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The Role of Economics and Culture in Determining Fertility Rates in Kenya

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Abstract

The role of both economic and cultural factors are investigated for their impact on fertility rates in Kenya. Economic factors tend to favor rational control of fertility while cultural factors favor uncontrolled fertility. Both demand and supply side reasons are presented to show that fertility decision making is becoming based more on economics and rationality than on tradition. Policy implications are investigated.

In Kenya and throughout sub-Saharan Africa, traditional beliefs and cultural practices are thought to maintain consistently high fertility rates. A cultural goal of maintaining and enhancing the lineage group and the influence of an indigenous belief system that places great importance on having children to allow dead ancestors to return to life in the absence of strong economic disincentives associated with childbearing is said to be an inviolable motivational mechanism encouraging high fertility. This is the thesis offered by Caldwell and Caldwell (1987) to propose that in spite of family planning efforts in sub-Saharan Africa, "lineage-based systems are so coherent...they will offer greater resistance to the success of family planning programs than has been encountered elsewhere" (Caldwell and Caldwell, 1987: 410). According to Caldwell and Caldwell, unlike family planning experiences in India, Latin America, and East Asia, in sub-Saharan Africa, programs intended to reduce fertility will have little effect.

Resistance to fertility control in sub-Saharan Africa is thought to be due to the normative effects of the indigenous African religious belief system. Cultural practices associated with ancestor worship,

i.e., a normative system in which children give high status in addition to economic value to individuals in families, disposes sub-Saharan Africans to choose to have many children. Numerous writers on population and fertility agree with a dual causal economic-cultural view (Dow; Dow and Werner; Page; Sindiga; Heinin; Frank; Frank and McNicholl; see Robinson, 1992). Unlike the Caldwells, however, a majority of these writers focus on developing economic causes of high fertility. They choose not to develop a cultural-anthropological view with its emphasis on determining power of culture and cultural-religious systems. They choose to follow a socio-cultural economic model to explain the cause of high fertility in Kenya and sub-Saharan Africa. Frank and McNicholl (1987) write of the impetus for high fertility developing in the patriarchal control men exert over women and children. In their view, Kenyan, "family circumstances" give men social, economic, and legal control over women. This control allows men to determine fertility decisions. Men calculate fertility decisions and choose to produce as many children as possible in marital unions. Men choose high fertility in order to produce more economic capital -- more child bodies to sell as brides and to work the land. Men's power over women is produced and reproduced in male patriarchal control of women's and children's labor and men's control of fertility decisions. Patriarch's/husband's control of land, women's labor, and food women produce; male control of the practice of selling women children for marriage or bride price; men's separate production of crops to sell in the market, and the access of men to higher paying wage sources outside of the village combine to fix and perpetuate men's social and economic power over women. Because men's economic power base depends on their control of women and children, men choose to expand their female and child holdings by having as many children as possible in polygynous relationships.

Frank and McNicholl (1987) suggest that within this patriarchal system, women enhance their situation in marriage by voluntarily choosing to produce as many children as possible. In this way, women please their community's, husband's, and husband's lineage fertility desires. In an exchange relationship, women enhance status in their community by having many children. Frank and

McNicholl speak little of religious cultural motivation for high fertility. The Caldwell's viewpoint is that a husband's "demographic wishes," as oriented to the traditional system of ancestor worship, appear to agree with a cultural-religious interpretation. Frank and McNicholl's reticence on the subject of a traditional religious motivation for high fertility is an example of different writers stressing either economic-social or cultural arguments in assessing causes of fertility motivation. Frank and McNicholl choose as important the economic determinant.

