Socio-cultural Practices and Fertility Behavior Among Banyankole Families in Sheema Municipality, Southwestern Uganda

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DECLARATION

I, Kwabaho Juliet Kanshumbushe Mujuni hereby declare to the best of my knowledge and understanding that this thesis is my original work and has not been previously presented by me or any other person to this university or any other higher institution of learning for any academic award.

Signature: _____

Date: 27/5/2025

APPROVAL

This is to certify that the study on Socio-cultural Practices and Fertility Behavior among Banyankole Families in Sheema Municipality, Southwestern Uganda was conducted under our supervision and this thesis has been submitted with our approval.

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DEDICATION

This piece of work is dedicated to my children, Noella and Craig, who endured scarcity as family resources and time facilitated this study and who kept encouraging me to move on whenever the journey seemed to be getting tough. May they be encouraged to do the same.

Also, to my parents, Mr. Nekemiah Mujwago (Rip) and Mrs. Violet Bacubire Mujwago who in their illiteracy and meager resources facilitated my early education that has laid foundational knowledge for this work.

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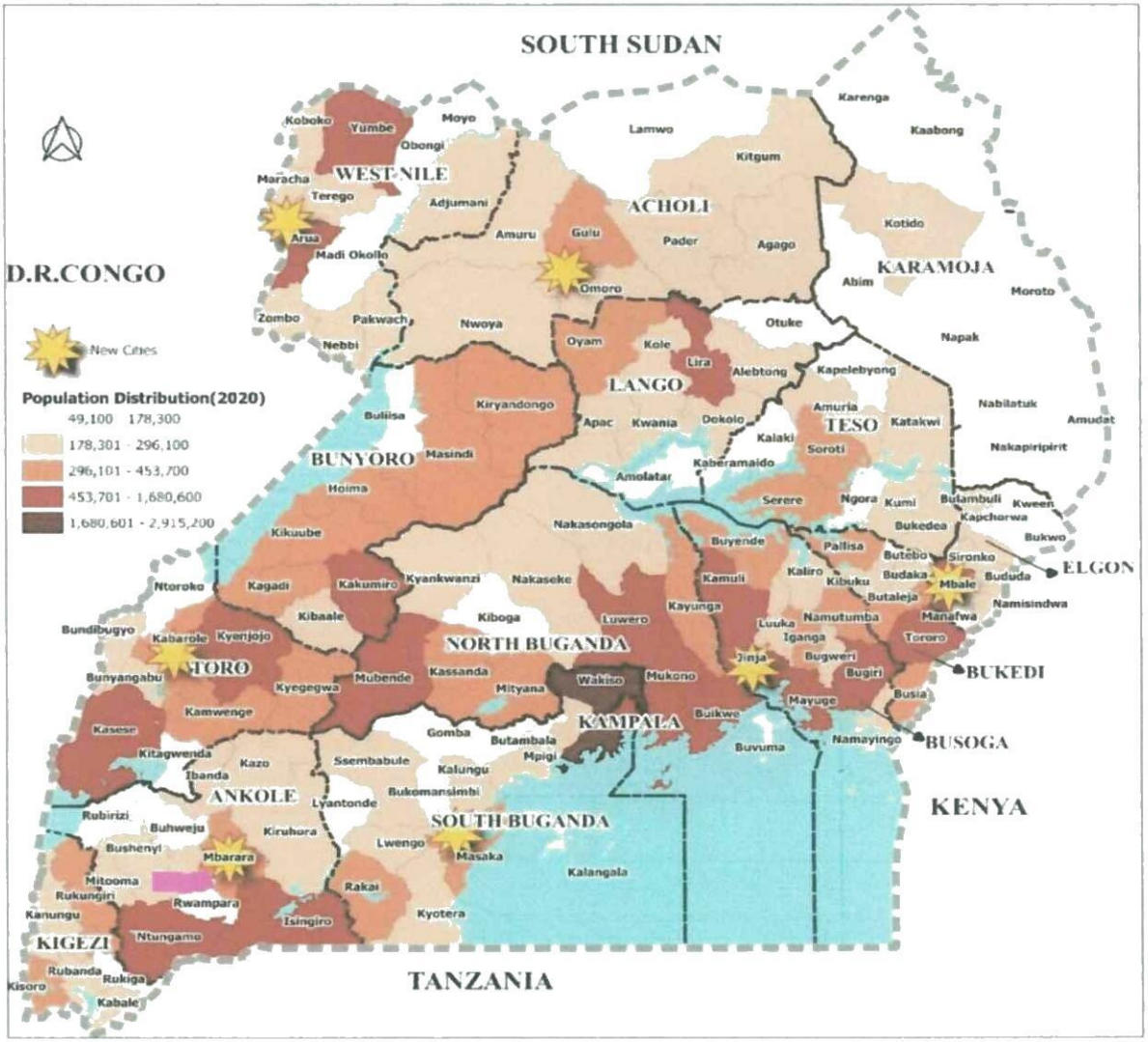
Map 2: Map showing the location of Sheema municipality

LIST OF ABBREVIATIONS

FGD:	Focus Group Discussion
FP:	Family Planning
HSDP:	Health Sector Development Plan
ICPD:	International Conference on Population and Development
II:	Individual Interview
KII:	Key Informant Interview
MSU:	Marie Stopes Uganda
NDP:	National Development Plan
NEMRA:	Network for Educational and Multidisciplinary Research Africa
NPC:	National Population Council
RHSC:	Reproductive Health Commodity Security
RHU:	Reproductive Health Uganda
SDG:	Sustainable Development Goal
SDP:	Social Sector Development
UBOS:	Uganda Bureau of Statistics
UDHS:	Uganda Demographic and Health Survey
UN:	United Nations
UNESCO:	United Nations Educational, Scientific and Cultural Organization
UNFPA:	United Nations Population Fund
US:	United States

Map of Uganda Showing Districts

Sheema Municipality

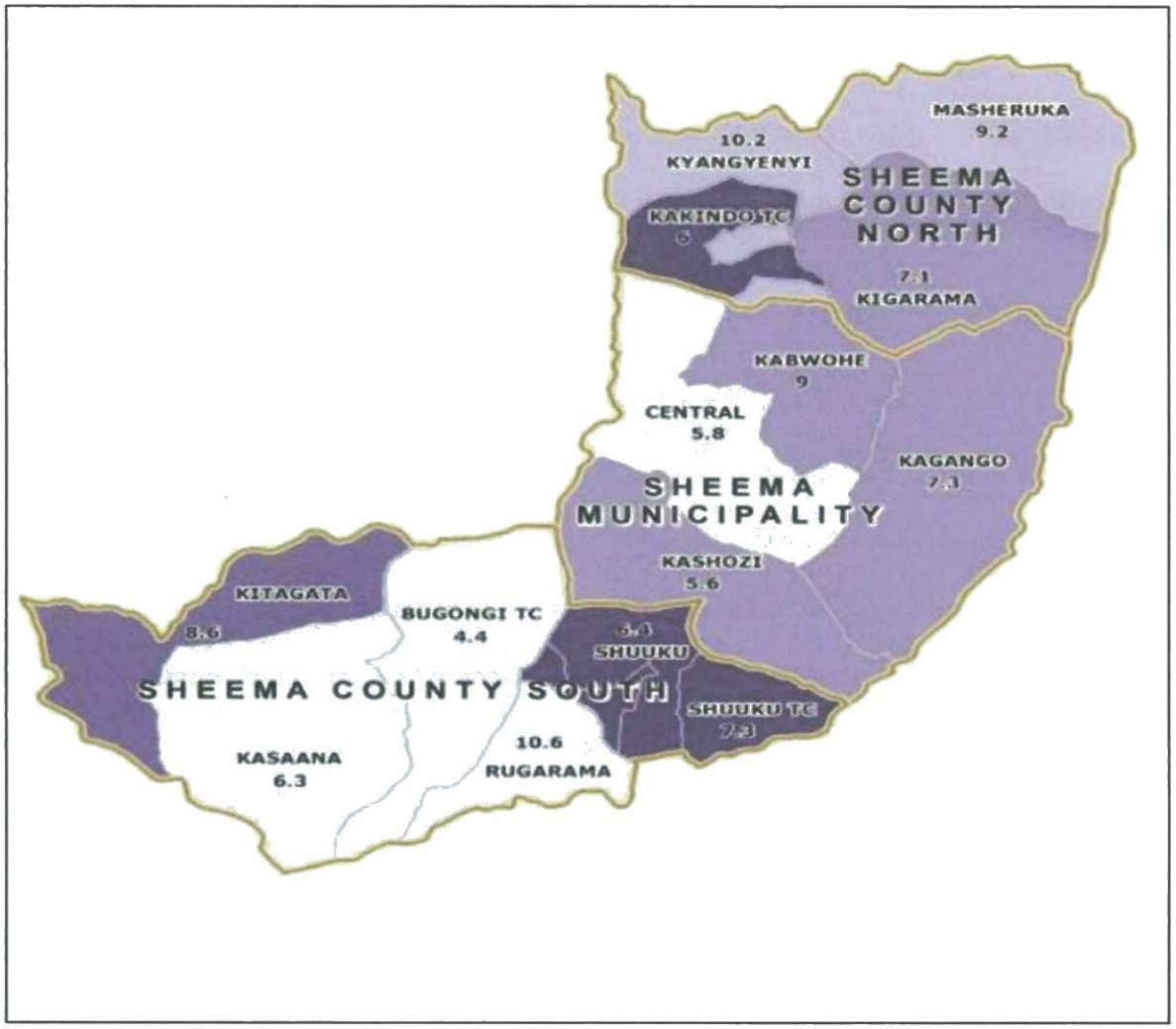


Sheema Municipality

Map 1: Map of Uganda showing the location of Sheema District.

Source: (Uganda Bureau of Statistics, 2020)

Map of Sheema District Showing the location of Sheema Municipality



Map 2: Map showing the location of Sheema municipality:
Source: (Uganda Bureau of Statistics, 2020)

DEFINITION OF TERMS

Culture: Interactive aggregate of common characteristics that influence a human group's response to its environment. The characteristics include: social behavioral norms and practices, values and beliefs, institutions, relationships, and knowledge of a particular group of people encompassing language, customs, religion, food, and social habits, found in human societies and individuals in these groups.

Fecundity: This refers to the biological ability to conceive and bear children.

Fertility: Refers to the number of children a woman has had or has ability to have in a lifetime.

Fertility Behavior: This refers to the various attitudes, practices, and choices related to reproduction, childbirth, and childbearing within a specific societal or cultural context.

Gender Dynamics: This refers to the social and cultural relationships and interactions between individuals of different genders within a society. It encompasses the roles, power structures, expectations, norms, and behaviors associated with masculinity and femininity, including how these roles influence social, economic, and political aspects.

Gender norms: These refer to socially constructed and generally acceptable roles, behaviors, activities, attributes, and opportunities generally acceptable as appropriate for girls and boys, women and men in a particular society.

Gender practices: These are a set of activities available to be performed in accordance with cultural gender expectations.

It includes decisions and actions regarding the number of children desired, spacing between births, and attitudes towards parenthood.

Marital Mobility: This refers to the movement or changes in marital status within a population or society. It can refer to the patterns of marriage, divorce, remarriage, cohabitation, or other transitions in marital relationships over time or across different social or geographic contexts.

Marriage: Legally or socially recognized union or partnership between two individuals, usually involving commitment, companionship, and often forming a family unit, it can have various cultural, legal, and religious dimensions.

Multi-partner (ship) Unions: These refer to a situation where an individual is involved in concurrent or successive sexual or romantic relationships with multiple partners. It can involve simultaneous relationships or a series of sequential partnerships without formal monogamous commitment.

Religion: This refers to a system of beliefs in or acknowledgement of some deity or powers which is typically manifested in reverence and demonstrated through various forms of worship, rituals, doctrines, teachings, communication and customs practiced by a group of people.

Replacement rate: Average number of children born per woman that is needed to maintain the population size at a constant level, without increasing or decreasing.

Reproductive Behavior: This refers to the actions, choices, and practices related to reproduction and reproductive health. It includes behaviors concerning sexual activity, contraception, pregnancy planning, childbirth, breastfeeding, postpartum care, and other aspects related to reproduction and family planning.

Ritual: This is a sequence of activities involving gestures, words, actions, or objects, performed according to a set sequence.

Socio-demographics: These are characteristics of a population such as age, gender, ethnicity, education level, income, and the like.

Young people: Persons aged between 18 to 24 years

ABSTRACT

Fertility, a crucial global development indicator, especially in developing nations, is influenced by social, economic, cultural, and psychological factors. Despite being inherently a biological process, the various events that lead to copulation and childbirth are significantly affected by the social, economic, cultural, and psychological characteristics of the woman and man, as well as their environment. Globally, reducing fertility is a key development goal. Uganda faces a challenge as its fertility rate stands at 5.2 children per woman, among the highest in the world, contributing to an accelerated annual population growth of 3 percent. Despite concerted interventions by the government and collaborative partners fertility has only moderately decreased from 7.4 in 1991 to 5.2 in 2022, thereby impeding the realization of desired development objectives.

This study was conducted with a purpose to: investigate the socio-cultural norms and reproductive behaviors of the Banyankole, analyze the prevalent socio-cultural practices among the Banyankole families, explore the socio-cultural factors that influence fertility behavior of the Banyankole, examine the attitudes of the Banyankole residents in Sheema Municipality towards contraception and assess the impact of the socio -cultural practices on the fertility behavior of the Banyankole families in Sheema Municipality.

A qualitative study design was used based on non-numerical data in a grounded theory approach. Data was collected over a period of 4 months between November 2022 and February 2023 from a total of 125 participants through World Café (n=48) Individual interviews (n = 44), Focus Group Discussions (n=24), Key Informant Interviews (n=9). Participants were women and men aged 18 years and above living in Sheema Municipality that identified themselves as belonging to the Banyankole ethnic group of Uganda.

The socio-cultural aspects shaping fertility experiences in the area were found to include gender norms, marital unions, family relationships, religiosity and traditional rites, marriage patterns (including early marriage and multi-partnerships), value of children, sex preference, mortality risk, superstition, family heritage, extended family system and foster parenting. The attitude towards contraception determines uptake and thus influences the resultant fertility behavior. The study thesis discusses the role of these factors in motivating fertility behavior and the linkage to fertility outcomes and situates fertility behaviors within the emerging cultural transformational environment with increased education, urbanization, and technological advancements.

The study concludes that socio-cultural practices do have consequential influence on decision making about the number and spacing of children among the Banyankole living in Sheema Municipality.

Community-based interventions targeting cultural transformation should be encouraged to supplement scientific interventions for fertility control.

The study recommends a comparative study to determine the relationship between cultural transformation and fertility transition among urban and rural communities.

Key Words: Uganda, Socio-cultural practices, Fertility behavior, Family, culture, Banyankole

CHAPTER ONE: INTRODUCTION

Introduction

This chapter includes background information that contextualizes the variables and places the problem in a historical and conceptual structure. The chapter also includes the problem statement, research objectives, research questions, study significancy and justification, scope of the study and the conceptual framework.

Fertility is a crucial socio-economic development indicator. For developing countries, a high fertility rate and large population retards socio-economic progress and encumbers achievement of sustainable development (Bongaarts, 2017; Lacalle-Calderon, Perez- Trujillo, & Neira, 2017). A large population has negative effects on public service delivery such as health care, education and infrastructure and impacts the environment with increased pressure on natural resources (Uganda, 2013).

Over the last decades, there has been a decline in the fertility rate in the developing world due to a dramatic change in fertility behavior across regions of the global south. Sub- Saharan Africa, however, is experiencing a slower decline in the rate of fertility compared to the rest of the developing world (Bongaarts, 2017) owing to socio-cultural influences on fertility behavior (Bongaarts & Potter, 2013; Caldwell, & Caldwell, 1987). Consequently, the persistent high fertility rates in Africa juxtaposed with declining mortality rates, have resulted in a population growth rate that surpasses that of other developing regions standing at 2.5 percent annually and a projected population of 3.9 billion by 2100 (UN, 2015). This unparalleled escalation in human population presents challenges across social, economic, and environmental fronts, which will make it difficult to raise living standards (Bongaarts, 2017).

Although Uganda`s high and young population presents an opportunity as a driving force for

economic transformation, it also raises a high dependency of approximately 80 young dependents under 15 years per 100 working age population of 15 to 64 years (UBOS, 2016).

The Uganda National Population Policy (2020) is focusing on fertility decline in order to change the population age structure in what is described as "harnessing the demographic dividend"- "an opportunity for economic growth and development that arises as a result of changes in the population age structure which are likely to happen when fertility rates decline significantly, prompting the share of the working-age population to increase in relation to the dependent children" (Ministry of Finance, 2020). In order to influence a rapid decrease in the fertility rate of the country, it is important to understand and acknowledge the drivers of high fertility including socio norms and cultural practices that influence fertility behavior within the country.

This study on socio-cultural practices and fertility behavior among the Banyankole families in Sheema Municipality sought to understand the cultural norms influencing reproductive decisions and how they affect childbearing dynamics. The study investigated the cultural practices that influence fertility behaviors in the specified socio-demographic setting by integrating sociological and demographic perspectives.

Historical Background

Historically, humans have generally preferred large families, mostly to secure the survival of a racial group or a specific family line. Literature on human history contends that in pre- transitional societies, high death rates from wars/conflicts, predators, and plagues prompted people to produce many more children to have replacements for the lost populace.

Furthermore, according to conventional demographic theory, high planned fertility in the early phases of the demographic transition was found necessary, especially in traditional agricultural societies, to support family businesses like farming and ensure social stability and security in old age.

Additionally, high child mortality led parents to have more children to compensate for the losses. Fertility rates of 4.5 to 7 children per woman were typical in pre-modern time. Up until 1965, the average woman in the world had more than five children. During that period, there was relatively low population growth due to significantly high mortality at a young age.

As health improved and the mortality in the population decreased, population growth has been accelerated.

It has been observed globally that fertility rates tend to decline as populations develop, linking it to individual decision-making, information flow, and rivalry between groups. The decrease in fertility rates coincides with the declining rates of population growth. Fertility decline occurs when parents desire fewer number of children due to rising levels of urbanization and education, changes in the economy and declining mortality. On average, the number of children per woman in the world is now below 2.5 children (Roser, 2014).

According to Botev (2020), the world has experienced two demographic regimes; the first was characterized by high rates of fertility but also high rates of mortality. There was neither the capacity to control fertility nor any interventions at the time to control mortality. Around 1850, a demographic revolution was initiated by advancements in the science of medicine, chemistry, and biology, as well as the development of laboratory technology that saw the introduction of vaccines. Consequently, premature deaths were reduced as most of the dangerous infectious diseases were curbed down. Therefore, the modern regime is generally projected to be characterized by low mortality, thus low fertility (Angeles, 2010).

Demographic transitions are normally driven by social interactions involving people living in social networks, social relations as well as socio-economic groups and communities; followed by interactions between these systems and between regions and countries in a global network

(Colleran, 2016). According to the United Nations, fertility in sub-Saharan Africa was more than twice the replacement level, with 5.1 births per woman between 2005 and 2010. This high fertility, combined with declining mortality has resulted in rapid population growth of 3.2 percent per year, and the UN projects that the sub-Saharan population will grow from 0.86 billion in 2010 to 1.96 billion in 2050 and 3.36 billion in 2100. Such extraordinary increase in human population creates a multitude of social, economic, and environmental issues, making it more challenging for the continent to improve living conditions; hence, the growing interest among development professionals and partners in Africa's demographic change patterns.

Conceptual Background

Bongaarts (1987) classified the factors affecting fertility into two groups: background variables and proximate variables. Background variables include cultural, psychological, economic, social, health, and environmental factors, while proximate variables consist of the biological and behavioral factors through which the background variables must operate to affect fertility outcomes.

Armstrong (1954) recognizes culture as a significant concept characterizing human society, as it is a function of integrated complex learned and shared behaviors stemming from shared values and beliefs within an emotional environment. Individual thoughts, feelings, and behaviors are often influenced by actual, imagined, or implied influences on the beliefs, attitudes, and behaviors of others, as well as by groups.

Culture plays a great role as a means of promoting desirable events and avoiding unpleasant ones. Basically, most cultures are conservative in that they put up barriers to alien ideas (Rimé, 2020). It has been noted that among the African traditional culture, adulthood status is recognized through the establishment of a family (Pike, 2018).

Culture is regarded as one of the key background factors that interact with the proximate factors to

influence fertility. The world is currently witnessing unprecedented cultural transitions brought about by advancements in technology and urbanization. Meanwhile families continue to have unnecessarily large numbers of children. Studies have observed that for cultural reasons, having much to do with traditional belief system, high fertility has been registered in Sub-Saharan Africa than in any other region in the world (Casterline & Agyei-Mensah, 2017). The individual freedoms to control fertility have been constrained by cultural pressures premised on historical constructs that cogitates high fertility and large families as being economically and socially rewarding (Ahinkorah et al., 2020). Therefore, individual decisions and ability to control fertility is an important subject of interest to Sociologists, Demographers and Anthropologists as well as a public health concern (Marston, Renedo, & Nyaaba, 2018).

Elsewhere, studies have identified socio-cultural norms that affect the thoughts, feelings and behaviors to be embedded in the general constructs of Gender norms, Religious beliefs, and traditionalism (Gyimah et al., 2008; Adongo et al., 2015; Götmark & Andersson, 2020) This study aimed at investigating the socio-cultural norms and practices associated with decision making among the Banyankole couples living in a rural municipality that influence proximate fertility drivers like early marriage, women's status, contraception and education (Adhikari, 2010) to affect fertility behavior denoted by the decision for number and spacing of children in the given socio-demographic environment.

In Uganda, and indeed among the Banyankole, girls begin to prepare for marriage as early as eight years of age. Polygamy is still acceptable as a cultural practice. According to 2016 Uganda Demographic and Health Survey, it was reported that one-quarter of Ugandan women aged 15-49 are in a polygamous union with at least one co-wife while 13% of men aged 15-49 have more than one wife (UBOS, 2016). Extended families have been highly valued and having children considered a measure for a successful marriage (Ntozi, 1988).

Since fertility and reproduction are essential to the continuation of humanity, many cultures and groups discourage birth control in order to protect their members and humankind as a whole given that continuity of the human race is centered on fertility and reproduction (Benagiano, 2002). This study explains the interconnections and influences of socio-cultural practices of the Banyankole on individual decisions and ability to control fertility. This study on the socio-cultural practices and fertility behavior among the Banyankole families in Sheema Municipality was conceived as a contribution to identify and recommend a solution to the persistent high fertility in Uganda. The study integrates sociological and demographic philosophies about fertility, referring to the product of reproduction - the number of births that occur to an individual or in a population. This is in contrast with fecundity, which is defined as the biological ability to have children (Lynch, Jackson, & Louis, 2006). Fertility behavior is concerned with childbearing patterns including the number, timing, and spacing of children (Frank & Bongaarts, 1991).

Contextual Background

Uganda's population has grown from 9.5 million in 1969 to 25.55 million in 2002, 34.6 million in 2014, with a population density of 173 persons per sq. km by 2014; doubling from eighty five persons per sq.km in 1991. The population is projected to be 74 million people by 2040 (UBOS, 2016).

Such expansion of human numbers creates a range of social, economic, and environmental challenges and makes it difficult for the country to raise living standards, hence the growing interest in the variables linked to high fertility.

Fertility, defined as the number of children born in a population (Bongaarts, 2001), is recognized as one of the major development concerns throughout the world, especially in developing countries. World Bank defines high fertility as five (5) or more children per woman over the reproductive period (WorldBank, 2010).

At an average of 5.2 children per woman, Uganda's fertility is ranked seventh highest in the world (Mungyereza, 2016). Fertility varies by residence and region. According to available data in Uganda, women in rural areas have an average of 5.9 children, compared to 4.0 children among women in urban areas (UBOS, 2016). Fertility among the Banyakole was reported at 4.9 children per woman. The Banyankole is the second largest single ethnic group in the country forming 9.6% of the total population. Uganda's high fertility has been attributed to a number of factors such as high birth rates, short birth intervals, and early reproductive ages (Amongin et al., 2020). The Uganda Demographic and Health Survey (UBOS, 2016) reported that twenty percent of women begin sexual activity before age of 15, while sixty four percent have sex before 18 years. Forty-three percent of Ugandan women are married by 18 years and have their first birth within the first 6 months of marriage. One in four of the adolescent girls are already mothers or pregnant with their first child by the age of 19 years.

High fertility poses health risks, cripples economic growth and impacts on the natural environment (World Bank, 2010). High fertility has also been associated with maternal and child mortality and considered a barrier to governments in providing social services to communities (Kabagenyi et al., 2016). The country is focusing on fertility decline in order to change the population age structure to reap a demographic dividend.

Although fertility may be considered a biological process, the various events that lead to the sexual act and later giving birth are affected by social, economic, cultural and psychological characteristics of the woman and the man as well as by the environment in which they live (Wood & Eagly, 2002).

The Banyankole have maintained patriarchal philosophy (Mutume, 2017). Cultural ideals about gender continue to present women as subordinate with their rights and obligations shaped by

marriage and male domination (Nyakato, 2013). Gender roles are strictly defined, perpetuating the relationship of male dominance and female subordination. To this day, even with socialization within the family, in educational institutions, and in other socio-domains, boys and girls are conditioned to behave in certain ways and to play different roles in society (Ninsiima et al., 2018). A study conducted in South Korea (Choe & Retherford, 2009), reported a decline in fertility due to increased levels of education. According to the Uganda demographic and Health Survey of 2014, on average, women are less educated, participate less in paid employment, and often have little say over childbearing decisions (UBOS, 2016). Although there are debates about in school fertility, the role of education cannot be underestimated in delaying marriage and on set of childbearing. This thesis therefore assessed socio-cultural influence on education as demographic variable in determining the fertility behavior.

Religion is known to have played a significant role in the civilization of Ankole region according to Karamura (1998). This is because of the pioneering role in social services like schools, hospitals, and agriculture. The majority of Banyankole today subscribe to at least one of the major world religious denominations, including the Roman Catholic Church, the Anglican or Moslem faith. While some religious teachings may support fertility reduction like the Christian monogamous marriage, others like Catholic teaching against birth control and Muslim polygamous teaching may promote fertility increase. Thus, the study considered religiosity as an important socio-cultural factor in determining fertility behavior.

According to UBOS (2016), as of the 2014 national census, Sheema municipality had a total population of 80,735 people (47.9% male and 52.1% female), with 50.6% of this population in adulthood.

There was a total of 18,311 households, 25.9% of which were headed by females. The illiteracy rate among adults was 18.1% but higher among females at 22% and 56.8% among people who are

above 60. Regarding marital status, 60.3% of the population aged 18 and above were married while 9.4% females (12-19) had ever given birth. Eighty-four-point two percent (84.2%) of the population aged 18 and above were working. Regarding access to information, 62.1% of the adult population owned a mobile phone while 15.4% were exposed to the internet. Economically, 85.4% of the households were engaged in agriculture where Kabwohe Central Market is among the largest sources of fresh produce in the country. The commercial sector is also active with two prominent commercial banks having branches in the area. In terms of education, the municipality is host to Ankole Western University.

Statement of the problem

Reducing fertility is a global agenda and a pre-requisite for any country to achieve its development objectives (Kudo, Mutisya, & Nagao, 2015). Uganda's fertility is among the world's highest at an average of 5.2 children per woman (UBOS, 2016). Over time, the government of Uganda and development partners have invested in various interventions ranging from policies, programs and community activities such as media campaigns to respond to high and increasing population. Uganda published its first National Population Policy in 1995 aimed at addressing the high fertility among other drivers of population growth. The 2020 revision of the Policy is focusing on fertility decline in order to change the population age structure to reap a demographic dividend. Uganda's Social Sector Development Plan of 2015/16 -2019/20 recognizes that large family size makes it difficult for investment in social services like education and heath leading to low human capital development and thus recommends strategies to reduce fertility. In addition, the Ministry of Health Sector Development Plan 2020 emphasizes tackling behavioral factors such as cultural and religious beliefs and practices, gender inequalities and education status of individuals to improve health outcomes.

Several partners, national and international, have supported the implementation process for example, the United Nations Population Fund (UNFPA) is in its 9th cycle of the Country Cooperation Framework intervening in causes of high fertility including social norm change; Local partners like Marie Stopes Uganda and Reproductive Health Uganda among others have supplemented efforts by ministry of health and other sectors to ensure universal access to contraceptives, as well as sexual and reproductive Health Information. However, fertility has not reached desired levels, thus only reduced from 7.4 in 1991 to 5.4 in 2016 and almost stagnated at 5.2 in 2022 (Sserwanja et al., 2022).

Existing literature suggests traditional rituals (Marshall, 2002), gender norms (Odimegwu, 2015) and religiosity (McQuillan, 2004), among others to influence fertility behavior among populations. (Bongaarts, & Potter, 2013) describes these as background variables with an influence on proximate determinants of fertility to determine fertility behavioral outcomes. Analogously marriage patterns, fertility preference and access to contraception are among the key drivers of fertility especially in Sub-Saharan Africa (Ariho, Kabagenyi, & Nzabona, 2018).

There has been extensive research on various aspects of fertility, especially in the health related field, although most of this work has majorly focused on proximate fertility drivers. Majority of the other studies done in Uganda and sub-Saharan Africa largely employed quantitative methods mainly using data from demographic surveys focusing on providing descriptive statistics to analyze trends in fertility rates and correlations of social demographic factors to predict future trends.

Before this study, Qualitative research with the intent of providing richer understanding of the cultural context and rationale behind these trends has been lacking. Studies published have utilized in-depth interviews and surveys only peripherally related to cultural behaviors and decision making.

The participatory data collection methods used for this study had not been used to investigate this subject, especially in a conservative cultural context. Additionally, most of the studies on the Ankole culture were done in the 70s and 80s.

There was lack of recent locality-specific information overtly showing how fertility drivers are influenced by cultural practices within a particular socio- demographic environment in the context of an evolving culture. Furthermore, grounded theory identifies the situated and contingent nature of knowledge and practice, yet literature search revealed that this has rarely been implemented fully in social demographic research in Uganda and Africa.

General Objective

To investigate the socio-cultural norms and reproductive behaviors of Banyankole families in Sheema Municipality, Southwestern Uganda.

Specific Objectives

1. To analyze the socio-cultural practices prevalent among Banyankole families in Sheema Municipality.
2. To explore the socio-cultural influence on fertility behavior among Banyankole couples in Sheema Municipality.
3. To examine the attitudes of Banyankole residents in Sheema Municipality towards contraception and its influence on fertility behavior.
4. To assess the impact of socio-cultural practices on the fertility behavior of Banyankole families in Sheema Municipality.

Research Questions

1. What are the socio-cultural practices prevalent among Banyankole families in Sheema Municipality?
2. How do socio-cultural factors influence fertility behavior among Banyankole couples in

Sheema Municipality?

3. What are the attitudes of Banyankole residents in Sheema Municipality towards contraception and how does it influence on fertility behavior?
4. What is the impact of socio-cultural practices on the fertility behavior of Banyankole families in Sheema Municipality?

Significance of the Study

Understanding the social behavior of humans in a particular society is an essential aspect of the development process. The study sought to understand the cultural context of fertility behavior among the Banyankole and provides insights into the socio-cultural factors determining the fertility patterns among the Banyankole in Sheema Municipality.

Sustaining human life is increasingly becoming expensive threatened by consequences of population dynamics represented by climate change, poverty, disease, shortage of land, among others. Many births have been acknowledged by the government as one of the challenges for social and economic development. An understanding of the socio-cultural fertility determinants in Sheema Municipality, Ankole, is a significant contribution to the understanding of the reasons that underlie persistent high fertility in the country. The findings of the study provide information for policy decisions related to reproductive health and population dynamics. The study articulates specific cultural practices that contribute to high fertility rates, which could be targeted by interventions aimed at reducing fertility.

Africa in general and Uganda in particular still lag behind in research in the determinants of fertility. Planners and policy makers are limited by the scarcity of quality data for social development programs. The study contributes data and information to increase the ability of planners and policy makers to formulate informed policies and support design and implementation

of appropriate and sustainable interventions by making practical recommendations and demonstrating options that the country may adopt to optimize fertility in light of the development aspirations including demographic dividend especially for the country's highly conservative rural communities with strong socio cultural norms and less technologically advanced.

The study findings are an empowering tool to the Banyankole families providing them with information about the cultural factors that influence fertility behavior. This information will help families to make informed reproductive related decisions.

The study contributes to the existing body of knowledge on social cultural practices and fertility behavior. It provides useful information for researchers, policymakers, and practitioners working in the field of reproductive health, population studies and social demography. The study findings will be published, along with additional data, to advance the understanding of the behavioral and socio-cultural influences that affect fertility. The results contribute to the corpus of information on the topic of fertility and will aid researchers in their understanding of the interactions between the various factors that affect fertility in communities that are largely rural and traditional. The study serves as a springboard for related future studies on other communities and societies.

Justification

The Uganda National Planning Authority in its road map to harnessing the demographic dividend recommends interventions aimed at reducing the ratio of child dependency through fertility decline. To encourage lower fertility, focus should be on addressing key determinants of fertility. Furthermore, literature has a fairly extensive analysis of the underlying factors of fertility differentials between socio-economic groups. However, this has been mostly quantitative. It was therefore necessary to carry out an in-depth qualitative study in the area to better explain the

underlying factors of fertility. The study included both male and female participants of reproductive age and presents insight into men's role in fertility behavior.

Compared to world average of 2.5 children per woman, UBOS (2016) reported fertility rate in Ankole at 4.9 births per woman. Although this is below the country's average of 5.4, it remains way above the replacement level of about two births per woman.

Many studies had focused on biological factors with less focus on socio-cultural factors associated with fertility. Additionally, many studies have been focusing on areas where fertility is highest. The study in Sheema municipality where fertility is relatively low provides an opportunity to draw some lessons.

Moreover, the influence of socio-cultural practices on fertility had not been exhaustively explored, much less among the Banyankole living in an urban center but in a geographically and economically rural setting.

This has been a serious oversight given decades of theorizing about the links between culture and fertility decline world over. The study explored the perceptions and attitudes of the Banyakole on fertility within the socio- cultural context for an understanding of the socio-cultural influences on fertility causing women to bear unwanted children.

The study examined practices and norms that uniquely antagonize fertility control by influencing decision for a family size among the Banyankole. Methodological results of this study should be of interest for further innovative ways to gain new insight into the field. Therefore, the research fills in the knowledge gaps in terms of content, context, as well as methodology.

Scope of the Study

The research examined gender norms, traditional rituals, and religious beliefs of the Banyankole people residing in Sheema Municipality regarding their fertility behavior and outcomes. The study targeted Banyankole as an ethnic group residing within the four divisions of Sheema Municipality

namely, Sheema central, Kabwohe, Kagango and Kashozi located in the district of Sheema in Ankole sub-region of western Uganda which has a total population of 80,735 people composed of 52.1% females and 47.9% males. The questions were primarily directed at understanding the experiences, intentions, and decisions related to fertility in men and women of reproductive age. The research was conducted simultaneously in the four divisions over a period of four months from November 2022 to February 2023.

