

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 behaviour 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. In 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 losing 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 fanaticism 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' advice 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 Banyankole 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 is 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 is 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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Conflicts of Interest

The Author declares no conflict of interest regarding this article.

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