

## **When and how many? An account of women's reproductive intentions in the informal settlements of Nairobi**

### **Description of the topic:**

This research study aims to examine urban women's perspectives on childbearing and their childbearing intentions; in particular it seeks to investigate whether there is evidence of reproductive uncertainty amongst this population. A major focus was on women's spacing (or timing) of births, since existing literature suggests that long birth intervals may be indicative of reproductive uncertainty (Timæus and Moultrie, 2008). Long birth intervals are also thought to be a unique feature of fertility decline in Sub-Saharan Africa (Caldwell, Orubuloye, & Caldwell, 1992; Kirk & Pillet, 1998; Moultrie, Sayi, & Timæus, 2010).

It seems likely that the nature of urban life in Sub-Saharan Africa creates circumstances that make women most likely to postpone their births. Women in these environments are attempting to reconcile different reproductive messages and expectations; religious morals, traditional values of pronatalism, westernised family formations and the use of contemporary family planning technologies (Agadjanian, 2001). There has been a large increase in the number of female-headed households, which often results in social and economic insecurity for women. The socioeconomic differentiation of urban life and increased levels of female economic participation make urban dwellers more aware of child 'quality' versus child 'quantity' tradeoffs (Agadjanian, 1998; 2006; Cohen, 1993; Montgomery, Stren, Cohen, & Reed, 2004). In this sense, modern urban life may present a dilemma for women: it is economically advantageous for them to control their fertility, but at the same time childbearing helps to secure their marital relationships and households (Agadjanian, 2006).

Some circumstantial data that exists on this topic suggests that postponement behaviours are occurring in urban Sub-Saharan Africa. In Addis Ababa, Ethiopia, a number of commentators have noted that economic factors are having an impact on fertility levels; housing shortages and high rates of unemployment are thought to be promoting longer birth intervals (Kinfu, 2000; Yitna 2002 cited in Montgomery et al. 2004; Gurmu & Mace 2008). Data from Maputo, Mozambique suggests that women are commonly 'waiting' to decide whether or not to have another birth. This study aims to examine whether there is evidence of a similar phenomenon in the informal settlements of Nairobi.

### **Theoretical focus:**

This study develops out of Timæus and Moultrie's (2008) postponement hypothesis, which is a critique of traditional demographic theory on reproductive intentions. The analysis of fertility dynamics in non-African settings led to a dichotomous classification of women's fertility intentions: stopping or spacing. 'Stoppers' (also termed 'limiters') are women who wish to prevent childbearing because they have reached their desired family size, whilst 'spacers' are women who wish to temporarily delay childbearing for the health of themselves or of their children (Bongaarts, 1992). Timæus and Moultrie argue that neither of these motivations readily explains the emergence of the

long birth intervals seen at all ages and parities in many Sub-Saharan African populations. They propose 'postponement' as the third category of fertility control, which they argue accounts for this trend. Women who 'postpone' births are delaying pregnancy for reasons that are unrelated to the age of their youngest child or to the size of their existing family. In fact, such women may not have decided whether they want another child or not. This research attempts to contribute to, and to bring more evidence to this debate.

### **Data and research methods:**

This research took place in Nairobi, the capital of Kenya, the most populous urban area in East Africa and one of the most prominent African cities. The analysis uses qualitative data that were collected by myself and a small team of researchers in two of the city's informal settlements between April and June 2012. This study is one part of my PhD research, which seeks to explore the dynamics of fertility in urban East Africa, using both qualitative and quantitative components. Six focus group discussions were conducted in Swahili and Sheng (a patois language derived from Swahili and spoken widely in the ghettos of Nairobi) with forty one women from Korogocho and Viwandani. These two settlements form the Nairobi Urban Health and Demographic Surveillance System (NUHDSS), which is run by the Africa Population and Health Research Center (APHRC). Data from the NUHDSS was used to identify suitable respondents; all the participants had been in a co-residential relationship at some point in their lives, and approximately a third of them were selected on the basis that they had experienced a birth interval of more than three years. The during the focus groups respondents were asked to discuss childbearing and childrearing, contraception, relationships with partners and extended family and household finances.

### **Anticipated findings:**

The data is currently in the final stages of coding, and two strong emerging themes have been observed. The first relates to women's intentions regarding the timing of their births, and the second relates to their intentions about the number of children they wish to bear.

#### **The timing of a birth**

Firstly, women in these communities seek to leave long durations between their births: all of the women in this study reported wanting a birth interval of more than three years, with the majority desiring five years between births. There appears to be a mixture of 'traditional' and what I term 'emerging' influences over the timing of births amongst my respondents.