Conceptual Framework

The study is conceptualized on the pretext that the factors that affect fertility must do so through effects on one or more of the fertility drivers. For example, a couple's religious affiliation can affect fertility through its influence on marriage patterns or contraceptive use. Thus, the fertility drivers mediate to determine decisions, number and spacing of children, thus fertility behavior, depending on the demographic characteristics of the population.

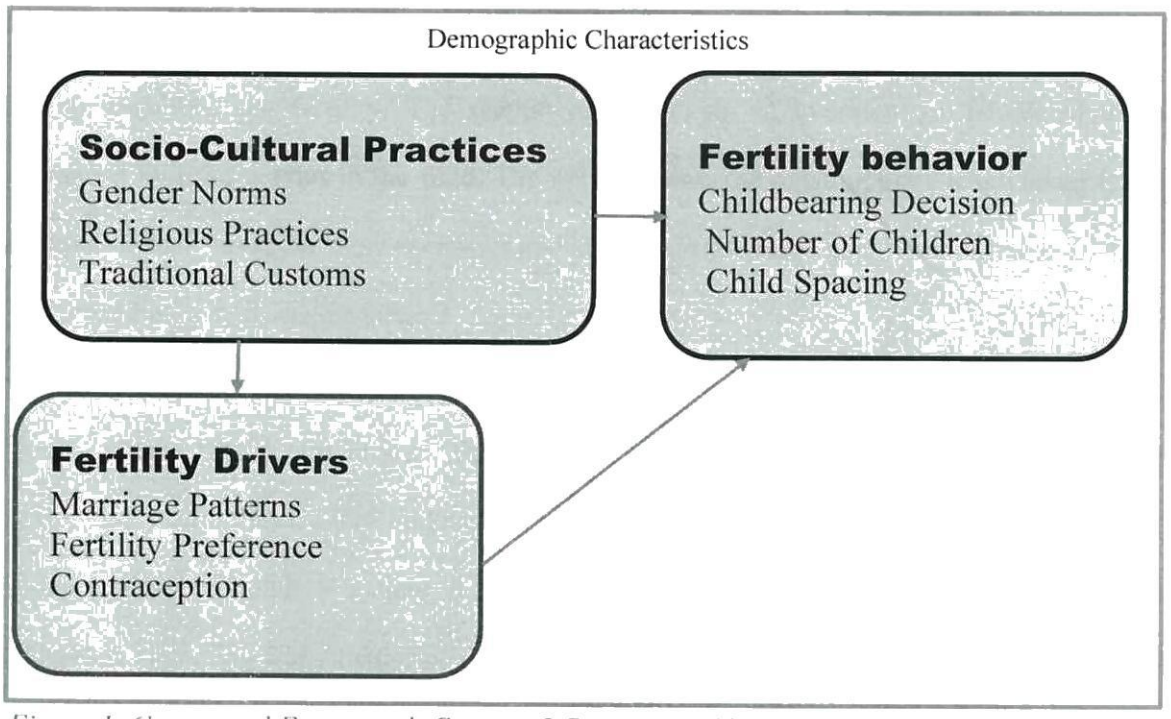


Figure 1: Conceptual Framework Source: J. Bongaarts (1987). Modified by researcher. Socio-cultural practices as background factors. Fertility Drivers (proximate determinants) influenced by background determinants of Fertility in a social demographic environment. Fertility behavior as an outcome.

CHAPTER TWO: LITERATURE REVIEW

This chapter contains a review of existing scholarly and corporate work previous writers have done on socio-culture and fertility. The section also contains an overview of associated theories advanced by prior studies in the field. The review points out existing knowledge about fertility, examining their strengths and weaknesses and identifies knowledge gaps which other scholars have not looked at in studying the subject.

Conceptual Review

Socio-cultural factors are indirect (background) factors, which affect fertility through direct (proximate) variables. Culture may be considered as the total way of life or the design for living characterizing each human society. It includes a complex integrated whole of learned and shared behaviors stemming from themes or values within an emotional matrix, which in man are greatly modified by cultural influences (Jennings, 2011). Even with improved economic conditions, nations, regions, and societies will experience different demographic patterns due to varying cultural influences. The value placed upon large families (especially among underprivileged rural populations in less developed countries who benefit least from the process of development), the assurance of security for the elderly, sex preference, the ability of women to control reproduction, and the status of women within families and within societies are among significant cultural factors affecting fertility behaviors.

Fertility in sub-Saharan Africa has consistently remained relatively high. It has been observed that sub-Saharan Africa has sustained high fertility due to cultural and religious belief system that offer rewards for high fertility (Caldwell, & Caldwell, 1987). Caldwell urges that in Africa societies are structured such that high fertility and large families are economically and socially rewarding especially coming from an experience that high fertility does not carry any penalties, the demand for children as measured by wanted family size is higher in sub-Saharan Africa than elsewhere.

The peoples of sub-Saharan Africa live in societies that are mainly traditional.

Norms that govern behavior in respect to the bearing and rearing of children reflect the high value that societies place upon large families. Only when women have got as many children as they want will they wish not to have more children because of age and status. This is irrespective of education, urban or rural residence. Socio and economic development alone may not be sufficient to lower reproductive principles; thus, notes Adams and Van Manen (2010).

Culture plays an important role in achieving originality and aesthetic value considerations (Weggeman, Lammers, & Akkermans, 2007). Baidak et al (2009) argue that culture is the expression of humanity's creativity that brings out meaning, knowledge, talents, civilization and values of individual groups. In Patriarchal societies, women's only avenue to status and security may be motherhood. A study by Adebayo and Aina-Pelemo (2022) in Northern Nigeria found out that women were giving birth to many children to prevent their husbands from divorcing them or to inhibit the husband's tendency to engage in polygamous marriage.

Lower status among the women has also been associated with higher fertility while preference for sons has also been regarded as a mechanism associating gender inequality with fertility (Niraula & Morgan, 1995).

One of the significant works on the determinants of fertility in Ankole, is the role of 'men in determining fertility among the Banyankole of Southwestern Uganda (Ntozi,1997). Ntozi asserts that most African societies are patriarchal and that most fertility occurs within marital unions, yet the institution of marriage fortifies the position and power of males. Decisions about the number of children and contraception, marriage patterns and status of women are embedded in cultural and patriarchal structures. Therefore, issues around the status of women as the cornerstone of fertility dynamics, in particular, and development in general cannot be underestimated.

Ntozi notes marriage patterns and nonuse of effective contraception were behind the high fertility

level attained by women in Ankole. Ntozi's work however does not pay much attention to cultural influences on these patterns. Besides, these factors were all men related. This study therefore investigated the attitudes and behavior of men and women regarding use of contraception, value of children in relation to the existing customs, and other traditions in determining fertility behavior.

In other research to explain fertility situations, Arya, Nsanzumuhire and Taber (1973) studied the medical aspects of fertility and found incidences of sexually transmitted diseases which caused secondary sterility in some societies. For instance, Teso region in north-eastern Uganda had much higher STD prevalence, which was assumed perhaps responsible for the low fertility in the area at the time. Equally in another study, Sheku (1987) investigated pathological sterility and indicated that it could be higher than what Arya et al. (1973) had found and hence reduced fertility in the area. In a similar study, Costello (1986) examined the nutritional factors in Ankole and concluded that the status of nutrition was low, which could have been responsible for the high infant mortality levels, and indirectly (through shortened birth intervals) responsible for high fertility in the area. This demonstrates the biological perspective to numbers of children that can ever be born. Unfortunately, few of the cultural variables of fertility in Ankole have been studied. The qualitative study sought to qualify such findings from a sociological perspective.

The evolution of human culture brought a universal tendency toward the maintenance of an 'optimum population' appropriate to the resources of each area and the economic technology of its occupants. This was observed by Carr-Saunder, in a publication under the auspices of the United Nations Educational Scientific and Cultural Organization (UNESCO) in 1954, after an extensive review of anthropological literature on societies at different technical levels in all parts of the world. A Cross-Cultural Survey by the Institute of Human Relations, Yale University, advances another argument that human reproduction is affected by biological processes assisted by learned behavior.

The study observes that the desire to bear children is not an inherent characteristic of human nature, but an acquired motive reinforced by socio-rewards and punishments. Promises of security, approval, and prestige support the desire for children against the usually unpleasant experiences of childbirth and parenthood. Kolk (2014) notes that only through continuous cultural change and introducing novel lifestyles associated with reduced childbearing, can low fertility persist.

UN projections for the developing world assume that the total fertility rate will eventually reach and then fall slightly below the so-called replacement level. Replacement fertility represents the level at which each generation exactly replaces the previous one, thus leading to zero population growth (Bongaarts, 2020). Fertility decline in Uganda has shown disparities among subgroups for instance faster decline is shown among the most educated women and those residing in urban areas and regions in the country. Women in rural areas have been noted to have higher fertility than women in urban areas (Ariho, Kabagenyi, & Nzabona, 2018).

Gender norms and fertility Behavior

In most Ugandan cultures, gender discriminatory practices remain rampant. Women still do not have full control of their own fertility. Fertility decisions are greatly determined by their spouses and societal and cultural norms and practices. According to UBOS (2016) one in four women reported that their first sexual intercourse was forced against their will. According to the World Bank, achieving gender equality should help reduce population growth and improve education in countries where fertility rates remain high, thereby helping to usher in the demographic dividend. The world bank study on 'The Cost of Gender Inequality, Human Capital Wealth and Development Outcomes in Uganda' observes that ending child marriage by itself alone could reduce total fertility by about nine percent.

The situation of gender discrimination has been worsened with the development of science and

technology.

In 1978 and 1983, seventy-eight thousand fetuses were aborted in Mumbai, as they were identified to be female fetus, although elsewhere, cases of female preference has been reported as in among the pastoral communities of Mukogodo, Kenya (Cronk, 1991).

Bulatao (1982) argues that the population burden is usually borne by communities and societies that bear many of the costs of children. Communities and societies therefore have an important stake in the decisions couples make about family size and governments should care to understand the considerations contributing to these decisions if they are to exert any influence on them. Mostly among rural families in many developing countries children are considered economic. On the contrary, some analysts have concluded that the average child costs its parents more than the child produces, even in a peasant setting.

Furthermore, because of the weakness of the conjugal link, men do not feel the full economic burden of their reproductive decisions, while women are ultimately so dependent on their children that they have good reason to fear having too few. The motivation for childbearing, despite economic constraints, is therefore a matter of investigation.

Ariho, Kabagenyi and Nzabona (2018) concluded that continued improvement in secondary school completion, will lead to older age at first marriage and will continue to be an important factor in Uganda's declining fertility rates. The conclusion is however based on the Demographic and Health Survey Data that only looks at the demographic characteristics without regard for the socio-cultural factors behind the variables. For example, it is not known what motivates the educated women to have many children despite delayed on-set of childbearing and the reverse where uneducated women have fewer children despite early onset of childbearing. Both men and women can face considerable pressure to prove their fertility early in marital relationships. In many societies,

extreme pressure is placed on women to bear sons.

They may encounter violence, abandonment, or stigma for birthing girls instead of boys.

Bongaarts (1987) enumerated nine major proximate determinants of fertility at the societal level: marriage or union patterns, contraception, lactation amenorrhea, postpartum abstinence, pathological sterility, induced abortion, frequency of sexual intercourse, spontaneous intrauterine mortality, and natural sterility. Bongaarts' model indicates that contraceptive use was the strongest determinant of fertility decline for all ages and between countries, but how gender norms facilitate or obstruct access to contraception can be arguable.

Tsui (2001) noted that all the countries in the sub-Saharan Africa have common problems associated with controlling high population growth rates as well as high fertility. Mason (2001) suggests that the timing and onset of fertility transition in any society is influenced by the type of gender and family systems in that society. A country's demographic transition is associated with social and cultural norms that strongly influence reproductive behavior. Uganda's fertility was almost unchanging until the year 2006 when some reductions became visible. The change in fertility observed between 2006 and 2016 was respectively associated with changing characteristics and changing fertility behavior of the women (Ariho & Kabagenyi, 2020).

The 1994 International Conference on Population and Development (ICPD) recognized that in less developed countries, higher levels of gender equity are a necessary component in the achievement of lower fertility (Mertens, 2015).

In contradiction with the 1994 ICPD, McDonald (2000) suggested that very low fertility in advanced countries today is the outcome of a conflict or inconsistency between high gender equity in individual oriented socio-institutions and sustained gender inequity in family-oriented socio-institutions. This means that higher levels of gender equity in family-oriented socio-institutions are

necessary to avoid very low fertility.

On one hand, a higher level of gender equity in socio- institutions is claimed to lead to lower fertility while a reorientation of socio-institutions towards a higher level of gender equity is claimed to prevent very low fertility.

Gender relations are increasingly gaining recognition as critical explanations of fertility levels and differentials in both advanced and primitive societies (Balbo, 2013; Bernhardt, 1993; Esping-Andersen & Billari, 2015; McDonald, 2000). Power relations and norms have been associated with fertility patterns existing in different societies. Some studies have critically analyzed gender relations, concurring that fertility is a function of male and a female participation at household level (Torr & Short, 2004; Oláh, 2003; Goldscheider, Bernhardt, & Brandén, 2013). Therefore, the pressure is great toward fertility that African societies are permeated by a male fear of impotence and a female fear of acquiring an impotent husband, as has been described for the Creoles of Freetown, Sierra Leone (Harrell-Bond, 1975). The pressure is so immense that greatest fear of an African male is impotence while the female also fears getting an impotent husband (Harrell-Bond, 1975). This for example, partly explains a strong opposition for the male contraception (vasectomy) among African men. Fertility preferences as well as contraceptive use have been extensively studied in sub-Saharan Africa.

Nyakato and Rwabukali (2013) observed that gender biased decision making has significant effect on the decision for number of children noting that positive maternal health behaviors need mutual spousal understanding and support.

There is scanty empirical evidence however, on how prevailing gender ideals influence men's fertility aspirations (Upadhyay & Karasek, 2010). Social scientists have long hypothesized that cultural structures and practices like bride wealth, marriage, extended family networks and a

culture of male domination serves male interests, placing women in sub-ordinate (Bankole, 1995; DeRose, 2002; Ezeh, 2001). Isiugo-Abanihe (1994), and Lawrence-Webb, Littlefield and Okundaye (2004) suggested that the future of African families lies in the future of gender attitudes and how societies value relations of male authority and female submission as a foundation of African marriage.

Variables in most recent indicators in studies made in East Africa regarding gender attitudes suggest men's gender attitudes as potential determinants of their fertility aspirations.

Bernhardt (1993) examined the influence of fertility on women employment. He observed the incompatibility of motherhood and employment mainly as consequence of existing gender structures in society ensuing from power relations within marriage. He considers societies with reformed gender structures to stand a better chance of achieving lower birth rates.

Ladd-Taylor (1994) reasons that people who avoid childbearing benefit more in the labour market. Where the norm places the responsibility of new-born baby care solely on the female parent, inhibiting the mother from workforce participation, the choice of having children, number, spacing will be influenced by the extent to which the mother is able to balance this burden. Picking up on this argument, Esping-Andersen (2009) asserts that the main driver behind fertility decline is gender equality.

Many studies reviewed draw a rather puzzling picture of the relationship between gender equality and fertility: While some research provides evidence that greater gender equality in employment, care, household work, and economic resources influences fertility and childbearing positively, other research finds that gender equality in these areas does not affect childbearing; risks or even depresses further childbearing. The outcomes are mediated by institutional factors as well as by factors at the individual level, so that neither an overall positive nor an overall negative association

between gender equality and fertility can be generally and unconditionally confirmed.

McDonald (2000) in a theoretical discussion, suggested that low fertility in advanced countries is attributable to low levels of gender equity. He argues that an increase in gender equity is a precondition of a rise in fertility for countries with very low fertility levels. At the same time, another theory argues that, in less developed countries, higher levels of gender equity are a necessary condition for achieving lower fertility. Anyhow, there is an implied association between gender and fertility behavior.

Fertility control in Africa is also constrained by gender norms of a patriarchal society including polygamy, widow inheritance, child and early marriages among others. Caldwell and Caldwell (1987) pointed to the fear of dying without sons. What this suggests is that in instances where the optimal number of children is attained but without a son, there will always be further attempts in order to increase the chances of getting a son.

In addition, male authority in the sexual and reproductive rights is predicated on cultural rights negotiated at marriage (DeRose, 2002). Gender discriminating practices like bride price places the marriage institution under contractual obligation between families especially transferring the rights of a woman into the hands of the husband's family including her reproductive rights.

Some studies on African Societies like the Yoruba in Nigeria have noted returning of women at menopause to their original family lineage. Thus, the typical African family structure places reproductive decision making in the hands of the husband and considers women primarily as reproductive objects (Olu Pearce, 1999). Neyer, Lappegård and Vignoli (2013) looked at the effect of gender equality on childbearing intentions in four dimensions: the possibility to maintain a household, the capabilities to choose, the resources to have agency, and gender equity in household work and in care.

This study focused on the capabilities to choose given the prevailing gender norms among the Banyankole. The study reflected on the works of Knodel (1999) on the linkage between demographic patterns and individual intentions but further examining the socio-influence within specific demographic environment.

Religious Practices and fertility Behavior

The central factor implicated in sub-Saharan African high fertility is a culture, molded by religion, that encourages repeated childbearing and despises sterility at any stage. Fertility is powerfully supported by the unusually high value of children, which arises from a continuing economic flow from the young to the old and is also grounded in a culture shaped by religion.

Woodhead (2011) describes religion as a belief system which constructs the essence of powers, and it is an independent and affective variable which has influence on all socio- aspects besides individual and socio-life. All phases of spiritual beliefs evolution to modern religion in Africa have had a bearing on fertility.

In a traditional African Society, higher, existence of eternal gods was believed to be interested in social order. High fertility was considered a divine reward to evidence of the right behavior (Caldwell, & Caldwell, 1987). High fertility was therefore associated with divine approval, by both living and dead ancestors while low fertility was interpreted as evidence of sin and disapproval.

There is considerable debate surrounding the role of religion in determining fertility patterns in society (Pollard & Morgan, 2002; Jejeebhoy & Sathar, 2001). Moslem communities have generally experienced high fertility rates (Calwell, Caldwell, & McDonald, 2002). Religion plays an influential role against three conditions i.e. the religion articulates behavioral norms with a bearing on fertility behavior; religion holds the means to communicate these values and promote compliance; religion forms a central component of the socio-identity of its followers (McQuillan, 2004).

Findings of a study done in Morogoro district Tanzania indicate a positive relationship between socio-cultural determinants and fertility (Chicoyo, 2016).

The explanation lies largely in a religious belief system and an accompanying socio-structure that have accorded both spiritual and economic rewards to high marital fertility (Caldwell, & Caldwell, 1987).

High fertility was and still is considered divine reward for good spiritual behavior, while low fertility is associated with sin and disapproval of the gods. To the religious, children are created by God. Some modern methods like abortion that have been fronted in some world communities highly contradict the religious value system. Abortion is a condemned behavior as a will to kill the unborn child. Caldwell and Caldwell, (1987) concluded that fertility changes will depend on the extent to which religion especially Christianity and Islam dissolve the African belief system with a major focus on fertility.

The view of the feminist theorists observe that women have traditionally held very few positions of power within religions. It is, therefore, not clear to what extent women's religion influence fertility at community level.

In the past, religion has had a very strong influence on the internal relationships of a family and played an important role in shifts in fertility rates. For example, the protestant religion accepts the idea that the marriage could end in divorce. On the other hand, Catholics do not accept it. For that matter, Catholics are more likely to have larger families than Protestants because they expect that their marriage will last forever.

For example, Canada is a more secular society than the U.S., religious attendance is much higher in the U.S. than in Canada; about 34 percent of American women of childbearing age practice their religion on a weekly basis. almost double the 18 percent proportion for Canadian women.

Therefore, a more religious culture tends to go with higher fertility rates because people expect to stay in a more stable relationship and are more likely to have more children (Bélanger & Ouellet, 2001). It can be said that religion indirectly influences an individual's fertility, especially in that it affects the decision of marriage as the mode of conjugal life and the stability of the union. "In Canada, individuals who do not practice their religion are nearly three times as likely to form a common-law union as those who participate in religious practices on a weekly basis" (Fikree et al., 2001). This leads to lower fertility rates. Furthermore, there is a slightly higher proportion of contraceptive use among couples and among those who never participate in religious practice (81%) than among those practicing either occasionally or weekly (75%) (Fikree et al., 2001).

For the Islamic religion there is no religious prohibition against family planning. In spite of this, Muslim communities throughout the world tend to have large families. Albania, with a Muslim majority, has the highest fertility level in Europe with a fertility rate of 2.4 in 2000.
In Malaysia, where Muslims are one of the three major religious communities, they tend to have higher fertility rates than their compatriots of Indian or Chinese descent (Norville & Brown, 2012).
In summary, religion plays an important role in fertility differentials. However, it depends on the religion practiced by each society among other factors.

Traditional customs and fertility

Campbell (1988) notes a variance in fertility behavior among groups with divergent traditional practices, habitats and social organization ranging from nomadic to settled peasant communities and goes ahead to recommend further studies on behavioral processes underlying inter-population variations in fertility. In Africa, Women without children were pitied, feared or/and hated. The study explored traditional rituals and customs associated with marriage and family life and draws

inferences in association with resultant fertility behavior.

Theoretical Review

Notestein's Demographic Transition Theory, the Reasoned Action & Theory of Planned Behavior by Fishbein & Ajzen; and Socio cognitive theory of moral thought and action by Albert Bandura formed the main theoretical framework for deductive reasoning in data analysis.

The Demographic Transition theory (Notestein, 1945) attempts to trace growth in fertility from a pre-industrial society with high birth rates and high death rates, transiting into a second stage where death rates dropped due to increased nutrition and sanitation and subsequently reduced disease burden. The theory recognizes a modern stage where both birth and death rates fall, and the cohort of the low death rate period age become a burden to the shrinking productive population. The theory predicts a regime where birth rates fall due to socio-economic advancements represented by increase in education and status of women, urbanization, and access to modern contraception. Children become more costly, cultural changes weaken the importance of children and the increasing empowerment of women to make their own reproductive decisions leads to smaller families.

Notestein's theory is a sociological and demographic theory that traces the changes in birth and death rates and their impact on population growth over time. The theory has evolved significantly since its inception in the early 20th century. The review hereby provides a summary of its evolution and key contributors:

Notestein, (1945): Notestein, an American demographer, is considered one of the early proponents of the Demographic Transition theory. In his seminal paper "Population: The Long View," he outlined the theory's stages, which included four phases - high birth and death rates in the first

stage, declining death rates and high birth rates in the second stage, declining birth rates in the third stage, and low birth and death rates in the final stage.

Warren S. Thompson (1929): Thompson, an American demographer, laid the groundwork for the Demographic Transition theory in his paper titled "Population Problems," in which he discussed the demographic changes observed during the Industrial Revolution and their implications for population growth.

Kingsley Davis (1945) and Ansley Coale (1945): These American sociologists and demographers, contributed to the theory's development in their paper "The Demographic Transition," which further refined and expanded the stages of demographic transition.

Donald J. Bogue (1960): Bogue, an American demographer, further refined the Demographic Transition theory in his work, contributing to the understanding of demographic change patterns in various regions and societies.

Ronald Freedman (1964): Freedman, an American sociologist, examined the social and economic factors influencing fertility rates during the demographic transition in his paper titled "Theories of Fertility Decline."

John Caldwell (1976): Caldwell, an Australian demographer, introduced the concept of the "Second Demographic Transition," which explores additional factors like changing values and family structures influencing fertility and mortality patterns in developed countries.

Samuel Preston (1975): Preston, an American demographer, made significant contributions to understanding mortality transitions and life expectancy patterns in developed and developing countries.

David E. Bloom and David Canning (2001): These demographers introduced the concept of the "Health Transition," which highlights the relationship between improved health and demographic

changes, particularly in reducing mortality rates.

Wolfgang Lutz (2009): Lutz, an Austrian demographer, focused on the demographic challenges in the 21st century and introduced the concept of the "Second Demographic Transition in Developing Countries."

John Bongaarts (2017): Bongaarts, an American demographer, contributed to the theory by discussing the causes of the global fertility decline in his paper "Africa's Unique Fertility Transition." The Demographic Transition theory has evolved over the years as researchers have gathered more data and refined their understanding of demographic changes.

The demographic transition theory supposes that any society having high mortality must have high fertility to survive. All such societies are arranged to attain the required births. Their religious doctrines, moral codes, laws, education, community customs, marriage habits, and family organization are all focused toward maintaining high fertility.

Fertility in Ankole is at 4.9 children per woman, way above the replacement rate, which is the average number of children born per woman at which a population exactly replaces itself from one generation to the next. The replacement rate is approximately 2.1 for most countries according to the world bank. Comparably, the World Bank development indicators show that Uganda's crude death rate which is the number of deaths occurring during the year, per 1,000 population is estimated at 6.8 and natural population increase which is the difference between death rate and birth rate is 31.58 persons per 1,000 population (World Bank, 2010).

Further, the classical version of the demographic transition theory emphasizes the role of cultural transmission, arguing that fertility decline resulted from a diffusion process, as people were trying to imitate successful individuals or groups, and from the increase in non-parental cultural transmission that accompanied modernization (Coale, 2017).

The main argument of the theory is that fertility is high in poor, traditional societies because of

high mortality, the lack of opportunities for individual advancement, and the economic value of children.

Modern culture, emphasize the quality of children rather than their quantity (Casterline, & National Research Council (US) Committee on Population, 2001). Thus, the concept of fertility transition is becoming a universal phenomenon of concern.

In the context of this study, the level of fertility was examined in association with the socio-cultural factors of an urban area in a rural setting with conservative cultural norms and how these factors influence the decision on the number and spacing of children in the context of the traditional fertility motivations in an era of declining death rates.

This also followed further arguments on the present conditions regarding the transition. For example Kirk (1996), notes that 'control of fertility is as much a group decision as a decision of an individual or couple'; while Lesthaeghe (2010) advances a second demographic transition relating fertility behavior to material conditions.

Responses on community deaths did not directly relate to subsequent birth for replacement in terms of desired numbers but rather socio-cultural cognition. For example, it was revealed from focus Group discussions especially in the male only and female only groups that losing a child, particularly a first born brings bad omen to the family, therefore couples would strive to replace the dead child as soon as possible to erase the bad luck and be able to resettle in the family and community.

The study was also conducted from the perspective of the Socio-cognitive theory of moral thought and action as advanced by Bandura (1969). This is a learning theory based on the idea that people learn by observing others. These learned behaviors can be central to one's personality. Each

behavior witnessed can change a person's way of thinking (cognition).

Similarly, the environment one is raised in may influence later behaviors. The theory points to the importance of studying relations between traditional social patterns and divergent behavioral modifications of institutions acquired from another society to perform new functions in the society that adopts them, and modification of the indigenous institutions of a society under new conditions. This Socio learning theory explains human behavior in terms of shared interaction between thinking, behavioral, and environmental influences.

This approach suggests a closer integration of culture and demographics as an important contribution to the understanding of human behavioral affairs. The study considered gender norms as imparted from early childhood and how they could have shaped attitudes and influenced fertility behavior in adulthood. The study scrutinized the effect of exposure to modern culture of an urban setting on the attitudes towards fertility.

Additionally, the study relates with the Theory of Seasoned action which explains the relationship between attitudes, behavior, and human action. The theory tends to predict individual behavior based on their pre-existing attitudes. Relatedly, the planned behavior theory expands the theory of reasoned action to claim that attitude determines intention and people's intentions determine their behavior.

The examination of the cultural beliefs of the Banyankole in Sheema Municipality confirmed that fertility decisions are influenced by social pressure resulting from the normative beliefs of a particular society.

Summary of Literature Review

Most available literature considers fertility as a rational process driven by individual desire to have a certain number of children that motivates the reproductive actions. The idea that cultural settings influence fertility and that such influence is independent of socio- economic factors backs up the transition theory which incorporates culture and idealistic change (Cleland & Wilson, 1987).The standard demographic variables such as education or age at marriage are informed by the cultural meaning in the specific context. For example, Johnson-Hanks (2002) finds that education is related to higher age at first birth among Beti women in Cameroon mainly because formal schooling is closely connected with a higher motivation to have a good reputation and behave according to a local concept of respectability.

The literature review observes recent interest in quantitative analysis of fertility variables.

Most qualitative studies were done in the 70s and 80s. It is therefore necessary to analyze fertility in the context of an evolving culture. Besides, despite the logical importance of the gender system to fertility, the existing fertility theories have not considered it central especially in quantitative designs. A more community-based qualitative analysis is therefore necessary. Thus, a non-directional hypothesis was assumed associating gender norms and fertility in the case of Sheema Municipality.

Again, existing literature has focused more on the public sector policies, less on cultural norms. Most of these studies have been carried out in developed countries, most of which are low fertility countries. It should be noted that the socio-organization and the characteristic repertoires in Africa are fundamentally different. The bottom line is that relationships between cultural and socio-institutions need to be explored in their local context. The study was motivated by the desire to create evidence from a specific culture to inspire comparative research designs which would enhance theory testing and the generalization of theories.

Whereas there has been a lot of research on women attitudes on fertility decisions, very little research has been conducted exclusively on male fertility attitudes in especially in Africa. Thus available knowledge and policies based on female fertility research do not appear to be solving the problem of rapid population growth for African nations (Adamchak, 1987).

The causes of fertility reductions in some countries as well as the causes of continued high fertility in others, are strongly debated. What is made to lower fertility by such factors as lower infant levels , improvements in the status of women , and spreading knowledge of and access to efficient methods of contraception and abortion , and what contribution is made to higher fertility by such factors as cultural and religious norms , the economic benefits children provide , and traditional reluctance to interfere with reproduction continue to be investigated by researchers in several fields.

The review has not located any literature to suggest the factors behind fertility decisions for women outside the marriage institution.

Other studies have also identified fears and frustrations associated with pregnancy and childbirth. A pregnant woman fears that her labor will be painful, that her child may be deformed or stillborn, or she may die in childbirth. She knows that after her baby is born, she must spend the greater proportion of her time attending to the baby. Therefore, if people are to reproduce, socio-life must offer enough rewards for bearing children that outweigh the burden bestowed upon the parents and the community in the process of childbearing.

Much of classic literature emphasizes the social (as opposed to biological) dimensions of reproduction. In the context of Sub-Saharan Africa, Caldwell has argued that high-fertility regimes have been sustained by cultural norms, embodied in religious and lineage systems, that distribute the costs and responsibilities of bearing and rearing children among extended family members.

More recently, anthropological demographers have examined the role of kinship systems and the family in demographic processes. Many scholars share the view that all demographic processes, especially fertility, are shaped by powerful social forces (e.g., education and culture), many of which remain ill specified and poorly understood.

Similarly, according to conventional demographic theory, high planned fertility in the early phases of the demographic transition was found necessary, especially in the traditional agricultural societies, to support family businesses like farming and ensure social stability and security in old age. Additionally, high child mortality led parents to have more children to compensate for the losses. Fertility rates of 4.5 to 7 children per woman were typical in pre-modern time. Up until 1965, the average woman in the world had more than five children.

During that period, there was relatively low population growth due to the significantly high mortality at a young age. As health improved and the mortality in the population decreased, population growth has been accelerated.

It has been observed globally that fertility rates tend to decline as populations develop, linking it to individual decision making, information flow and rivalry between groups. The decrease in fertility rates coincide with the declining rates of population growth. Fertility decline occurs when parents desire fewer number of children due to rising levels of urbanization and education, changes in the economy, and declining mortality. On average, the number of children per woman in the world is now below 2.5 children (Roser, 2014).

Demographic transitions are normally driven by social interactions involving people living in social networks, social relations as well as socio-economic groups and communities; followed by interactions between these systems and between regions and countries in a global network (Colleran, 2016). According to the United Nations agency for population (United Nations Population Fund, 2023) fertility in sub-Saharan Africa was more than twice the replacement level,

with 5.1 births per woman between 2005 and 2010. This high fertility, combined with declining mortality has resulted in rapid population growth of 3.2 percent per year, and the UN projects the sub-Saharan population to grow from 0.86 billion in 2010 to 1.96 billion in 2050 and 3.36 billion in 2100.

Such an extraordinary increase in human population creates a multitude of social, economic, and environmental issues, making it more challenging for the continent to improve living conditions; hence, the growing interest among development professionals and partners in Africa's demographic change patterns.

Bongaarts (1987) classified the factors affecting fertility into two groups: background variables and proximate variables. Background variables include cultural, psychological, economic, social, health, and environmental factors, while proximate variables consist of the biological and behavioral factors through which the background variables must operate to affect fertility outcomes.

Armstrong (1954) recognizes culture as a significant concept characterizing human society. It is a function of integrated complex learned and shared behaviors stemming from shared values and beliefs within an emotional environment. Individuals' thoughts, feelings, and behaviors are often influenced by actual, imagined, or implied influences on the beliefs, attitudes, and behaviors of others, as well as by groups. Culture plays a great role as a means of promoting desirable events and avoiding unpleasant ones. Basically, most cultures are conservative in that they put up barriers to alien ideas (Rimé, 2020).

Pike (2018) notes that among the African traditional culture, adulthood status is recognized through the establishment of a family. In Uganda, and indeed among the Banyankole, girls begin to prepare for marriage as early as eight years of age. Polygamy is still acceptable as a cultural practice. According to Uganda Demographic and Health Survey (UBOS, 2016), one-quarter of Ugandan

women aged 15-49 are in a polygamous union with at least one co-wife, while thirteen percent of men aged 15-49 have more than one wife.

Extended families have been highly valued and having children considered a measure for a successful marriage (Ntozi, 1988). Since fertility and reproduction are essential to the continuation of humanity, many cultures and groups discourage birth control. in order to protect their members and humankind as a whole given that continuity of the human race is centered on fertility and reproduction (Benagiano, 2002).

The study explains the interconnections and influences of socio-cultural practices of the Banyankole on individual decisions and ability to control fertility.

Uganda's population has grown from 9.5 million in 1969 to 25.55 million in 2002, to 34.6 million in 2014 with a population density of 173 persons per sq. km by 2014, doubling from 85 persons per sq.km in 1991. The population is projected to be 74 million people by 2040 (UBOS, 2016). Such expansion of human numbers creates a range of social, economic, and environmental challenges and makes it difficult for the country to raise living standards, hence the growing interest in the variables linked to high fertility.

Fertility, defined as the number of children born in a population (Bongaarts, 2001), is recognized as one of the major development concerns throughout the world and especially in developing countries. (World Bank, 2010) defines high fertility as five (5) or more children per woman over the reproductive period. At an average of 5.2 children per woman, Uganda's fertility is ranked seventh highest in the world (Mungyereza, 2016). Fertility varies by residence and region. According to available data in Uganda, women in rural areas have an average of 5.9 children, compared to 4.0 children among women in urban areas (UBOS, 2016). Fertility among the Banyakole was reported at 4.9 children per woman. The Banyankole is the second largest single ethnic group in the country forming 9.6% of the total population.

Uganda's high fertility has been attributed to a number of factors, such as high birth rates, short birth intervals, and early reproductive ages (Amongin et al., 2020). The Uganda Demographic and Health Survey (2016) reported that twenty percent of women begin sexual activity before age of 15, while sixty four percent have sex before age 18. Forty- three percent of Ugandan women are married by age 18 and have their first birth within the first 6 months of marriage. One in four of the adolescent girls are already mothers or pregnant with their first child by the age of 19 years (UBOS, 2016).

