive goals, which often is resolved by the power differences between spouses (Beckman, 1983). It is also noted that in certain settings, differential fertility preferences among couples could be a result of ill-health and infertility (Ibisomi & Odimegu, 2011). Mason and Taj (1987) further hypothesize that one of the fundamental reasons for differential fertility goals between the sexes is their physiological role in reproduction: women because of the unique cost of childbearing including elevated risks of maternal morbidity and mortality, are more likely to want fewer children or space further than their spouses.

Extant literature suggests that where patriarchal systems are strong, economic conditions premodern, kinship system lineage oriented and large age gap between spouses, men and women are more likely to hold different fertility desires (Mason & Taj, 1987; Oyediran & Isiugo-Abanihe, 2002; Isiugo-Abanihe, 1994). Conversely, it is noted that common reproductive goals among spouses are seen in more egalitarian and conjugally oriented societies. In some settings, where men's decision-making role is dominant, men's attitudes and desires toward fertility shape the fertility outcomes of the couple (DeRose et al., 2002; Mason & Smith, 2000). For example in a study of the extent to which spouses affect each other's attitude toward family planning in Ghana, husband's attitude and characteristics towards contraception influenced the wife's contraceptive attitude, but the reverse was not observed (Ezeh, 1993). It is argued that this influence is partly a function of both men's dominance and women's economic dependency on their husbands (Isiugo-Abanihe, 1994). Moreover, in societies where marital payments such as bridewealth or dowry are required

and paid to the bride's family, not only are marriages legitimized by the practice, but it is posited that it confers on the groom rights and obligations over his wife and subsequent children, including control over fertility decisions (Isiugo-Abanihe, 1995).

On the other hand, women's influence in fertility decisions is predominant in low-fertility societies (Beckman, 1983) while in higher fertility societies, women's power to limit fertility increases with parity (Bankole, 1995; Hollerbach, 1980; Ortega et al., 1998; Scrimshaw, 1978). For example, Bankole, using Nigerian data, showed that men had more power at lower parity, while women had relative power at higher parity (to stop and continue childbearing), which he argues produces overall equity in fertility decision making. Among the Taiwanese, it is reported that when spouses disagree over whether they have another child; the wife always tends to prevail (Coombs & Chang, 1981). In some settings therefore, men's role in fertility decision-making is not significantly influential, and the final fertility outcome is in fact informed by equal contributions from the couple (Bankole, 1995). However, other studies have countered by arguing that relative power by parity, like with the examples of the Yoruba of Nigeria, does not confer overall equity in fertility decisions and relative power at low parities has greater significance over reproductive decisions than relative power at high parities, especially in cases where overall fertility decline is rapid (DeRose et al., 2002).

As seen above, the variation in the influence of men and women in reproductive decision-making is clear, but the variations are not explained. Because of the dynamic nature of individual fertility preferences, the actual situation is likely to depend on other factors and to vary over time and by location. In a study of 18 developing countries, Bankole and Singh (1998) show that decline in family size preferences usually occurs first with the wives, who are more likely therefore to initiate contraceptive use. That being said, the success of achieving this ideal family size is depended on the husband's responsiveness to this change and the influence his fertility preference has on the couple's reproductive behavior. In Kenya, two studies done in Western Kenya (1988) and Coastal Kenya (1991) showed marked differences in terms of fertility desires and intentions (Jensen & Juma, 1989; Jensen & Khasakhala, 1993). Both areas were rural, and poverty was widespread. The predominant ethnic groups were Bukusu and Digo in Western and Coast, respectively. In these two studies, 132 women and 15 men were interviewed on fertility, marriage and gender. Key findings from this round of studies were that women in Bungoma in Western Kenya had a high number of children, in addition to high fertility desires. By contrast, women in Kwale in Coastal Kenya, had a relatively low number of children combined with relatively lower fertility desires. They were, however, also unable to accomplish their fertility desires and wanted more children than they actually had. Marital patterns differed substantially.

In Bungoma, polygyny was prevalent, marriages were stable and universal, and fertility pressure on women was substantial. Women in monogamous marriages declared that they had to give birth to many children in

order to prevent their husbands from marrying additional wives. By contrast, in Kwale, polygyny was relatively uncommon, but marital instability was relatively high. Half of the women in the study were either separated, divorced, remarried or were „staying with a man“. The studies found an interaction between fertility and marriage patterns. In Bungoma, women in monogamous marriages endeavoured to have many children in order to prevent their husband from taking additional wives. In Kwale, many women had problems getting pregnant and reported spontaneous miscarriage; hence their fertility was lower than desired. Women’s marital histories indicated that these problems were associated with unstable marriages, which seemed to have a long history in the community (Jensen, 1995).