The Caldwell's, on the other hand, suggest that at root a deeper cultural motivation is most determining. The Caldwell's warn that in relation to the fertility situation in sub-Sahara Africa, an over-reliance on economic or demographic indicators may be misleading, even if indicators do show fertility rates to be going down. They suggest that however diffuse or subconscious traditional cultural motivational factors may appear to be, the traditional belief structure in sub-Saharan Africa will continue to thrive and function to provide a powerful high fertility normative framework guiding individuals' actions. Further, they suggest any change effect caused by the economic realm may be temporary and that cultural motivations will again reassert. The Caldwell's also warn quantitative researchers not to be fooled; that although in quantitative analyses traditional cultural motivations may appear to be weakening, the defining and determining value of cultural beliefs and practices are a black box to this type of analysis. They say that in spite of demographic measures indicating the contrary, in sub-Saharan Africa traditional beliefs will remain pervasive and a force for high fertility.

In 1990's Kenya, we see the fertility rate decline, and the determining power of tradition appears to be weakening. With increased education, modern media, and post-colonial "capitalist" colonization of the village economy, the power of traditional normative practices to determine action appear to be declining. In Kenya in the 1990s, in spite of a still pervasive belief in high fertility, a growing perception is that the high cost of raising children makes having too many children too expensive. Demand for smaller families and contraceptive services is on the rise. Evidence is that government and other family planning programs are meeting

increased demand for contraceptive services, and fertility levels in Kenya are declining as a result. The 1989 Kenya Demographic Health Survey (KDHS), probably the most comprehensive measure of fertility in Kenya, and other quantitative and qualitative studies (reviewed in Robinson, 1992), point to attitudinal and behavioral changes among Kenyans of both sexes in regard to reproductive practice and limiting family size. A greater acceptance and use of family planning and contraceptive practices has been a result of these attitudinal changes, and increased use of contraception has led to modest, but nevertheless significant, declines in fertility measures. The KDHS survey reports a 17 percent decline in total fertility rate during the years 1977 to 1989 (Robinson, 1992: 446).

Numerous smaller scale studies (reviewed in Robinson, 1992) confirm the KDHS findings. They too find reasons for changed fertility attitudes in increased perception of costs associated with raising children. Jensen and Juma (1989) found links to the marketplace generate a desire for lowered fertility and also that women with direct links to the market expected to give birth to more children than they felt would be convenient; among women with ties to the market there existed strong feelings concerning the rising costs of bringing up children (Jensen and Juma, 1989, from Robinson, 1992).

As Kenyans are drawn into the money economy -- in Kenya only a few nomadic peoples remain outside it -- perceived costs of bringing up children increasingly influence fertility motivations and decisions. Though large families are still the norm, both rural and urban women and men are cognizant of the economic costs of child rearing (Robinson, 1992). A major survey of men's attitudes occurred in 1988. Responding to international donor criticism that the family planning program in Kenya was overly oriented toward women, the Kenyan National Council on Population and Development funded a study of fertility attitudes of Kenyan males. Although Kenyan men were found to continue to believe in polygyny and the status benefits of a large family, they also expressed concern with the rising costs of raising children and especially the high costs of educating them (Kivuto Ndeti, 1989, from Robinson, 1992).

What then of the Caldwell's belief that the cultural system of

sub-Saharan Africa is impermeable to the efforts of family planning? Why are attitudes changing and the economic determinant becoming more pronounced? Why do governmental programs and other efforts to reduce fertility in Kenya now appear to be working some thirty years after their inception when recent demand for family planning services was so low (12.4% current use for any method in 1977/78) and family planning programs in Kenya were so recently (1987) deemed a failure (Frank and McNicholl, 1987; Caldwell and Caldwell, 1987)? The answers to these questions lie in the adaptability of Kenyan cultural norms, the Kenyan government's timely commitment to increase the scope of government clinic-based and other health service delivery programs, and "demand" based government policies centering on education and land reform.