High fertility poses health risks, cripples economic growth and impacts on the natural environment (WorldBank, 2010). High fertility has been associated with maternal and child mortality and considered a barrier to governments in providing social services to communities (Kabagenyi et al., 2016).

The Uganda National Population Policy (2020) is focusing on fertility decline in order to change the population age structure to reap a demographic dividend.

Although fertility may be considered a biological process, the various events that lead to the sexual act and later giving birth are affected by socio-economic, cultural and psychological characteristics of the woman and the man as well as by the environment in which they live (Wood & Eagly, 2002).

Culture is regarded as one of the key background factors that interact with the proximate factors to influence fertility. The world is currently witnessing unprecedented cultural transitions brought about by advancements in technology and urbanization. Meanwhile families continue to have unnecessarily large numbers of children.

Casterline and Agyei- Mensah (2017) observe that for cultural reasons, having much to do with traditional belief system, high fertility has been registered in sub-Saharan Africa than in any other region in the world.

The individual freedoms to control fertility have been constrained by cultural pressures premised on historical constructs that cogitates high fertility and large families as being economically and socially rewarding (Ahinkorah et al., 2020). Therefore, individual decisions and ability to control fertility is an important subject of interest to Sociologists, Demographers and Anthropologists as well as a public health concern (Marston et al., 2018). The study on the socio-cultural practices and fertility behavior among the Banyankole families in Sheema Municipality was conceived as a contribution to identify and recommend a solution to the persistent high fertility in Uganda.

The study integrates sociological and demographic philosophies about fertility, referring to the product of reproduction, that is the number of births that occur to an individual or in a population. This contrasts with fecundity, which is defined as the physiological ability to have children (Louis, 2006). Fertility behavior is concerned with childbearing patterns including the number, timing, and spacing of children (Frank & Bongaarts, 1991).

Elsewhere, studies have identified sociological factors embedded in culture that affect the thoughts, feelings and behaviors to include general constructs of Gender norms, Religious beliefs, and traditionalism (Götmark & Andersson, 2020; Mason, 2001).

This study seeks to understand the cultural norms and practices associated with decision making among the Banyankole couples living in a rural municipality that influence fertility drivers among which are Early Marriage, Women's Status, Contraception and Education (Adhikari, 2010) to affect fertility behavior denoted by the decision for number and spacing of children in the given socio-demographic environment.

The Banyankole has maintained patriarchal philosophy (Mutume, 2017). Cultural ideals about gender continue to present women as subordinate with their rights and obligations shaped by marriage and male domination (Nyakato, 2013).

Gender roles are strictly defined, perpetuating the relationship of male dominance and female subordination. To this day, even with socialization within the family, in educational institutions, and in other socio-domains, boys and girls are conditioned to behave in certain ways and to play different roles in society (Ninsiima et al., 2018).

A study conducted in South Korea (Choe & Retherford, 2009), reported a decline in fertility due to increased levels of education. According to the Uganda demographic and Health Survey (2016), on average, women are less educated, participate less in paid employment, and often have little say over childbearing decisions (UBOS, 2016). Although there are debates about in school fertility, the role of education cannot be underestimated in delaying marriage and on set of childbearing. The thesis therefore discusses the role of education in determining fertility behavior.

Religion is known to have played a significant role in the civilization of Ankole region according to Karamura (1998). This is because of the pioneering role in social services like schools, hospitals and agriculture. The majority of Banyankole today subscribe to at least one of the major world religious denominations, including the Roman Catholic Church, the Anglican or Moslem faith. While some religious teachings may support fertility reduction like the Christian monogamous marriage, others like catholic teaching against birth control and Muslim polygamous teaching may promote fertility increase. Thus, the study considered religiosity as an important variable in determining fertility behavior.

Ntozi (1988) stresses a critical role ritual practices in marriage patterns and family systems play in influencing fertility of any society, notably, rites of passage, religious vows, marital dissolution and re-marriage procedures, among others. The study examined the traditional rituals and customs practiced in the marriage and family system among Banyankole families to determine their influence on fertility behavior.

CHAPTER THREE: METHODOLOGY

This chapter presents the procedure followed to investigate the research problem. It contains the research approach and design, defines the study population, sampling procedures used, data collection procedures including a description of the data collection tools and instruments. The section further describes how the data was analyzed including the validity and reliability testing of the data collection tools, then concludes by stating the ethical considerations which guided the researcher's conduct.

Research Approach

The study adopted a qualitative research approach based on non-numerical data. Qualitative approach involves critical reasoning. It involves the establishment of patterns and relationships, examining patterns of meanings as they emerge from the collected data by transforming data into text through a process of recording and transcribing (Tshiyoyo, 2012).

Although the usefulness of qualitative research has been questioned as there are concerns about the generalizability of the research results to other groups (Voyer & Trondman, 2017), qualitative research is meant to study a specific issue or phenomenon in relation to a certain population, location or context. It is therefore considered that generalizability of qualitative research is not possible but trends in qualitative research through meta-analysis have been able to increase the possibility of generalizability (Leung, 2015). Otherwise, the use of a quantitative research approach in the social sciences would be problematic because it is impossible to clearly measure and interpret the complexity of human behavior and an individual's interactions between their social and natural environments successfully and empirically. Research in the social sciences involves observing a phenomenon and understanding the interpretations that individuals have already made (Blaikie, 2004). For this reason, the study did not focus on isolating and objectively

measuring variables or on developing generalizations.

Instead, the focus is on gaining an empathetic understanding of individual feelings and experiences as well as the meaning that they give to their everyday life with the goal of gaining greater understanding of the individual's behavior (Pulla & Carter, 2018). In other words, while quantitative research would primarily deal with objective numerical data to test a theory, qualitative research seeks to answer questions of "how, where, when, who and why" to build a theory by collecting non numerical information and human subjectivity of a phenomenon. In quantitative research human emotions and perspectives are seen as undesirable biases but in qualitative research these elements are seen as essential to the research process (Leung, 2015). This research therefore only reveals the views that emerged from the research rather than giving a definite answer (Willis & Willis, 2013).

Concerns of bias or limitations in the research process are addressed by the reflexive flexibility of the research process (Voyer & Trodman, 2015). This is a research setting in which the researcher is a participant and thus integrally contributes to the data. This involves not only reflection on the interview process but the impact that the researcher has on the whole research process (Willis & Willis, 2013). From a constructivist point of view that understanding is through experiences and interactions with others, qualitative research is the perfect way to develop theories on human behavior.

Throughout the research project, interpretation of variables continued as an ongoing process based on individual stories and experiences as they were told through various engagements with participants. The qualitative research process allowed systematic collection of data through observation, participation and participants' subjectivity addressing the complexities of understanding human behavior in the context of the particular social and physical environment.

In this study of socio-cultural practices and fertility behavior among Banyankole families, the researcher focused on families as the unit of analysis with the aim of establishing the degree to which the socio-cultural practices influence fertility behavior among Banyankole families.

Qualitative research offered a nuanced understanding of the socio-cultural practices and fertility behavior among Banyankole families, providing insights into the complexities of decision-making processes (Smith et al., 2023).

It was observed that although some stories were similar, they were never the same, indicating that human socio-cultural characteristics such as relationships, life positioning, opportunities and situations among many other conditions as well as socio-cultural and economic factors like gender, security, education, religion among others are some of the intrinsic powers of influence shaping an individual's life story either as separate entities or through inter-connectivity.

Therefore, the findings reported in this research are based on social reality as captured through the lens of participants views, opinions, assumptions, interpretations, and beliefs contextualized in the social and physical environment of the Banyankole of Sheema as interpreted by the researcher from a constructivist position. In this case, we see that the conservative and less conservative individuals have actively constructed their view of actions and events from their own thoughts that are shaped over time by their experience, position, and perceptions of social relations in their society. Working with these subjective meanings, the researcher was able to examine, acknowledge and set aside own biases in constructing the resultant theories.

Research Design

The study was exploratory in nature, applying a grounded theory design with Sheema Municipality as case study to gain insights and generate new ideas about the socio-cultural practices underlying fertility motivations. The case study is generally described as empirical research, involving the use

of contextually rich primary data within a bounded natural setting aimed at understanding a specific phenomenon (Barratt, Choi, & Li, 2011).

According to Gerring (2004), a case study involves exploration of multiple perspectives" of a complex system in its "real-life context" with a purpose of generating in-depth knowledge on a phenomenon to inform practice; a comprehensive examination of a single instance or a small group of cases that has the possibility to shed light on a wider population of cases. The study was carried out among the inhabitants of Sheema Municipality who self-identified as Banyankole and the results reported refer to this group. Participants were selected from a representative section and taken in an urban centre where residents originate from the wider Ankole region.

Study area

Sheema Municipality was established in July 2018 as an urban center located in the district of Sheema which was curved out of Bushenyi, one of the greater Ankole districts of western Uganda. It lies at 0°34'52.0"S, 30°22'46.0"E (Latitude: -0.581111; Longitude), the highest elevation being 1,410 meters (4,630 ft), above sea level.

Historically, the area belonged to one of the four kingdoms of Uganda abolished in 1967. The Banyankole are the major inhabitants. The Banyankole have traditionally been classified into two groups which are the 'Bairu" (cultivators) and 'Bahima" (Pastoralists). The Banyankole families in Sheema Municipality are relatively permanently settled with most economic activities operating from permanent homes.

The Banyankole have a rich cultural heritage with distinct customs and traditions. They are organized into clan structures and mostly characterized by patrilocality and generally known by the tendency to marry within the same ethnic group (Ntozi, 1988). Like any other group, they have a set of norms, values and beliefs that govern their society with different perceptions governing their socio-cultural practices with a highly patriarchal tradition (Muhanguzi, 2011).

Polygamy, early/child marriage, bride wealth, widow inheritance among other conservative cultural practices is still practiced among the Banyakole.

Son preference and gender discrimination is still a visible characteristic in this part of the country.

The Banyankole speak 'Runyankole', one of the major Bantu dialects of Uganda. Runyankole is also spoken by people in neighboring countries such as Rwanda. Runyankore is a tonal language, and its vocabulary includes many words that are not found in other Bantu languages.

The Banyankole have historically exhibited relatively high fertility rates compared to other ethnic groups in the country and Sheema has consistently exhibited high fertility rates, making it an ideal location to study the factors contributing to this phenomenon.

Given its geographical central location, Sheema Municipality is home to a large concentrated population of Banyankole, making it an ideal location to study their socio-cultural practices. An urban centre in a rural setting, within the middle of greater Ankole districts of western Uganda, the inhabitants could potentially be culturally representative of the Banyankole as an ethnic group and the results can be generalized to Ankole and Banyankole as a whole.

The municipality has a variety of socio-cultural practices that are unique to the Banyankole, making it a valuable case study for understanding their culture. Their social norms are often popularized through music and dance often performed at social events such as weddings and funerals, characterized by use of drums, string instruments, and vocals. Ankole dances are often characterized by their energetic movements and intricate footwork. Ankole music has been performed all over the world, and their music has been featured in films and television shows.

Banyankole women are known for their strength, hard work and dedication to their families and communities usually responsible for household tasks like cooking and child care. The Ankole people have a diverse cuisine that includes dishes made from a variety of local ingredients, with

millet bread (karo) being the cultural delicacy.

They are proud of their culture and traditions as exhibited by their clothing especially at traditional ceremonies. Females, young and old tend to dress in traditional 'suuka'

The Banyakole produce a variety of crafts, such as pottery, basketry, and woodwork.

Ankole crafts are often sold at local markets and are popular with tourists.

The area's predominantly Catholic population provides an opportunity to study the influence of religious beliefs and values on fertility behavior.

As an urban centre, Sheema municipality is undergoing significant cultural changes, including shifts in traditional gender roles and family structures, which impact fertility decisions. The area also offers an opportunity to explore how socio-economic factors such as education, influence fertility behavior. An urban centre in a rural setting within the middle of greater Ankole districts of western Uganda, the inhabitants could potentially be culturally representative of the Banyankole as an ethnic group and the results can be generalized to Ankole and Banyankole as a whole especially in regard to the dynamics that come with urbanization and technological advancement.

Study Population

The study population consisted of 40,852 people which is the 50.6 adult population of the 80,735 total population of Sheema Municipality at the time of the study.

Sample selection and procedures

All residents in the study area aged 18 and above were eligible for enrolment into the study. Participants for individual interviews were selected through quota sampling. Quota sampling is a non- probability sampling technique used in research to ensure that the sample selected reflects certain predefined characteristics of the population. According to Yang & Banamah (2014), quota sampling involves dividing the population into strata based on specific attributes.

The purpose of quota sampling is to create a sample that mirrors the characteristics of the population in terms of the variables of interest.

In quota sampling, researchers establish quotas that represent the proportions of the population they want to include in the sample. These quotas are typically based on known demographic or characteristic distributions within the population of interest. Sheema Municipality was stratified into 4 divisions and 44 respondents were selected. From the four geographical strata participants were selected through convenience by alternately selecting a male and female participant from the first household in the 22 parishes. This method allowed the researcher to control the composition of the sample based on age and gender. Only adults were recruited into the study as respondents.

Inclusion and Exclusion Criteria

Recruitment into the study started by asking prospective participants to self-identify. In some cases, members' own self- definitions did not match the researcher's criteria and were therefore eliminated from the study. For example, immigrant civil servants who identified themselves by their historical experiences and settlements were excluded from the study.

Ethnic eligibility was determined by proficiency in the Runyankole language, clothing, settlement, residency status, and ancestry. Eligible cases were all residents of the study area. The study population comprised of women and men aged 18 and above living within the geographical boundaries of Sheema Municipality that identified themselves to belong to the Banyankole ethnic group of Uganda. Those who were identified or suspected to be below 18 were excluded from the study.

Other characteristics for recruitment consideration included education, marital status and religion.

The research aimed to get a mix of participants to include the educated and uneducated, married/ever married and unmarried as well as a good mix of religious practice between the three main religious sects of the Anglican church, catholic faith and the Muslims.

The sample selection criteria were based on the saturation principle. In research practice, there has not been an agreed method of establishing data saturation (Francis et al., 2010). To decide on saturation, the researcher set a minimum initial analysis sample size of 44 participants for individual interviews, three focus group discussions, World Café and atleast six Key Informant Interviews; and contextually established personal attitude and subjective conformity as relevant concepts. Recruitment continued with new rounds of participants and previous participants as informed by continuous data analysis up to 125 respondents until no new information was acquired.

Data Collection methods and Instruments

Data was collected through a World Café session, individual interviews, key informant interviews and focus group discussions using interview guides and semi- structured questionnaires. The researcher was supported by a research assistant in data collection. The Research assistant was solicited from the network for education and multidisciplinary research and she has a Masters Degree in Demography. Prior to field work, the research assistant was trained for two days on the research methodology, the study objectives and research ethics. During the training the purpose of the study was explained while emphasizing the importance of accuracy and completeness in data collection as well as the principles of confidentiality, informed consent, and respect for participants' rights.

Voice data was recorded using voice recorders while non-verbal responses were noted by the researcher as memos in a paper notebook.

Audio recordings, transcriptions, field notes, and interview transcripts were stored in digital format. Audios were transcribed and anonymized by coding.

World Café (WC) participatory assessment session.

The World Cafe (WC) is widely used as a participatory data collection method and has recently been incorporated into academic research. The method has gained popularity in facilitating conversational dialogue and mutual learning regarding research questions (Fouché & Light, 2011; Broom et al., 2013; Takahashi et al., 2014; Chang & Chen, 2015). In the world café method, groups engage in constructive dialogue around critical questions in a hospitable environment, encouraging everybody's contribution. The researcher listens for patterns and insights into the question. The method allows inclusion of as many stakeholders as possible. WC facilitates an open and relaxed discussion that exposes the views and knowledge present within a larger group of people. World Café draws its name from the 'cafe' ambience that is created in order to facilitate informal conversation, representing a neutral public space where people feel free to engage with each other (Schieffer et al., 2004). WC method is well suited to obtain qualitative data from a large group of participants.

Bertotti et al. (2012) describe the WC as "a novel qualitative method that attempts to highlight and capture the lived and varied perceptions and experiences of people living within.". Aldred (2011) describes the approach in methodological terms as "a self- facilitating focus group investigation.". It complements other research methods well; in that it helps to guide the exploration and verification of themes. Integrating the method into research helps to increase both the size of the reference sample and the range and scope of individual views on a certain topic (Löhr, Weinhardt, & Sieber, 2020).

Being able to include as many stakeholders as possible in the data collection process is increasingly

acknowledged as an important way to ground results.

By random movement around communities and institutions in the four divisions of Sheema Municipality, sixty invitation fliers were distributed among adults. Whoever accepted the flier, their telephone contacts were recorded, and personal calls and reminder messages were sent for confirmation.

The World Café session was hosted in a hotel conference room with 48 participants on ten 5-seater tables with writing material and markers. Audio recorders were placed on each table recording the discussions while the researcher took notes of the body language, mood, expressions and other physical interruptions during the plenary. The World Cafe session was moderated by the researcher assisted by a Research Assistant following a discussion guide. Each table chose a host amongst themselves that facilitated and summarized the discussion points. The session lasted 2 hours and 40 minutes. The hosts shared the summarized points in a plenary and the summaries have been included in the analysis.

Key Informant Interviews

Key informant interviews are a qualitative research data collection method that involves gathering information from individuals who possess specialized knowledge or expertise in a particular area of interest. These interviews are valuable for gaining in-depth insights, perspectives, and nuanced understanding of a topic. Key informant interviews are particularly useful when studying complex social phenomena or when access to certain populations or information is limited (Tremblay, 2003). Key informant interviews provide researchers with the opportunity to engage in a dialogue with knowledgeable individuals who can provide unique perspectives and rich contextual information. These interviews allow researchers to explore topics in depth, ask follow-up questions, and clarify complex concepts, thereby enhancing the validity and comprehensiveness of

the research findings (Frenk et al., 2011). Key informant interviews can be instrumental in identifying patterns, themes, and trends within a specific domain.

The information gathered from key informants can help researchers uncover hidden factors, understand cultural nuances, or gain insights into the underlying mechanisms that influence a particular phenomenon (McKenna & Main, 2013).

Community leaders, including opinion leaders, elders, religious leaders, young people and women were purposively enrolled in the study as key informants. Four religious leaders were selected, one each, from the three prominent religious sects of Anglican Protestants, the Roman Catholic church, the Muslims, and the Pentecostal church. Two elders (one retired church leader and one retired local politician) were interviewed. The other Key informants were two young people and a manager of a local Community Based Organization.

Individual interviews

For acquiring qualitative information about people's experiences or opinions to understand the meanings associated with them, interviews are a popular strategy that is encouraged (Tiwari et al., 2005; Yin, 2009b). This is in line with the recommendation made by Hesse- Biber (2007) to undertake in-depth interviews in order to find out more about people's genuine experiences. In-depth interviews are a typical technique for data collection in qualitative research because knowledge is not given but rather developed. This is due to their adaptability and suitability for generating and building new information through interactions and probing between the interviewer and the interviewee.

The researcher carried out face to face semi structured interviews using the interview guide which was administered to family members. The interview guide as an instrument was preferred because it is flexible and the rate of return is good and has opportunities for probing (Navarro Sada & Maldonado, 2007). The interview guide increases the comprehensiveness of the data and makes

data collection systematic for each respondent. The researcher used a one-on-one interview where questions were asked, and answers recorded from only one participant in the study at a time. One-on-one interviews are ideal for interviewing participants who are not hesitant to speak and can share ideas comfortably.

The interview session was audio taped using a tape recorder to give an accurate record of the interview. The researcher used three voice recorders at a time and took brief notes during the interview. Consent was obtained from the interviewees to participate in the study. The interviews were flexible but focused with the interviewer being courteous and professional as participants were assured of confidentiality.

Purposeful sampling strategy was preferred by the researcher. The respondents were intentionally selected after being informed by the quantitative results.

Individual interviews were conducted with 44 participants. A male and female participant was alternately and randomly selected from the 22 parishes in Sheema Municipality. Similar questions were discussed following the prepared interview guide. Each interview lasted between 15 to 20 minutes. All interviews were conducted in Runyankole and later translated to English.

Focus Group Discussions

More data was collected through Focus Group Discussions (FGDs). The method was developed by Merton and Fiske in the 1940s (Cohen & Crabtree, 2006). FGDs make use of interactional exchange in groups to collect data that is less accessible through individual interviews. With FGDs, it is possible to collect a large amount of data on a specific topic in a relatively short amount of time. FGDs enabled access to the views of those who were not willing or able to speak up at larger group meetings like the World Café but were also used to triangulate information. Rabiee (2004) recommend 6–10 participants per group for a one to two hours discussion.

While some scholars advocate for homogeneous groups in order to facilitate trustful and open exchange, others argue for heterogeneous groups to foster more spontaneous and honest response behavior (Kitzinger, 1994; Rabiee, 2004). The method was chosen to ensure representation of different groups of the population.

In groups of 6 participants each, focus group discussions were held with people of similar demographic traits including Women, Men young people (aged 15-30) and elderly (aged 60+).

The researcher used a round table approach to moderate the discussion by allowing each respondent to contribute to the discussion. Consent for audio recording was sought from the respondents in respect of guidelines for ethical research and to ensure details were accurately captured.

The discussions followed a focus group discussion guide where thematically developed questions were administered to the respondents. The focus group discussions begun with the researcher explaining the objectives of the study.

The FGDs were moderated through lower moderation style, where the researcher's intervention is as low as possible leading to more "natural" interactions between session members, potentially including joking, arguing, and teasing (Kitzinger, 1995), enabling generation of socially constructive collective meaning.

Data Analysis

Interpretation of qualitative data followed thematic and content analysis of common themes, ideas, topics, and patterns arising out of recorded texts and transcripts (Braun, 2006). People's views, opinions, knowledge, experiences, and values were determined using both deductive approach in accordance with pre-conceived variable themes and inductive approach from the data collected. Emerging themes in line with the study objectives and questions were coded and organized into concepts to reveal meaning and relationships using a computer software, ATLAS TI 9. These concepts were developed into explanations and are presented as findings.

After conducting the interviews, the researcher listened to the audios to ensure clarity and completeness. Audios were transcribed verbatim into text by the researcher while non-verbal cues such as laughter, pauses, or emotional expressions as recorded from the field notes were also translated into text. The transcripts were then translated to English.

The voluminous transcripts were first condensed by paraphrasing lengthy conversations to focus on key points and main ideas that were considered representative of the larger data set. Using the flexibility of the computer program, original data would be regularly revisited to avoid misrepresentation that may result out of over simplifying information.

The researcher then read through the scripts and performed open coding by assigning labels to the data pieces of sentences and phrases, progressively into groups of themes and categories of data with similar codes. This was done in many rounds of categorizing, refining, and re-categorizing. In the process, data that did not significantly relate to the study was discarded. Codes were then analyzed by their frequency and connection to other codes.

From the standpoint of the demographic transition theory, the reasoned action & theory of planned behavior as well as the socio-cognitive theory of moral thought and action, data was coded for socio-demographics, culture and tradition, gender & power relations, fertility motivators and intentions, marriage patterns, religiosity and decision making, among others. Further data labels were created from the scripts by inductive analysis. Specific aspects of the data of interest in relation to the research questions was generated through system generated word frequencies through word cloud and systematically categorized by quantifying frequency of words and phrases mentioned in the scripts which were broadly coded.

Beyond word count, the phrases were further categorized and linked into patterns to generate relationships. The first step in the analysis of data was reviewing and categorizing the textual data under different themes that were of interest to the study objectives. Themes were constructed as

personal attitude and subjective conformity towards cultural practices and norms. Suggestive words and/or brief phrases were used as codes to symbolically attribute some descriptive meanings to certain pieces of data in the interview transcripts or extracts (Rogers, 2018).

Codes made it easier to create broad concepts from the data's content so that content analysis could create groups and themes.

Similarly coded data was organized and grouped into categories of content that share similar meanings and with common content characteristics, ideas, and patterns. It is from these code relationships that the researcher makes meaning to draw the results of the study.

The blending of inductive and deductive analysis helped the study results to contribute to the existing theoretical framework while adding to the existing knowledge with new and unexpected findings. Further cross-reference and comparison analyses were conducted under each theme to identify noteworthy quotes from participants.

Direct quotations of individual responses that explain the respondent's views and bring out their voices were identified and are presented in the respondent's own words to give more insight into the reproductive related socio-cultural affecting fertility behavior among the Banyankole living in Sheema Municipality. These quotes were helpful in interpreting the findings and helping the reader understand the researcher's arguments on a certain topic or proposition. Participants' quotes or excerpts are presented with the findings in order to preserve their voices, reflections, and subjective viewpoints as proof of the emerging similarities and differences in their answers to particular questions, as well as to confirm and show the interpretive rigor and the credibility of the research findings and the conclusions made (Creswell, 2013; Fereday & Muir-Cochrane, 2006).

Hofstee (2006) contends that quotes or excerpts in the form of participant voices not only enhance the interpretive rigor and credibility of the propositions and conclusions drawn from the findings and interpretations, but also serve as supporting evidence for the study findings.

Analysis was concurrent with data collection up to saturation level in a grounded theory approach. Data analysis in grounded theory was originally introduced by Glaser and Strauss in 1967 as a method of constant comparative analysis at the end of which, a theory, a set of theoretical propositions, is generated (Strauss & Corbin, 1990).

Data Management

The digital files were downloaded into a well-structured folder system on a secure computer and saved on google drive. Data files were organized by date, location, and later by thematic content to facilitate easy retrieval and identification of specific data. Coding was facilitated by a computer application ATLAS TI 9 which provided features for coding, annotation, and linking data segments, which made it easier to navigate and retrieve specific sections of data during analysis. All interviews and discussions were conducted in Runyankole and later translated to English.

Validity & Reliability

A number of approaches were employed to ensure validity and reliability of tools and data.

Reflexivity check

The Researcher is a female Munyankole Resident of Sheema Municipality. Reading through the questions prior to administering the tools, a critical self- reflection was applied for any potential predisposition and bias. A deliberate attempt was made to listen more to viewpoints that would tend to disconfirm expected explanations regarding the research questions.

Triangulation

The researcher used multiple sources of data, such as interviews, key informant interviews and focus group discussions to corroborate findings. This helped to establish convergent validity by showing consistency across different data sources.

Peer Review

The study findings were subjected to a peer review of colleague PhD students and research practitioners through the network of the Faculty of Interdisciplinary Studies at Mbarara University of Science and Technology. The work was subject to three peer discussions at the faculty. The discussions provided further insights into the data and criticisms of the explanations were considered in the final interpretation of the findings.

Corroboration

The same tools were used for similar respondents. All participant groups were asked similar questions. The narrations given by the respondents were subjected to a consistence check whereby similar questions would be rephrased and asked again to ensure answers are consistent. Information was corroborated by "Cross-checking" responses from different sources using multiple procedures to draw conclusions. Further, other documented data sources were used to compare findings including similar studies.

Ethical Considerations

Ahead of the study, the researcher had undergone a week-long training course in responsible conduct of Research. The study protocol was reviewed and approved by the Ethics Review Board of Mbarara University of Science and Technology and approved by the National Council for Science and Technology.

Each participant was requested to provide written consent. Confidentiality and protection of data was respected in accordance with the data protection and privacy act (2019). Respondents who were above 18 years recruited purely on voluntary basis. After fully explaining the purpose for which the data is being collected as well as the rights to withhold information or pull-out of the study at any time. No names or specific identification is quoted in the report.

Discussions were held in secure rooms away from public crowds.

Strictly, all tape recordings can only be accessed by the researcher and will be destroyed after the final report is written. In any case, not more than 5 years. No names or specific identification are revealed in the report.

Participants in the individual interviews received an incentive in form of a sachet of salt and a piece of soap while Key Informants received Uganda Shillings 10,000 (Ten thousand) worth of airtime to compensate for their time. Participants in Focus Group Discussions were given a transport refund of Ush. 5,000 (Five thousand Uganda shillings) as per market transport rates (boda boda). A cup of tea and a snack were served for each participant in the world café session.

CHAPTER FOUR: PRESENTATION OF RESULTS

This chapter presents findings on the analysis of Socio-cultural practices prevalent among the Banyankole, an examination of the attitudes of the Banyankole residents of Sheema Municipality towards contraception, an exploration of the cultural influence on fertility behavior among Banyankole couples in Sheema Municipality and an assessment of the impact of socio-cultural practices on fertility behavior of Banyankole families in Sheema Municipality.

Data was collected from 125 participants. The distribution of participants across different techniques of data collection used is as shown in ***table 1.***

Table 1: Distribution of Participants & Data Collection Techniques

Method	**Frequency**
Individual Interviews	44
Focus Group Discussions	24
World Café	48
Key Informant Interviews	9
TOTAL	125

Demographic characteristics of participants

This section presents some of the study participants' noteworthy demographic characteristics, including sex, age, religious affiliation, marital status, and level of education. The demographic characteristics provide a broad understanding of the nature of the population in the study area. The study participants were predominantly male 54% (68) compared to 46 % (57) females. This statistic was important for the study because reproduction is a function of the two sexes. The majority (53.6%) of the study participants were affiliated to the Anglican religious faith. Seventy six percent (76%) of the participants were married. Forty six (47.5%) of the participants had acquired secondary level education while 3.8% had no formal education.

The data on age served a two-fold purpose for the study; Firstly, it informed inclusion and exclusion of participants in the study. The participant age range was from 18 to 69. The age was revealed by participants themselves, those who were identified or suspected to be below 18 were excluded from the study. Secondly, the effect of age was evaluated against the generally considered reproductive age of 15-49. Participants' views however did not relate age to fertility behavior, and it was observed from the data that this age range (15- 49) only refers to female fertility. The study noted more men having children beyond 49 years, sometimes with younger women. Regarding marital status the study confined the definition of marriage within the limits of a union established through solemnization by a legal, religious, or customary rite in conformity with local traditions. To this effect, although some participants identified themselves as married, on further interrogation, some of the unions did not actually fit the study's definition of marriage even before classifying them as religious, cultural, civil, or even monogamous or polygamous. Nevertheless, marriage is an important proximate determinant of fertility, thus the large proportion of those who have been in any form of union ('married') show a tendency towards a behavior associated with high fertility. The average male to female ratio of children among the participants was 1:3 with an average spacing of 2 years and 3 months. The preferred number of children ranged from 3- 7, with the highest number of children born to a parent being 33 for a male and 11 for a female participant. The majority of those who had more than 7 children attributed it to lack of choice; so was those who had less than 3 and had passed their reproductive age. The preferred sex ratio of children was 1:1. Almost all (99%) participants showed no concern about the number of births in the community, and generally preferred as many births as possible. Only one maternal death could be recalled in this community.

Table 2: Demographic Characteristics of Participants

Characteristics	N	n (%)
Sex		
Female	125	57 (46)
Male		68 (54)
Age categories		
18-25		10 (8)
26-35		12 (10)
36-45		8 (6)
46-50		70 (56)
51-60		18 (14)
61+		7 (6)
Marital Status		
Single		25 (20)
Married		95 (76)
Other		5 (4.5)
Education		
Primary		14 (11.2)
Secondary		59 (47.5)
Tertiary		49 (40.0)
None		3 (3.8)
Religion		
Anglican Protestant		67 (53.6)
Roman Catholic		24 (19)
Muslim		27 (21)
Others		7 (6)

A total of 9 key informants were interviewed as illustrated in **table 3.**

Table 3: Frequency of Key Informant roles

Category	Frequency
Religious Leaders	5
Cultural Leaders	-
Political Leaders	2
Civic Leaders	2
Total	**9**

Prevalence of Socio-cultural practices

To understand the nature of socio-cultural practices prevalent among the Banyankole in Sheema Municipality, participants were asked to narrate any customs experienced and/or observed at birth, marriage, and death that could have had an influence on childbearing decisions. The themes were clustered around gender norms, marital unions, family relationships, spirituality and traditionalism. About gender norms, the emerging sub-themes included patriarchy, sex preference, patrilineality, heritage and inheritance. Under marital unions, the sub-themes explored included polygamy, marital mobility, multi-partnerships, co-habitation and early marriages. Regarding family relationships, the study examined family relationships, family life history, socio-economic value of children, extended family system and foster parenting as sub-themes. The study also examined religiosity and traditional customs of the Banyankole living in Sheema Municipality. This section presents an account of the influence of the Socio-cultural practices on fertility behavior among the Banyankole living in Sheema Municipality.

Gender Norms

The power imbalance between the male and female gender was notably highlighted by patriarchal influences. The dominant belief was that men have absolute authority over their families and women must submit to this authority. The woman's primary role is to produce and raise children and serve their husbands and her value as a good woman is derived from her submission to her husband. In relation to this, one elderly participant quoted an adage:

> *"a man stands on his own, but a woman leans on her husband". ("Omushaija Obushaija Abweteera, Omukazi, Obukazi abuteerwa Iba")*; Individual interview- Kagango.

This desirability for a submissive nature of women subjects them to men's coercive control, including the claim to the rights to discipline women for any behavior deemed inappropriate.

In accordance with this norm, at no time should a woman deny her male partner sex and is expected to bear as many children as her partner prefers. Culturally, love and respect for one's husband is demonstrated through continued births. In some cases, married women with few or no children are threatened by their husbands to retrieve bride price from their families in addition to marrying another woman to get more children. Having a co-wife is the last thing a woman would wish to have in her marriage. In support of this one respondent said:

> *"... If a man wants children, can you stop? You will be indirectly asking him that you marry another woman, if you want..." (individual interview, Kyagaju).*

When asked about who should decide the number of children born, the majority (72%) of men said the man should take the decision while 43% of women said women should take the decision. An insignificant number of respondents believed others apart from the couple themselves should decide on the number of children. Women seemingly have no say regarding the number of children to be born in a household. The notion that a man determines the number of children and that his dominance is unquestionable was alluded to by several participants especially females during the discussions. One respondent reported:

> *The health workers wanted me to stop giving birth, but my husband did not want"* (Female In-depth-Interview participant, Migina).

The assertion of male dominance was also reinforced by religious teachings. This was strongly expressed by women and men of all religious denominations that a man is the head of the family and should take all decisions including childbearing.

A large number of participants, referred to the bible teaching, for example:

> *"Even the bible says it – Women should submit to their husbands while husbands should love their wives.... The woman leaves her parents' home not the man... (eyes wide open and arms spread) ... so, what has she come to do?"* (Male participant, WC-Kabwohe)

Moreover, several male participants advanced the notion that women do not actually produce children and are just custodians:

> *'Can a woman make herself pregnant?'*

A variation of this statement appeared recurrently four times with the male study participants. The patriarchal tendencies still rampant among the Banyankole families limit the woman's reproductive role within the confines of the sexual pleasures of a man. A section of men talked to in male-only focus group discussions intimated that when women partake of modern contraception, their sexual libido goes down as a side effect, and when the man is not satisfied sexually, he moves on to another sexual partner. These new sexual partners are usually younger and inevitably get pregnant. The discussions from the study acknowledge the notion that marital unions should result in childbearing, thus increasing the general fertility of the population.