This paper builds on these two studies above, to examine the differences in fertility desires between men and women in Coastal and Western Kenya, and explore the perceptions expressed by men and women regarding theirs and their partners’ fertility desires, and the role that they play- together or separately - in realizing these desires. We examine these roles in the context of geo-cultural values as perceived through Bukusu and Christian value systems (for Bungoma) and Digo and Muslim value systems (for Kwale). Further, we examine the position of women within these value systems, at the society and family level, and look at how it impacts their fertility desires and the pathway to realizing those desires. The status of women is viewed through their participation in decision-making at the family level, especially with regards to fertility, and at the societal level, with regards to economic independence.

Data and methods

This paper is part of a larger study for which design included the use of quantitative secondary data, mainly from the 2008 Kenya DHS, as well as qualitative data collected from locations in Bungoma, Western Kenya and Kwale, Coastal Kenya. According to the study design, Kenya DHS data were to be used to answer questions relating to the linkages between fertility, child mortality and poverty. Qualitative tools were used to capture information showing change over time with regards to gender systems, fertility and poverty. This paper uses only the qualitative tools to understand the interaction between marriage, family formations and fertility.

In Western, the study was done in two sub-locations, Muchi and Makuselwa, both of which are sub-locations that represent a different economic system. Muchi represents a cash crop economy as the population there is highly dependent on sugarcane as a source of income. Makuselwa is characterized by a subsistence economy, where most of the population owns small pieces of land and depends on subsistence farming for food and income. The predominant ethnic group in the two sub-locations is Bukusu, though there are a notable proportion of Tachoni people in Makuselwa. In Coast, the study was also done in two sub-locations, each representing a different economic system. Kibundani is a semi-urban setting where residents live close together and depend on small businesses and tourism to earn a living. Mtambwe is located in the rural area, where the mainstay is subsistence farming.

Qualitative data were collected through in-depth interviews (IDIs), key informant interviews (KIIs) and focus group discussions (FGDs) in Western and Coast. In addition, data based on field observations for the entire period of the study were collected and recorded as field notes in both study areas. 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.

[INSERT TABLE 1 ABOUT HERE]

As seen in table 1, the IDI interviews were administered to women and men from the age of 18 and 68. There were two reasons for including informants above reproductive age. First, comparing perspectives and practices of the young and the old is essential in identifying intergenerational differences and changes in fertility perceptions and behaviors. Second, the previous studies focused on women in reproductive age, but we had to include them in this study as they were the link to new respondents as described below.

The respondents were selected through snowballing, where the initial respondent, referred to as the “core” respondent, was a participant in the two aforementioned studies 20 years earlier. It was a difficult and frustrating process to identify and recruit core participants in both areas, as some were dead and others had moved out of the study areas. In Western, more than 7 core participants were identified. It was more difficult to find core participants in Coast, as many of the women had relocated, probably due to re-marriage. Also, the record of participants in the prior study was scanty as the women’s names were not accurately recorded or had changed. In spite of this, a number of core participants were identified through a “recall” method, where the only core participant we could identify provided information about other participants she remembered to have taken part in the study 20 years earlier. Using this information, a few others were found, and their identity was later verified through photographs that were taken with their consent for the prior study, twenty years earlier. The protocol for the study was approved by the Ethics committee for Kenya Medical Research Institute (KEMRI), and all participants, including FGD participants, provided informed consent prior to participating in the study.

Using references by core participants, women and men of reproductive age within their networks were recruited. The participants who were snowballed were mostly younger than, and related to, the core participants - daughters, sons, daughters-in-law, sons-in-law, grandchildren, nieces and nephews. In addition, a few participants were randomly selected when it was verified that they satisfied the criteria of belonging to the desired age group and had interesting views and experiences to share. This snowball approach was favored for this study because, by collecting views from core respondents from the previous studies, and also from the younger (current) cohort, it allowed the study to explore generational and temporal differences in attitudes towards marriage and fertility.

Eight focus group discussions in each area were held with married and unmarried women and men (see table 1). The issues discussed, and pertinent to this paper included perspectives on marriage patterns and practices, gender roles and fertility desires and outcomes. Participants were selected on the basis of their age and, for women, status as having ever given birth. The selection process was done with the help of community mobilizers who were familiar with the discussants and their fertility history. The discussions were held in Bukusu in Bungoma and Digo in Kwale, and moderated by a research assistant who was duly trained in FGD moderation, as well as on the subject matter of the discussion. In the first phase of the study (which involved use of IDIs), it emerged that marriage patterns played a key role in the women's decision-making with regards to fertility desires and outcomes, and other household dynamics. The issue was therefore interrogated further in the follow-up phase (which involved use of FGDs), where discussions sought to reveal a more nuanced picture of the various marriage forms and patterns. The data excerpts presented in this paper are from both phases of data collection, but more so from the follow-up phase because of the depth of the data on the issue.

