Introduction

Globally, fertility levels have been gradually reducing and the current average fertility estimates present 1.7 births in developed countries, 4.1 in less developed countries and 4.8 in sub-Saharan Africa (United Nations 2011). Projections show that if Africa, fertility rates remain the same over the forthcoming decades, the continent’s rapidly growing population is bound to reach 3 billion by 2050 and about 15 million by 2100 (Chamie 2011). While rates are seemingly reducing, Uganda is one of the countries in Africa grappling with high fertility levels of over 6.2 children born per woman and a population growth rate of over 3.2 percent per annum (UBOS 2007; UBOS 2012). The country’s young age structure is attributed mainly to the persistent high fertility levels for the past decades and low contraceptive use. Universally an overwhelming 215 women in developing countries who would want to use contraceptives if availed to them however they lack access. Many women would want to use contraception to delay or limit births however they are not using anything as required. This exposes them to risk of having unwanted and unplanned pregnancies. It is no wonder that many women continue to die due to pregnancy related complications some of which could be averted with the use of contraception. Research has shown that in addition to development in socioeconomic status (Bongaarts, et al. 1984), contraceptive use had direct effects on fertility reductions in any given society(Ainsworth, et al. 1996; Caldwell and Caldwell 1990). Furthermore fertility scholars including Easterlin (1975), Cleland (2001) and Mason et al (2001), proposed other determinants that would help in the reduction of birth rates which include; improved child survival, increased education levels of mothers and rural-urban development (Ainsworth, et al. 1996; Bongaarts, et al. 1984; Collier and Gunning 1999). Though presented with an increment from a rate of 26 in 2006 to 30 in 2011 the current contraceptive prevalence based on the demographic health survey is still very low among married in Uganda UBOS & MACRO INT. (2012) , (Caldwell and Caldwell 2002; Collier and Gunning 1999). Given the different interventions in Uganda towards improvement and provision access to contraceptives and other methods of family planning, usage is still very low(Ntozi and
This paper therefore seeks to show the influence of perceived partner’s desire for more children and it is on current contraceptive use among married women in Uganda.

**Overall Objective of the study is to;**

Investigate the influence of perceived partner’s desire for more children and its effect on current contraceptive use among married women in Uganda.

Specifically the study set out to;

1. Establish the relationship between perceived husband’s desire for more children and modern contraceptive decision making
2. To examine the influence of perceived husband’s influence, fertility intentions on modern contraceptive use

**Study hypotheses;**

1. Women married to men with only primary education are more likely to want more children and not use contraceptives.
2. Married women with no decision making powers over contraceptive use are less likely to use contraceptives.
3. Women whose husbands have no education are not likely to use contraceptive and would prefer more children
4. Women whose husbands want more children are less likely to use modern contraceptives

**Methodology**

This is based on the recent Demographic and health survey which was carried out in 2011 on a sample of 8674 women in 10 sub-regions of Uganda. This is part of a series of cross national demographic and health surveys which occur in selected countries of the world after a specified period and date. Data extracted herein is based on women file and it was weighted accordingly. Data for analysis is drawn on a sample of 5352 women who reported being married or were currently living with a partner as if married. Information generated herein on the study variables is based on the woman questionnaire which was used to collected information from all eligible women aged 15-49. The variables of interests generated from survey questions and included; fertility preference, modern contraceptive use, decision making for modern contraceptive use, religion, husband’s level of education attained, modern contraceptive use and contraceptive use.
intention. Descriptive statistics of women’s background characteristics were computed. Multinomial logistic regression models were run to establish the relationship between with different socioeconomic variables and perceived husbands desire for children. Another model was run testing for determinants of modern contraceptive use among married while controlling for future fertility preference and contraceptive decision making between the couple. To accept the set hypotheses p-value was fixed at 0.05 level of significance.

Results;

Descriptive of statistics of respondents showed that of the 5352 married interviewed women, 44% were Catholics, with total children ever born ranging from 1-3 (41%), and were residing in rural areas (75%). Highest educational level attained was primary for both women (57%) and their respective husbands at (51%). As one of the determinant of future fertility, women were asked about their fertility preference, about 57 percent mentioned that they wanted another child and were unsure about their intention to use contraceptives (45%). Asked about contraceptive decision making, most of all the women (57%) said they had joint decision with their husbands and only (33%) were making sole decisions. As regards husbands’ desire for more children, the distribution of those who had the same preference for more children with their husbands and those whose husbands wanted more had about the same percentage of (29%) and (28%) respectively.

Multinomial logistic regression analyses of husband’s desire for more children and its effect on woman’s fertility preference, intention to use contraceptive and modern contraceptive use were run in different models. Overall the variables found to be highly significant with husband’s desire for more children were; modern contraceptive method, wealth, religion, women’s education and contraceptive use intention. Analyses seem to indicate a relatively high association with contraceptive decision making and intention to use with the husbands preference for more children. Women who were using modern contraceptives were two time (2.10687) more likely to report that their husbands wanted more children compared to those who were not using contraceptives more than those who did not know their husbands desire for more children. As regards wealth index, women whose husbands wanted more children with an average income had increased relative risk ratio (2.1981) compared to the women in poorest quintile more than those who did not know whether their husbands wanted more children. The association between
husbands desire for many children with wealth and education was highly significant (p=0.000). With regard to religious affiliation, Muslims had decreasing relative risk ratios (0.77765) compared to Catholics women whose husbands desired the about the same number of children more than those who did not know the status. In relation to contraceptive use intention, women who perceived their husbands wanting more children were 1.6867 times more likely not intend to use contraceptives compared to those who said they needed them later more than those in whose who did not know their husbands required number of children.

**Conclusions**

Women who perceived their husbands to want more children and those who did not know their husbands desired number of children were less likely to use modern contraceptives. In addition, wealth, religion, respondents’ education and husbands’ education levels and are a key determinant for perceived husbands’ desire for more children. Muslim respondents were less likely to know the number of children their husbands desired.

**Recommendations**

Recurrent couple communication is pertinent in reduction of high fertility levels, promotion of small families and modern contraceptive usage.
References

Ainsworth, M., K. Beegle, and A. Nyamete


Bongaarts, J., O. Frank, and R. Lesthaeghe


Caldwell, J., and P. Caldwell


Caldwell, J.C., and P. Caldwell


Chamie


Collier, P., and J.W. Gunning


Ntozi, J.P.M., and J.B. Kabera


UBOS


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UnitedNations