> *"I paid dowry; if she cannot have children, what would she be doing in my house? But now I hear that they dry up their eggs not to produce because the government has given them authority .... but in a home, a man should be respected"* (Key informant, 69-year-old man, Kyabandara)

Sex Preference

Contrary to the common assumption that sons are preferred to girls and that individuals and couples would keep trying and having more children in pursuit of sons, data from the study tells a different story. Generally, participants contend that all children are the same and would like to have both sexes. Asked if they could try again for another child in case one has had no son, instead, the general revelation is that in any case, one would try again to get different sex, no matter which one. This was across male and female participants, almost all mentioning 50:50 as their preferred boys-to-girls ratio.

> *"By the way, I would rather have more girls than boys these days, girls have proved to be more beneficial than boys nowadays... at least a girl will remember her parents"* (FGD – Women, Karera Dec. 2022).

The ideal family size preferred ranged from two to six children with more participants, especially of the younger generation preferring four (two boys and two girls).

The minimum ideal for number of children was three. The ideal preferred family size reported in the central division was significantly lower than that reported by the respondents from the more rural divisions of the municipality. However, the general attitude was that the determination of ideal family size nor the determination of sex was not within the limits of human beings. This belief exists even among the educated. One Imam who had a master's degree in Islamic studies stressed that "it is not within the control of human beings to increase or decrease the number of children". Responding to how he has enforced this view among his followers, he continued to advance his strong view that thinking about limiting children is an action punishable by God.

> *"Creator is God. To whom He desires gives more and to whom He desires gives less. Anyone who attempted and attempts to stop the process of childbearing, he is committing sin and crime from the Islamic viewpoint. He is criminal and punishable'* (As quoted by KII, Religious leader, Rwanyamukinya, January 2023)

There was no proof that the educational edge boys seem to have over girls was deliberate as a consequence of sex preference but could probably be attributed to other factors as indicated by the statement below:

> *"There is no way I could have managed to educate all the 9 children. With what? Iam a mere peasant. I had to educate the elder boy so that he looks after his sisters later just in case some failed in their marriages"* (Elderly KI, Kashozi)

Patrilineality, Family name heritage and inheritance.

Participants, most especially male, conformed to the norm that women should produce many children to extend their family lineage. To these participants, births meant replacement of ancestors. This belief is demonstrated in the naming of children with reference to their ancestors. This implied continuity of the clan's existence and cultural values.

Furthermore, majority of participants subscribe to the tradition of patrilineality where sons inherit family property.

This patriarchal control of property encourages male dominance in social and economic terms. Women's rights are often determined by their association with men.

"*Engiri eziire teriibwa Mbwa*".

This was a statement by a Key Informant, a clan leader (Mushanga), which loosely translates to "as long as you have offspring, your future is secure.". Otherwise, your family lineage stops with a person who leaves no offsprings (referred to as *Okufa obucwekye*). There were, however, some dissenting voices especially from young people like:

> "*In the past the Banyankole men preferred sons because of inheritance. Now we know that all children inherit property from their parents, if you are five children. they divide into five and this is equal to both boys and girls. One, all children are entitled to inheritance under the current laws, secondary, all children, boys or girls will demand the same school fees to go to school, so --- all are children*" (KI – Young leader, female. Kihunda)

Socioeconomic value of children

The data disclosed psychological and emotional sentiments attached to children among the participants. There was a general impression from majority of participants expressing that 'children are better than wealth, almost saying having children is the only purpose for living.'

No single participant indicated approval or intention to live childless. The main reasons advanced were in respect of social security for parents in old age. Contrary to the general sentiment that sons are normally preferred in Ankole, the impression was different among this group of participants. Preference for daughters came out prominently arguing that daughters or girls help parents especially mothers with housekeeping chores especially in their early age. Perhaps the reason for continuous childbirth even in old age to ensure there are young children around to help with household work like sweeping, fetching water, washing, baby-sitting, and cooking.

Some participants, using various descriptions referred to many children as 'ornaments' in the home while others confessed to having been encouraged to become hard working in order to feed and look after their many children.

> *"Children are like flowers in a home. They are a necessary evil, they make noise they cry, and keep the home as lively as you may not expect in a childless home. .... There is this scent of pleasure that make the home beautiful...'* (WC-Kabwohe).

> *"Children are not only a source of pleasure. They are also the essential element of solidarity of marital relations. They facilitate communication between couples"*. These were some of the views coming out of the World Café session and corroborated with the FGDs.

> *"For me what matters is that she can give me children... can you call yourself a man simply because you have a woman in the house, waaa, don't be deceived. Before I had children, I could even be going to eat from my mother's home. But now I have to eat with my children, now the family is complete. A family without children is not a family. Families finish without children and ultimately the society.*

> *Children are a blessing of God, I cannot keep with a woman who does not produce, that is curse"*. (FGD, Rweigaaga)

Children are a notable indicator of a high social and economic status fora man. Modern families with fewer children are labelled as either lazy or greedy. Families with many children were associated with the capacity to produce enough food and so food security. On the other hand, one of the women's sole responsibilities is to ensure that their families have food and girls especially help their mothers with house chores. Families with few children are referred to as Embwijana (without help). Women and childbearing were also found to enhance men's egos.

> *"For us working men, you have to make sure always that your wife is either pregnant or so that she is busy, otherwise you find when other men have taken her. These women are stubborn"* (Male participant, World Café, Kabwohe, January 2023)

These statements however raised tensions and conflicting sentiments among married men and women in the world café session.

> *"Even when you are poor, children will grow, an elephant cannot fail to lift it's trunk, the rich are just setting bad examples, see the whole of (name withheld), with only two children; they are just greedy, for us in Ankole if you produce few children, we know*

you are just lazy, you can't work to feed your children....applause (Female participant, World Café).

This assertion attracted loud cheers and clapping

Social Pressure

Almost all participants, men, and women, reported to have experienced pressure from friends, family, relatives, peers, or acquaintances to get married and have children. The pressure is societal inherent and becomes apparent right from an early age but intensifies at around 20 years and peaks between 28 and 30 years. One female participant looked irritated as she narrated her experience in the World Café:

> *"Societal norms keep reminding you when to get married.; I reached a point where I could not take it anymore and I was ready to go with the next man that knocked my door, I was getting depressed, as if there is a fixed timeline to marry and men will get finished if you waited. It all started the moment I finished my final exam at university, almost everyone I met was like now you should get married, you should get married, eeh!!....* (Female Participant Global Café)

A male participant had this to say:

"We were dating with this girl but really not yet ready, but I had to succumb to the pressure. We got married within 7 months after graduation and divorced after three years." I will get married again when time comes' (Male Participant, Youth FGD- Kihunda)

Another participant said:

*"My husband believed in his mother so much... I was so under pressure that I think the stress was even preventing me from conceiving, yet me, I had even wanted to delay like for two years so that I complete my course. One time I even stepped on a chick and it died *laughs*, The way she looked at me and she was passing... '* (KI, female, Kashozi)

Similarly, a female participant in a lamentation mood said:

"If it was on my own, maximum three children would be enough, but he puts me on pressure that he wants to expand the clan as he is the only child to his parents" (Participant in Women only FGD discussion, Nyakashambya). This woman already has five children at 27 years of age and 8 years in marriage.

The pressure also was seen to be coming from the other family members especially on young women. Female participants alleged interference by some in-laws and relatives especially the elder relatives demanding for children from their daughters and sisters-in- law as that is presumably the primary purpose of marriage. This is illustrated below from one of the focus group discussions:

"Unless you do not interact with your in-laws a lot, but if his house is near his mother, ... like me, my husband is the only boy to his mother. She keeps telling my husband that he has to produce so that his children will be his brothers. She offers to take away the children when they are young to pave way for more" (Female FGD participant, Rwamujojo).

Girls reported pressure from parents and grandparents to marry early to avoid getting pregnant outside marriage and bringing shame to the family. This fear of premarital pregnancy is based on the notion that a girl who conceives out of wedlock loses her value and will fetch little or no bride wealth at the time of marriage if she gets married at all.

It was also observed that boys normally shun girls who have given birth out of wedlock and do not desire them for wives. Boys, on the other hand reported to be under pressure to prove that they were man enough.

It was generally observed with all the focus groups that families allow children to choose their partners, however, childbearing remains a considerably important aspect of any marital union.

Marital Unions.

The study identified dominant marital unions among the Banyankole living in Sheema Municipality encompassing any union between partners of the opposite sex irrespective of performance of any a traditional, legal, or religious rite. Therefore, any union of two people as partners in a sexual relationship was analysed given the apparent effect of this relationship on childbearing in the context of the Ankole culture, and indeed many African cultures where sexual relationship is between persons of the opposite sex.

Polygamy, monogamy, and other consensual unions, marital mobility and multi- partnership unions are among the traditionally recognized marital unions among the Banyankole Communities. The study noted some trends in the nature of marital unions of the study participants. It was noted that a significant number of such unions break up and majority of individuals from broken unions enter other forms of union. Over 80% of the study participants over 25 years were or had been in some form of marital union and only 23% reported their relationship not to have resulted in having a child(ren). The study observed that in the majority of cases (89%) children appeared during the first five years of the union. The study further notes a significant number (14%) among the participants educated beyond secondary level where marital union is not necessarily intentional, nor is childbirth especially the first birth; rather 'one thing leading to another as narrated by a participant in a youth only focus group discussion.

> "*Since I was a child, I had a picture of my dream wedding, similar to what I had witnessed of ... (name withheld) ... but when I met this girl, my wife in college, I had no money for the wedding then and I had not planned to marry her... but one thing led to another, and she is now my wife, five children, no wedding*" (FGD, Kyangyenyi).

It also emerged that in many families, marriage is not the major determinant for childbearing. It was indicated that a large number of children were/are born outside of solemnized marriage in multi-partner unions. The multi partnership scenarios were more common among men than women.

The study noted that most unions overlap and are difficult to differentiate to the extent that even those in church marriage, go ahead to engage in other consensual unions, cohabitation and multi partnership unions or practice marital mobility from one marriage to another and back. Discussions with the focus groups indicated that these practices have gained traction in the community unlike in the past when they were shunned and considered an act of prostitution for women. It was noted that only a few individuals (49.7%) could confidently place themselves in a specific marital union.

It is widely encouraged for widowers to remarry. The majority of men remarry within three years of losing their spouses, while most women remain with their in-law's families. As such, the loss of a partner for a woman, more often than not means cessation of childbearing, which is not the case for men. The encouragement of sons and not daughters to remarry after the demise of their spouses is a manifestation of the gender dynamics among the Banyankole of Sheema district.

Although there is social pressure from outside the family for widows to remarry, there is a contrary force within the family. In case a widow of a reproductive age manages to remarry, childbearing will normally resume thus boosting fertility.

Polygamy.

It was noted that approximately 40% of partnered participants were in polygamous relationships.

Eighty seven percent (87%) of participants in all the focus group discussions regarded polygamy as an acceptable practice in any African traditional society. Because children are perceived as wealth, bearing many children would mean security for the mother. However, polygamy was also considered to breed suspicion and competition among co-wives who struggle for their husbands' and society's approval, love and respect, which pushes them to conceive and bear many children. As a result, women opt not to use contraception for fear of having less children than their co-wives. One of the FGD participants remarked:

> *"Most women in polygamous relationships are competing with their co-wives to have more children born. Especially when the husband is wealthy, for example he has money or land, when one produces few, her children would be cheated while sharing the fathers' inheritance"* (Male FGD participants, Butsibo).

The aversion to polygamy was especially emphasized by women who were not in polygamous relationships. These women felt the need to continuously bear children to prevent their husbands from wanting other wives.,

Among male participants, a particular phrase came out prominently:

> *"Omukazi omwe ni nyoko, omushaija aba owaboona'* translated as "the concept of one woman only refers to your mother; otherwise, a man should have many women'.

In male-only interviews, no single participant ever confessed royalty to one woman.

Marital Mobility.

The findings note the emergence of new trends of marital union associated with reproductive behavior besides traditional or legal marriage. It was noted, from the FGDs, that the practice of marital mobility is the greatest contributor to high fertility, followed by a multi-partner union, remarriage, and polygamy, respectively. It was noted among the study participants that the average number of children born to a man through marital mobility is 7, while the average number born

from a multi-partner union is 5 and 4.3 for a polygamous partnership. This is an important finding as previous studies have not focused much on male fertility.

Multi-partnerships.

Those who supported childbearing in multi-partner unions argued their point from a moral perspective claiming that these unions protect society from illicit sex. Individual attitudes are formed through cultural principles. Although almost all women resented the idea of sharing partners, their male counterparts were convinced that it is better to be in a more stable and known marital relationship than pretending to be with a single woman while they continue to silently engage in other marital practices. This line of thinking came out prominently especially in male only FGDs. To emphasize this, the statement '*let no man deceive you that he has one woman*' appeared frequently especially with male respondents.

Co-habitation

An insignificant number of couples were notably in cohabitational relationships. This phenomenon may be due to the participants mainly being rural inhabitants. Elsewhere, cohabitation has been reported to be rampant among urban dwellers. Although the study area is in an urban centre, the setting is typically rural, and the majority of participants were natives. None of the participating couples was reported to be in a civil marriage.

Furthermore, there has been the temptation to believe all marriages are entered into by decision. One of the emerging issues has been vulnerability, including "marital entrapment" and coercion". Also, there are disenfranchising conditions of "abandonment" and power influence. These conditions were reported to result in compromise where an individual finds him or herself involved in a marriage in pursuit of protection or provision of basic needs leading to unprotected sexual activity and, thus, unwanted children. Usually, after giving birth, most women reported increased financial burden that they are ready to remain in the union, thus repeating childbearing despite

wanting to delay the following birth.

There were, however, contentions among female and male participants concerning vulnerability, coercion, and marital entrapment. Below are relevant quotes:

> *"... Today's women no longer depend on men, haaa... can you depend on men? I can also work and get money. I am even paying school fees for my two children. The man was not cooperative, I left and now I am looking after my children. First, I hired land and grew beans, when I harvested them, I sold them and bought a goat, when they multiplied to six, I sold them and bought a young bull, now I even own a piece of land'... I cannot stay in an abusive relationship because of children*" (Individual Interview, Woman 46, Itendero).

> *"See, first time, it was an accident, ... When I asked my wife to bring the child home, she refused and threatened to divorce. I kept going back to check on the child, before I knew it, she was pregnant again; now we have 5 children*" (Individual interview, Male 52, Kanyeganyegye)

Marriage at a younger age, length of the marriage and early sexual debut were found to influence reproductive behavior and increased fertility. If the couple stayed together, there was an increased likelihood of continued childbearing throughout the reproductive age (15- 49 years). The average length of marriage for all study participants was between 5 and 10 years. The average number of children for participants who were in stable marriages of over 25 years was 5. It was observed that spacing of children increased with the length of the marriage. It was noted that the first 2 children had an average spacing between 1 and 2 years while children born within 10 years of their parents' marriage were more spaced at an average minimum of three years.

Early Marriage

The average age at first marriage among study participants was 21 years. However, it was noted that a substantial number (6%) of marriages occurred as early as 16 years, which is in violation of the legal age of sexual consent of 18 years as stipulated in the laws of Uganda (Penal Code Act, Section 129). Cultural values and norms seem not to encourage or influence enactment of government policies surrounding early marriage and sexual consent, which consequently has an

influence on fertility.

Early marriage and early childbearing were a contentious issue among participants with some participants advocating for and others against it. It was noted that most of the participants who supported the idea were Muslim and/or of older age. Some statements from the debate are revealed below:

> *"Marriage is the pride of a woman.... So, you mean if girl gets a suitor when she is 14 years, she should refuse the offer? Unless she is in school. But some are not in school. If God gives her children immediately, alhamdullilah" (means glory to God).* (Female, FGD participant, Itendero)

> *"A Munyankole woman gains more respect as a woman through her procreation ability; thus, the earlier the woman proves that capacity in a family, the better, thereby settling without fear that the man will leave her"* (KII, elderly male, Rweshama, Nov. 2022).

> *"Some girls get married when they are too young even before they know how to look after children. It is not good" Some are impregnated by fellow young boys, they have no resources yet to raise children, ... those only grow up to become house girls...* (male KI, Kitojo)

When asked at what age they were married, (77.3%) females below the age of 40 years admitted to being married after 18 years. This suggested that the practice of child marriage is declining with younger generations in this region. All participants except two (elderly women in the World Café session) believed that the ideal age for marriage for a woman should not be below 20 years. It was noted from the discussions that delayed marriage attracts stigma. Apparently, no parent would want to see their son getting married to an 'over-aged' girl (*'with a wrinkled face'* as one participant described it).

Participants who supported the notion of later marriage (after 20 years) attributed it to the need for physical and mental readiness. They noted that at and before 20 years, most children are still in school and reasoned that individuals should first attain sufficient education and maturity to manage a family. They remarked that if the marriage occurs before that age, the woman bears the heavy

responsibility of raising children before adjusting to a new environment and settling into adulthood. It was asserted that a woman who gets married when she is old enough is wise enough to understand and adjust to her new life and responsibilities in a new environment. One of the participants explained:

> *'I was too young to fit within the behaviors of members of the new family, especially the in-laws. It takes a mature woman to understand the expectations of the husband and other family members. I even produced many children in my early age of innocence, before I understood these issues"* (Individual Interview, female, Kashozi ward, October 2022)

Participants who supported the notion of later marriage cited the need to delay childbirth, preferring the first baby at least after one to three years, and reasoned that an early start to childbearing resulted in too many children.

> *"Let me give an example with the picture of my own life. I was married at a young age .... I was not yet in a position to understand my surrounding. I already have many children, and looking after them is already a burden. Early marriage and too many children take away the pleasures and happiness with your husband."*

On the other hand, discussions from the male only FGDs revealed less concern, bordering indifference to early marriages and childbearing. This may be expected as the burden and health risks associated with childbirth directly affect girls compared to boys. However, the boys alluded to the economic hardships associated with early marriage and childbearing, mentioning the burden of school fees before the parents are well established economically.

Another factor that influenced the support for early marriages was the concern with the 'biological clock'. It was noted that it is a common practice for a man to pick a younger wife to start bearing children all over again when his wife at the time reaches menopause.

"A man does not get old... you know you women, at 40, aa ah aah, so, I have to get myself young blood" (KII, Rushozi)

Family Life History

It was observed that people who grew up in large families prefer smaller families for themselves. This is attributed to the competition for resources within large families. It was noted that individuals who currently have many children or intentions of having more children do not have experience with the cost of large families.

> *"We enjoyed playing together, but we also fought a lot"* (Individual interview, young female, Ndeebo, January 2023)

Evidence from this study also suggests that children born of multi-partner parents become parents at younger ages, largely with unintended first births outside of marriage.

Socioeconomic value of children

The data disclosed psychological and emotional sentiments attached to children among the participants. There was a general impression from majority of participants expressing that 'children are better than wealth, almost saying having children is the only purpose for living.'

No single participant indicated approval or intention to live childless. The main reasons advanced were in respect of social security for parents in old age. Contrary to the general sentiment that sons are normally preferred in Ankole, the impression was different among this group of participants. Preference for daughters came out prominently arguing that daughters or girls help parents especially mothers with housekeeping chores especially in their early age.

Perhaps the reason for continuous childbirth even in old age to ensure there are young children around to help with household work like sweeping, fetching water, washing, baby-sitting, and cooking. Some participants, using various descriptions referred to many children as 'ornaments' in the home while others confessed to having been encouraged to become hard working in order to feed and look after their many children.

"Children are like flowers in a home. They are a necessary evil, they make noise they cry, and keep the home as lively as you may not expect in a childless home. .... There is this scent of pleasure that make the home beautiful...' (WC-Kabwohe).

"Children are not only a source of pleasure. They are also the essential element of solidarity of marital relations. They facilitate communication between couples".

These were some of the views coming out of the World Café session and corroborated with the FGDs.

"For me what matters is that she can give me children... can you call yourself a man simply because you have a woman in the house, waaa, don't be deceived. Before I had children, I could even be going to eat from my mother's home. But now I have to eat with my children, now the family is complete. A family without children is not a family. Families finish without children and ultimately the society.

Children are a blessing of God, I cannot keep with a woman who does not produce, that is curse". (FGD, Rweigaaga)

Children are a notable indicator of a high social and economic status for a man. Modern families with fewer children are labelled as either lazy or greedy. Families with many children were associated with the capacity to produce enough food and so food security.

On the other hand, one of the women's sole responsibilities is to ensure that their families have food and girls especially help their mothers with house chores. Families with few children are referred to as Embwijana (without help).

Women and childbearing were also found to enhance men's egos.

> "*For us working men, you have to make sure always that your wife is either pregnant or so that she is busy, otherwise you find when other men have taken her. These women are stubborn*" (Male participant, World Café, Kabwohe, January 2023)

These statements however raised tensions and conflicting sentiments among married men and women in the world café session.

> "*Even when you are poor, children will grow, an elephant cannot fail to lift it's trunk, the rich are just setting bad examples, see the whole of (name withheld), with only two children; they are just greedy, for us in Ankole if you produce few children, we know you are just lazy, you can't work to feed your children....applause* (Female participant, World Café).
>
> This assertion attracted loud cheers and clapping

The Extended Family system

Participants confirmed that the extended family system remains a valuable phenomenon among the Banyankole. The extended family includes all close and distant blood relatives, foster children, and other assumed kin. Some live in the same family household or separately, either in the same neighborhood or far apart but connected by common affiliation under common leadership. The older generations in the family are responsible for raising the younger ones and giving them skills while in turn, the younger generation are expected to respect the authority of the elders. Within the extended family structure, major decisions are largely influenced by the bigger picture in the interest of the common good of the entire kinship.

In politics for instance, it was established that candidates with larger kin support especially religious affiliation had greater leverage over those from smaller families. It is therefore normally impressed upon the family members to produce many children to expand the family and make it more powerful. Directly or indirectly the extended family members influence the fertility decisions as they discuss their ideas on fertility and it is common that relatives share the responsibility of raising children, thus couples normally take the relatives' advise seriously.

Foster Parenting

Foster parenting is a popular phenomenon among the Banyankole families. In less resourced families, children are separated from their biological parents and relocated to other homes for care as a mechanism for salvaging the difficulties of raising large families.

This is common in cases of widowhood and other family crises including divorce and separation, but also for social and economic reasons like better education opportunities or strengthening family relationships.

Most participants advocated for the practice, especially urging that the elder children, when they are through with school, should look after their siblings. Indeed, it was observed that in a significant number of families fathers have left younger children under the care of their older siblings while they move to start other families. Furthermore, the burden of raising children is shared among the entire kinship. It was noted that over 50% of the families, especially those in urban areas, had fostered a child, most of whom were their younger siblings.

The influence of religion

Another variable considered for this study was the effect of religion on marital unions and the consequent fertility outcomes. All participants confessed to belonging to some religion. Among the study participants, 21% were Muslims, 53% Protestants while 19% were Catholics. Seven percent subscribed to other religious sects apart from the three major denominations.

All Muslims, except two, were in polygamous unions while majority of those who practiced marital mobility were Catholics. This may be attributed to the catholic teaching that strongly discourages multiple unions and Catholics with multi-partner unions are subjected to a lot of stigma. For example, in a conventional catholic church, an individual in polygamous or multi-partner union cannot be appointed into church leadership positions nor is a child born out of wedlock allowed to be baptized. This, in a way, constrained the Catholics from engaging in multi partner unions. Other religions have remained indifferent in this teaching. In fact, it came out from the world café discussions that in west Ankole Diocese; multiple partnerships and non-church marital unions have been tolerated to the extent that Christians in church unions which is monogamous in nature are allowed to even receive holy communion.

This has not helped to reduce multi-partner induced fertility when other factors are controlled. A diocese is the religious administrative unit equal to a geographical district. The study area is located in West Ankole Diocese of the Anglican Church of Uganda.

Probing how the religious teachings have influenced marital decisions and childbearing, below are some relevant quotes:

"...may be that now things have changed, eeeeh, would you dare to have a child before marriage? Or with another girl besides your wife? Where would you put that child? Ok, now things have changed, but that time, the priest would not agree to baptise that child they say 'omwaana nowenshonga' (borne in sin) you would suffer, I had to change religion to be a protestant'(Individual Interview, Nyakashambya)

> *'It is written in 1st Timothy, chapter two verse fifteen that a woman will be saved through childbearing', and in First Corinthians chapter four that a woman does not have authority over her body" Number of children is God's case' (KI, Female Pastor, Rwanyamukinya).*

Majority have not taken care to plan. (*abu ruhanga arampe nibo abo*) literally meaning "I will take whatever God gives me. One Imam said:

> *"A Muslim couple should produce many children to increase and strengthen the faith" "Child spacing is unislamic".*

In their opinion, the Muslim leaders (Key Informants) expressed that although marriage facilitates legal sexual enjoyment for spouses, the main purpose is procreation and family formation. The widespread belief is that procreation is a natural, moral, and religious obligation of humanity. In all sessions participants emphasized that procreation preserves the continuity of the family and society and that a family without children is incomplete, unhappy, and unlucky. A family is only defined in terms of children otherwise man and woman remain distinct figures in a home, not to be called a family.

Religion and faith were found to have a strong influence on the perception of children and family. Participants, both male and female alluded that children and all life come and originate from God as a gift to humanity and that every child comes with a unique blessing to the family therefore the more children, the more blessings. The religious teaching and notion that children come from God imply that interfering with God's will to procreate is outrageous. Some participants especially ardent followers of Catholicism likened contraception to murder of unborn children. Below are some direct quotes from participants:

> *"Why kill the innocent child? The Bible says go produce and fill the world. Are you the one who created those eggs? Why are you denying God's children to be born to serve him? The time to stop producing is when all the eggs are finished, and the womb is tired"* (Mixed FGD-Kabwohe)

Bride Wealth

Solemnized civil, religious, or customary marriages are normally preceded by traditional ceremony where the woman is formally handed over by her family to the man's family.

This ceremony is held in very high regard among the Banyankole to the extent that no matter how many years the woman has stayed with the man, before the marriage is formalized, the woman must undergo this ceremony known as 'kuhingira' (give away) believed to be ancestral blessing upon the couple.

This parental blessing is granted after payment of bride-wealth. The study observed that bride-wealth remains a highly regarded custom among the Banyankole families. Almost all participants, male and female, young and old approved of the practice of payment of bride-wealth (Dowry). These come in the form of cows, money, goats, clothes, and other things paid to the parents of the bride and other specific relatives. The breakdown of the gifts is very specific, only the quantities and amounts are usually negotiated. It is believed that on failure to honor any of the obligations, the couple is cursed never to have children (referred to as *okukyeena*).

The father gets cows and money (supposedly to buy a stick- '*omunyafu*' that is used to lead the cows home), the elder brother gets a goat, maternal uncle gets a bull, while paternal uncle and Aunt gets a goat each. In addition to these, other goodies are shared by friends and relatives of the family who according to tradition supported the mother in raising the girl.

Traditionally, it is presumed the boys in the family will use the same cows to also pay bride wealth for their own wives and the cycle continues. The older participants held a belief that a woman should produce the same number of offspring as the cows that were paid for her. Additionally, the participants supported the practice of returning bride wealth in case of marriage failure, known as '*kuzimuura*" in the local language. This belief was reinforced by a number of suggestive statements such as:

> "*If no bride price is charged for the girls, what will the brothers use to get wives*?" – Elderly female KI, Kiziba).

The same respondent reported that:

> "*In case the marriage fails, the number of children the woman has will determine how much the bride wealth will be taken back*" – Elderly KI, Kiziba)

Rituals

Data from the field contains narrations of traditional practices and their perceived influence on fertility intentions. One elderly key informant described a bizarre tradition in which the siblings are literally forced to sleep with the body known as (okugyerémpango) of an individual who dies without being married or giving birth (called enfanabujune). Apparently, this is to appease the spirits that at least the person had a sexual partner before death (or rather before burial). Not only that, but such a person is considered a curse to the family and clan that is believed to live on for generations. This creates a lot of fear and pressure for marriage and childbearing as soon as possible to avoid subjection to such rituals.

> "*Every woman is expected to have children. I grew up seeing my uncle 's wife, she was well educated, a teacher in a very good school at the time and very beautiful by the way; called (name withheld). She had no child. The whole clan demonised her. Whenever she visited some dust would be picked from under where she sat for a ritual, I came to know that it was to cleanse the house of the spirit of childlessness. My uncle was tolerant, maybe because he was also educated, a teacher as well, but he could not stand the pressure. After eight years, my uncle impregnated another girl and she had to leave. .... See it is serious, yeah, you. After that for me, I had to first test before I committed myself to the such bad omen. Actually, one of my uncles' daughters have been married for 12 years now, with no child. The spirit of childlessness is very bad*" (Elderly male, World Café session, Kabwohe,

You can tell the sex of a child by the name. Notwithstanding the influence of religion where the names are reflective of one's religious affiliation; most male names begin with letter 'R' or 'M' while female names began with letter 'K' or 'B'.

This was validated in Key Informant Interviews among the 60+ age group. Additionally, there were further narratives of prevailing traditions surrounding the birth of a child depending on the sex. A woman who gives birth to a baby boy enjoys a little more privilege than one who gives birth to a girl. For example, in a traditional setting, there are certain days a baby is expected to remain inside the house (known as ekiriri).

By default, during this period, the mother is pampered and given good care to recuperate. This period is 6 days for a boy and 4 days for a girl. The fertility roles are assigned at this stage. Symbolic rituals are performed to demonstrate a boy taking cows in exchange for a wife while symbolically a girl is made to carry another child to proclaim motherhood. All these are indoctrinating practices that motivate the young on-lookers to have their own children in future.

Twins

Originating from the Kiganda culture, the prestigious names (Nalongo and Ssalongo for mother and father of twins respectively) have gained popularity among the Banyakole and indeed there are increased cases of twin births in the community. Although with reservations regarding economic obligations, most men interviewed expressed a wish to become a 'Ssalongo' although the desire was less in women. The birth of twins is accompanied with a lot of rituals that many women seemed to dread.

There are special occasions organized by families that include special visits to particular elder relatives known as (okwarura abalongo).

Furthermore, there is a belief that childbirth should never stop with twins. Almost all participants in FGDs and KIIs concurred with this belief. The birth of twins comes with many cultural and societal obligations.

The twins are given special names as well as the child born after the twins. The names are Nyakato and Kato for female and male younger twin and Kakuru and Nyangoma for male and female elder twin respectively. The children born after the twins are named Kiiza and Nyamwiiza for male and female respectively. The parents of twins are highly respected in the community. Among the participants, two women reported have had triplets and were still planning to have more children.

"*You cannot have twins as last borns, uh,uh, It is abominable. There should be a follower, (kiiza). (*female KII participant, Itendero)

> "*For me I have always heard people saying is that you cannot stop giving birth at twins. There should be their Kiiza" How can twins not have Kiiza? No, you have to ensure they are followed* (female FGD participant, Kashozi).

The study observes therefore, that Gender roles and responsibilities influence fertility decisions as men are expected to be the primary providers and decision makers while women are responsible for household care. This gendered division of labor leads to power imbalance and unequal access to resources, which potentially affects fertility behaviour.

Marriage is highly valued and considered a prerequisite for child bearing. Unmarried women are often stigmatized and face pressure to marry and have children.

The study notes a significant role the extended family system plays in fertility decision making. Elders and other family members often have a say in when and how many children a couple should have as well as provide resources and emotional support necessary for couples' fertility decisions. These socio-cultural factors interact with each other and with other factors, such as economic conditions and access to healthcare, to shape fertility decisions. Therefore, understanding the socio-cultural context is essential for developing interventions to promote reproductive health and

well-being in this population.

Fear of child mortality

It was noted that there is a sense of trepidation about child mortality, especially with the older generation who lived before availability of vaccines, and mass immunization against the 6 killer diseases and are still traumatized by their experiences. The trauma manifests in the belief that it is almost impossible for all children born to a family to survive. The word 'measles' appeared to prominently stir memories with the elderly participants and appeared to be their argument for one to produce many children so that if some die of measles, some would remain.

'*Mwebirwe obusheru*? KI, Rweigaaga. Translated as 'Have you forgotten measles?

Indeed, at least 2 cases of under-five mortality were reported in each of the parishes. Although cause of death was not investigated, it was clear that some of the additional births were prompted by the fear of losing some of the children to the killer diseases and the apparent need to replace the children that may pass.

It was noted that the health risks associated with fertility were not a great concern for most members of this community. Only one maternal death could be recalled in one female only FGD within the last 12 months. Further investigation corroborated counts from the FGD indicating that cause of death was not particularly due to childbirth.

It is generally accepted that lineage does not die; members die and are replaced through births. Consequently, there was an observed need to ensure that fertility levels remain higher than mortality levels for continuity of. Considerable expansion of family membership enhances the power and prestige of the lineage and reduces the likelihood of extinction by death.

The Role of Education

A critical analysis of participants' attitudes and perceptions makes a note of the increased preference to opt out of marital commitment among educated women and an increased mobility in unions among educated men. A significant number of educated (Secondary level) young adult participants (ages 18-24) were not looking forward to getting into any form of marital relationship soon. On probing to understand why they preferred to delay marriage; the main reason seemed to be the high cost of raising children. The delayed union would lead to delayed onset of childbearing and thus fewer children. Among the later age group (25-30), only one male aged 30, uneducated had no child. Among the educated with a minimum of secondary education, the latest age of childbirth both male and female was 69 (50 years in marriage) and the earliest was 16. Among the educated females those who got into marital unions and had children before age 24, the majority of whom had children while in school.

This information puts in balance the common belief that keeping girls in school delays childbirth and controls fertility. It casts doubt that schooling alone delays marital relationships, especially under the current government policy on reintegration, where girls are accepted back into school after birth (Dambo, 2019). Of those who gave birth while in school, through probing, only a few got into formal marriage unions thereafter.

The Ankole traditionalists shun such girls calling them names (kishiki makazi)- literally meaning not a girl, not a wife but both and none! Thus, depriving them of future decent unions where they can control their fertility decisions. Such girls end up hopping from one marital union to another, having more and more children as dictated by the circumstances.

Attitude to Modern Contraception

Modern contraception has not gained acceptance among the Banyankole in Sheema Municipality. Majority of participants advocated for sexual abstinence and other natural means like breastfeeding. The FGDs revealed that some people had resorted to using traditional and cultural practices because of the perceived fear of side-effects from modern contraceptives. Commonly held myths, fears and misconceptions were associated with prolonged bleeding, the birth of abnormal children as well as tumors and cancers in the uterus. It was believed that those who used modern methods became infertile, as the methods are perceived to 'destroy' the ovaries. Men feared that women using modern contraceptives would undergo unhealthy weight gain or loss. This is illustrated by the following:

"*This mzungu (white man) medicine is very problematic, that's why it is failing women. There are some traditional practices which, may be, (pause) but they have been neglected. For them they had no side effects like those pills and injections that pile in the body and bring problems. You even sometimes find them (women) gaining unnecessary weight and failing to do their daily chores.* (Individual Interview, Male Kagango).

Furthermore, the patriarchal tendencies still rampant among the Banyankole families limit the woman's reproductive decisions to the confines of the sexual pleasures for a man.

As an alternative, it emerged that some women resorted to traditional practices for spacing and limiting births. A number of traditional contraceptive methods were mentioned including the tying of the umbilical cord from the previous birth around the mother's waist, drinking mixed concoctions of local medicinal herbs and inserting some herbs in the vagina. Many also believed prolonged breast feeding would facilitate child spacing.