The data were transcribed and coded using Atlas.ti qualitative software. The coding process 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.

Results

Fertility Desires for men and women

When participants were asked about family size and family desires, it was clear that they all wanted children. Men and women in both study areas agreed that children were the foundation of the family, and emphasized that there was usually no debate about whether to have them or not. In both areas, the initial answers by both men and women suggested that they had no control of the number of children they got because it was all according to God's will. Answers in this regard were framed as "as many as God allows", "its God's decision", "the ones that God will give me", "only God knows", "whatever the number I have, it is God who will have given them to me", among others. These responses were echoed across the board by both the young and old, men and women, contraceptive users and non-users.

The differences in perception about fertility desires in the two study sites began to emerge when the participants were pressed harder to examine their answers. Since it was difficult to get specific figures of their ideal/desired number of children, men and women were asked their views on whether men and women had similar desires. One perception was that men preferred more children than women. This view was held by women in both areas, who argued that men were capable of getting more children because of the marriage systems in the areas. Polygyny is an accepted cultural and Muslim religious marriage and is very

common in Kwale and Bungoma. The women argued that men preferred to have many children because polygyny supported such desires. Having more than one wife allowed the men to have many children when the total numbers of all the spouses were tallied.

Using the same argument of a supportive existing marriage system, women also suggested that women in this context prefer to have more children than men because of real or perceived competition between the co-wives for limited resources, as well attention from the husband. The quotes below illustrate this point:

I: Between men and women who do you think always wants to have many kids?

R: 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 the 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. (Muchi IDI, female, young)

I: What of women, do they prefer many children?

R: Most women compete to give birth to many children especially in polygamous marriages. (Makuselwa IDI, female, older)

I: Do you think men or women want more children?

R: Women since they fear that their husband may get more children outside their marriage. (Muchi IDI, female, older)

Also, there was the perception that, besides men wanting more children than women, they also preferred male children. This notion was held in both Kwale and Bungoma, where the lineage system is patrilineal and so importance is placed on the male child. This perception was mostly held by women, who argued that men wanted male children in order to extend their lineage and inheritance. However, the same women also

agreed that based on the pressures they get to get male children, they too tended to prefer to get at least one male child. This would not only secure their marriage, but also their future and that of the entire family.

Perceived spousal influences on fertility desires

As seen above, there was a strong perception that men prefer more children than women; and that men would prefer a male child in the family. However, speaking to male participants, it emerged that the perceptions held by women about the men's fertility desires were not reflective of the reality. According to many male participants, the women were in fact the ones who sought to have many children, and also sought to have at least a male child in the family. The women seemed to persist on their perception that men prefer more children, but also conceded that the preferences of their partners strongly influenced their own preferences. The women expressed that the pressure they felt coming from their partners to have many children or to pursue having a male child impacted their own fertility desires. They tended to fashion their desires according to the perceived desires of their partner, or societal preferences. So, in both Kwale and Bungoma, women felt that their decisions had to fall within a certain expectation, which, often, was the one presumed to be held by their husbands/partners and the society.

The back and forth in this argument points to one thing: a lack of spousal communication regarding fertility. There seemed to be discordance in fertility desires between men and women in both areas. Men suggested that they wanted children, but not as many as those suggested by their women to be their (men's) ideal. Also, men did not agree with the sentiment that women were under pressure to have many children, or to have male children. When asked if they had discussed about their fertility desires, it was clear that any such discussions were minimal among couples in both Bungoma and Kwale. The quotes below highlight this point:

I: You had mentioned earlier that you have 6 children. What number of children do you wish to have?

R: Whatever number God will give me.

I: What about your wife? How many children does she wish to have? Have you ever discussed with her?

R: We have never discussed (Makuselwa IDI, male young)

I: Yes, I am a bit aged although you see me quite short. I have understood that and now let us continue with other things, how many kids have you?

R: I had three but two died and I was left with one.

I: And how many had you planned for?

R: I needed as many as possible only that I have reached menopause I cannot have any more.

I: You need as many as..?

R: Ten.

I: What about your husbands, how many did they require?