Modernization and Change: The Demand Side

Since independence in 1963, the Kenyan government has followed a policy of land redistribution and mass education. Government land programs, breaking-up large land holdings, and transferring formerly communally held lands into private holdings as early as 1969 had created in Kenya what the British writer Killick (1981) describes as a "squirearchy, convinced in the soundness of the political economy of capitalist development...holding a substantial investment in the system." The widespread practice of free-hold title landholding initiated after independence transformed the nation into a country of landowners, a nation of small subsistence farmers. The practice of freehold land title furthered a process undermining the authority of village elders and fragmenting the coherency of clan-based lineage systems. In the new capitalist Kenya, the many individual freehold title landholders responded not so much to dictates and normative structures of lineage and village leaders, but as small farmers they responded more to cost-benefit analyses and to media circulating in the marketplace. In today's Kenya, the process of modernization and capitalization has proceeded apace. According to Robinson (1992), "nearly all" Kenyans now "pay taxes, interact with a non-tribal civil authority, listen to the radio and send their children to Western style schools" (454). As small capitalists or wage workers, a

majority of Kenyans are now part of a modern cash economy. As part of the modern market economy, they are increasingly conscious of costs associated with raising children. Economics and changes in the market economy have had impact on the traditional organization of lineage structure and the family, what economist-demographers have told us is the cause of lower fertility.

Costs of educating children is probably the most important economic determinant explaining fertility decline in Kenya (KDHS survey, 1989). Kenyan education has been a consistent growth industry (Court, 1974). Kenyans place value on education, and the Kenyan government has within the past twenty-five years devoted a high proportion of government resources (up to 12% of GDP) to develop schools and train teachers. In 1990, the writer David Court commented in a personal interview to Robinson (1992):

One of the factors that distinguishes Kenya from other African countries except Nigeria has been the explosive growth of the secondary school system and student population in the past fifteen years. Secondary schools are everywhere with the social pressures to attend and associated economic costs. The effect of a fee-based cost sharing program to pay for this large educational system has meant parents are increasingly conscious of the costs of schooling children (Robinson, 1992: 457).

An increased awareness of costs associated with having children and an increase in demand for contraceptive services has been met with recent improvements in quantity and quality of government family planning and health services provided. Contraceptive supply has largely met demand, and reduced fertility levels in Kenya have been the result. The determining power of cultural practices and beliefs that function to keep fertility high appear to be weakening. The barrier that as late as 1987 the Caldwells characterized as so powerful as to make insignificant the potential for fertility declines in Kenya and elsewhere in sub-Saharan Africa (though the Caldwells have warned us not to jump to conclusions concerning this) appears to be coming down. In Kenya, changed

attitudes which signify the determining power of traditional beliefs and practices are adapting to economic and other modernizing effects. Changed fertility attitudes have led to the increased use of contraception, and this has led to a lowering of the fertility rate. In the 1975-77 period, for example, the total fertility rate for Kenyan women was 8.1; in 1984 the rate was 7.7; the 1989 rate was 6.7. Clearly, surveyed Kenyan women were having fewer children. According to the 1989 KDHS report, in Kenya, "A major cause of the decline in fertility is increased use of family planning" (KDHS, 1989).

The media too has had an effect on changing fertility attitudes and practices in Kenya. In 198, even the Caldwells conceded this somewhat and were suggesting that western style ideas and images had permeated Kenya, and media messages were moving sub-Saharan Africans in the direction of limiting fertility. According to the Caldwells, in 1987 "recurrent problems with faltering economic growth and uncertain food supplies...." in addition to "secular forces, such as external models of the family taught by the media and the schools..." are in Kenya "producing a society where the conjugal family is emotionally more dominant and homage to living ancestors less so." The Caldwells appear to believe that emotional nucleation precedes economic nucleation, though from the reading I have done it appears to me that in Kenya increased emotional nucleation does not necessarily precede economic nucleation. Perhaps this is another example of the Caldwells' culture or the social bond defining the economic relationship. Nevertheless, whatever the initial reason families nucleate, in Kenya the forces of modernization are the cause.