> "*Yes; that umbilical cord that falls off the child after six days, they say if you tie it around the waist, you will not get pregnant until you untie it later, when you want to get pregnant; that is what I hear!*" (Female In-depth participant Kibingo).

In some other cases women confessed to using menstrual blood from the first cycle of menstruation after delivery and burying in a secure dry place (commonly near a fireplace for proper drying).

> "*Yes, that method can easily prevent pregnancy*" (Female FGD participant, Kakiindo).

This appeared to be common knowledge of practice among almost all the female participants while male participants claimed naivety. Women were knowledgeable about the different traditional practices, but this was not the case with the men. Conversely, the younger generation seemed not to subscribe to the traditional methods, most of them disputing their effectiveness as cited below:

> "*I used to hear that those of our mothers age used traditional medicine to prevent pregnancy and for child spacing. I am not sure whether they still use them, but also, I hear there are women who will not conceive again as long as they are breast feeding. Those ones are lucky they don't have to worry about contraception. They can decide to breast feed a child for even three years and when they stop, they get pregnant immediately*' (Female FGD participant, Itendero).

CHAPTER FIVE: DISCUSSION OF FINDINGS

This section discusses the study findings in relation to existing literature. The study highlights the gender power inequality in Banyankole society that is underpinned by a patriarchal culture, where men are considered to have absolute authority over their families, and women expected to submit to this authority. This concept of male dominance is not unique to the Banyankole but has been observed in many traditional societies worldwide. Existing literature on gender norms and patriarchy supports the idea that such power dynamics often lead to women being subjugated with their reproductive roles and decision- making autonomy being restricted (Choi, 2021).

Religious teachings, in this case, from the Bible, are cited as reinforcing the notion of male dominance and women's submission within the Banyankole society. This is a common pattern seen in many cultures where religious texts have been interpreted to justify patriarchal norms and the subordination of women. Such interpretations can reinforce traditional gender roles and impact reproductive decisions and choices.

This study shows that women's primary role is seen as producing and raising children and serving their husbands. Moreover, men's preferences for having many children are given more importance, and women are expected to comply with their desires. Literature on traditional societies has also documented similar trends, where women's worth is often tied to their ability to bear children and fulfill reproductive expectations set by men and a society that is predominantly patriarchal (Machiyama, 2019).

The study identifies social pressure as a significant factor influencing marriage and childbearing decisions among the Banyankole.

Similar findings have been reported in other studies, where societal norms and expectations put pressure on individuals, especially women, to marry early and have children.

This pressure can lead to early marriages and childbearing, even when individuals might not be emotionally or financially ready for such commitments (Nelson, 2023). Despite the fact that the legal age for marriage is 18, 46% of all women are married before they turn 18 according to UNICEF Annual Report (2011) statistics. Even though a girl is just 12 years old, it is stated that once she marries, she transforms into a woman.

The study reveals that while the legal age of sexual consent in Uganda is 18 years, there are indications of preference for early marriage, with some marriages occurring as early as 16 years in certain sections of the participating groups. Early marriage is a contentious issue, with some participants advocating for it, particularly among Muslims and the elder generation, while others oppose it. This finding resonates with existing research on early marriage and childbearing in sub-Saharan Africa, where cultural norms, traditional beliefs, and economic factors often influence the age at which individuals get married and start childbearing (Nelson, 2023).

The study discusses various forms of marital unions, including polygamy, monogamy, consensual unions, and multi-partnership unions. It reveals that childbearing is prevalent in most marital unions and that children are often born during the early years of marriage. This aligns with findings on family and marriage dynamics from other studies like Machiyama's (2019), where childbearing is considered a significant aspect of most marital unions.

The study also points to changing attitudes towards marital unions, including multi- partnership unions and cohabitation, which have gained acceptance in the community. This reflects broader societal changes in many regions, where traditional marriage patterns and family structures are evolving, impacting reproductive choices and decisions.

Overall, the findings of the study align with existing literature on the influence of cultural practices, gender norms, societal expectations, and marital unions on reproductive choices and decisions. The patriarchal nature of the society discussed in this study can lead to unequal power dynamics, limited reproductive autonomy for women, and pressure to conform to traditional norms regarding marriage and childbearing. Understanding these cultural practices is essential for addressing reproductive health and family planning issues in the Banyankole community and similar societies with deeply rooted traditional beliefs and practices.

The study highlights that almost 40% of married participants were in polygamous relationships and that polygamy is considered an acceptable practice in African traditional societies. Existing literature on polygamy in Africa supports this finding, as polygamy (a man having more than one wife) has been practiced in many traditional African cultures for centuries, where 11% of the population lives in arrangements that include more than one spouse. Polygamy is widespread in a cluster of countries in West and Central Africa, including Burkina Faso, (36%), Mali (34%) and Nigeria (28%). Scholars have examined the reasons behind the persistence of polygamy, including cultural norms, economic considerations, and the desire for many children to ensure social and economic security (Kramer, 2020).

In relation to the above, although the study notes a low prevalence of cohabitation among the participants, it acknowledges that cohabitation is more common among urban dwellers. Existing literature on cohabitation in African contexts indicates that cohabitation rates have been increasing in urban areas and are associated with delayed marriage and childbearing. Cohabiting unions may have implications for family dynamics and fertility preference (Foth, 2017; Xie, 2021).

The study reveals that the length of the marriage influences the number of children, and child spacing tends to increase with the length of the marriage.

This finding corresponds with the concept that birth intervals can be influenced by the duration of the marital union.

Studies on birth intervals have shown that longer marital unions may lead to greater spacing between children (Kreyenfeld et al., 2017). Overall, the findings in this study align with existing literature on reproductive practices, marriage patterns, and fertility behavior in traditional African settings and beyond (Sonko, 1994; Sassler & Lichter, 2020; Achen et al., 2021). These insights can contribute to a deeper understanding of the complex factors influencing reproductive decisions and family dynamics in the Banyankole community and offer valuable information for policymakers and practitioners working on reproductive health and family planning programs in the region.

The study notes that the memory of the under-five killer diseases, such as malaria, diarrhea, pneumonia, HIV, Tuberculosis and measles, continue to influence fertility decisions, with some participants opting to have more children as a form of insurance against child mortality. This finding is consistent with research on historical mortality experiences and their impact on fertility decisions (Angeles, 2009).

High child mortality rates in the past may lead to higher desired family size and a focus on child replacement to ensure lineage continuity. The study highlights the cultural belief that lineage should not die, and members are replaced through births. This concept of lineage continuity is common in many traditional societies, where the importance of reproduction and having children to continue the family lineage is emphasized. Existing literature on kinship and fertility in African societies supports this notion, as lineage continuity is often regarded as a crucial aspect of social identity and prestige (Siegel, 1996).

The study indicates that health risks associated with high fertility, such as maternal mortality (Ahinkorah, 2020), were not a significant concern for many participants. This finding aligns with the prevailing situation in some resource-constrained settings, where other factors, such as cultural

norms, economic considerations, and the desire for large families, may take precedence over health risks in fertility decision-making.

Overall, the findings of this study on early marriage, fertility preferences, family life history, and mortality risks among the Banyankole provide valuable insights into the complex interplay of cultural norms, historical experiences, and demographic trends influencing reproductive choices and decisions in the region. These insights contribute to a better understanding of the drivers of fertility behavior and inform the design of effective reproductive health and family planning interventions tailored to the specific context of the Banyankole community.

The study highlights how education influences fertility intentions among participants. Educated women are shown to be more likely to opt out of early marriage, leading to delayed childbearing and fewer children.

Educated men also exhibit increased mobility in unions. These findings are in line with existing research that demonstrates the strong link between education and fertility behavior. Education, particularly for women, has been associated with delayed marriage, greater autonomy in decision-making, and increased access to family planning, which can lead to a reduction in fertility rates (Anbesu, 2022).

The study provides insights into traditional practices and superstitions related to fertility intentions. The fear of being childless and the need to appease ancestral spirits through marriage and childbearing are prevalent beliefs among the Banyankole. This aligns with existing literature on the influence of cultural beliefs and traditions on fertility behavior in many African societies. Ancestral beliefs often shape reproductive decisions and contribute to societal pressure for early marriage and childbirth (Achen, 2021).

The study highlights the significance of bride wealth as a highly regarded custom among Banyankole families. Participants, both male and female, approve of the practice of payment of bride wealth, and it is associated with parental blessing and lineage continuity.

This finding is consistent with research on the role of bride wealth or dowry in traditional marriage practices across various African cultures. Bride wealth serves as a symbol of commitment, economic exchange, and social recognition of marital unions (Achen, 2021).

Contrary to the common assumption that sons are universally preferred over daughters in many traditional societies, the study findings suggest a different story among the Banyankole. Participants expressed a 50:50 preference for boys and girls, indicating a desire for both sexes in their families. This finding challenges the stereotype of son preference and highlights the diversity of attitudes towards gender preferences for children.

Existing research on sex preference in Africa has shown varying results, with some societies indeed exhibiting strong son preference (Bongaarts, 2001; Choe & Retherford, 2009; Wood & Eagly, 2002; Oppenheim Mason, 2001; Sonko, 1994, & Choi et al., 2021) while others demonstrate a more balanced view.

In relation to the above the study underscores the profound socio-economic and cultural significance of children among the Banyankole. Participants expressed sentiments that children are considered better than wealth and that having children is seen as the main purpose of living. This view is in line with the concept of pronatalism, where parenthood and childbearing are highly valued and celebrated in traditional societies (Casterline & Agyei-Mensah, 2017; Ahinkorah et al., 2020). The belief that children bring blessings, enhance family happiness, and contribute to social security in old age is common in many African cultures.

The study highlights the importance of the extended family system among the Banyankole. Extended families provide social support, share responsibilities in child-rearing, and influence fertility decisions.

Foster parenting is also common in the community, with elder siblings taking care of younger ones or other relatives providing care in cases of crises. This reflects the communal nature of child-rearing and the concept of "it takes a village to raise a child" prevalent in African societies. The extended family system plays a significant role in shaping reproductive behaviors and providing a safety net for families (Reupert, 2022).

The study also sheds light on traditional customs, superstitions, and myths that influence marital intentions and fertility behaviors.

The belief in appeasing ancestral spirits and the fear of being childless contribute to the pressure for early marriage and childbearing. These beliefs reflect the importance of lineage continuity and the cultural significance of offspring in traditional societies. Such customs and beliefs can have a strong impact on reproductive decision-making and family dynamics.

The attitude towards modern contraception among the Banyankole community in Sheema Municipality, as revealed in the study, can be discussed in relation to existing literature on contraceptive use, cultural beliefs, and gender dynamics (Kabagenyi et al., 2016).

The study findings indicate that modern contraception has not gained widespread acceptance among the Banyankole due to the fear of perceived side-effects. Participants expressed concerns about potential health risks associated with modern contraceptives, including prolonged bleeding, birth of abnormal children, tumors, cancer in the uterus, and infertility.

Such fears and misconceptions are not unique to this community and have been reported in other parts of the world, particularly in traditional societies where the use of modern contraceptives is relatively new. Existing literature emphasizes the importance of addressing misconceptions and providing accurate information about contraceptive methods to improve acceptability and uptake (Kabagenyi et al., 2016).

The study revealed that some women resorted to traditional contraceptive methods, such as tying the umbilical cord around the waist or using herbal concoctions, for spacing and limiting births. Traditional methods have a long history in many African societies and are often seen as culturally acceptable alternatives to modern contraception. However, it is essential to note that traditional methods may not be as effective or reliable as modern contraceptives, and reliance on such methods can lead to unintended pregnancies. Existing literature emphasizes the need to promote evidence-based family planning methods while acknowledging and respecting cultural beliefs and practices (Schwandt, 2022).

The study also acknowledged the cultural significance of twins among the Banyankole, including the respect and prestige associated with being the parents of twins. It is believed that childbearing should not stop with twins, and there is a strong cultural expectation to have a follower (Kiiza) to the twins. The celebration of twins and the associated rituals demonstrate the importance of lineage continuity and cultural values in the community. Existing literature on cultural beliefs around twins and fertility shows similar patterns in other African societies, where twins are often considered a special blessing and carry unique cultural significance (Kabagenyi et al., 2016).
While the efforts of the local partners could have contributed to the reduction in fertility rates from the 7.4 in 1991 to 5.4 in 2016, the stagnation of fertility rates at 5.2 in 2022 suggests that further intervention is needed to achieve desired levels.

Beyond awareness creation and advocacy, several other factors may contribute to increased fertility rates. One possibility is that the distribution of contraceptives and sexual and reproductive health information may not be reaching all segments of the population. The study observed that cultural and social norms largely influence fertility decisions. Therefore addressing fertility behavior requires a multifaceted approach including empowering individuals to make informed reproductive choices.

CHAPTER SIX: CONCLUSIONS AND RECOMMENDATIONS

This section presents conclusions as drawn from an examination of the social cultural practices of the Banyankole living in Sheema municipality and their influence of fertility behavior.

There is enough evidence from the study that social-cultural practices have strong influence on proximate determinants of fertility. However, the socio-cultural constructs that define reproductive behavior in the area including religious beliefs, gender norms as well as other societal norms have evolved over time especially with developments in education, urbanization, and migration. This transition can be leveraged for demographic change. This culture liberalization seems to be responsible for the relatively low fertility among the Banyankole families which is relatively below the national average.

Furthermore, the study contends that younger age at first marriage and the longer duration of the marriage results in a greater number of children. Fertility interventions should therefore focus on delayed marriage, thus shorter time in marriage within the reproductive period. Although policies have focused on keeping girls in schools to achieve delayed marriage and on-set of childbearing, the study observes that girls remain exposed to the risk of early marriage and childbearing even as they attend school. Therefore, the government school re-integration program needs further examination to rule out any negative consequences. Now that girls do not fear dropping out of school, the policy may promote early exposure to marital unions and subsequently unwanted fertility outcomes.

Most reproductive decisions are uninformed. The literature search has not identified any cost-benefit analysis for having many children amongst the study group. It can therefore be concluded that women and men do not know the impact of having many children. Equally, there were indications of prominent cultural barriers to accessing contraception. There is need to demystify myths surrounding the use of contraception especially targeting men and religious leaders as get keepers in this patriarchal and highly religious community.

Contrary to the common assumption that sons are preferred to girls and that individuals and couples would keep trying and having more children in pursuit of sons, data from the study tells a different story. Generally, participants contend that all children are the same and would like to have both sexes. However, a preference for daughters came out prominently when participants argued that daughters or girls help parents, especially mothers with housekeeping chores especially in their early age. In other words, the search for daughters may be more responsible for high fertility than for boys. Further, despite the national statistics on teenage pregnancy, the data from the field seems contradictory with a large number of girls getting married beyond age 18.

The researcher generated the normative conformity theory of fertility behavior. The theory is based on the data interpretation that suggests that childbearing is not inherent upon humanity given the fears and frustrations of social, economic implications associated with pregnancy and childbirth – painful labor, maternal deaths. Therefore, to reproduce, socio- life must not only offer enough rewards for bearing children that outweigh the burden bestowed upon the parents and the community but there must be strong coercive powers promoting childbearing.

Against the above conclusions, the study makes some recommendations at individual level, family level, community level and policy level.

At an individual level, men and women are advised to be cognizant of the bigger impact of the population bulge. A large population exerts pressure on a country's social services including employment, infrastructure as well as the environment. It is therefore irresponsible and unpatriotic for an individual to produce many children even if he/she can afford to raise them.

At the family level, there is need to address gender imbalance and encourage partner support. A family is the smallest unit where socialization and behavior are formed. Families should therefore be mobilized to break the gender barriers that are shaping future behavior.

At community level, there is need to reduce peer pressure and to discourage harmful cultural practices and promote positive ones. For example, forced marriages and marriages due to pressure and coercion are responsible for intermittent relationships resulting in more and more children with every new relationship.

At Policy level, the school reintegration needs to be re-examined as a measure to prevent early marriage. It is also recommended that sensitization for contraceptive use should increase focus on men which seem to be left behind.

LIMITATIONS

The study did not investigate the reasons behind marital mobility. However, some participants who are in marital relationships confessed having moved from one partner to another, some going back and leaving again, some leaving and coming back.

AREAS FOR FURTHER RESEARCH

The study recommends a trend analysis to determine the relationship between cultural transformation and fertility transition.

The impression of the declining practice of child marriage needs further investigation through a survey as it does not speak to the national statistics.

REFERENCES

Achen, S., Atekyereza, P., & Rwabukwali, C. B. (2021). The role of culture in influencing sexual and reproductive health of pastoral adolescent girls in Karamoja sub-region in Uganda. *Pastoralism, 11*(1), 1-11.

Adamchak, D. J., & Adebayo, A. (1987). Male fertility attitudes: A neglected dimension in Nigerian fertility research. *Social Biology, 34*(1-2), 57-67.

Adams, C., & Van Manen, M. (2010). Phenomenology. In.

Adebayo, B. O., & Aina-Pelemo, A. D. (2022). An Examination of the Legal, Economic, Security and Political effects of Uncontrolled Population in Nigeria: The Way Forward. *RUNJJIL, 2*, 82.

Adhikari, R. (2010). Demographic, socio-economic, and cultural factors affecting fertility differentials in Nepal. *BMC pregnancy and childbirth, 10*(1), 1-11.

Ahinkorah, B. O., Hagan Jr, J. E., Seidu, A.-A., Sambah, F., Adoboi, F., Schack, T., & Budu, E. (2020). Female adolescents' reproductive health decision-making capacity and contraceptive use in sub-Saharan Africa: What does the future hold? *PloS one, 15*(7), e0235601.

Aldred, R. (2011). From community participation to organizational therapy? World Cafe and Appreciative Inquiry as research methods. *Community development journal, 46*(1), 57-71.

Amongin, D., Benova, L., Nakimuli, A., Nakafeero, M., Kaharuza, F., Atuyambe, L., & Hanson, C. (2020). Trends and determinants of adolescent childbirth in Uganda- analysis of rural and urban women using six demographic and health surveys, 1988–2016. *Reproductive Health, 17*(1), 1-12.

Amongin, D., Nakimuli, A., Hanson, C., Nakafeero, M., Kaharuza, F., Atuyambe, L., & Benova, L. (2020). Time trends in and factors associated with repeat adolescent birth in Uganda: Analysis of six demographic and health surveys. *PloS one, 15*(4), e0231557.

Anbesu, E. W., Aychiluhm, S. B., & Alemayehu, M. (2022). Women's decisions regarding family planning use and its determinants in Ethiopia: A systematic review and meta-analysis protocol. *PloS one, 17*(10), e0276128.

Angeles, L. (2010). Demographic transitions: analyzing the effects of mortality on fertility. . *Journal of Population Economics, 23*, 99-120.

Ariho, P., & Kabagenyi, A. (2020). Age at first marriage, age at first sex, family size preferences, contraception and change in fertility among women in Uganda: analysis of the 2006–2016 period. . *BMC women's health, 20*, 1-13.

Ariho, P., Kabagenyi, A., & Nzabona, A. (2018). Determinants of change in fertility pattern among women in Uganda during the period 2006–2011. *Fertility research and practice, 4*(1), 1-11.

Armstrong, J. A. (1954). The Soviet attitude toward UNESCO. *International Organization, 8*(2), 217-233.

Arya, O., Nsanzumuhire, H., & Taber, S. (1973). Clinical, cultural, and demographic aspects of gonorrhoea in a rural community in Uganda. *Bulletin of the World Health Organization, 49*(6), 587.

Baidak, N., Horvath, A., Sharp, C., & Kearney, C. (2009). *Arts and Cultural Education at School in Europe*: ERIC.

Balbo, N., Billari, F.C., & Mills, M. (2013). Fertility in advanced societies: a review of research: Fertility in advanced societies: a review of research. *European Journal of Population/Revue europeenne de demographie, 29*, 1-38.

Bandura, A. (1969). Social-learning theory of identificatory processes. *Handbook of socialization theory and research, 213*, 262.

Bankole, A. (1995). Desired fertility and fertility behaviour among the Yoruba of Nigeria: a study of couple preferences and subsequent fertility. *Population Studies 49*(2), 317-328.

Barratt, M., Choi, T. Y., & Li, M. (2011). Qualitative case studies in operations management: Trends, research outcomes, and future research implications. *Journal of operations management, 29*(4), 329-342.

Bélanger, A., & Ouellet, G. (2001). Une étude comparative de l'évolution récente de la fécondité canadienne et américaine, 1980-1999. *Rapport sur l'état de la population du Canada 2001*, 113-143.

Benagiano, G. (2002). Reproductive strategies for human survival. *Reproductive BioMedicine Online, 4*, 72-76.

Bernhardt, E. M. (1993). Fertility and employment. *European sociological review, 9*(1), 25-42.

Bertotti, M., Adams-Eaton, F., Sheridan, K., & Renton, A. (2012). Key barriers to community cohesion: views from residents of 20 London deprived neighbourhoods. *GeoJournal, 77*, 223-234.

Blaikie, N. (2004). Encyclopedia of Social Science Research Methods. In: Thousand Oaks, CA: Sage Publications.

Bongaarts, J. (1987). The proximate determinants of fertility. *Technology in Society, 9*(3- 4), 243-260.

Bongaarts, J. (2001). Fertility and reproductive preferences in post-transitional societies. *Population and development review, 27*, 260-281.

Bongaarts, J. (2017). Africa's unique fertility transition. *Population and Development Review, 43*, 39-58.

Bongaarts, J. (2020). Trends in fertility and fertility preferences in sub-Saharan Africa: the roles of education and family planning programs. *Genus, 76*(1), 1-15.

Bongaarts, J., & Potter, R. E. (2013). Fertility, biology, and behavior: An analysis of the proximate determinants. *Academic press*.

Botev, N., & Botev, N. (2020). On the Locus and Modus of Control Over Human Reproduction. *The Sexuality-Reproduction Nexus and the Three Demographic Transitions: An Integrative Framework*, 11-14.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology, 3*(2), 77-101.

Bryman, A., & Cramer, D. (2012). *Quantitative data analysis with IBM SPSS 17, 18 & 19: A guide for social scientists*: Routledge.

Bulatao, R. A. (1982). The value and cost of children in changing societies. *Draper Fund Report*(11), 16-19.

Caldwell, J. C., & Caldwell, P. (1987). The cultural context of high fertility in sub-Saharan Africa. *Population and Development Review*, 403-437.

Caldwell, J. C., & Caldwell, P. (1987). The cultural context of high fertility in sub-Saharan Africa. *Population and development review*, 409-437.

Calwell, J. C., Caldwell, P., & McDonald, P. (2002). Policy responses to low fertility and its consequences: a global survey. *Journal of population research, 19*(1), 1-24.

Campbell, K. L., & Wood, J. W. (1988). *Fertility in traditional societies. In Natural human fertility: Social and biological determinants* London: Palgrave Macmillan UK.

Casterline, J. B., & National Research Council (US) Committee on Population. (2001). Diffusion processes and fertility transition: Introduction. In Diffusion processes and fertility transition: Selected perspectives. *National Academies Press (US)*

Casterline, J. B., & Agyei-Mensah, S. (2017). Fertility desires and the course of fertility decline in sub-Saharan Africa. *Population and development review, 43*, 84-111.

Chicoyo, C. (2016). Socio-Cultural factors influencing fertility in Morogoro district, Tanzania. *Journal of Humanities and Social Science, 21*(17), 25-41.

Choe, M. K., & Retherford, R. D. (2009). The contribution of education to South Korea's fertility decline to 'lowest-low' level. *Asian Population Studies, 5*(3), 267-288.

Choi, H. R., Ha, B., Jeon, Y. J., Youm, Y., Kim, H. C., & Jung, S. J. (2021). Gender role stereotypes, patriarchal attitudes, and cognitive function in the elderly rural Korean population: a cross-sectional study. *Epidemiology and health, 43*.

Cleland, J., & Wilson, C. (1987). Demand theories of the fertility transition: An iconoclastic view. *Population studies, 41*(1), 5-30.

Coale, A. J. (2017). *The decline of fertility in Europe* (Vol. 4900): Princeton University Press.

Cohen, D., & Crabtree, B. (2006). Qualitative research guidelines project. In.

Colleran, H. (2016). The cultural evolution fertility decline. *Philosophical Transactions of the Royal Society B: Biological Sciences, 371*(1692), 20150152.

Costello, C. A. (1986). *MATERNAL AND CHILD HEALTH IN RURAL UGANDA: THE ROLE OF NUTRITION (MORTALITY, DEPLETION)*: University of Pennsylvania.

Creswell, J. W. (2013). Steps in conducting a scholarly mixed methods study.

Creswell, J. W., & Zhang, W. (2009). The application of mixed methods designs to trauma research. *Journal of Traumatic Stress: Official publication of the international society for traumatic stress studies, 22*(6), 612-621.

Cronk, L. (1991). Intention versus behaviour in parental sex preferences among the Mukogodo of Kenya. *Journal of Biosocial Science, 23*(2), 229-240.

Denzin, N. K., Lincoln, Y. S., & Giardina, M. D. (2006). Disciplining qualitative research. *International journal of qualitative studies in education, 19*(6), 769-782.

DeRose, L. F., Dodoo, F. N. A., & Patil, V. (2002). Fertility desires and perceptions of power in reproductive conflict in Ghana. *Gender & Society, 16*(1), 53-73.

Esping-Andersen, G. (2009). *Incomplete revolution: Adapting welfare states to women's new roles*: Polity.

Esping-Andersen, G., & Billari, F. C. (2015). Re-theorizing family demographics. *Population and development review, 41*(1), 1-31.

EZEH, A. C., & Dodoo, F. N. A. (2001). Institutional change and the African fertility transition: the case of Kenya. *Genus*, 135-164.

Fereday, J., & Muir-Cochrane, E. (2006). Demonstrating rigor using thematic analysis: A hybrid approach of inductive and deductive coding and theme development. *International journal of qualitative methods, 5*(1), 80-92.

Fikree, F. F., Khan, A., Kadir, M. M., Sajan, F., & Rahbar, M. H. (2001). What influences contraceptive use among young women in urban squatter settlements of Karachi, Pakistan? *International family planning perspectives*, 130-136.

Foth, M. (2017). The next urban paradigm: Cohabitation in the smart city. *IT-Information Technology, 59*(6), 259-262.

Francis, J. J., Johnston, M., Robertson, C., Glidewell, L., Entwistle, V., Eccles, M. P., & Grimshaw, J. M. (2010). What is an adequate sample size? Operationalising data saturation for theory-based interview studies. *Psychology and health, 25*(10), 1229- 1245.

Frank, O., & Bongaarts, J. (1991). Behavioural and biological determinants of fertility transition in sub-saharan Africa. *Statistics in Medicine, 10*(2), 161-175.

Gerring, J. (2004). What is a case study and what is it good for? *American political science review, 98*(2), 341-354.

Goldscheider, F., Bernhardt, E., & Brandén, M. (2013). Domestic gender equality and childbearing in Sweden. *Demographic research, 29*, 1097-1126.

Götmark, F., & Andersson, M. (2020). Human fertility in relation to education, economy, religion, contraception, and family planning programs. *BMC Public Health, 20*(1), 1-17.

Grix, J. (2010). Introducing 'hard'interpretivism and 'Q'methodology: Notes from a project on 'county sport partnerships and governance'. *Leisure studies, 29*(4), 457- 467.

Harrell-Bond, B. A. (1975). The influence of legislative change on behaviour: A case study on the status of illegitimate children in Sierra Leone. *Verfassung und Recht in Übersee/Law and Politics in Africa, Asia and Latin America*, 447-464.

Harwell, M. R. (2011). Research design: Qualitative, quantitative, and mixed methods: Pursuing ideas as the keystone of exemplary inquir. In *The Sage handbook for research in education: Pursuing ideas as the keystone of exemplary inquir*: Sage.

Hesse-Biber, S. N. (2007). The practice of feminist in-depth interviewing. *Feminist research practice: A primer, 111148*, 111-138.

Hofstee, E. (2006). *Constructing a good dissertation*: Sandton: Epe.

Isiugo-Abanihe, U. C. (1994). The socio-cultural context of high fertility among Igbo women. *International Sociology, 9*(2), 237-258.

Jejeebhoy, S. J., & Sathar, Z. A. (2001). Women's autonomy in India and Pakistan: the influence of religion and region. *Population and development review, 27*(4), 687- 712.

Jennings, P.A. (2011) Promoting Teachers' Social and Emotional Competencies to Support Performance and Reduce Burnout. In: Cohan, A. and Honigsfeld, A., Eds., Breaking the Mold of Preservice and Inservice Teacher Education: Innovative and successful Practices for the Twenty-First Century, Rowman & Littlefield; New York, 133-143.

Johnson-Hanks, J. (2002). On the limits of life stages in ethnography: Toward a theory of vital conjunctures. *American anthropologist, 104*(3), 865-880.

Johnson, C. W., & Parry, D. C. (2022). *Fostering social justice through qualitative inquiry: A methodological guide*: Taylor & Francis.

Jupp, J., & Gero, J. S. (2006). Visual style: Qualitative and context-dependent categorization. *AI EDAM, 20*(3), 247-266.

Kabagenyi, A., Reid, A., Ntozi, J., & Atuyambe, L. (2016). Socio-cultural inhibitors to use of modern contraceptive techniques in rural Uganda: a qualitative study. *The Pan African Medical Journal, 25*.

Karamura, G. P. (1998). *The Interplay of Christianity, Ethnicity and Politics in Ankole, Uganda, 1953-1993*. Doctoral dissertation, University of Leeds,

Kirk, D. (1996). Demographic transition theory. *Population studies, 50*(3), 361-387.

Kitzinger, J. (1994). The methodology of focus groups: the importance of interaction between research participants. *Sociology of health & illness, 16*(1), 103-121.

Kitzinger, J. (1995). Qualitative research: introducing focus groups. *Bmj, 311*(7000), 299- 302.

Knodel, J. (1999). The Demography of Asian Ageing: Past. *Asia-Pacific, 14*(4), 39.

Kolk, M. (2014). Multigenerational transmission of family size in contemporary Sweden. *Population studies, 68*(1), 111-129.

Kramer, S. (2020). Polygamy is rare around the world and mostly confined to a few regions. Retrieved from https://www.pewresearch.org/short-reads/2020/12/07/polygamy-is-rare-around-the-world-and-mostly-confined-to-a- few-regions/#:~:text=Polygamy%20is%20most%20often%20found,%25)%20and%20 Nigeria%20(28%25).

Kudo, S., Mutisya, E., & Nagao, M. (2015). Population aging: An emerging research agenda for sustainable development. *Social sciences, 4*(4), 940-966.

Lacalle-Calderon, M., Perez-Trujillo, M., & Neira, I. (2017). Fertility and Economic Development: Quantile Regression Evidence on the Inverse J-shaped Pattern. *European Journal of Population, 33*(1).

Ladd-Taylor, M. (1994). *Mother-work: Women, child welfare, and the state, 1890-1930*: University of Illinois Press.

Lawrence-Webb, C., Littlefield, M., & Okundaye, J. N. (2004). African American intergender relationships a theoretical exploration of roles, patriarchy, and love. *Journal of Black Studies, 34*(5), 623-639.

Lesthaeghe, R. (2010). The unfolding story of the second demographic transition. *Population and Development Review, 36*(2), 211-251.

Löhr, K., Weinhardt, M., & Sieber, S. (2020). The "World Café" as a participatory method for collecting qualitative data. *International journal of qualitative methods, 19*, 1609406920916976.

Louis, G. B. (2006). *Principles for evaluating health risks in children associated with exposure to chemicals*: World Health Organization.

Lynch, C. D., Jackson, L. W., & Buck Louis, G. M. (2006). Estimation of the day-specific probabilities of conception: current state of the knowledge and the relevance for epidemiological research. *Paediatric and Perinatal Epidemiology, 20*, 3-12.

Machiyama, K., Mumah, J. N., Mutua, M., & Cleland, J. (2019). Childbearing desires and behaviour: a prospective assessment in Nairobi slums. *BMC Pregnancy and Childbirth, 19*, 1-12.

Marshall, C., & Rossman, G. B. (2006). Data collection methods. *Designing qualitative research, 2*.

Marshall, D. A. (2002). Behavior, belonging, and belief: A theory of ritual practice. *Sociological theory, 20*(3), 360-380.

Marston, C., Renedo, A., & Nyaaba, G. N. (2018). Fertility regulation as identity maintenance: Understanding the social aspects of birth control. *Journal of Health Psychology, 23*(2), 240-251.

Mason, K. O. (2001). Gender and family systems in the fertility transition. *Population and Development Review, 27*, 160-176.

McDonald, P. (2000). Gender equity in theories of fertility transition. *Population and Development Review, 26*(3), 427-439.

McQuillan, K. (2004). When does religion influence fertility? *Population and development review, 30*(1), 25-56.

Mertens, W. (2015). *The 1994 international conference on population and development (ICPD): context and characteristics.* Paper presented at the The 1994 international conference on population and development (ICPD): context and characteristics.

Ministry of Finance, P. a. E. D. (2020). *National Population Policy*. Kampala, Uganda

Morgan, S. P., & Bachrach, C. A. (2011). Is the Theory of Planned Behaviour an appropriate model for human fertility? *Vienna yearbook of population research, 9*, 11-18.

Muhanguzi, F. K. (2011). Gender and sexual vulnerability of young women in Africa: experiences of young girls in secondary schools in Uganda. *Culture, Health & Sexuality, 13*(06), 713-725.

Mungyereza, B. P. (2016). Uganda Bureau of Statisitcs. In.

Mutume, P. (2017). *Women's emancipation in Africa–reality or illusion?: a case study of Mbarara, Western Uganda* (Vol. 13): Peter Lang Edition.

Navarro Sada, A., & Maldonado, A. (2007). Research methods in education. -by louis cohen, lawrence manion and keith morrison. In: Taylor & Francis.

Nelson, C. (2023). The 'most maligned'witness in the Christopher Dawson case: Gender, power, media and legal culture in the digitally distributed live-streamed court. *Crime, Media, Culture*, 17416590231168330.

Neyer, G., Lappegård, T., & Vignoli, D. (2013). Gender Equality and Fertility: Which Equality Matters? Egalité de genre et fécondité: de quelle égalité s' agit-il? *European Journal of Population/Revue européenne de Démographie, 29*, 245-272.

Nieuwenhuis, J., & Smit, B. (2012). Qualitative research. *Doing social research: A global context*, 124-139.

Ninsiima, A. B., Leye, E., Michielsen, K., Kemigisha, E., Nyakato, V. N., & Coene, G. (2018). "Girls have more challenges; they need to be locked up": a qualitative study of gender norms and the sexuality of young adolescents in Uganda. *International journal of environmental research and public health, 15*(2), 193.

Ninsiima, A. B., Leye, E., Michielsen, K., Kemigisha, E., Nyakato, V. N., & Coene, G. (2018). "Girls have more challenges; they need to be locked up": a qualitative study of gender norms and the sexuality of young adolescents in Uganda. *International journal of environmental research and public health, 15*(2), 193.

Niraula, B. B., & Morgan, S. P. (1995). Son and daughter preferences in Benighat, Nepal: Implications for fertility transition. *Social Biology, 42*(3-4), 256-273.