R: They did not mention a specific number; in fact they were also thirsty for kids.

I: Perhaps during your discussion in the house he did not say anything about it?

R: No. (Mtambwe IDI, female, older)

Influences of geo-cultural value/gender systems on fertility desires The quotes above clearly show that there is little, if any, spousal communication with regards to fertility in Kwale and Bungoma. So what is the basis of the perceptions held by both men and women regarding the partner/spouse's fertility desires? Why do women perceive men to want more children? Why do men not perceive themselves as decision-makers with regards to fertility? There seems to be agreement among participants that systemic contributions play a role in the perpetuation of these perceptions. It was suggested that historical evidence shows there is great value placed on large family sizes and composition, and many women are expected to live up to that expectation. As the quote below shows, precedence set by the older generation sets the benchmark for the ideal family size for the younger women.

R: When you advise someone about a small family she will tell that you already have ten why don't you want her to do the same, what she fails to understand is that it is a big burden. When you don't have that high number of children you find that it is not that easy to understand until you have them (Makuselwa FGD, Female, older).

The younger women are under covert undue pressure to have children at the same level as their mothers or mothers-in-law. And in cases where their mothers or mothers-in-law had few children, especially sons, the women were expected to exceed that in order to compensate for the small family size of the older women. This is shown in the quotes below:

I: Between men and women who do you think wishes to have many children?

R: Men always prefer many children. Like my husband was born alone therefore he wanted to give birth to many boys since he regarded boys as being like his own brothers (Makuselwa IDI, female, older)

I: How many kids did you say have?

R: The kids that I have are 8, seven pregnancies but 8 kids

I: Had you planned to deliver these 8 kids or how many did you want?

R: Even 10 I could deliver, because if I look at this family, there are no people, and the grandmother is like so, my husband is alone. So I had planned...am not doing family planning, I haven't tried even for once. So he wanted me to have kids so that he can also know that he has fellows as a family. They would help him in future because no one of his uncles' sons would help him (Kibundani IDI, female, young)

I: Do men really like to have many children?

R: For those who have no relatives they like to so that they get company but this happens to the ancient men, nowadays they normally tell the women to go for the family planning injection only when they get two children.

I: You mean the olden men like children more than the current ones?

R: Of course.

I: What about women?

R: There are some women who also like children especially those who do not have relatives too (Mtambwe IDI, female, older)

The idea that the cultural and religious systems in the two areas emphasize the importance of larger families is expressed in the way people perceive those with large families. In both Kwale and Bungoma, it emerged as a huge source of pride for a man to have a large family as it demonstrated the power of the man, as well as the wide reach of his heritage. Men with such families were respected in life and in death, as the quotes below indicate:

I: What about men, how many children do they wish to have?

R: Most men you find that want many children so that they can boast to their friends at home or for prestige (Muchi IDI, female, young)

R: I would like to say that one of the advantages of having a big family is being recognized, let me say it is some kind of tradition belief that when you have many children you feel some kind of pride and for a woman some kind of protection and for example when someone dies, you listen to the eulogy and the number of children he had, you feel good.

I: The dead one?

R: It is the family which feels very good; it is just a kind of pride they feel (Makuselwa FGD, male, young)

When women in Bungoma were asked why they believed that men preferred to have fewer children, they attributed the preferences to the fact that men are usually not exposed to everyday childrearing activities because their participation in everyday childrearing activities was minimal. As such, the men had a skewed perspective of the work involved in childrearing, and often undermined the burden the women shouldered. Their lack of involvement in daily household chores and childrearing activities denied them the experience of the burden of taking care of children to the extent that they favored larger numbers of children. The following quotes from Bungoma show this sentiment:

R: Most men in most cases always want more children and not women.

I: Why do you think so?

R: It is because it is you (a woman) who suffers and not the man It is a woman who carries the pregnancy for 9 months. Most men always leave the responsibility of caring for the children to their wife. For the men, nothing is wrong with them; they are always happy as they only watch from the side as their children grow (Makuselwa IDI, female, young)

I: What about women?

R: For women, we normally see the burden....Just because when the husband goes out he leaves you with all these burdens alone.

Children will always ask their mother "mum we want porridge, or mum we want to eat."

I: They do not tell the father?

R: No. They only talk to the mother of which we see it as a burden (Makuselwa IDI, female, young)

However in Kwale, it seems like men preferred to have less children than women. Most respondents who were of this opinion also explained that men in this culture were expected to participate in child-rearing activities from a child's tender age, as well as contribute towards household chores. All this in addition to bearing the financial responsibility of the child's cost of education, health, shelter and food. These expectations led men to prefer smaller families in order to fulfill their responsibilities as fathers, as the following quote shows:

I: Now between a man and a woman who wants to have more children?