The Supply Side

As we have seen, the idea that sub-Saharan societies are immune to the effects of family planning programs appears in the case of Kenya to be proving wrong. According to recent evidence (Robinson, 1992, a review of village and other studies), the Kenyan family planning program, though beginning slowly and with perhaps less than full governmental support, has since 1982 reinvigorated its efforts and is now experiencing success. The current success of the Kenyan program began in 1982 when in response to pressure from

international donors the Kenyan government created the National Council on Population and Development. The purpose of the Council was to coordinate the activities of government and private family planning agencies and to coordinate the expansion of family planning efforts in Kenya. With increased governmental support, by the mid-1980s the number of trained health workers and points of service delivery throughout Kenya increased dramatically (World Bank Office, 1990).

In 1981-82, for example, there were 1,027 trained health workers in Kenya. In 1987-1988, that number had risen to 2,170. In the same time period, government Ministry of Health service delivery points grew from less than 100 to 465. Demand for family planning services was growing too as the number of health care acceptors rose from roughly 100,000 in 1984 to over 300,000 in 1988. Other developments such as an increase in contraceptive methods available (Depo-provera, an injectable, became available) and an increase in private sector family planning programs similarly contributed to an increase in the availability and acceptors of health and reproductive services in Kenya. In 1989, the KDHS study reported: "Eight in ten births [in Kenya] benefit from ante-natal care from a doctor, nurse or midwife, and one-half of births are assisted at delivery by a doctor, nurse, or midwife." By 1990, the Kenyan government was reporting that though "as late as 1986" the government program "was rated weak and poor in the international literature...substantial improvements have probably taken place in the last few years [and] an overall rating of moderate is suggested as more appropriate today" (The Population Council, 1990). In terms of the quality of care, the Population Council suggested a rating of "moderately high."

In Kenya, then, the government and private sector have increased family planning and health service delivery to meet an increased contraceptive need. Government and private programs have enacted a system of contraceptive supply that appears to be largely meeting a growing demand for family planning services, although more in the way of providing health care remains to be done (Robinson, 1992). High fertility cultural practices, the norms associated with traditional-religious practices, appear to be adapting as people are confronted with an increased awareness of the cost of

raising children. The central role of reproduction in traditional religion and culture, the religious barrier to lower fertility Caldwell and Caldwell (1987) suggest has been impermeable to the challenge of an economic demand, is thus apparently weakening in the face of economic and cultural modernization.

One modernization variable the Caldwells mention as an aspect of culture that is weakening the determining power of traditional practices and beliefs is the growing influence of non-traditional religions in sub-Saharan Africa. Traditional practices and beliefs are under assault from the spread of Christianity and Islam throughout sub-Saharan Africa. For instance, Caldwell and Caldwell (1987) suggest that the onslaught of indigenous-led Christian and Islamic "purificatory" movements, combined with the power of Islam's and Christianity's "internal rather than external moral justification" will result in a further -- perhaps dramatic -- decline in or purging of traditional beliefs and practices in sub-Saharan Africa (Caldwell and Caldwell, 1987: 433). In this conceptualization, traditional beliefs and values of pleasing one's ancestors give way to a more individualistic, personal relationship with a single god. High fertility, the traditional mode in which ancestors are placated and allowed to reincarnate to Earthly life, will be of less importance, less a motivational factor in reproductive decisions influenced by a final destination Heaven. The belief that dead ancestors harm those women who do not give birth to the culturally defined normative number of children will thus fade...to lurk perhaps (as is now evident among elite couples in African cities) as a more unconscious, subliminal, or subconscious motivation to high fertility.