Notestein, F. W. (1945). International population readjustments. *Proceedings of the Academy of Political Science, 21*(2), 94-102.

Ntozi, J. P., Kabera, J. B., Ssekamatte-ssebuliba, J., Kamateeka, J., & Mukiza-gapere, J. (1988). The value of children as a major influence on fertility in Uganda: a case study of Ankole. *Fertility determinants research notes*(23), 9-10.

Ntozi, J. P. (1993). The role of men in determining fertility among the Banyankore of Southwestern Uganda.

Nyakato, V., & Rwabukali, C. B. (2013). Couple relations, decision-making hierarchy and use of maternal health care in rural Uganda.

Nyakato, V. N. (2013). Gender inequality in household labour: implications for demand for maternal healthcare in Uganda. *Insights into gender equity, equality and power relations in Sub-saharan Africa, 241*.

Odimegwu, C., Bamiwuye, O. S., & Adedini, S. A. (2015). Gender-based violence as a new proximate determinant of fertility in sub-Saharan Africa. . *Southern African Journal of Demography, 16*(1), 87-121.

Oláh, L. S. (2003). Gendering fertility: Second births in Sweden and Hungary. *Population research and policy review, 22*, 171-200.

Olu Pearce, T. (1999). She will not be listened to in public: Perceptions among the Yoruba of infertility and childlessness in women. *Reproductive Health Matters, 7*(13), 69- 79.

Pike, I., Mojola, S. A., & Kabiru, C. W. (2018). Making sense of marriage: Gender and the transition to adulthood in Nairobi, Kenya. *Journal of Marriage and Family, 80*(5), 1298-1313.

Pollard, M. S., & Morgan, S. P. (2002). Emerging parental gender indifference? Sex composition of children and the third birth. *American Sociological Review, 67*(4), 600.

Pulla, V., & Carter, E. (2018). Employing interpretivism in social work research. *International Journal of Social Work and Human Services Practice, 6*(1), 9-14.

Rabiee, F. (2004). Focus-group interview and data analysis. *Proceedings of the nutrition society, 63*(4), 655-660.

Reupert, A., Straussner, S. L., Weimand, B., & Maybery, D. (2022). It takes a village to raise a child: understanding and expanding the concept of the "Village". *Frontiers in Public Health, 10*, 424.

Rimé, B. (2020). Emotions at the service of cultural construction. *Emotion Review, 12*(2), 65-78.

Roser, M. (2014). Fertility rate. *Our world in data.*

Schwandt, H., Boulware, A., Corey, J., Herrera, A., Hudler, E., Imbabazi, C., ... & Feinberg, S. (2022). "She is courageous because she does not care what people think about her...": attitudes toward adolescent contraception use among Rwandan family planning providers and adult female modern contraceptive users. *Reproductive Health 19*(1), 204.

SHEKU, B. V.-A. (1987). *Pathological determinants of sterility in rural Uganda*: University of Pennsylvania.

Siegel, B. (1996). African family and kinship.

Smith, K., Strough, J., Parker, A. M., & Bruine de Bruin, W. (2023). Age differences in social decision-making preferences and perceived ability. *Psychology and Aging.*

Sserwanja, Q., Mukunya, D., Nabachenje, P., Kemigisa, A., Kiondo, P., Wandabwa, J. N., & Musaba, M. W. (2022). Continuum of care for maternal health in Uganda: a national cross-sectional study. *PloS one, 17*(2), e0264190.

Statistics, U. E. (2022). Uganda Bureau of Statistics. *Change, 2022.*

Strauss, A., & Corbin, J. (1990). *Basics of qualitative research*: Sage publications.

Thomas, E., & Magilvy, J. K. (2011). Qualitative rigor or research validity in qualitative research. *Journal for specialists in pediatric nursing.*

Tiwari, A., Lam, D., Yuen, K., Chan, R., Fung, T., & Chan, S. (2005). Student learning in clinical nursing education: Perceptions of the relationship between assessment and learning. *Nurse Education Today, 25*(4), 299-308.

Torr, B. M., & Short, S. E. (2004). Second births and the second shift: A research note on gender equity and fertility. *Population and development review, 30*(1), 109-130.

Tshiyoyo, M. M. (2012). *Leadership and governance imperatives for development in the Democratic Republic of the Congo.* University of Pretoria,

Tsui, A. O. (2001). Population policies, family planning programs, and fertility: The record. *Population and development review, 27*, 184-204.

UBOS, I. (2016). Uganda Bureau of statistics (UBOS) and ICF. 2018. *Uganda demographic and health survey.*

Uganda, G. o. (2013). Uganda vision 2040. In: National Planning Authority

Kampala. UN. (2015). *World Population Prospects: The 2015 Revision*. Retrieved

from New York:

Upadhyay, U. D., & Karasek, D. (2010). Women· s empowerment and achievement of desired fertility in sub-Saharan Africa.

Voyer, A., & Trondman, M. (2017). Between theory and social reality: Ethnography and Interpretation and Social Knowledge: Introduction to the special issue. Ethnography, 18(1), 3-9. https://doi.org/10.1177/1466138115592415

Weggeman, M., Lammers, I., & Akkermans, H. (2007). Aesthetics from a design perspective. *Journal of Organizational Change Management, 20*(3), 346-358.

Willis, J., & Willis, D. (2013). *Doing task-based teaching-Oxford handbooks for language teachers*: Oxford University Press.

Wood, W., & Eagly, A. H. (2002). A cross-cultural analysis of the behavior of women and men: implications for the origins of sex differences. *Psychological bulletin, 128*(5), 699.

WorldBank. (2010). *Determinants and consequences of high fertility: a synopsis of the evidence*: World Bank.

Xie, L. (2021). Assemblages of Living Together: Residential Cohabitation in Peri-urban Areas of Chengdu and Hyderabad. *South Asia Multidisciplinary Academic Journal* (26).

Yin, R. K. (2003). Designing case studies. *Qualitative research methods, 5*(14), 359-

386. Yin, R. K. (2009a). *Case study research: Design and methods* (Vol. 5): sage.

Yin, R. K. (2009b). How to do better case studies. *The SAGE handbook of applied social research methods, 2*(254-282).

APPENDICES

Appendix 1: Questionnaire for Individual interview

Name of Interviewer:

.....

Date of Interview:

.....

Place: .....

Greetings and Introductions!

A study is being carried out in Sheema Municipality on socio-cultural practices and fertility behavior. The study is a partial contribution to a Doctorate Degree of Mbarara University of Science and Technology.

I am therefore kindly requesting you spare a few minutes of your precious time and participate in this exercise by answering a few questions.

The information given will be kept and treated with utmost confidentiality and will be used for academic purposes in addition to adding to the body of knowledge on the socio-cultural factors associated with fertility behavior.

Section A: Background Information

Age: .....

Sex .....

Religious Denomination .....

Marital Status .....

Education

(a) Primary (b) Secondary (c) Tertiary (d) None

Section B: Interview Questions

1. Do you have children Yes No
   If yes, how many?
   What is the ratio of boys to girls?

2. If married, how long have you been in the marital union
   (a) Less than 5 years

(b) 5-10 years
(c) 10-25 years
(d) Above 25(*If married and no children, explore reasons*)

3. If married, what system?
   (a) Religious
   (b) Cultural
   (c) Civil
4. Are you in a monogamous or polygamous union?
5. If you have children at what age did you get your first child?
6. If you have more than one child what is the average age gap? (*Explore any explanations for the spacing*)
7. How many children would you prefer to have?

   (a) Minimum (b) Maximum
   (b) In what ratio

   (boys:girls) Why?
8. In your opinion who should decide on the number of children for a couple?
9. What does your religion say about fertility (What teachings) What is your religious interpretation about fertility
10. What is your opinion about birth control/contraception both traditional and modern?
11. Are there some traditional practices that you have experienced at birth, marriage, and death that have influenced your perception about children? If yes, please narrate.

Thank you

Appendix 2: Interview Guide for Key Informants

Name of Interviewer:.....

Date of Interview: .....

Place: .....

Greetings and Introductions!

A study is being carried out in Sheema Municipality on socio cultural factors and fertility behavior. The study is a partial contribution to a Doctorate Degree of Mbarara University of Science and Technology.

I am therefore kindly requesting you spare a few minutes of your precious time and participate in this exercise by answering a few questions.

The information given will be kept and treated with utmost confidentiality and will be used for academic purposes in addition to adding to the body of knowledge on the socio-cultural factors associated with fertility behavior.

Section A: Background Information

Age:.....

Sex .....

Area of leadership (Religious/Cultural/Other

pecified).....

Position of leadership: .....

Section B: Guiding questions

1. What is your opinion about fertility in your community (Number of births)?
2. What does your institution believe/teach about children?

3. How have you emphasized this teaching about fertility among your congregation/followers?

4. How are Marriage partners chosen in your community?

5. Narrate the story of customs you have observed in your community concerning male and female children at birth/marriage and death?

6. In your opinion, what does the number of children tell about a person in a community.

7. Have you witnessed an under-five death in your community in the last 12 months? If yes, Approximately how many?

8. Have you witnessed maternal death in your community in the last 12 months? If yes, approximately how many?

9. In your own experience, who are the most important people when it comes to fertility decisions in your community?

10. What is your opinion about contraception (both modern and traditional)?

11. Please describe any traditional practices you have experienced in your community at birth, marriage, and death concerning
    (a) Boys (b) girls (c) Childless person

Thank you

Appendix 3: Discussion Guide for FGDs and WC sessions

1. Introduction

Good morning/evening and welcome to our session. Thanks for taking the time to join us to talk about culture and fertility behavior in Sheema Municipality.

My name is Kwabaho Juliet, and I am being assisted by (.....Research Assistant)

I am carrying out a study in Sheema Municipality on socio cultural factors and fertility behavior. The study is a partial contribution to a Doctorate Degree of Mbarara University of Science and Technology.

I am having discussions like this with several groups in Sheema Municipality. You were invited having been identified as Munyankole, residing in the Municipality and being an adult, you are familiar with the Ankole culture.

There are no wrong answers but rather differing points of view. Please feel free to share your point of view even if it differs from what others have said. Keep in mind that we're just as interested in negative comments as positive comments This session is being recorded because we don't want to miss any of your contributions. People often say very helpful things in these discussions, and we can't write fast enough to get them all down. We will not use any names in our reports; thus, you are assured of utmost confidentiality. The information will be published to contribute to the knowledge base of studies conducted on socio cultural factors and practices affecting fertility.

Questions

1. On average how many children should be born in a typical Ankole family? Why?
2. Think about the family where you grew up and the children whom you grew up with. What would you have to say in relation to numbers? Can you narrate your experience growing up with your brothers/sisters? (*As many people to share their experiences*)
3. What are some of the reproductive related traditional ceremonies practiced in your community (please narrate the how and why)
4. Who in a family should decide on the number of children and why?
5. What ratio of boys to girls would you prefer if you had a decision?
6. At what age do you recommend a girl should get married and why?
7. With reasons, give your opinion about contraception/birth control (both traditional and modern)

8. What would you tell your leaders (Policy maker) about Uganda's population?

9. Please comment about marriage patterns in your community (polygamous/ monogamous/ age at marriage.

10. Are there cultural traditions that you can relate with population growth? Which ones? Would you recommend them changed?

11. Please describe any traditional practices you have experienced in your community at birth, marriage, and death concerning

    (a) Boys (b) girls (c) Childless person

Thank you

Appendix 4: Informed consent forms

MBARARA UNIVERSITY OF SCIENCE AND

TECHNOLOGY RESEARCH ETHICS COMMITTEE

P.O. Box 1410 Mbarara, Tel: +256-48-543-3795, Fax: +256-48-542-0782
E-mail: irc@must.ac.ug,

mustirb@gmail.com INFORMED

CONSENT FORM_FGDs/WC

This document outlines the research study and expectations for potential participants. It should be written in layman terms and typed on MUST-REC letterhead.

Instructions

1. The wording of this document should be directed to the potential participant not MUST-REC.
2. If a technical term must be used, then define it the first time it is used and any acronyms or abbreviations used should be spelled out the first time they are used.
3. All the sections of this document must be completed without any editing or deletions.
4. Please use a typing font that is easily distinguishable from the questions of this form. Preferably the font size should be 12.

Study title– This should be the same as on all other documents related to the study.

SOCIO- CULTURAL PRACTICES AND FERTILITY BEHAVIOR AMONG BANYANKOLE FAMILIES IN SHEEMA MUNICIPALITY, SOUTH WESTERN UGANDA.

Principal Investigator(s)

KWABAHO KANSHUMBUSHE MUJUNI JULIET
E-mail:
julietkwabaho@yahoo.co. Tel:
+256772 518165

Introduction

What you should know about this study:

1. You are being asked to join a research study.
2. This consent form explains the research study and your part in the study.
3. Please read it carefully and take as much time as you need.
4. You are a volunteer. You can choose not to take part and if you join, you may quit at any time. There will be no penalty if you decide to quit the study.

Brief background to the study

Reducing fertility is a global agenda and a pre-requisite for any country to achieve its development objectives (United Nations, 2015). Uganda's fertility is among the world's highest at an average of 5.4 children per woman (UBOS, 2016). Uganda's fertility is ranked seventh highest in the world (Aaron, 2021). The Proposed study is an attempt to explain the interconnections and influences of socio-cultural practices of the Banyankole on individual decisions and ability to control fertility.

Purpose of the research project

This study is being carried out in partial fulfilment of the requirements for the award of Doctor of Philosophy of Mbarara University of Science and Technology. It is being carried out among the Banyankole Adults to understand how gender norms, religious and traditional practices affect marriage patterns, individual preference and contraception to influence decision to have children, numbers and spacing of children as contribution to identify and recommend a solution(s) to the persistent high fertility in Uganda.

The study is expected to start with an initial total of 48 participants in a consultative (World Café) session followed by focus group discussions, key informant and individual interviews.. Recruitment will continue as necessary until no new information is coming out. This is expected to last a period of 4 months.

Why you are being asked to participate?

You are being asked to participate in the study having been identified as Munyankole, residing in Sheema Municipality and being an adult and you are familiar with the Ankole culture.

Procedures

Provide a description of the procedures to be followed and identification of any procedures that are experimental, clinical etc. If there is need for storage of biological (body) specimens, explain why, and include a statement requesting for consent to store the specimens and state the duration of storage.

You will be asked to freely give your opinions about culture and fertility which maybe personal, or community related. Some questions will be paused to guide the discussion and for clarity. We are as interested in negative comments as positive comments.

A voice recorder will be used to capture the verbal information because we don't want to miss any of your contributions. People often say very helpful things in these discussions and we can't write fast enough to get them all down. We shall also take note of your non-verbal communication. This information will be analysed later. We will not use any names in our reports, thus you are assured of utmost confidentiality. The information will be published to contribute to the knowledge base of studies conducted on socio cultural factors and practices associated with fertility behavior.

Risks or discomforts

Describe any reasonably foreseeable risks or discomforts-physical, psychological, social, legal or other associated with the procedure, and include information about their likelihood and seriousness. Discuss the procedures for protecting against or minimizing any potential risks to the subject. Discuss the risks in relation to the anticipated benefits to the subjects and to society.

This is a minimal risk study. We however know that asking personal questions can at times cause discomfort. We encourage you to feel free to express your views and other people's views without mentioning names. The information is strictly for research purposes and will not be used against anyone.

Benefits

Describe any benefits to the subject or other benefits that may reasonably be expected from the research. If the subject is not likely to benefit personally from the experimental protocol note this in the statement of benefits.

The information you will give is a vital contribution to identify and recommend a solution(s) to the persistent high fertility in Uganda. You will be informed of the outcomes of this study during dissemination. Participants who may bring up issues that can possibly be attended to will be given information on available service providers. We therefore encourage you to feel free and share your personal experience and thoughts.

Incentives or rewards for participating

It is assumed that there are no costs to subjects enrolled in research protocols. Any payments to be made to the subject, e.g., travel expenses, token of appreciation for time spent, must also be stated, including when the payment will be made.

You will not be paid for participating in this research but we truly value your voluntary participation. You will be served with tea and snacks. You will also be given a transport refund of Shs. 10,000 (Ten thousand shillings only) immediately after the session.

Protecting data confidentiality

Provide a statement describing the extent, if any, to which confidentiality or records identifying the subjects will be maintained. If data is in form of tape recordings, photographs, movies or videotapes, researcher should describe period of time they will be

retained before destruction. Showing or playing of such data must be disclosed, including instructional purposes.

All Tape recordings will strictly be accessed by the Researcher only and will be destroyed after the final report is written. In any case not more than 5 years. No names or specific identification will be used in writing the report.

Protecting subject privacy during data collection

Describe how the privacy of the participant will be ensured during the process of data collection.

Discussions will be held in secure rooms away from public crowds.

Right to refuse or withdraw

Include a statement that participation is voluntary and that refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled.

You are free to decide whether you are willing to participate in this study or not.

What happens if you leave the study?

Include a statement that the subject may discontinue participation at any time without penalty or loss of benefits.

You can freely discontinue your participation in the study at any time you feel like without penalty.

Who do I ask/call if I have questions or a problem?

Include contact for the researcher and Chairperson, MUST-REC

1. Dr. Francis

   Bajunirwe

   Chairman,

   MUST-REC

   P.O. Box 1410 Mbarara

   Tel: 0485433795/0772 576 396

2. Ms Juliet
   Kwabaho
   Researcher
   Tel: 0772 518165/0701818165

What does your signature or thumbprint on this consent form mean?

Your signature on this form means

- You have been informed about this study's purpose, procedures, possible benefits and risks
- You have been given the chance to ask questions before you sign

- You have voluntarily agreed to be in this study

_____	_____
Name of adult participant	Signature/Thumbprint of participant/ Date Parent/Guardian/Next of Kin
_____	_____
Name of person obtaining consent	
Signature	Date
_____	_____
Print Name of witness or mark Date	Signature or thumbprint

MBARARA UNIVERSITY OF SCIENCE AND

TECHNOLOGY RESEARCH ETHICS COMMITTEE

P.O. Box 1410 Mbarara, Tel: +256-48-543-3795, Fax: +256-48-542-0782
E-mail: irc@must.ac.ug, mustirb@gmail.com

INFORMED CONSENT FORM_KII

This document outlines the research study and expectations for potential participants. It should be written in layman terms and typed on MUST-REC letterhead.

Instructions

1. The wording of this document should be directed to the potential participant not MUST-REC.
2. If a technical term must be used, then define it the first time it is used and any acronyms or abbreviations used should be spelled out the first time they are used.
3. All the sections of this document must be completed without any editing or deletions.
4. Please use a typing font that is easily distinguishable from the questions of this form. Preferably the font size should be 12.

Study title– This should be the same as on all other documents related to the study.

SOCIO- CULTURAL PRACTICES AND FERTILITY BEHAVIOR AMONG BANYANKOLE FAMILIES IN SHEEMA MUNICIPALITY, SOUTH WESTERN UGANDA.

Principal Investigator(s)

KWABAHO KANSHUMBUSHE MUJUNI JULIET

Introduction

What you should know about this study:

1. You are being asked to join a research study.
2. This consent form explains the research study and your part in the study.
3. Please read it carefully and take as much time as you need.
4. You are a volunteer. You can choose not to take part and if you join, you may quit at any time. There will be no penalty if you decide to quit the study.

Brief background to the study

Reducing fertility is a global agenda and a pre-requisite for any country to achieve its development objectives (United Nations, 2015). Uganda's fertility is among the world's highest at an average of 5.4 children per woman (UBOS, 2016). Uganda's fertility is ranked seventh highest in the world (Aaron, 2021). The Proposed study is an attempt to explain the interconnections and influences of socio-cultural practices of the Banyankole on individual decisions and ability to control fertility.

Purpose of the research project

Include a statement that the study involves research, estimated number of participants, an explanation of the purpose(s) of the research procedure and the expected duration of the subject's participation.

This study is being carried out in partial fulfilment of the requirements for the award of Doctor of Philosophy of Mbarara University of Science and Technology. It is being carried out among the Banyankole Adults to understand how gender norms, religious and traditional practices affect marriage patterns, individual preference and contraception to influence decision to have children, numbers and spacing of children as contribution to identify and recommend a solution(s) to the persistent high fertility in Uganda.

The study is expected to start with an initial total of 48 participants in a consultative (World Café) session followed by focus group discussions, key informant and individual interviews.. Recruitment will continue as necessary until no new information is coming out. This is expected to last a period of 4 months.

Why you are being asked to participate?

Explain why you have selected the individual to participate in the study.

You are being asked to participate in the study having been identified as Munyankole, residing in Sheema Municipality and being an adult and you are familiar with the Ankole culture.

Procedures

Provide a description of the procedures to be followed and identification of any procedures that are experimental, clinical etc. If there is need for storage of biological (body) specimens, explain why, and include a statement requesting for consent to store the specimens and state the duration of storage.

You will be asked to freely give your opinions about culture and fertility which maybe personal, or community related. Some questions will be paused to guide the discussion and for clarity. We are as interested in negative comments as positive comments. A voice recorder will be used to capture the verbal information because we don't want to miss any of your contributions. People often say very helpful things in these discussions and we can't write fast enough to get them all down.

We shall also take note of your non-verbal communication.

This information will be analyzed later.

We will not use any names in our reports, thus you are assured of utmost confidentiality. The information will be published to contribute to the knowledge base of studies conducted on socio cultural factors and practices associated with fertility behavior.

Risks or discomforts

Describe any reasonably foreseeable risks or discomforts-physical, psychological, social, legal or other associated with the procedure, and include information about their likelihood and seriousness. Discuss the procedures for protecting against or minimizing any potential risks to the subject. Discuss the risks in relation to the anticipated benefits to the subjects and to society.

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Benefits

Describe any benefits to the subject or other benefits that may reasonably be expected from the research. If the subject is not likely to benefit personally from the experimental protocol note this in the statement of benefits.

The information you will give is a vital contribution to identify and recommend a solution(s) to the persistent high fertility in Uganda. You will be informed of the outcomes of this study during dissemination. Participants who may bring up issues that can possibly be attended to will be given information on available service providers. We therefore encourage you to feel free and share your personal experience and thoughts.

Incentives or rewards for participating

It is assumed that there are no costs to subjects enrolled in research protocols. Any payments to be made to the subject, e.g., travel expenses, token of appreciation for time spent, must also be stated, including when the payment will be made.

You will not be paid for participating in this research but we truly value your voluntary participation. You will receive Ushs, 10,000 worth of airtime as compensation for your time.

Protecting data confidentiality

Provide a statement describing the extent, if any, to which confidentiality or records identifying the subjects will be maintained. If data is in form of tape recordings, photographs, movies or videotapes, researcher should describe period of time they will be retained before destruction. Showing or playing of such data must be disclosed, including instructional purposes.

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Right to refuse or withdraw

Include a statement that participation is voluntary and that refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled.

You are free to decide whether you are willing to participate in this study or not.

What happens if you leave the study?

Include a statement that the subject may discontinue participation at any time without penalty or loss of benefits.

You can freely discontinue your participation in the study at any time you feel like without penalty.

Who do I ask/call if I have questions or a problem?

1. Dr. Francis Bajunirwe
   Chairman, MUST- REC
   P.O. Box 1410 Mbarara

   Tel: 0485433795/0772 576 396
2. Ms Juliet Kwabaho
   Researcher
   Tel: 0772 518165/0701818165

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a. You have been informed about this study's purpose, procedures, possible benefits and risks
b. You have been given the chance to ask questions before you sign
c. You have voluntarily agreed to be in this study

_____ _____

Name of adult participant Signature/Thumbprint of participant
Parent/Guardian/Next of Kin

_____ _____

Name of person obtaining consent

Signature

Date

_____ _____

Print Name of witness Signature or thumbprint mark Date

MBARARA UNIVERSITY OF SCIENCE AND

TECHNOLOGY RESEARCH ETHICS COMMITTEE

P.O. Box 1410 Mbarara, Tel: +256-48-543-3795, Fax: +256-48-542-0782
E-mail: irc@must.ac.ug,
mustirb@gmail.com

INFORMED CONSENT FORM_Individual nterviews

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Instructions

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3. All the sections of this document must be completed without any editing or deletions.
4. Please use a typing font that is easily distinguishable from the questions of this form. Preferably the font size should be 12.

Study title– This should be the same as on all other documents related to the study.

SOCIO- CULTURAL PRACTICES AND FERTILITY BEHAVIOR AMONG BANYANKOLE FAMILIES IN SHEEMA MUNICIPALITY, SOUTH WESTERN UGANDA.

Principal Investigator(s)

KWABAHO KANSHUMBUSHE MUJUNI JULIET

Introduction

What you should know about this study:

1. You are being asked to join a research study.
2. This consent form explains the research study and your part in the study.
3. Please read it carefully and take as much time as you need.
4. You are a volunteer. You can choose not to take part and if you join, you may quit at any time. There will be no penalty if you decide to quit the study.

Brief background to the study

Reducing fertility is a global agenda and a pre-requisite for any country to achieve its development objectives (United Nations, 2015). Uganda's fertility is among the world's highest at an average of 5.4 children per woman (UBOS, 2016). Uganda's fertility is ranked seventh highest in the world (Aaron, 2021). The Proposed study is an attempt to explain the interconnections and influences of socio-cultural practices of the Banyankole on individual decisions and ability to control fertility.

Purpose of the research project

Include a statement that the study involves research, estimated number of participants, an explanation of the purpose(s) of the research procedure and the expected duration of the subject's participation.

This study is being carried out in partial fulfilment of the requirements for the award of Doctor of Philosophy of Mbarara University of Science and Technology. It is being carried out among the Banyankole Adults to understand how gender norms, religious and traditional practices affect marriage patterns, individual preference and contraception to influence decision to have children, numbers and spacing of children as contribution to identify and recommend a solution(s) to the persistent high fertility in Uganda.

The study is expected to start with an initial total of 48 participants in a consultative (World Café) session followed by focus group discussions, key informant and individual interviews.. Recruitment will continue as necessary until no new information is coming out. This is expected to last a period of 4 months.

Why you are being asked to participate?

Explain why you have selected the individual to participate in the study.

You are being asked to participate in the study having been identified as Munyankole, residing in Sheema Municipality and being an adult and you are familiar with the Ankole culture.

Procedures

Provide a description of the procedures to be followed and identification of any procedures that are experimental, clinical etc. If there is need for storage of biological (body) specimens, explain why, and include a statement requesting for consent to store the specimens and state the duration of storage.

You will be asked to freely give your opinions about culture and fertility which maybe personal, or community related. Some questions will be paused to guide the discussion and for clarity. We are as interested in negative comments as positive comments. A voice recorder will be used to capture the verbal information because we don't want to miss any of your contributions. People often say very helpful things in these discussions and we can't write fast enough to get them all down. We shall also take note of your non-verbal

communication. This information will be analysed later. We will not use any names in our reports, thus you are assured of utmost confidentiality. The information will be published to contribute to the knowledge base of studies conducted on socio cultural factors and practices associated with fertility behavior.

Risks or discomforts

Describe any reasonably foreseeable risks or discomforts-physical, psychological, social, legal or other associated with the procedure, and include information about their likelihood and seriousness. Discuss the procedures for protecting against or minimizing any potential risks to the subject. Discuss the risks in relation to the anticipated benefits to the subjects and to society.

This is a minimal risk study. We however know that asking personal questions can at times cause discomfort. We encourage you to feel free to express your views and other people's views without mentioning names. The information is strictly for research purposes and will not be used against anyone.

Benefits

Describe any benefits to the subject or other benefits that may reasonably be expected from the research. If the subject is not likely to benefit personally from the experimental protocol note this in the statement of benefits.

The information you will give is a vital contribution to identify and recommend a solution(s) to the persistent high fertility in Uganda. You will be informed of the outcomes of this study during dissemination. Participants who may bring up issues that can possibly be attended to will be given information on available service providers. We therefore encourage you to feel free and share your personal experience and thoughts.

Incentives or rewards for participating

It is assumed that there are no costs to subjects enrolled in research protocols. Any payments to be made to the subject, e.g., travel expenses, token of appreciation for time spent, must also be stated, including when the payment will be made.

You will not be paid for participating in this research but we truly value your voluntary participation. You will be provided with a piece of soap and a sacket of salt to compensate for your time.

Protecting data confidentiality

Provide a statement describing the extent, if any, to which confidentiality or records identifying the subjects will be maintained. If data is in form of tape recordings, photographs, movies or videotapes, researcher should describe period of time they will be retained before destruction. Showing or playing of such data must be disclosed, including instructional purposes.

All Tape recordings will strictly be accessed by the Researcher only and will be destroyed after the final report is written. In any case not more than 5 years. No names or specific identification will be used in writing the report.

Protecting subject privacy during data collection

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Discussions will be held in secure rooms away from public crowds.

Right to refuse or withdraw

Include a statement that participation is voluntary and that refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled.

You are free to decide whether you are willing to participate in this study or not.

What happens if you leave the study?

Include a statement that the subject may discontinue participation at any time without penalty or loss of benefits.

You can freely discontinue your participation in the study at any time you feel like without penalty.

Who do I ask/call if I have questions or a problem?

1. Dr. Francis Bajunirwe Chairman, MUST-REC
   P.O. Box 1410 Mbarara
   Tel: 0485433795/0772 576 396

2. Ms Juliet
   Kwabaho
   Researcher
   Tel: 0772 518165/0701818165

What does your signature or thumbprint on this consent form mean?

Your signature on this form means

a. You have been informed about this study's purpose, procedures, possible benefits and risks
b. You have been given the chance to ask questions before you sign
c. You have voluntarily agreed to be in this study

_____ _____

Name of adult participant Signature/Thumbprint of participant/
Parent/Guardian/Next of Kin

_____ _____

Name of person obtaining consent

_____ _____

Print Name of witness Signature or thumbprint
or mark Date

Appendix 7: Publications

Paper 1: Socio-Cultural Practices and Fertility Behavior among Banyankole Families in Sheema Municipality, South Western Uganda

Paper 2: The Changing Marital Union Practices: A New Look on Fertility Behaviour; Experience from Banyankole Families in Sheema Municipality

MBARARA UNIVERSITY OF SCIENCE AND TECHNOLOGY
RESEARCH ETHICS COMMITTEE
E-mail: secres@must.ac.ug

25/05/2022

To: JULIET KWABAHO

Mbarara University of Science & Technology
+256 772518165

Type: Initial Review

Re: MUST-2022-410: SOCIO- CULTURAL PRACTICES AND FERTILITY BEHAVIOUR AMONG BANYANKOLE FAMILIES IN SHEEMA MUNICIPALITY, SOUTH WESTERN UGANDA., 2, 2022-05-17

I am pleased to inform you that at the **142nd** convened meeting on **07/03/2022**, the MUST Research Ethics Committee, committee meeting, etc voted to approve the above referenced application.
Approval of the research is for the period of **25/05/2022** to **25/05/2023.**

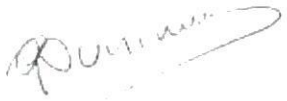
As Principal Investigator of the research, you are responsible for fulfilling the following requirements of approval:

1. All co-investigators must be kept informed of the status of the research.
2. Changes, amendments, and addenda to the protocol or the consent form must be submitted to the REC for re-review and approval **prior** to the activation of the changes.
3. Reports of unanticipated problems involving risks to participants or any new information which could change the risk benefit: ratio must be submitted to the REC.
4. Only approved consent forms are to be used in the enrollment of participants. All consent forms signed by participants and/or witnesses should be retained on file. The REC may conduct audits of all study records, and consent documentation may be part of such audits.
5. Continuing review application must be submitted to the REC **eight weeks** prior to the expiration date of **25/05/2023** in order to continue the study beyond the approved period. Failure to submit a continuing review application in a timely fashion may result in suspension or termination of the study.
6. The REC application number assigned to the research should be cited in any correspondence with the REC of record.
7. You are required to register the research protocol with the Uganda National Council for Science and Technology (UNCST) for final clearance to undertake the study in Uganda.

The following is the list of all documents approved in this application by MUST Research Ethics Committee:

No.	Document Title	Language	Version Number	Version Date
1	Informed Consent forms	English & Translated in Runyankole	2	2022-05-17
2	Data collection tools	English & Translated in Runyankole	2	2022-05-17
3	Protocol	English	2	2022-05-17

Yours Sincerely



Bajunirwe Francis
For: MUST Research Ethics Committee

Uganda National Council for Science and Technology

(Established by Act of Parliament of the Republic of Uganda)

Our Ref: SS1310ES

19 August 2022

JULIET KWABAHO
Mbarara University of Science and Technology
Mbarara

Re: Research Approval: **Social Cultural Practices and Fertility Behaviour among Banyankole Families in Sheema Municipality**

I am pleased to inform you that on **19/08/2022**, the Uganda National Council for Science and Technology (UNCST) approved the above referenced research project. The Approval of the research project is for the period of **19/08/2022** to **19/08/2023**.

Your research registration number with the UNCST is **SS1310ES**. Please, cite this number in all your future correspondences with UNCST in respect of the above research project. As the Principal Investigator of the research project, you are responsible for fulfilling the following requirements of approval:

1. Keeping all co-investigators informed of the status of the research.
2. Submitting all changes, amendments, and addenda to the research protocol or the consent form (where applicable) to the designated Research Ethics Committee (REC) or Lead Agency for re-review and approval **prior** to the activation of the changes. UNCST must be notified of the approved changes within five working days.
3. For clinical trials, all serious adverse events must be reported promptly to the designated local REC for review with copies to the National Drug Authority and a notification to the UNCST.
4. Unanticipated problems involving risks to research participants or other must be reported promptly to the UNCST. New information that becomes available which could change the risk/benefit ratio must be submitted promptly for UNCST notification after review by the REC.
5. Only approved study procedures are to be implemented. The UNCST may conduct impromptu audits of all study records.
6. An annual progress report and approval letter of continuation from the REC must be submitted electronically to UNCST. Failure to do so may result in termination of the research project.

Please note that this approval includes all study related tools submitted as part of the application as shown below:

No.	Document Title	Language	Version Number	Version Date
1	Informed Consent	English/Runyankole	1	04 June 2022
2	Project Proposal	English	1	
3	Approval Letter	English		
3	Informed Consent Form_FGD	English	1	17 August 2022
4	Informed Consent Form_Individual	English	1	17 August 2022
5	Informed Consent Form	English	1	17 August 2022
6	Translated Consent Form_FGD	Runyankole	1	17 August 2022
7	Translated Consent Form_Individual Interview	Runyankole	1	17 August 2022
8	Translated Consent Form	Runyankole	1	17 August 2022

Yours sincerely,

Hellen Opolot
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EAST AFRICAN NATURE & SCIENCE ORGANIZATION

Original Article

The Changing Marital Union Practices: A New Look on Fertility Behaviour; Experience from Banyankole Families in Sheema Municipality

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Keywords:

Marital Practices, Fertility Behaviour, Culture, Marital Mobility, Banyankole.