R: Because the woman doesn't look for food, she'd want to keep on giving birth, but a man would think that, if I have more of them, who will take care of them, yet they also need education (Kibundani IDI, female, older)

Discussion and conclusion

The issue of fertility preferences has been researched widely, especially in Africa, where there has been keen interest in observing movement in the fertility transition. Many different angles have been taken in this regard, and this study adds to the existing knowledge about the role of geo-cultural and gender systems in the fertility preferences of men and women. The results here help to explain why men and women differ in their perception of fertility and children.

Based on the sentiments of participants in this study, it is clear that there is discordance in the perception of the ideal family size between men and women. Women tend to think that men value large families, and prefer to have sons, while men think that women are misinformed about the men's intentions. This highlights a lack of spousal communication about fertility, with the partners making assumptions about the other's preferences. Further, the partners actually proceed to act on those assumptions, with the aim of realizing those family ideals. The result is confusion and sometimes blame for the current situation in which many families themselves in. So why is there little communication and more assumptions of the ideals?

The emerging explanation from the results shown above is the underlying geo-cultural and gender system in the two study areas. Clearly, polygyny is a culturally and religiously (Muslim) favored system of marriage and women in the two communities live with the fear that they would have to face competition for attention and resources with their co-wives. To quell the fear, they resolve to have more children than their co-wives (or their husbands' mistresses) in order to secure their place in the marriage as well as secure resources for themselves and their children.

In both areas, the prominence of polygyny creates competition between the women and encourages desire for high fertility. Moreover, it is argued that the level of spousal communication about contraception, which positively influences eventual use, is lower in polygamous marriages, especially if the residential type is rural (Dodoo, 1998). But there is a difference in the fertility outcomes in that women in Bungoma seem to have more children than those in Kwale. So, what underlies the differences?

The differences in the desire to have more children between men in Bungoma and Kwale can be attributed to the differences in gender systems. The comparison of the status of women in Kwale and Bungoma shows that women in Kwale enjoy a certain level of freedoms that are not accessible to women in Bungoma. This is due to the difference in marriage systems, where women in Kwale are paid dowry directly, thereby allowing them to invest their dowry in profitable ventures (Gomm, 1972; Spear, 1978). In Bungoma, bridewealth is paid to the family of the bride and the bride would have no claim to it (Wandiba, 1997). As a result, the women start their marriages in a position where they are dependent on their husbands for all their own and family needs. Moreover, other studies argue that payment of bridewealth to the bride's family often transfer the woman's rights to both fertility and her fertility decision to the husband's lineage (Afonja, 1990). In other cases it is reported that the process of saving for high bridewealth especially for educated women not only increases the age at which men marry, but also contribute to large age gap between spouses, which help men in conferring their authority over such decisions (Feyisetan & Bankole, 1991). Others have gone as far as stating that in cases where high bridewealth has been paid; men are even less tolerant of egalitarian demands from their wives (Isiugo-Abanihe, 1994; Isiugo-Abanihe, 1995; Dodoo, 1998). The relatively higher level of autonomy for women in Kwale seems to enable them to negotiate responsibilities with their husbands at the household level, as compared to women in Bungoma. In Kwale, it seems like men are closely involved in child rearing activities and household chores, compared to men in Bungoma. As such, men in Kwale tend to be cognizant of the level of involvement in bringing up the child that is not just economical. They participate in household chores and take care of the babies to relieve their partners. There is little such involvement in Bungoma, as men generally are not obligated to participate in this way.

There is also the role that history plays in the differences in fertility preferences in the two areas. Whereas most men in Kwale and Bungoma born as only children or only boys prefer to have many children, and especially male children, there is a noticeable preference for many children among the women of Bungoma.

Precedence from previous generations of men and women influences the current young men and women in their fertility desires. In cases where the mother or mother-in-law had many children, the younger woman is under pressure to get as many children as the older woman. And in cases where the older woman had few children, the younger woman is pressured to compensate for the underperformance of the older woman.

The results in this paper suggest that there is need to enhance spousal communication in order to attain the ideal family preferences for couples in Bungoma and Kwale. It seems like in most cases, men and women think about the issue of family size but do not discuss to arrive at a common decision. While the underlying causes of discordance are attributed to the gender systems and values, some of the causes are due to a lack of spousal communication. Addressing both these aspects of fertility in the two areas would be a vital step towards addressing discordance in fertility preferences between men and women.

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