The traditional influences are those that are related to the age of a woman's youngest child and are recognised by demographers as being reasons that a mother may give for wanting to delay a birth. The data shows that women from these two informal settlements want to space their births because they are concerned about the practical difficulties of raising two small children simultaneously. They want to be able to raise their youngest child to independence before conceiving again, so that they have more energy to dedicate to an infant and also so that the older child will be able to assist them with the raising of the youngest child.

Mothers also spaced their births for reasons that are related to their own health. The respondents in this study were conscious of the toll childbearing and breastfeeding takes on their bodies and wanted to take a break from childbearing even if their previous their pregnancy or labour was not difficult. Leaving a space between their births allows them to recover and maintain their physical

strength and ensures that they are able to continue childbearing in a sustainable manner. But intervals that are very long are also a cause for concern: women fear that they will lack the strength to rear a young child in old age, they also worry that large spaces between children might mean that they will enter menopause before they have had the number of children that they desire.

In addition, women state that concern for the health of their youngest child is another influence over birth timings: there was widespread belief amongst the respondents that breastfeeding while pregnant is detrimental to the health of child youngest child. Women in these communities appear to stop breastfeeding if they fall pregnant; they are aware that this might weaken the immunity of the youngest child and thus they try to delay pregnancy until their youngest child is weaned.

In addition to the factors discussed above, there are a myriad of factors that influence the timing of a birth that are unrelated to the age of the youngest child, and are thus not accounted for by traditional birth spacing theory. The respondents in this study reported being hugely concerned with the financial costs of raising children and a large number said that they consider the financial position of their household before having another child. Many women seem to use family planning to delay a birth and use the extra time between births to in order to save money and avoid financial difficulty. In particular, concerns about the costs of education appear to influence desired birth intervals in this community; birth waiting times are related to cost of secondary education as women want to avoid having two children in secondary school concurrently (primary level education is free in Kenya).

A woman's relationship with her partner was also reported as being an important consideration for the timing of a birth. Many of the respondents in this study emphasized the need for a woman to spend time waiting before a birth in order to be sure that he was the right man to father their child. The words 'observe' and 'investigate' were very frequently used to describe this process, which was regarded as being most important before the birth of the first child or for women who are remarried but was also something women reported doing throughout the family building process. Issues of trust and faithfulness were important influences over women's decisions about childbearing; women reported that if they suspected their husband was being unfaithful they would be very reluctant to conceive by him. This reluctance stems from two concerns: firstly from an awareness that unprotected sex with a man who may have multiple partners puts them at risk of STIs and HIV, and secondly that they are at a high risk of becoming a single parent and they do not want to increase their family burdens. Generally, this is a temporary state of affairs and is more likely to encourage a woman to delay the birth of a child rather than to stop her having children altogether. At this stage of analysis I believe that the emerging influences seem to be the strongest explanatory factors on birth timings within this community.

### **Desired family size**

The second theme emerging from this data relates to women's desired family size. The respondents in this study demonstrated certainty about the number of children they want to have in their life. The size of a woman's family was something that was regarded by many as something very important; they frequently discussed this without a prompt from the moderator. There is evidence that some women committed to stopping childbearing when they have reached their desired family size: family planning is used by many in this community and a number of respondents reported either being sterilised or discussed their plans to be sterilised in the future.

However, this is contradicted by the large number of respondents who have more children than they had planned to have and also by those respondents who discussed their desired family size with certainty but stated that ultimately it was up to what God had planned for them. Together, these two groups of respondents suggest that there are women who are less committed to, or have less control over, their reproductive goals.

Early analysis suggests that this ambivalence or lack of control may be due to two factors. Firstly, pressure from partners to bear more children: in these communities, childbearing is often seen as a measure of a woman's commitment to her partner and a refusal to conceive again puts her at risk of being sent away by him or by his extended family. In addition to this, concern about the side effects of contraception is another reason that a woman may overshoot her desired family size. The side effects of modern family planning methods are of huge concern to women in the two communities of this study, particularly as much use of contraceptives happens without the knowledge of male partners. This means that many women are at high risk of discontinuing usage if they feel that they are experiencing side effects, either because they are concerned that their partner will discover them or because that they feel that their bodies' reaction is intolerable. This tension between concern with family size and apparent inability to stop childbearing is something that will be examined in depth during the next stage of analysis.

Through the analysis of this study, I hope to be able to make conclusions on the impact that this particular urban environment has on women's childbearing intentions, and to be able to comment on what evidence there is for reproductive uncertainty amongst this population and what impact this might have on the timing of births.