ABSTRACT

The article analyses marital union practices among the Banyankole as part of a study on sociocultural practices and fertility behaviour. The aim was to examine the prevailing reproductive-related cultural practices of the Banyankole and determine their influence on fertility behaviour denoted by choice, spacing and number of children. The qualitative study adapted community-based participatory methods in a grounded theory approach. The study was exploratory in nature based on non-numerical data. Data was collected over 4 months on women and men aged 18 and above living in Sheema Municipality that identify themselves as belonging to the Banyankole ethnic group of Uganda. The study identified major marital union practices existing in the area to include Marriage, Consensual unions, Marital mobility and multi-partnerships. The findings illustrate evolutions in the cultural context of marital union practices and describe their influence on fertility behaviour. The article calls attention to multi-union practices as an important demographic indicator for development practitioners and policymakers in the context of the rapidly advancing sociocultural environment.

APA CITATION

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INTRODUCTION

Fertility is one of the major development indicators especially for developing countries. Reducing fertility is a global agenda and a prerequisite for any country to achieve its development objectives. Casterline and Agyei-Mensah (2017) observe that high fertility has been registered in Sub-Saharan Africa more than in any other region in the world largely due to conservative culture. The individual freedoms to control fertility have been constrained by cultural pressures premised on historical constructs that ruminate high fertility and large families as being economically and socially rewarding (Ahinkorah et al., 2020)

Uganda's fertility is among the world's highest at an average of 5.4 children per woman. It is ranked seventh highest in the world (Ariho et al., 2018). Fertility varies by residence and region. Women in rural areas have an average of 5.9 children, compared to 4.0 children among women in urban centres. The Banyankole is the second largest single ethnic group in the country forming 9.6% of the total population. Fertility among the Banyakole is reported at 4.9 children per woman (UBOS, 2016). High numbers of births, short birth intervals, and the early age of childbearing have been reported to contribute to Uganda's rapid population growth (Amongin et al., 2020). The National Population Policy (2020) focuses on fertility decline in order to change the population age structure to reap a democratic dividend.

The sociocultural context of marital union plays an important role in determining reproductive behaviours and attitudes (Taghizadeh et al., 2015). The choice of having children, the number and spacing of children are some of the key life decisions and should be socio-culturally contextualised (Balbo et al., 2013). Ordinarily, Marital union is regarded as one of the key background factors that interact with the proximate factors to influence fertility (Bongaart, 2017). However, the world is currently witnessing unprecedented transitions in marital unions, away from traditional marriage. (Mensch et al., 2005; Mensch et al., 2006; Choe & Retherford, 2009; Moultrie et al., 2012; Ghimire & Axinn, 2013; Zare et al., 2019). Until recently, a family mostly consisted of married parents and their shared children. Although this phenomenon remains preferred, reality shows are emerging and more prevalent in marital unions. As a result, couples are increasingly having children with more than one partner and this has impacted childbearing experiences in terms of choices, number and spacing.

The study analysed the prevailing marital union practices in the context of the cultural norms of the Banyankole to determine their influence on fertility behaviour. Until the start of the study, no study had been done on the reproductive behaviours of men and women beyond the marriage union. Sheema Municipality was chosen as the research team was familiar with the language and the culture of its people, and this familiarity with the dialect made it

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possible to access real-time data. The study area was also selected for its geographically central location. An Urban Centre in a rural setting, within the middle of greater Ankole districts of Western Uganda, thus the inhabitants could be culturally representative of the Banyankole as an ethnic group and the results can be generalised to Ankole as a whole.

The identified common marital unions include Marriage (Polygamy, monogamy, remarriage), marital mobility, multi-partnership, and consensual unions. The article situates fertility behaviours within changing marital unions, discusses the implications and suggests areas for further research.

METHODOLOGY

Between October 2022 and January 2023, a qualitative study was conducted on male and female respondents aged 18 years and above living in Sheema Municipality that identified themselves as belonging to the Banyankole ethnic group of Uganda. The qualitative study adapted community-based participatory methods in a grounded theory approach. The study was exploratory in nature based on non-numerical data. Data was collected through a World Café (WC) Session augmented by In-depth Individual Interviews, Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs) (Odimegwu, 2000; Folch-lyon et al., 1981; Gibbs, 1997).

Sample Selection and Procedures.

The non-probability sampling method was employed. Sheema Municipality was stratified into 4 divisions and 44 initial participants were chosen through quota sampling. Sampling continued with new rounds of new participants and previous participants based on the saturation principle (Gibbs, 1997; Fusch & Ness, 2015; O'Reilly & Parker, 2013; O'Reilly & Parker, 2013), to a total of 250 participants. The intention was to engage as many respondents as possible to gather all the relevant information. The characteristics for consideration in respondents' recruitment included age, gender, education, marital status and religion). Only adults (18 years and above) were recruited in the study as participants.

Data Collection

World Café (WC) Participatory Assessment Session

In a world café (WC) method, groups engage in constructive dialogue around critical questions in a hospitable environment, encouraging everybody's contribution (Tan & Brown, 2005). The WC session was hosted in a hotel conference room with 52 participants on ten 5-seater tables with writing material and markers. Discussion questions were provided to guide the discussion. The World Cafe session was moderated by the researcher assisted by two Research Assistants. The session lasted 90 minutes. Audio recorders were placed on each table, recording the discussions while the researcher took note of the body language, mood, expressions, and other physical interruptions.

The researcher listened for patterns and insights into the questions. Participants were mobilised by random movement around communities and institutions in the four divisions of Sheema Municipality, with an invitation flier distributed among adults while community leaders were purposively invited to the café.

In a world Café session, participants were engaged in a cool conversation on questions regarding the number of children preferred in a typical Ankole family and a number of reasons were noted. Participants shared their life experiences as they grew up in the Ankole culture regarding nuclear and expanded families and the reproductive-related traditional rituals and ceremonies they have been subjected to or witnessed in their community. The conversation generated information on factors influencing marital union structures and provided insights into opportunities and contests regarding

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marital unions and fertility behaviour in local communities.

Key Informant Interviews (KIIs)

Community leaders representing cultural heads, community opinion leaders, elders, religious leaders, young people and women were purposively recruited in the study as key informants. A total of twenty key informants were interviewed using a prepared interview guide.

Individual Interviews

By random selection, 44 participants were interviewed alternately selected from the first household in the 22 parishes in Sheema Municipality. Ten participants were re-recruited as Individual Interview participants for clarity and corroboration of information from the World Cafe. Similar questions were administered following the prepared guide in a twenty-minute interview each.

Focus Group Discussions

Fourteen Focus Group Discussions were conducted with groups of people of similar demographic traits of 6 participants each (Women: 4, Men: 4, Young people: 4, Elderly: 1, Mixed: 1). The inconsistent information prompted the researcher to conduct an additional focus group discussion to see if the same statements could be repeated in a mixed FGD.

Data Analysis

Recorded texts were downloaded, listened to, and translated into English. Interpretation follows an inductive analysis of common themes, ideas, topics and patterns arising out of recorded texts and transcripts (Braun et al., 2022) from the data collected using the computer software ATLAS.ti. Validity was tested through corroboration (Kay, 1997). Themes from one group of respondents would be compared with themes from other groups by asking the same questions.

The grounded theory approach (Glaser & Strauss, 1967) applied the principle of theoretical sensitivity (Beech, 2000) by classifying demographic information relating to cognitive notions to define the variables and situating fertility choices, number and spacing of children within the varying marital Union practices in the sociocultural context. The study assessed the factors within the existing marital unions and other sociocultural practices that influence fertility behaviour.

RESULTS AND DISCUSSION

The article explores the prevailing marital union practices and their influence on fertility behaviour in the cultural context of the Banyankole. The article presents the participants' experiences and views on marital unions, fertility motivations, attitudes and instigations for childbearing decisions.

Marital Unions

The study identified dominant marital unions among the Banyankole living in Sheema Municipality to include; Marriage (Polygamy, monogamy, remarriage), Consensual union, marital mobility and multi-partnership unions.

The study confined the definition of marriage within the limits of a union established through solemnisation by a legal, religious, or customary rite in conformity with local traditions. Marital Union is described as Persons of the opposite sex engaging in a conjugal relationship. To this effect, most participants through individual interviews identified themselves as married, but on further interrogation, a significant number of marital unions are not by marriage, even before classifying them as monogamous or polygamous in nature. With this finding, the research further took an interest in the existing marital relationships leading to a more prominent socially recognised stable union that other studies have called consensual union (Goldman & Pebley, 1981). Glaser (1999) notes that the legality of the marital union is important for the protection of children. The participants'

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perspectives legitimised this account. The study describes marital mobility, multi-partnership unions and consensual unions as alternatives to formal relationships where there is no long-term commitment as in marriage;

> *"Like me, I was not ready for any formal commitment, but I feared she might not wait. I had to make her pregnant so who would take her after that? But now, I am thinking, I think maybe something better for my future, but I still do not know. But now, 7 years, she has three children; when I marry my next choice, she will of course have more children, you never know"* (FGD, Butsibo, January 2023).

The findings note the emergence of new trends of marital union away from a traditional marriage that suggests a close association with fertility behaviour. Jacobs and Furstenberg (1986) call it 'Conjugal Careers'. From the discussions, the practice of marital mobility comes out as the greatest contributor to high fertility, followed by a multi-partner union, remarriage, and polygamy, respectively. The average fertility rate in Sheema stands at 4.9, apparently below Uganda's average of 5.4 (UBOS, 2016b). Among the participant group, this study notes the average number of children born to a man through marital mobility is 7, while the average for a multi-partner union is 5 and 4.3 for a polygamous partnership. This is an important finding as previous studies have not focussed much on male fertility.

Discussions indicate that these practices had gained community acceptance unlike in the past when such practice, especially for women was considered prostitution. However, most unions overlap and are difficult to differentiate to the extent that even those in church marriage go ahead to engage in other consensual unions, cohabitation and multi-partnership unions or practice marital mobility from one marriage to another and back. Only a few individuals could confidently place themselves in a specific marital union.

An insignificant number of couples were notably in cohabitation relationships. This phenomenon may be due to the participants mainly being rural inhabitants. Elsewhere, cohabitation has been reported to be rampant among urban dwellers (Hayward & Brandon, 2010). Although the study area is in an urban centre, the setting is typically rural and the majority of participants were natives. None of the participating couples was reported to be in a civil marriage.

Furthermore, there has been the temptation to believe all marital unions are entered into by choice. One of the emerging issues has been vulnerability, including "marital entrapment" and coercion". Also, there are disenfranchising conditions of "abandonment" and power influence. These conditions were reported to result in compromise where an individual finds him or herself involved in a planned marital union in pursuit of protection or provision of basic needs leading to unprotected sexual activity and, thus, unwanted children. Usually, after giving birth, most women reported increased financial burden that they are ready to remain in the union, thus repeating childbearing despite wanting to delay the following birth.

There were however, contentions among female and male participants concerning vulnerability, coercion, and marital entrapment. Below are relevant quotes;

> *"... Today's women no longer depend on men, haaa... can you depend on men? I can also work and get money. I am even paying school fees for my two children. The man was not cooperative, I left and now I am looking after my children. First, I hired land and grew beans, when I harvested them, I sold them and bought a goat, when they multiplied to six, I sold them and bought a young bull, now I even own a piece of land'... I cannot stay in an abusive relationship because of children* (Individual Interview, Woman 46, Itendero, January 2023).

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> *"See, first time, it was an accident, ... When I asked my wife to bring the child home, she refused and threatened to divorce. I kept going back to check on the child, before I knew it, she was pregnant again; now we have 5 children"* (Individual interview, Male 52, Kanyeganyegye, November 2022).

Family Life History

It was observed that people who grew up in polygamous or multi-partnership families prefer single marriage for themselves. This had more to do with competition for resources in large families. Also, those who grew up in religious families preferred church marriages. Consequently, the individuals who are currently in unions of many children because they lack experience with the cost of large families.

> *"We enjoyed playing together, but we also fought a lot"* (Individual interview, young female, Ryakizibwa, January 2023)

Evidence from this study also suggests that parents with children with more than one partner become parents at younger ages, largely with unintended first births outside of marriage.

The Age Factor

Asked at what age they entered the marital union, none of the females in the age ranges below 40 years admitted to having married before 18 years. This suggested the declining practice of child marriage becoming a thing of the past among the above 40s in this region. This statistic needs further investigation through a survey as it does not speak to the national statistics. This may only be relevant to the specific sample. All participants except two (elderly women in the World Café session) believed that the ideal age at marriage for a woman should be around 20 years. It was noted from the discussions that delayed marriage attracts stigma. No parent would want to see their son getting married to an overaged girl (*'with a wrinkled face'* as one participant described it)

The support for late marriage was mainly urged against physical and mental readiness. They noted 20 years as an average school-going age and reasoned that individuals should first attain sufficient education and be mature enough to manage a family. If the marriage occurs before that age, the woman faces the heavy burden of children before adjusting to a new environment. A woman who gets married when she is old enough is wise enough to understand the new life and her responsibilities in a new environment. The quote below explains;

> *'I was too young to fit within the behaviours of members of the new family, especially the in-laws. It takes a mature woman to understand the expectations of the husband and other family members. I even produced many children in my early age of innocence, before I understood these issues" (Individual Interview, female, Kashozi ward, October 2022)*

Cultural Perspective

Those who supported childbearing in multi-partner unions urged their point from a moral perspective claiming that these unions protect society from illicit sex. Individuals' attitudes are formed through cultural principles. Although almost all women resented the idea of sharing partners, their men counterparts are convinced that it is better to be in a more stable and known marital relationship than pretending to be with a single woman while they continue to silently engage in other marital practices.

Among male participants, a particular phrase came out prominently. *"Omukazi omwe ni nyoko, omushaija aba owaboona'* translated as "the concept of one woman only refers to your mother; otherwise, a man should have many women'. In male-only interviews, no single participant ever confessed royalty to one woman.

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On the other hand, a childless man is not considered complete by society and is usually ridiculed. The arrival of a child in a marital relationship increases love and family stability. Those in favour of delayed childbirth, preferring the first baby at least after one to three years, reasoned that an early start of childbearing might end up in having too many children. The quotes below elaborate on these sentiments

> *"Let me give an example with the picture of my own life. I was married at a young age .... I was not yet in a position to understand my surrounding. I already had many children, and looking after them was already a burden. Early marriage and too many children take away the pleasures and happiness with your husband."*

> *"A Munyankole woman gains more respect as a woman through her procreation ability; thus the earlier the woman proves that capacity in a family, the better, thereby settling without fear that the man will leave her' (KII, elderly male, Nyarweshama, Nov. 2022).*

The Culture of Sex Preference

Contrary to the common assumption that sons are preferred to girls and that individuals and couples would keep trying and having more children in pursuit of sons, data from the study tells a different story. Generally, participants contend that all children are the same and would like to have both sexes. Asked if they could try again for another child in case one has had no son, instead, the general revelation is that in any case, one would try again to get different sex, no matter which one. This was across male and female participants, almost all mentioning 50:50 as their preferred boys-to-girls ratio.

> *"In the past, the Banyankole men preferred sons because of inheritance. Now we know that all children inherit property from their parents. If you are five children, they divide into five and this is equal to both boys and girls. One, all children are entitled to inheritance under the current laws; secondary, all children, boys or girls will demand the same school fees to go to school, so --- all our children"* (KI – Cultural leader, Male Kihunda, December 2022)

> *"By the way, I would rather have more girls than boys these days, girls have proved to be more beneficial than boys nowadays... at least a girl will remember her parents"* (FGD – Women, Karera Dec. 2022).

The ideal family size preferred ranged from two to six children with a large number preferring four (two boys and two girls). The minimum ideal family size was three. The ideal preferred family size reported in the central division was significantly lower than that reported by the respondents from the more rural divisions of the municipality. Also, the general attitude was that the determination of ideal family size was not within the limits of human beings. This belief exists even among the educated. One Imam who had a master's degree in Islamic studies stressed that "*it is not within the control of human beings to increase or decrease the number of children*". Responding to how he has enforced this view among his followers, he continued to advance his strong view that thinking about limiting children is an action punishable by God.

> *"Creator is God. To whom He desires gives more and to whom He desires gives less. Anyone who attempted and attempts to stop the process of childbearing, he is committing sin and crime from the Islamic viewpoint. He is criminal and punishable' (As quoted by KII, Religious leader, Rwanyamukinya, January 2023)*

Value of Children

The data disclosed psychological and emotional sentiments attached to children, especially among the participants. There was a general impression from the majority of participants expressing that 'children are better than wealth, almost saying

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having children is the only purpose for living.' No single participant indicated approval or intention to live childlessly. The main reasons advanced were in respect of social security for parents in old age. Contrary to the general sentiment that sons are normally preferred in Ankole, the impression was different among this particular group of participants. Preference for daughters came out prominently arguing that daughters or girls help parents, especially mothers with housekeeping chores, especially at an early age; perhaps the reason for continuous childbirth even in old age to ensure there are young children around to help with household work like sweeping, fetching water, washing, babysitting, and cooking. Some participants, using various descriptions, referred to many children as 'ornaments' in the home, while others confessed to having been encouraged to become hard-working in order to feed and look after their many children.

> *"Children are like flowers in a home. They are a necessary evil, they make noise they cry, and they keep the home as lively as you may not expect in a childless home. .... There is this scent of pleasure that makes the home beautiful... '* (WC-Kabwohe December 2022).

> *"Children are not only a source of pleasure. They are also the essential element of solidarity of marital relations. They facilitate communication between couples". These were the views coming out of the World Café session and corroborated with the FGDs.*

> *"My husband believed in her mother so much... I was so under pressure that I think the stress was even preventing me from conceiving, yet me, I had even wanted to delay like for two years so that I complete my course. One time I even stepped on a chick and it died *laughs*'* (KI, female 56, Kashozi, Dec. 2022)

> *The way she looked at me and she was passing... if it was on my own, a maximum of three children would be enough, but he puts me under pressure that he wants to expand the clan as he is the only child to his parents" (Participant in Women only FGD discussion, Nyakashambya, October 2022).*

The Effect of Religion

Another variable considered for this study was the effect of religion on marital unions and the consequent fertility outcomes. Among the study participants, 21% were Muslims, 56% were Protestants, and 19% were Catholics. The 4% subscribed to other religious sects apart from the three major denominations. All Muslims were in polygamous unions, while the majority of those who practised marital mobility were Catholics. This was attributed to the catholic teaching that strongly discourages multiple unions. There is a lot of stigma in the catholic faith that people from multi-partner unions are subjected to in the catholic faith. For example, in a conventional catholic church, an individual in a polygamous or multi-partner union cannot be appointed into church leadership positions, while a child born out of wedlock used not allowed to be baptised. This in a way, constrained the catholic faithfuls from engaging in multi-partner unions. Thus, at worst, one union at a time. Other religions have remained indifferent in their teaching. In fact, it came out from the world café discussions that in the west Ankole Diocese, multiple partnerships and non-church marital unions have been tolerated to the extent that Christians in church unions, which is monogamous in nature are allowed to even receive holy communion. This has not helped to reduce multi-partner-induced fertility when other factors are controlled. A diocese is a religious administrative unit equal to a geographical district. The study area is located in the West Ankole Diocese of the Anglican Church of Uganda.

Probing how religious teachings have influenced marital decisions and childbearing, below are some relevant quotes;

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> *"...may be that now things have changed, eeeeh, would you dare to have a child before marriage? Or with another girl besides your wife? Where would you put that child? Ok, now things have changed, but at that time, the priest would not agree to baptise that child they say, 'omwaana nowenshonga'* (borne in sin) *you would suffer, I had to change religion to be a protestant'* (Male, participant, Individual Interview, Nyakashambya, Nov. 2022)

> *'It is written in 1st Timothy, chapter two verse fifteen that a women will be saved through childbearing', and in First Corinthians chapter four that a woman does not have authority over her body" number of children is God's case'* (KI, Female Pastor, Rwanyamukinya, Dec. 2022).

The majority have not taken care to plan. *(abu ruhanga arampe nibo abo)* literally meaning "I will take whatever God gives me.

One Imam said:

> *"A Muslim couple should produce many children to increase and strengthen the faith."*

"*Child spacing is unislamic*". In their view the Muslim leaders (Key Informants) although marriage facilitates legal sexual enjoyment for spouses, the main purpose is procreation and family formation. The widespread belief is that procreation is a natural, moral and religious obligation of the human race. In all sessions, participants emphasised that procreation preserves the continuity of the family and society and that a family without children is incomplete, unhappy, and unlucky. A family is only defined in terms of children; otherwise, man and woman remain distinct figures in a home, not to be called a family. Following are the impressions of some of the participants;

> *"For me, what matters is that she can give me children... can you call yourself a man simply because you have a woman in the house, waaa, don't be deceived. Before I had children, I could even go to eat at my mother's home. But now I have to eat with my children, now the family is complete without children. A family without children is not a family. Families finish without children and, ultimately, society. Children are a blessing of God. I cannot keep with a woman who does not produce; that is a curse."*

> *'The holy Quran teaches us not to divorce a woman if she does not produce. We agreed that I marry her sister, - now she also has children'* (From FGD, Rushozi, December 2022)

Gender Marital Unions and Fertility

The patriarchal tendencies still rampant among the Banyankole families limit the woman's reproductive role within the confines of the sexual pleasures of a man. A section of men talked to in male-only focus group discussions intimated that when women partake of modern contraception, their sexual libido goes down as a side effect. When the woman does not satisfy his man sexually, the man moves on to another sexual partner. These new partners are usually younger and inevitably get pregnant. The discussions of the study acknowledge the notion that the majority of marital unions result in childbearing, thus increasing the general fertility situation of the population.

> *"I paid dowry; if she cannot have children, what would she be doing in my house? But now I hear that they dry up their eggs not to produce because the government has given them authority .... but in a home, a man should be respected* (Key informant, 69-year-old man, Kyabandara, January 2023)

Notably, children are an indicator of the social and economic status of a man. Modern families with fewer children are labelled either lazy or greedy. Families with many children were associated with the capacity to produce enough food and so food security. On the other hand, one of the women's sole responsibilities is to ensure their families have food,

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girls especially help their mothers with house chores. Families with few children are referred to as *Embwijana* (without help). Women and childbearing were also found to be used to enhance egos.

> *'For us working men, you have to make sure always that your wife is either pregnant or breastfeeding so that she is busy, otherwise you find when other men have taken her. These women are stubborn" (*Male participant, World Café, Kabwohe, January 2023)

These statements however raised tensions and conflicting sentiments among married men and women in the world café.

> *"Even when you are poor, children will grow, an elephant cannot fail to lift its trunk, the rich are just setting bad examples, see the whole of Obama, with only two children; they are just greedy, for us in Ankole if you produce few children, we know you are just lazy, you can't work to feed your children.... applause* (Female participant, World Café).

This assertion attracted loud cheers and clapping

The Role of Education

A critical analysis of participants' attitudes and perceptions makes a note of the increased preference to opt out of marital commitment among educated women and also increased mobility in unions among educated men. A significant number of educated (Secondary level) young adult participants (ages 18-24) were not looking forward to getting into any form of the marital relationship soon. Probed why the main reason seemed to be around the cost of raising children. The delayed union would lead to delayed onset of childbearing and thus fewer children. Among the later age group (25-30), only one male aged 30, uneducated had no child. Among the educated with a minimum of secondary education, the latest age of childbirth both male and female was 69 (50 years in marriage) and the earliest was 16. Among the educated females those who got into marital unions and had children before age 24, the majority had children while in school. This information puts in balance the common belief that is keeping girls in school delays childbirth and controls fertility. It casts doubt that schooling alone delays marital relationships, especially under the current government policy on reintegration, where girls are accepted back into school after birth (Dambo, 2019). Of those who gave birth while in school, through probing, only a few got into formal marriage unions thereafter. The Ankole traditionalists shun such girls calling them names (*kishiki makazi*)- literally meaning not a girl, not a wife but both and none! Thus depriving them of future decent unions where they can control their fertility choices. Such girls end up hopping from one marital union to another, having more and more children as dictated by the circumstances.

Superstition & Customs

Data from the field contains narrations of traditional practices and their perceived influence on marital intentions fertility behaviour. One elderly key informant described a scary tradition that when an individual dies and he or she has never married or given birth (*called enfanabujune*) the siblings are literally forced to sleep with the body known as (*okugyerémpango*). Apparently, this is to appease the spirits that at least the person had a sexual partner before death (or rather before burial). Not only that, but such a person is considered a curse to the family and clan that is believed to live on for generations. This creates a lot of fear and peer pressure for marriage and childbearing as soon as possible to avoid subjection to such rituals.

> *"Every woman is expected to have children. I grew up seeing my uncle's wife, she was well educated, a teacher in a very good school at the time and very beautiful by the way; called (name withheld). She had no child. The whole clan demonised her. Whenever she visited some dust would be picked from under where she sat*

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> *for a ritual, I came to know that it was to cleanse the house of the spirit of childlessness. My uncle was tolerant, maybe because he was also educated, a teacher as well, but he could not stand the pressure. After eight years, my uncle impregnated another girl and she had to leave. .... See it is serious, yeah, you. After that for me, I had to first test before I committed myself to the such bad omen. Actually, one of my uncles' daughters have been married for 12 years now, with no child. The spirit of childlessness is very bad"* (Elderly male, World Café session, Central Division, November 2022

CONCLUSIONS

It can be concluded that marital unions are both causes and effects of fertility behaviour. There are many factors influencing the marital unions that an individual engages in that would later determine fertility behaviour. Culturally symbolic values have been attached to marriage and family with childbearing not necessarily the primary purpose but a primary output of marital unions.

Marriage instability and mortality in the community are the major causes of variations in marital unions resulting in high fertility. It emerges that modern unions outside marriage as well as remarriages have had significant contributions to the numbers, choices and spacing of children. Those who remarry after the death of their spouses continue to have more and more children. An important note was taken, however, among the study participants that whereas it is common for one who loses a spouse continue to remarry, most men who lost a spouse in multi-partnership never replaced them. This signifies a possibility that multi-partnerships are not a pleasant union in this community.

The apparent patriarchal tendencies have obviously resulted in less interaction between couples regarding a suitable and more desirable number of children, thus concluding that fertility behaviour among this group is more socially than biologically controlled. The study leads to the conclusion that if marriage was preserved, with women and men having equal bargaining capacity, fertility among the Banyankole would be different.

The study further concludes that keeping girls in school is not an adequate measure to delay marital unions and the onset of childbearing, yet it is also observed that the longer the exposure to marital unions, the more children an individual is likely to produce. The study, however observes that girls remain exposed even in school, contrary to the common belief that keeping girls in school will prolong the onset of childbirth.

Reduced stigma and recognition of children out of wedlock have also impacted increased fertility. Earlier on, a child born out of wedlock would be called an illegitimate child, and a woman called a concubine. Cultural evolution and enlightened urban communities have legitimised and accepted these scenarios, escalating multi-partner childbearing, thus increasing fertility.

All in all, therefore, coupled with scientific interventions, once the cultural practices responsible for fertility are addressed, it is possible to bring fertility lower down to at least three children per woman in the near future.

Recommendations

The results and conclusions of this study emphasise three recommendations;

First, policymakers and community leaders especially religious teachers should refocus on stabilised marriages to reduce fertility. Sociocultural beliefs and practices are holding back the successful implementation of programmes to reduce fertility. It is recommended that through education curriculum, the government should instil Sexuality behaviour that will counteract the sociocultural doctrines. Second, the school reintegration programme needs further examination to rule out any negative consequences. Now that

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girls do not fear dropping out of school, the policy may promote early exposure to marital unions and, subsequently, unwanted fertility outcomes. Most importantly, the study recommends a household survey to determine the number of children born in different types of unions for further analysis of how marital unions can be used in population planning and programming.

Limitations

The number of children were mentioned with a lot of hesitation as it is believed that counting children brings a bad omen to the family. Secondly, most unions overlap and are difficult to differentiate to the extent that even those in church marriage go ahead to engage in other consensual unions, cohabitation and multi-partnership unions and practice marital mobility from one marriage to another and back. Only a few individuals could confidently place themselves in a specific marital union.

The study also recognises there could be other prevailing sociocultural transitions at micro and macro levels including political and economic factors which may influence marital patterns as well as the existence of other processes that lead to fertility outcomes that have not been studied. The findings and recommendations of the study therefore are as good as the content derived from the study area, the study variables as well as the methodology. Therefore, the study of the main effect of marriage patterns on reproductive behaviours including the number of children requires careful consideration of all sociocultural, economic, and political underlying factors that may inform reproductive behaviours and attitudes.

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Conflict Of Interest

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REFERENCES

Ahinkorah, B. O., Seidu, A. A., Armah-Ansah, E. K., Budu, E., Ameyaw, E. K., Agbaglo, E., & Yaya, S. (2020). Drivers of desire for more children among childbearing women in sub-Saharan Africa: implications for fertility control. *BMC Pregnancy and Childbirth*, *20*(1), 1–11. https://doi.org/10.1186/s12884-020-03470-1

Amongin, D., Nakimuli, A., Hanson, C., Nakafeero, M., Kaharuza, F., Atuyambe, L., & Benova, L. (2020). Time trends in and factors associated with repeat adolescent birth in Uganda: Analysis of six demographic and health surveys. *PLoS ONE*, *15*(4), 1–14. https://doi.org/10.1371/journal.pone.0231557

Ariho, P., Kabagenyi, A., & Nzabona, A. (2018). Determinants of change in fertility pattern among women in Uganda during the period 2006–2011. *Fertility Research and Practice*, *4*(1), 1–11. https://doi.org/10.1186/s40738-018-0049-1

Balbo, N., Billari, F. C., & Mills, M. (2013). Fertility in Advanced Societies: A Review of Research. *European Journal of Population*, *29*(1), 1–38. https://doi.org/10.1007/s10680-012-9277-y

Beech, N. (2000). Basics of Qualitative Research: Techniques and Procedures for Developing

 This work is licensed under a Creative Commons Attribution 4.0 International License.

Article DOI: https://doi.org/10.37284/eajis.6.1.1159

Grounded Theory, 2ndedn. In *Management Learning* (Vol. 31, Issue 4). https://doi.org/10.1177/1350507600314007

Bongaart, J. (2017). Africa' s Unique Fertility. *Population and Development Review*, *43*(2017), 39–58.

Braun, V., Clarke, V., & Hayfield, N. (2022). 'A starting point for your journey, not a map': Nikki Hayfield in conversation with Virginia Braun and Victoria Clarke about thematic analysis. *Qualitative Research in Psychology*, *19*(2), 424–445. https://doi.org/10.1080/14780887.2019.1670765

Casterline, J. B., & Agyei-Mensah, S. (2017). Fertility Desires and the Course of Fertility Decline in sub-Saharan Africa. *Population and Development Review*, *43*, 84–111. https://doi.org/10.1111/padr.12030

Choe, M. K., & Retherford, R. D. (2009). the Contribution of Education To South Korea'S Fertility Decline To 'Lowest-Low' Level. *Asian Population Studies*, *5*(3), 267–288. https://doi.org/10.1080/17441730903351503

dambo. (2019). *Ministry of Education and Sports: The Republic of Uganda*. 67–79. http://www.education.go.ug/

Folch-lyon, A. E., Trost, J. F., Folch-lyon, E., & Trost, J. F. (1981). *Conducting Focus Group Sessions*. *12*(12), 443–449.

Fusch, P. I., & Ness, L. R. (2015). *Are We There Yet? Data Saturation in Qualitative Research*. *20*(9), 1408–1416.

Ghimire, D. J., & Axinn, W. G. (2013). Marital Processes, Arranged Marriage, and Contraception to Limit Fertility. *Demography*, *50*(5), 1663–1686. https://doi.org/10.1007/s13524-013-0221-5

Gibbs, A. (1997). *What are focus groups? Why use focus groups and no other methods? 19*, 1–7.

Glaser, B. G., Strauss, A. L., & Strutzel, E. (1968). The discovery of grounded theory; strategies for qualitative research. Nursing research, 17(4), 364.

Glaser, K. (1999). Consensual unions in two Costa Rican communities: An analysis using focus group methodology. *Journal of Comparative Family Studies*, *30*(1), 57–77. https://doi.org/10.3138/jcfs.30.1.57

Goldman, N., & Pebley, A. R. (1981). Legalisation of consensual unions in Latin America. *Social Biology*, *28*(1–2), 49–61. https://doi.org/10.1080/19485565.1981.9988441

Hayward, J., & Brandon, G. (2010). *Cohabitation in st the 21 Century*.

Jacobs, J. A., & Furstenberg, F. F. (1986). Changing Places: Conjugal Careers and Women's Marital Mobility. *Social Forces*, *64*(3), 714–732. https://doi.org/10.1093/sf/64.3.714

Kay, S. (1997). Electronic journals. *Journal of the Royal Society of Medicine*, *90*(4), 239. https://doi.org/10.1177/014107689709000431

Mensch, B. S., Singh, S., & Casterline, J. B. (2006). Trends in the timing of first marriage among men and women in the developing world. *The Changing Transitions to Adulthood in Developing Countries: Selected Studies*, *202*, 118–171. https://doi.org/10.17226/11524

Moultrie, T. A., Sayi, T. S., & Timæus, I. M. (2012). Birth intervals, postponement, and fertility decline in Africa: A new type of transition? *Population Studies*, *66*(3), 241–258. https://doi.org/10.1080/00324728.2012.701660

O'Reilly, M., & Parker, N. (2013). 'Unsatisfactory Saturation': A critical exploration of the notion

 This work is licensed under a Creative Commons Attribution 4.0 International License.

Article DOI: https://doi.org/10.37284/eajis.6.1.1159

of saturated sample sizes in qualitative research. *Qualitative Research*, *13*(2), 190–197. https://doi.org/10.1177/1468794112446106

Odimegwu, C. O. (2000). Methodological Issues in the Use of Focus Group Discussion as a Data Collection Tool. *Journal of Social Sciences*, *4*(2–3), 207–212. https://doi.org/10.1080/09718923.2000.11892269

Taghizadeh, Z., Behmanesh, F., & Ebadi, A. (2015). Marriage Patterns and Childbearing: Results From a Quantitative Study in North of Iran. *Global Journal of Health Science*, *8*(3), 1–9. https://doi.org/10.5539/gjhs.v8n3p1

Tan, S., & Brown, J. (2005). The world café in Singapore: Creating a learning culture through dialogue. *Journal of Applied Behavioral Science*, *41*(1), 83–90. https://doi.org/10.1177/0021886304272851

UBOS. (2016). *Udhs*. 4. https://dhsprogram.com/pubs/pdf/SR245/SR245.pdf

Zare, Z., Kiaee Tabar, R., & Laal Ahangar, M. (2019). Fertility Motivations and Its Related Factors in Women of Reproductive Age Attended Health Centers in Sabzevar, Iran. *Journal of Midwifery and Reproductive Health*, *7*(1), 1551–1559. https://doi.org/10.22038/jmrh.2018.28116.1303

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Socio-Cultural Practices and Fertility Behavior among Banyankole Families in Sheema Municipality, South Western Uganda

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Abstract

The study on social cultural practices and fertility behaviour among Banyankole families was carried out in Sheema Municipality, Sheema District, Uganda. The purpose of the study was to examine the reproductive related cultural practices prevalent among the Banyankole, determine the fertility motivators, examine the socio cultural influence on fertility bahaviour and determine the linkages between the socio-cultural practices and fertility behaviour among women and men living in Sheema Municipality. Participants were women and men aged 18 and above living in Sheema Municipality who identified themselves as belonging to the Banyankole ethnic group of Uganda. This paper presents cultural aspects shaping fertility experiences in the area especially enshrined within gender norms and conservative traditionalism of rites and rituals, superstition, perceived mortality risks, extended family system, and foster parenting. The article situates fertility behaviours within the emerging cultural transformational environment with increased education, urbanization and advanced technology. The Study concludes that socio-cultural practices have strong influence on proximate determinants of fertility and thus the resultant fertility behavioral outcomes.