Policy Implications

The spread of the market economy and freehold title land holding, and an increased perception of the cost of raising children (though the culturalists warn us to be wary of mere demographic measures) are apparently weakening the determining power of traditional high fertility cultural practices in Kenya. Traditional beliefs and the high fertility they encourage now appear to be less determining. The power of these traditional norms appears to have

been replaced by more an economic consideration in fertility decisions. This change in the high fertility attitude is due to the growing perception that the costs of having many children increasingly outweigh the benefits. Thus, it is thought an economic causation increasingly determines the reproductive decision. High fertility and traditional beliefs and practices persist, however, although in Kenya increasingly norm and practice diverge. The practice is increasingly to use contraception and limit family size. In practice, the norm of tradition is weakened until perhaps middle-class urban dwellers return to relations in the country, where their kin and fellow lineage members persuade them to do their duty to the lineage and increase childbearing. According to the Caldwells and from a cultural interpretation, in such situations traditional beliefs have not lost their determining effect. Implicit in the Caldwells' cultural ideal is that though economic circumstances may change, culture will retain its defining value. When economic or social conditions again change and become more favorable, culture will reassert and again become most determining; high fertility ideas may again be the norm.

Policy suggestions for the further lowering of fertility rates in Kenya include increasing efforts to provide Kenyans with the means for social and livelihood security, for increasing education, and for increasing access to improved agricultural and domestic technologies. Adams and Castle (1994, from Sen) suggest such structural enhancement will allow gradually nucleating families increased security without resorting to a reliance on high fertility and to produce the needed children to provide labor and old age security. Also, legislative efforts to empower women, like the 1972 Kenyan law providing for the uniform treatment of male and female children in property ownership and inheritance (the Law of Succession Act), may allow women greater power in marriage and society and increase women's freedom to make their own fertility decisions. In Kenya, however, the patriarchal system is so entrenched that governmental support for and enforcement of laws that empower women may be lacking. Without strict enforcement, in practice such laws may remain largely ineffective (Frank and McNicholl, 1987). NGO's and other women's groups, then, and perhaps donor agencies who may tie governmental aid to the establishment and monitoring of human rights

guarantees, must revamp their efforts to pressure or convince the Kenyan government and Kenyan men and women to modify the most inequitable aspects of the patriarchal system. With increased educational and structural governmental assistance, increasingly Kenyans of both sexes might view the cultural barriers to lower fertility as increasingly impractical. In a modernizing, successfully progressive capitalist society, the belief that high fertility norms may be limiting of national and personal success may then gain widespread acceptance. Precipitous declines in fertility may occur.

Or, and this is the other side of the equation (the Caldwells'), with modern economic success or favorable social conditions, perhaps fertility may re-increase. As conditions are ripe for a re-emergence of traditional beliefs and practices, fertility rates may again climb in spite of the extra costs of children. This would be a re-emergence of culture, a re-emergence of tradition, perhaps beginning when favorable economic or social circumstances return. It would be a revitalization of the traditional religious beliefs and practices that were formerly dampened, but not extinguished, by difficult or challenging social conditions or economic circumstances. In this instance, the determining power of culture would reassert itself, to again dominate and determine the social and economic realm. Kenya has only recently gained independence, as the Caldwells suggest, and perhaps the fertility declines experienced in the 1990s are part of a general equalization trend, the longitudinal adjustment to the dislocations of independence or a prolonged recession. Perhaps, as the Caldwells have suggested all along, the determining power of culture will return when the economics of independence have been worked out and the economic and social situation is more stable.

Students of the economic cause, of course, would call this revival of high fertility an anomaly. For them, the effects of a modernizing society make it an irrational exchange decision to persist in having large families when the costs of raising many children are high. This is the limitation of the economic view. Economists and other non-culturalists have trouble with and cannot adequately explain or predict seemingly non-rational, non-economic causes for action. Here lies the nugget of the Caldwells' and the culturalist perspective's wisdom: economics cannot explain these black boxes of irrationality;

culture often can. Cost-benefit paradigms are inadequate to explain the multivariate mechanisms of practice. The study of motivations textually locked in culture and the normative ideas embodied in the traditional belief system of ancestor worship can help us explain our analysis and help us predict demographic changes of the future. In relation to the fertility situation in Kenya, as the Caldwells suggest, the determining power of culture should not be too quickly brushed aside.

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