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EDITORIAL

The Ignored Role of Men in Fertility Awareness and Regulation in Africa

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High fertility in rural sub-Saharan Africa still remains a major challenge for the public health and development communities. The 1994 International Conference on Population and Development in Cairo emphasised women’s health and empowerment as necessary means to encouraging lower fertility and preventing unwanted births. While this agenda rightly acknowledges the need to improve the lot of women worldwide, the one-sided emphasis on women may be inadequate since women rarely make decisions or take action related to reproduction on their own. Men’s involvement in programs and interventions to address the health consequences of high fertility and unsafe motherhood may be an important ingredient of reproductive health programs in rural Africa.

Fertility changes throughout the sub-Saharan region have been greatest for urban and educated women, in countries where strong family planning programs have been carried out and where improvements in child mortality have been greatest. Southern Africa is notable as the sub-region with the most widespread and longest established decline; six countries have total fertility rates of below 6 children per woman. In East Africa, decline can be found in Kenya and Rwanda. In West Africa, Ghana and Cote d’Ivoire and some
states in Nigeria also show evidence of decline. For most countries, however, evidence of fertility decline is at best inconclusive. They are promising but they are not widespread. For the region, fertility levels continue to remain the highest in the world and few countries have total fertility rates below 5 children per woman. Fertility levels in the rural areas of most countries remain high, and demand for large families that supports high fertility remains strong in most rural populations. Modern contraception is uncommon in rural areas and the continuing high levels of fertility are important contributors to the poor levels of reproductive health. A better understanding of the supports for high fertility in these communities is necessary, so that programs aimed at improving fertility awareness and regulation can adequately meet the expectations and needs of the population.

The crux of the matter seems to be the strong demand for large families in rural Africa and the similarity between the number of children desired and the number born in these populations. Generally, during a fertility transition, the desire for smaller families precedes the achievement of lower fertility and subsidised family planning programs are introduced to address increasing ‘unmet need’ for contraception. In rural Gambia, we find that women want the large families they are having and the gap between desired and completed family size is very small. Even more striking is the consistent finding that men want even larger families and that they find ways to achieve higher personal fertility than their wives through polygyny or remarriage. Several features of rural African families produce gender differences in expectations and obligations for children. Gender stratification of domestic tasks puts the responsibility for childcare and daily provision for the children on women. This does not mean that men are not deeply concerned about the reproduction of the family. In patrilineal societies, marriage relationships are commonly centred on the transfer of rights to a woman’s labour and reproductive capacity to her husband’s lineage. The benefits of large families are often greater for men than women. Reproduction and continuation of the lineage are considered a man’s responsibility to his ancestors. Where men are primarily responsible for overseeing household production, additional children may bring more advantage to men than to women. Women’s status is commonly established on the basis of her reproductive performance especially in virilocal marriage systems. Men earn prestige by having productive individuals within their household and the benefits that they accrue through reproduction should not be underestimated.

There is increasing evidence that men’s fertility desires have an impact on fertility patterns throughout Africa. Data from 13 sub-Saharan African countries show that couples often have different fertility desires. Recent work in Kenya has shown that men’s preferences for children are stronger determinants of contraceptive use for the couple than women’s, and that contraceptive use is most strongly predicted when both partners’ preferences for children are in agreement. Most work that aim to include men in family
planning have focused on male influence and couple negotiation, with the aim of encouraging the greater involvement of women in decision-making. Despite these promising starts, there is a case for a new framework of reproduction that includes men’s fertility preferences and the motivations of men for reproduction in a more systematic way, rather than only including men as one of the many factors that influence women’s reproductive behaviours.

There are distinctive features of African societies that make this task especially important. Many of the particular family formation strategies that are widespread across Africa present very different options to men and women to achieve their fertility desires. The European concepts of marriage and family cannot be applied to analyses of reproduction in Africa. The cultural context of reproduction includes a variable set of gender roles and expectations for men and women. Reproductive interests in particular are shaped by a set of socially dictated norms, including gender norms, rather than through the reconciled ambitions of a husband and wife. Communication and negotiation of mutual goals of reproduction are not part of these dynamics.

It is not only the interests in children that are shaped by gender but also the means available to achieve given fertility goals. The institution of polygyny is especially important in the African context. Recent work in a polygynous population in Gambia shows that men are able to use marriage as a reproductive strategy to achieve personal reproductive goals independent of their individual wives. In this population, men’s desires for personal fertility were greater than their desires for their individual wives’ fertility, indicating that men not only consider their fertility separately from their wives’ but that they expect to have higher fertility than women. Understanding men’s reproductive behaviour will be important in explaining fertility and the possibilities of encouraging fertility decline in the region.

Many have called for the promotion of couple communication and joint decision-making within reproductive health and family planning programs. In many African societies, there are several obstacles to the idea of negotiation and cooperation for reproduction. They include: (1) discussion and a shared process of decision-making is not common in most rural African marriages; (2) the very idea of decision-making and planning around reproduction may not be acceptable; (3) polygynous marriages and the possibility of extramarital partners challenge the construct of a discrete couple; and (4) the influence of the extended family is very strong in most matters connected to reproduction. These obstacles challenge the effectiveness of any program that sets out to promote cooperative decision-making between partners without an understanding of the specific context of marriage, family and gender.

Too often it seems that the services designed to reduce fertility and to improve reproductive health have been implemented without full understanding of the interests of
men and the context of the family in which men and women live. This will be especially important where men’s say in family size and reproductive behaviour is greater than women’s. On one hand we must encourage women’s autonomy and personal control of reproduction, on the other we must recognise that the individual’s right to reproduction is a human right and a matter of great public health importance for both sexes. A family planning program that does not truly involve men and their considerations can exacerbate tension in gender relations. Therefore, "services and communication strategies must reach women and men both as individuals and, where possible, as couples".

To design such services it will be necessary to first understand the experiences and motivations of men and women as separate individuals and how they bring these to their unions of all kinds.

As for the future, it is clear that more comprehensive studies of marriage and fertility are needed so many places but this need is especially great in sub-Saharan Africa where the differences in the reproductive expectations of men and women appear to be at their widest. More work is needed on men’s reproductive experiences, motivations for reproduction and the importance they give to their roles as fathers and as partners to the women with whom they share their families. The empirical basis of much of the theory underlying the transition to smaller families now appears to be very lop-sided, focusing largely on women’s experiences. We will need further data on the timing and pace of men’s fertility; men’s particular marriage patterns; men’s knowledge, attitudes and practice of contraceptive use; and their contribution to the upbringing of children. The inclusion of men will allow the development of policies and programs that will encourage improvements in reproductive and family health with involvement of both partners.

REFERENCES


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