Keywords

Culture, Family, Fertility Tradition, Banyankole, Uganda

1. Introduction

Throughout history, humans have generally preferred large families, mainly to ensure survival of a particular family line or indigenous group. Literature on human history contend that in pre transitional societies, high death rates from

plagues, predators, and wars led people to produce many children for replacement purposes. Botev (2020) observes that human population has experienced two demographic regimes; the first was characterized by high rates of fertility but also high rates of mortality. There was neither capacity to control fertility nor any interventions at the time to control mortality. Around 1850, a demographic revolution was introduced by advancements in biology, chemistry and medicine, as well as the development of new laboratory technology that saw the introduction of vaccines. Consequently pre-mature deaths were reduced as most of the dangerous infectious diseases were curbed down (Angeles, 2009). Therefore, the modern regime is generally projected to be characterized by low mortality, thus low fertility.

Fertility is one of the major global development indicators particularly in developing countries (Bryant, 2007). The United Nations advances reducing fertility on the global agenda as a pre-requisite for any country to achieve its development objectives (United Nations Population Fund, 2023). Uganda's fertility rate at is one of the highest in the world and has only been reducing at slow pace from 7.4 children per woman in 1991 to 5.4 in 2016 and 5.2 in 2022 as per the recently released UDHS (2022) key results.

Uganda's National Population Policy aims to reduce fertility to harness the demographic dividend which is the relationship between population growth and accelerated economic growth.

Conversely, culture in all its forms is a powerful contributor to sustainable development as a cross cutting enabler to major global development indicators. To this end, the choices about having children, their number, and spacing are critical life decisions and should therefore be socio-culturally contextualized. Although fertility may be considered a biological process, the various events that lead to the sexual act and later giving birth are affected by socio, economic, cultural and psychological characteristics of the woman and the man as well as by the environment in which they live (Wood & Eagly, 2002). Therefore, individual decisions and ability to control fertility is an important subject of interest to Sociologists, Demographers and Anthropologists as well as a public health concern (Marston et al., 2018).

Many cultures and communities discourage birth control to ensure survival of their members and humanity as a whole since continuity of the human race is centered on fertility and reproduction Fertility rates tend to decline as populations develop linking it to individual decision making, information flow and competition between groups (Benagiano, 2002). Fertility decline occurs once the rising levels of urbanization and education, changes in the economy, and declining mortality lead parents to desire a smaller number of births (Götmark & Andersson, 2020).

Uganda's population has grown from 9.5 million in 1969 to 24,227,297 in 2002, to 34.6 million in 2014 with a population density of 173 persons per sq. km by 2014, doubling from 85 persons per sq.km in 1991. The population is projected to be 45.5 in 2023 and 74 million people by 2040 (UBOS, 2014). Such ex-

pansion of human numbers creates a range of social, economic, and environmental challenges and makes it difficult for the country to raise living standards, hence the growing interest in factors associated with high fertility. The study on the socio-cultural practices and fertility behaviour among the Banyankole families in Sheema Municipality was conceived as a contribution to identify and recommend a solution to the persistent high fertility in Uganda.

Bongaart (2017), classified the factors affecting fertility into two groups;. background variables and proximate variables. Background variables include cultural, psychological, economic, social, health, and environmental factors while proximate variables consist of the biological and behavioral factors through which the background variables must operate to affect fertility. The study explains the interconnections and influences of socio-cultural practices of the Banyankole on individual decisions and ability to control fertility. Culture is regarded as one of the key background factors that interact with the proximate factors to influence fertility.

Casterline (2017) observes that for cultural reasons, having much to do with traditional belief system, high fertility has been registered in Sub-Saharan Africa than in any other region in the world. The individual freedoms to control fertility have been constrained by cultural pressures premised on historical constructs that cogitates high fertility and large families as being economically and socially rewarding (Ahinkorah et al., 2020).

The study integrates sociological and demographic philosophies about fertility to refer to the product of reproduction, which is the number of births that occur to an individual or in a population. Integrating sociological and demographic perspectives, the study explored the cultural practices that affect fertility behaviors within the socio-demographic context of Sheema Municipality. This article presents results of an examination of reproductive related cultural practices prevalent among the Banyankole and a body of evidence on the influence of Traditional Rituals, Rites and Superstition, Extended family System and Foster parenting, mortality risks and linkages to education and urbanization regarding fertility behavior and outcomes.

2. Methods

Data was collected over 4 months from a total of 181 participants through World Café (n = 48) in-depth interviews (n = 44), Focus Group Discussions (n = 4), Key Informant Interviews (n = 9) and big data collection with 56 participants especially for validation and corroboration of information.

The study targeted Banyankole as an ethnic group residing within the four divisions of Sheema Municipality namely, Sheema central, Kabwohe, Kagango and Kashozi located in the district of Sheema in Ankole subregion of western Uganda which has a total population of 80,735 people composed of 52.1% females and 47.9% males. The questions were primarily directed at understanding the experiences, intentions, and decisions related to fertility in men and women of re-

productive age and beyond. The research was conducted simultaneously in the four divisions over a period of four months between November 2022 and February 2023.

The study was exploratory in nature applying a grounded theory design in a case study method to gain insights and generate new ideas on social cultural practices underlying fertility motivations.

Sheema Municipality was chosen based on its relatively poor social demographic indicator values. Located in the district of Sheema which was curved out of Bushenyi, one of the greater Ankole districts of western Uganda. It lies on 0˚34'52.0"S, 30˚22'46.0"E (Latitude: −0.581111; Longitude), the highest elevation being 1410 metres (4630 ft), above sea level.

The most recent census data (UBOS, 2014) revealed that Sheema municipality had a total population of 80,735 people (47.9 male and 52.1 female) settled in 18,311 households. Twenty five point nine (24.4%) of the households were headed by females and 0.3% headed by children while 19% were headed by elder persons (60 and above). Fifty point six percent (50.6%) of the total population are adults (above 18). Illiteracy rate among adults was 18.1% but higher among females at 22% and 56.8% among people who are above 60. Regarding marital status, 60.3% of the population aged 18 and above were married while 9.4% females (12 - 19) had ever given birth. Eighty four point two percent (84.2%) of the population aged 18 and above were working. Regarding access to information, 62.1% of the adult population owned a mobile phone while 15.4% were exposed to the internet. Economically, 85.4% of the households were engaged in agriculture where Kabwohe Central Market, is among the large sources of fresh produce in the country. The commercial sector is also active with two prominent commercial banks having branches in the area. I terms of education, the municipality is host to Ankole Western University.

The study population comprised of women and men aged 18 and above living within the geographical boundaries of Sheema Municipality that identified themselves to belong to the Banyankole ethnic group of Uganda. Characteristics for recruitment consideration included education, marital status and religion. The research aimed to get a mix of participants to include the educated and uneducated, married/ever married and unmarried as well as a good mix of religious practice between the three main religious sects of the Anglican church, catholic faith and the Muslims.

Data was collected through a World Café session, Individual Interviews, Key informant interviews, focus group discussions, and big data using interview guides and semi-structured questionnaires (**Table 1**).

2.1. Individual Interviews

For Individual Interviews, Sheema Municipality was stratified into 4 divisions and 44 respondents were selected through quota sampling for individual interviews. The population was divided into four geographical strata where participants were selected through convenience by alternately selecting a male and female

Table 1. Sample size.

Individual Interviews	44
FGDs	24
WC	48
KII	9
Big Data	56
TOTAL	181

participant from the first household in the 22 parishes of Sheema Municipality. Where there was not a female and male in the first household, the household would be skipped and the next selected. This method allowed the researcher to control the composition of the sample based on age and gender. Only adults were recruited in the study as respondents.

2.2. Key Informants

Community leaders representing opinion leaders' elders, religious leaders, young people and women were purposively enrolled in the study as key informants. Four religious leaders were selected, one each, from the three prominent religious sects of Anglican Protestants, Roman Catholic church, the Muslims, and Pentecostal church. Two elders (one retired church leader and one retired local politician) were interviewed. The other Key informants were two young people and a manager of a local Community Based Organization.

2.3. Focus Group Discussions

In groups of 6 participants each, focus group discussions were held with people of similar demographic traits including Women, Men young people (aged 15 - 30) and elderly (aged 60+).

The researcher used a round table approach to moderate the discussion by allowing each respondent to contribute to the discussion. The discussions followed a focus group discussion guide where thematically developed questions were administered to the respondents.

2.4. World Café

By random movement around communities and institutions in the four divisions of Sheema Municipality, sixty invitation fliers were distributed among adults. Whoever accepted the flier, their telephone contacts were recorded and personal calls and reminder messages were sent for confirmation to participate in the World Café session. The World Café was hosted in a hotel conference room with 48 participants on ten 5-seater tables with writing material and markers. Audio recorders were placed on each table recording the discussions while the researcher took notes of the body language, mood, expressions and other physical interruptions. The World Cafe session was moderated by the re-

searcher assisted by a Research Assistant through a guided discussion. Each table chose a host amongst themselves that facilitated and summarized the discussion points. The session lasted 2 hours and 40 minutes. The hosts shared the summarized points in a plenary and the summaries were included in the analysis.

2.5. Data Analysis

All voice data was recorded using voice recorders while non verbal responses were noted by the researcher as memos in a paper note book. Audio recordings, transcriptions, field notes, and interview transcripts were stored in digital format. Audios were transcribed and anonymized by coding. People's views, opinions, knowledge, experiences and values were determined using both deductive approach in accordance with pre-conceived variable themes and inductive approach from the data collected. Emerging themes in line with the study objectives and questions were coded and organized into concepts to reveal meaning and relationships. Coding was facilitated by a computer application ATLAS.ti which provided features for coding, annotation, and linking data segments, which made it easier to navigate and retrieve specific sections of data during analysis (**Table 2**).

3. Results

The average Male to Female ratio of children among the participants was 1:3 with an average spacing of 2 years and 3 months. The preferred number of children ranged from 3 - 7; the highest number of children born of one parent was 33 for a man and 11 for a woman. Majority of those who had more than seven children attributed it to lack of decision; so was those who had less than three and had passed their reproductive age. The preferred sex ratio was 1:1. Almost all participants showed no concern about the number of births in the community but the general feeling was skewed towards as many as possible (**Table 3** & **Table 4**).

3.1. The Social Pressure

The intrinsic need for human reproduction, the choice and timing of child bearing is apparently influenced by the immense social pressure exerted on individuals

Table 2. Demographic characteristics of participants.

		No	%age
Age	18 - 25	15	8%
	25 - 35	18	10%
	35 - 40	11	6%
	45 - 50	101	56%
	50 - 60	26	14%
	60+	11	6%

Table 3. Demographic characteristics of participants.

		No	%age
Age	18 - 25	15	8%
	25 - 35	18	10%
	35 - 40	11	6%
	45 - 50	101	56%
	50 - 60	26	14%
	60+	11	6%
Sex	M	98	54%
	F	83	46%
Religion	Anglican Protestant	96	53%
	Roman Catholic	34	19%
	Muslim	38	21%
	Others	11	7%
Education	Primary	20	11%
	Secondary	85	52%
	Tertiary	71	37%
	None	3	0.02%
Marital Status	Single	36	65%
	Married	137	76%
	Other	8	0.04

Table 4. Frequency of key informant roles.

Category	Number
Religious Leaders	5
Cultural Leaders	-
Political Leaders	2
Civic Leaders	2
Other	-
Total	9

to get married and have children. Almost all participants, men and women, reported to have experienced this pressure from either friends, family, relatives, peers, or acquaintances. The pressure is inherent right from an early age but becomes intense at around 20 years and peaks between 28 and 30 years. One female participant looked irritated as she narrated her experience in the World Café;

"*Societal norms keep reminding you when to get married.; I reached a point where I could not take it anymore and I was ready to go with the next man that knocked my door, I was getting depressed, as if there is a fixed timeline to marry*

and men will get finished if you waited. It all started the moment I finished my final exam like this, almost everyone I met was like now you should get married, you should get married, eeh!!..." (Female Participant Global Café-Kabwohe).

A male participant had this to say;

"*We were dating with this girl but really not yet ready but I had to succumb to the pressure. We got married within 7 months after graduation and divorced after three years. I will get married again when time comes*" (Male Participant, Youth FGD-Kihunda).

Another participant said;

"*My husband believed in her mother so much... I was so under pressure that I think the stress was even preventing me from conceiving, yet me, I had even wanted to delay like for two years so that I complete my course. One time I even stepped on a chick and it died *laughs*, The way she looked at me and she was passing...*" (KI, female, Kashozi).

Similarly, a female participant in a lamentation mood said;

"*if it was on my own, maximum three children would be enough, but he puts me on pressure that he wants to expand the clan as he is the only child to his parents*" (Participant in Women only FGD discussion-Nyakashambya). This woman already has five children at 27 years of age and 8 years in marriage.

3.2. Perceived Mortality Risks

The under-five killer diseases of the 50s and 60s before the introduction of mass immunizations were traumatizing and are still live in the memories of those who lived. The trauma manifests in the belief that it is almost impossible for all born children to survive. The word measles appeared prominently with a call especially from the elderly participants that one should produce many children so that if some die of measles, some should remain.

"*Mwebirwe obusheru*?" (KI-Rweigaaga) Translated as "*Have you forgotten measles*?"

Indeed, at least 2 under five deaths were recalled in each of the parishes. Although cause of death was not investigated, it was clear that some of the additional births were prompted by the fear of loosing some of the children to the killer diseases and the need for replacement.

Apparently the health risks of fertility were not of great concern to many in this community. Only one Maternal death could be recalled in one female only FGD within the last 12 months. Further corroboration of information indicates that cause of death was not particularly recognized as due to child birth.

3.3. Bride Wealth

The solemnized civil, religious or customary marriages are normally preceded by traditional ceremony where the girl is formally handed over by her family to the boy's family. This ceremony is held so dear among the Banyankole to the extent that no matter how many years the woman has stayed with the man, before the marriage is formalized, the woman has to undergo this ceremony known as "ku-

hingira" (give away) believed to be ancestral blessing upon the couple.

This parental blessing is granted after payment of bride wealth. The study observed that bride wealth remains a highly regarded custom among the Banyankole families. Almost all participants, male and female, young and old approved of the practice of payment of bride wealth (Dowery). It is believed that failure to honour any of the obligations, the couple is cursed never to have children (referred to as okukyeena). Similarly, a childless bride is supposed to be brought back to her parents and the bride wealth returned (known as okuzimuura). The dowery is normally in form of cows or money equivalent. As such, a woman is expected to bear as many children as the cows that were paid for her.

"*A woman for whom I have paid my cows to have one child? He has to produce until all my cows are fully accounted for*" (Male participant, FGD-Kitojo).

3.4. Patrilineality, Family Name Heritage and Inheritance

Participants, most especially male, conformed to the norm that women should produce many children to extend their family lineage. To these participants, births meant replacement of ancestors. The fanatism is demonstrated in the naming of children with reference to their ancestors. This implied continuity of the clan's existence and cultural values.

Further, majority of participants subscribe to the tradition of patrilineality where sons inherit family property. This control of property encourages male dominance in social and economic terms. Women's rights are often determined in relation to their association with men. With children attached to wealth, many children would mean security for the mother. For example, in polygamous unions co-wives strive to attract respect from society and approval of their husbands in child bearing competition with their co-wives. This was reported by most group discussions as demonstrated by one of the participants below:

"*when the man is rich and has property, like land, cows, a woman who produces few children will be cheated at the time of sharing the inheritance*" (Female only FGD-Butsibo).

"*Engiri eziire teriibwa Mbwa*". This was a quotation by a Key Informant, a clan leader. The quote translates in the sense that as long as you have offsprings, your future is secure. Otherwise, your family lineage stops with a person who leaves no offsprings (referred to as *Okufa obucwekye*). There were, however, some dissenting voices especially from young people like;

"*In the past the Banyankole men preferred sons because of inheritance. Now we know that all children inherit property from their parents, if you are five children, they divide into five and this is equal to both boys and girls. One, all children are entitled to inheritance under the current laws, secondary, all children, boys or girls will demand the same school fees to go to school, so—all are children*" (KI, Young female leader-Kihunda).

3.5. The Extended Family System

Participants confirmed that the extended family system remains a valuable phe-

nomenon among the Banyankole. The extended family includes all close and distant blood relatives, foster children and other assumed kin. Some live in same family household or separately, either in the same neighborhood or far apart but connected by common affiliation under common leadership. The old generation in the family are responsible for raising the young ones and giving them skills while in turn, the younger generation are expected to respect the authority of the elders. Within the extended family structure, major decisions are largely influenced by the bigger picture in the interest of the common good of the entire kinship. In politics for instance, it was established that candidates with larger kinship support especially religious affiliation had leverage over those from smaller families. It is therefore normally impressed upon the family members to produce many children to expand the family and make it more powerful. Directly or indirectly the extended family members influence the fertility decisions as they discuss their ideas on fertility and it is common that relatives share the responsibility of raising children, thus couples normally take the relatives' advise seriously.

3.6. Foster Parenting

Foster parenting is a popular phenomenon among the Banyankole families. In less resourced families children are separated from their biological parents and relocated to other homes for care as a mechanism for salvaging the difficulties of raising large families. This is common in cases of widowhood and other family crises including divorce and separation, but also for social and economic reasons like better education opportunities or strengthening family relationships. Most participants advocated for the practice especially urging that the elder children, when they are through with school, should look after their siblings. Indeed it was observed in a significant number of families where fathers have left younger children under the care of their elder siblings while they move to start other families. Further, the burden of raising children is shared among the entire kinship. In over 50% of families lives a foster child while as well over 50% of families purported to have rendered foster kinship care, most of them to their younger siblings.

3.7. Response to Modern Contraception

Modern contraception has not gained due acceptance among the Banyankole in Sheema Municipality. Majority of participants advocated for Sexual Abstinence and other natural means like breastfeeding. The focus groups revealed that some people had resorted to using traditional and cultural practices because of the fear of perceived side-effects of modern contraceptives. Commonly held myths, fears and misconceptions were associated with prolonged bleeding, the birth of abnormal children tumors and cancer in the uterus. It was believed that those who used modern methods became infertile, as the methods are perceived to "destroy" the ovaries.

"*This mzungu* (*white man*) *medicine is very problematic, that's why it is failing women. There are some traditional practices which, may be,* (*pause*) *but they have been neglected. For them they had no side effects like those pills and injections that pile in the body and bring problems. You even sometimes find them* (*women*) *gaining unnecessary weight and failing to do their daily chores*" (Individual Interview, Male-Kagango).

3.8. The Mystery of Twins

Like their Baganda counterparts, the Bbanyankole hold the birth of twins in high esteem. There is a belief that child birth should never stop with twins. Almost all participants in FGDs and KIIs concurred with this belief. The birth of twins comes with many cultural and societal obligations, the twins are given special names as well as the child born after the twins. The names are *Nyakato* and *Kato* for female and male younger twin and *Kakuru* and *Nyangoma* for male and female elder twin respectively. The twin followers are named *Kiiza* and *Nyamwiiza* for male and female respectively. The parents of twins are highly respected in community. Among the participants, two women reported have heard triplets and were still planning to have more children.

"*You can not have twins as last borns, uh, uh, it is abominable. There should be a follower,* (*Kiiza*)" (female KII participant-Itendero).

"*For me I have always heard people saying is that you can not stop giving birth at twins. There should be their Kiiza*" *How can twins not have Kiiza? No, you have to ensure they are followed* (female FGD participant-Kashozi).

4. Discussion of Findings

The research advances the normative conformity theory of fertility behaviour. The theory is based on the data interpretation that suggest that child bearing in not inherent upon the human race given the fears and frustrations of social, economic implications associated with pregnancy and child birth—painful labour, maternal deaths. Therefore, to reproduce, socio life must not only offer enough rewards for bearing children that outweigh the burden bestowed upon the parents and the community but there must be strong coercive powers promoting child bearing.

The study highlights the patriarchal power inequality in Banyankole society, where men are considered to have absolute authority over their families, and women are expected to submit to this authority. This concept of male dominance is not unique to the Banyankole but has been observed in many traditional societies worldwide (Choi et al., 2021; Pierik, 2022). The finding agrees with Wyrod (2008) that patriarchal powers remain prevalent amidst promotion of women's rights.

The study notes social pressure to be a significant factor influencing marriage and childbearing decisions among the Banyankole. Similar findings have been reported in other studies, where societal norms and expectations put pressure on

individuals, especially women, to marry early and have children. This pressure can lead to early marriages and childbearing, even when individuals might not be emotionally or financially ready for such commitments. Despite the fact that the legal age for marriage is 18 years, 46% of all women are married before they turn 18 according to UNICEF 2011 statistics. Even though a girl is just 12 years old, it is stated that once she marries, she transforms into a woman. The study reveals that while the legal age of sexual consent in Uganda is 18 years, there are indications of preference for early marriage, with some marriages occurring as early as 16 years in certain sections of the participating groups. Early marriage is a contentious issue, with some participants advocating for it, particularly among Muslims and the elder generation, while others oppose it. This finding resonates with existing research on early marriage and childbearing in sub-Saharan Africa, where cultural norms, traditional beliefs, and economic factors often influence the age at which individuals get married and start childbearing (Kalikula, 2023).

The study identified various forms of marital unions among the Banyankole including polygamy, monogamy, consensual unions, and multi-partnership unions. It reveals that childbearing is prevalent in most marital unions and that children often appear during the early years of marriage. This aligns with broader research like that of Machiyama et al. (2019) on family and marriage dynamics, where childbearing is considered a significant aspect of most marital unions. The study points out changing attitudes towards marital unions, including multi-partnership unions and cohabitation, which have gained acceptance in the community. This reflects broader societal changes in many regions, where traditional marriage patterns and family structures are evolving, impacting reproductive choices and decisions. Overall, the findings of the study align with existing literature on the influence of cultural practices, gender norms, societal expectations, and marital unions on reproductive choices and decisions. The patriarchal nature of the society can lead to unequal power dynamics, limited reproductive autonomy for women, and pressure to conform to traditional norms regarding marriage and childbearing. Understanding these cultural practices is essential for addressing reproductive health and family planning issues in the Banyankole community and similar societies with deeply rooted traditional beliefs and practices.

The study highlights that almost 40% of married participants were in polygamous relationships and that polygamy is considered an acceptable practice in African traditional societies. Existing literature on polygamy in Africa supports this finding, as polygyny (a man having more than one wife) has been practiced in many traditional African cultures for centuries, where 11% of the population lives in arrangements that include more than one spouse. Polygamy is widespread in a cluster of countries in West and Central Africa, including Burkina Faso, (36%), Mali (34%) and Nigeria (28%). Scholars have examined the reasons behind the persistence of polygamy, including cultural norms, economic considerations, and the desire for many children to ensure social and economic se-

curity (Shaiful Bahari et al., 2021). In relation to the above, although the study notes a low prevalence of cohabitation among the participants, it acknowledges that cohabitation is more common among urban dwellers.

Existing literature on cohabitation in African contexts indicates that cohabitation rates have been increasing in urban areas and are associated with delayed marriage and childbearing. Cohabiting unions may have implications for family dynamics and fertility preference (Sassler & Lichter, 2020).

The memory of under-five killer diseases, such as measles, continues to influence fertility decisions, with some participants opting to have more children as a form of insurance against child mortality. This finding is consistent with research on historical mortality experiences and their impact on fertility decisions. High child mortality rates in the past may lead to higher desired family size and a focus on child replacement to ensure lineage continuity. The study highlights the cultural belief that lineage should not die, and members are replaced through births. This concept of lineage continuity is common in many traditional societies, where the importance of reproduction and having children to continue the family lineage is emphasized. Existing literature on kinship and fertility in African societies supports this notion, as lineage continuity is often regarded as a crucial aspect of social identity and prestige (Siegel, 1996).

The study indicates that health risks associated with high fertility, such as maternal mortality, were not a significant concern for many participants. This finding aligns with the prevailing situation in some resource-constrained settings, where other factors, such as cultural norms, economic considerations, and the desire for large families, may take precedence over health risks in fertility decision-making. Overall, the findings of this study on early marriage, fertility preferences, family life history, and mortality risks among the Banyankole provide valuable insights into the complex interplay of cultural norms, historical experiences, and demographic trends influencing reproductive choices and decisions in the region. These insights can contribute to a better understanding of the drivers of fertility behavior and inform the design of effective reproductive health and family planning interventions tailored to the specific context of the Banyankole community.

A critical analysis of participants' attitudes and perceptions makes note of the increased preference to opt out of marital commitment among educated women and also increased mobility in unions among educated men. A significant number of educated (Secondary level) young adult participants (ages 18 - 24) were not looking forward to getting into any form of the marital relationship soon. Probed why the main reason seemed to be around the cost of raising children. The delayed union would lead to delayed onset of childbearing and thus fewer children. Among the later age group (25 - 30), only one male aged 30, uneducated had no child. Among the educated with a minimum of secondary education, the latest age of childbirth was 69 (male and 52 respectively) and the earliest was 16 (both male and female). Among the educated females those who got

into marital unions and had children before age 24, the majority of whom had children while in school. This information puts in balance the common belief that keeping girls in school delays childbirth and controls fertility. It casts doubt that schooling alone delays marital relationships, especially under the current government policy on reintegration, where girls are accepted back into school after birth (MoES, 2012). Of those who gave birth while in school, through probing, only a few got into formal marriage unions thereafter. The Ankole traditionalists shun such girls calling them names (kishiki makazi)—literally meaning not a girl, not a wife but both and none! Thus depriving them of future decent unions where they can control their fertility decisions. Such girls end up hopping from one marital union to another, having more and more children as dictated by the circumstances. These findings are in line with existing research that demonstrates the strong link between education and fertility behavior. Education, particularly for women, has been associated with delayed marriage, greater autonomy in decision-making, and increased access to family planning, which can lead to a reduction in fertility rates (Anbesu et al., 2022).

The study provides insights into traditional practices and superstitions related to fertility intentions. The fear of being childless and the need to appease ancestral spirits through marriage and childbearing are prevalent beliefs among the Banyankole. This aligns with existing literature on the influence of cultural beliefs and traditions on fertility behavior in many African societies. Ancestral beliefs often shape reproductive decisions and contribute to societal pressure for early marriage and childbirth (Achen et al., 2021).

The significance of bride wealth cannot be under estimated as a highly regarded custom among Banyankole families. Participants, both male and female, approve of the practice of payment of bride wealth, and it is associated with parental blessing and lineage continuity. This finding is consistent with research on the role of bride wealth or dowry in traditional marriage practices across various African cultures. Bride wealth serves as a symbol of commitment, economic exchange, and social recognition of marital unions (Achen et al., 2021).

Contrary to the common assumption that sons are universally preferred over daughters in many traditional societies, the study findings suggest a different story among the Banyankole. Participants expressed a 50:50 preference for boys and girls, indicating a desire for both sexes in their families. This finding challenges the stereotype of son preference and highlights the diversity of attitudes towards gender preferences for children. Existing research on sex preference in Africa has shown varying results, with some societies indeed exhibiting strong son preference, while others, like the Banyankole, demonstrate a more balanced view. In relation to the above the study underscores the profound socio-economic and cultural significance of children among the Banyankole. Participants expressed sentiments that children are considered better than wealth and that having children is seen as the main purpose of living. This view is in line with the concept of pronatalism, where parenthood and childbearing are highly valued and celebrated in traditional societies. The belief that children bring bless-

ings, enhance family happiness, and contribute to social security in old age is common in many African cultures.

The importance of the extended family system among the Banyankole is also highlighted. Extended families provide social support, share responsibilities in child-rearing, and influence fertility decisions. Foster parenting is also common in the community, with elder siblings taking care of younger ones or other relatives providing care in cases of crises. This reflects the communal nature of child-rearing and the concept of "it takes a village to raise a child" prevalent in African societies. The extended family system plays a significant role in shaping reproductive behaviors and providing a safety net for families (Reupert et al., 2021).

The study also sheds light on traditional customs, superstitions, and myths that influence marital intentions and fertility behaviors. The belief in appeasing ancestral spirits and the fear of being childless contribute to the pressure for early marriage and childbearing. These beliefs reflect the importance of lineage continuity and the cultural significance of offspring in traditional societies. Such customs and beliefs can have a strong impact on reproductive decision-making and family dynamics.

The attitude towards modern contraception among the Banyankole community in Sheema Municipality, as revealed in the study, can be discussed in relation to existing literature on contraceptive use, cultural beliefs, and gender dynamics; modern contraception has not gained widespread acceptance among the Banyankole due to the fear of perceived side-effects (Ariho et al., 2018). Participants expressed concerns about potential health risks associated with modern contraceptives, including prolonged bleeding, birth of abnormal children, tumors, cancer in the uterus, and infertility. Such fears and misconceptions are not unique to this community and have been reported in other parts of the world, particularly in traditional societies where the use of modern contraceptives is relatively new. Existing literature emphasizes the importance of addressing misconceptions and providing accurate information about contraceptive methods to improve acceptability and uptake (Kabagenyi et al., 2016).

Traditional contraceptive methods have a long history in many African societies and are often seen as culturally acceptable alternatives to modern contraception. The study revealed that some women resorted to traditional contraceptive methods, such as tying the umbilical cord around the waist or using herbal concoctions, for spacing and limiting births. However, it is essential to note that traditional methods may not be as effective or reliable as modern contraceptives, and reliance on such methods can lead to unintended pregnancies. Existing literature emphasizes the need to promote evidence-based family planning methods while acknowledging and respecting cultural beliefs and practices (Aksoy & Kocak Alan, 2022).

As observed by Banzon-Bautist (2018) the culture of people in urban communities—what they do, how they do things, the language used to describe their thoughts and experiences are never consistent as they are persistently being in-

vaded by global communications. Diverse groups and contradictory interests, urban dwellers are characterized by cross-cultural traditions influenced by ever evolving trends of modernity. Regardless of social class, all residents feel the fertility burden including having to take care of their extended families, shared amenities like housing. In light of the complexity of the urban settlement, the presence of diverse cultural communities informal networks determine a locality's level of social integration (Banzon-Bautist, 2018).

The study constructed the normative conformity theory of fertility behaviour. The theory is based on the data interpretation that suggest that child bearing in not inherent upon the human race given the fears and frustrations of social, economic implications associated with pregnancy and child birth—painful labour, maternal deaths. Therefore, to reproduce, socio life must not only offer enough rewards for bearing children that outweigh the burden bestowed upon the parents and the community but there must be strong coercive powers promoting child bearing.

Against the above conclusions, the study makes some recommendations at individual level, family level, community level and policy level.

At an individual level, men and women are advised to be cognisant of the bigger impact of the population bulge. A large population exerts pressure on a country's social services including employment, infrastructure as well as the environment. It is therefore irresponsible and unpatriotic for an individual to produce many children even if he/she can afford to raise them.

At family level, there is need to address gender imbalance and encourage partner support. A family is the smallest unit where socialization and behaviour is formed. Families should therefore be mobilized to break the gender barriers that are shaping future behaviour.

At community level, there is a need to reduce peer pressure and to discourage harmful cultural practices and promote positive ones. For example, forced marriages and marriages due to pressure and coercion are responsible for intermittent relationships resulting in more and more children with every new relationship.

At Policy level, the school reintegration needs to be re-examined as a measure to prevent early marriage. It is also recommended that sensitization for contraceptive use should increase focus on men who seem to be left behind.

5. Areas for Further Research

The study recommends a trend analysis to determine the relationship between cultural transformation and fertility transition.

The impression on declining practice of child marriage needs further investigation through a survey as it does not speak to the national statistics.

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my, Religion, Contraception, and Family Planning Programs. *BMC Public Health, 20,* Article No. 265. https://doi.org/10.1186/s12889-020-8331-7

Kabagenyi, A., Reid, A., Ntozi, J., & Atuyambe, L. (2016). Socio-Cultural Inhibitors to Use of Modern Contraceptive Techniques in Rural Uganda: A Qualitative Study. *Pan African Medical Journal, 25,* Article 78. https://doi.org/10.11604/pamj.2016.25.78.6613

Kalikula, J. (2023). Peer Pressure and Early Marriages among School Going Children in Uganda: A Case Study of Kakumiro District Local Government. *International Journal of Academic Multidisciplinary Research (IJAMR), 7,* 37-49.

Machiyama, K., Mumah, J. N., Mutua, M., & Cleland, J. (2019). Childbearing Desires and Behaviour: A Prospective Assessment in Nairobi Slums. *BMC Pregnancy and Childbirth, 19,* Article No. 100. https://doi.org/10.1186/s12884-019-2245-3

Marston, C., Renedo, A., & Nyaaba, G. N. (2018). Fertility Regulation as Identity Maintenance: Understanding the Social Aspects of Birth Control. *Journal of Health Psychology, 23,* 240-251. https://doi.org/10.1177/1359105317726367

Pierik, B. (2022). Patriarchal Power as a Conceptual Tool for Gender History. *Rethinking History, 26,* 71-92. https://doi.org/10.1080/13642529.2022.2037864

Reupert, A., Schaffer, G. E., Hagen, A. Von, Allen, K. A., Berger, E., Büttner, G., Power, E. M., Morris, Z., Paradis, P., Fisk, A. K., Summers, D., Wurf, G., & May, F. (2021). The Practices of Psychologists Working in Schools during COVID-19: A Multi-Country Investigation. *School Psychology, 37,* 190-201. https://doi.org/10.1037/spq0000450

Sassler, S., & Lichter, D. T. (2020). Cohabitation and Marriage: Complexity and Diversity in Union-Formation Patterns. *Journal of Marriage and Family, 82,* 35-61. https://doi.org/10.1111/jomf.12617

Shaiful Bahari, I., Norhayati, M. N., Nik Hazlina, N. H., Mohamad Shahirul Aiman, C. A. A., & Nik Muhammad Arif, N. A. (2021). Psychological Impact of Polygamous Marriage on Women and Children: A Systematic Review and Meta-Analysis. *BMC Pregnancy and Childbirth, 21,* Article No. 823. https://doi.org/10.1186/s12884-021-04301-7

Siegel, B. (1996). *African Family and Kinship.* https://www.rienner.com

UBOS (2014). *National Population and Housing Census 2014 Area Specific Profiles* (pp. 1-105). Uganda Bureau of Statistics 2017, The National Population and Housing Census 2014, Main Report.

United Nations Population Fund (2023). *State of World Population Report 2023.* https://www.unfpa.org/sites/default/files/swop23/SWOP2023-ENGLISH-230329-web.pdf

Wood, W., & Eagly, A. H. (2002). A Cross-Cultural Analysis of the Behavior of Women and Men: Implications for the Origins of Sex Differences. *Psychological Bulletin, 128,* 699-727. https://doi.org/10.1037/0033-2909.128.5.699

Wyrod, R. (2008). Between Women's Rights and Men's Authority: Masculinity and Shifting Discourses of Gender Difference in Urban Uganda. *Gender and Society, 22,* 799-823. https://doi.org/10.1177/0891243208325888