

Does Language Status Matter for Fertility Behavior in a Multilingual Society? :
The Case of Uganda

Seung Wan, Kim

Department of Sociology

University of Maryland, College Park

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Abstract

The rich scholarship documented importance of a couple's communication for fertility decision-making and contraceptive use. Nevertheless, not many studies focused much on how language mediated couple's communication and facilitated actual change of couple's fertility behavior while the language is a critical aspect of daily life, including access to information, social identity, cognitive process, and regular interaction with partner. In this paper, I examined the role of language status in couples' fertility decisions in Uganda, a multilingual society without a single dominant language and one of the highest fertility rates in the world. I analyzed 2475 couples from Demographic Health Survey (DHS) data in 2016 and the results indicate a different mechanism of high-status language between men and women within pervasive gender scripts around fertility decision making. When a man only can speak a higher status language while his partner did not, he is more likely to hold up the idea that may give more burden to women in terms of contraceptive use, whereas mainly she decides for contraceptive use when both speaks a high-status language. The results suggest further research about the role of language status in a couple's sexual communication in a multilingual society.

Key words: language, couple's decision making, contraceptive use, multilingual society, Africa

Introduction

Language is a system of communication that uses symbols- such as words, sounds, and gestures- organized according to specific rules, to convey any kind of information. There is a fair amount of debate around the similarity in the pathway between cognitive processes and language across human populations (Chomsky 2002; Sapir and Swadesh 1946). Not only is language associated with human cognition, but is also a medium of communication deeply embedded in social context (Wardhaugh 2009; Guest 2017). In this sense, social scientists across various disciplines have tried to understand the role of language in social processes.

In demography, the role of language has been examined in seminal works examining the European fertility decline (Lesthaeghe 1977; Watkins 1990) and fertility trends in developing country contexts (Basu and Amin 2000). These studies have advanced our understanding of ideational change and fertility transitions at the macro-level but the role of language for the fertility decision-making process at the micro-level has not been extensively studied. Moreover, as of now, there is a lack of study about language and fertility decision-making in contemporary multilingual societies in sub-Saharan Africa, where a high rate of internal migration and media use makes it relatively hard to discern regional boundary of language features compared to Western European communities in 19C (Lesthaeghe 1977; Watkins 1990).

In this paper, I examine the role of language status in couples' fertility decisions in Uganda, a multilingual society without a single dominant language. My main question is as follows: Does a male partner who communicates in what is socially regarded as a prestigious language (high status language) have a different perspective on the male's responsibility for contraceptive use compared to a couple who communicates in a less prestigious language (low status language) net of ethnicity, education, SES, and other social and demographic factors. In

addition to that, does a couple who communicates in high status language be more likely to make a joint decision for contraceptive use compare to a couple who communicates in a low status language net of ethnicity, education, SES, and other social and demographic factors.

Literature Review

I expand on previous studies on language and fertility decision by categorizing the literature into three broad theoretical categories: language as a facilitator of information flow, language as a social identity, and language as a cognitive process. Based on these three theoretical approaches, I develop a conceptual model for language effects on fertility decision making at the micro-level.

1) Language as Facilitator of Information Flow

According to Rogers (1962), new information originating in one linguistic group will not easily flow to other groups unless the other groups understand the language. Fertility control ideas may follow this pattern, and different fertility behavior over various language groups in multilingual society may reflect the core concept of diffusion of innovations. For example, Watkins (1990) indicated an association between the demographic and linguistic diversity within a country in the nineteenth century, Western European countries. According to the paper, demographic differentials among inhabitants have been reduced along with a reduction in the linguistic diversity of the province. Notably, she stressed on mass education and the press for having a shared communicable language that enables broader social interaction and diffusion of ideas.

2) Language as Social Identity

Sociolinguists acknowledged that spoken language provides cues to individuals' nationality, regional background, ethnic group, and social status or class, which conveys a more social meaning than the literal information (Wardhaugh 2009; Joseph 2004). Not only has the socio-

linguistical aspect, but language as a social stratifier is a major theme of Bourdieu's theory of cultural capital. According to his idea of habitus, language of speaker is a relatively reliable indicator for social orientation, and knowledge of legitimate language was reproduced unequally by socio-economic status (Hanks 2005). In this sense, we can suspect that individuals who can communicate in a socially higher status language may have different habitus, perspectives and behavior in fertility decision making. Or at least, these individuals are viewed differently by others.

3) Language as a Cognitive Process

There are two broad lines of thought in terms of language in the cognitive process. On one hand, all humans may have similar language abilities and ways of thinking because the human brain is hardwired with a basic framework for organizing language. This cognitive mechanism is applied in the same way regardless of region and time (Chomsky 2002). On the other hand, different languages may create different ways of thinking (Sapir and Swadesh 1946) because each language classifies the real world in its own way. In the social science discipline, there is a growing number of papers based on the Sapir-Whorf hypothesis (Abrajano and Panagopoulos 2011 ; Adserà and Pytlikova 2015; Belot and Ederveen 2012; Chen 2013; Gay et al. 2017; Hicks, Santacreu-Vasut and Shoham 2015; Jakiela and Ozier 2019; Perez and Travits 2017; Prewitt-Freilino, Caswell and Laakso 2012). In demography, Van de Walle (1992) drawing on Coale's (1973) "calculus of conscious choice" argued that the ability to articulate a number when asked about ideal number of children is a sign of conscious choice. In other words, numeracy needs to replace a more fatalistic attitude made evident in the "up to God" responses. Similarly, if a particular language offers no clear way to express conscious choice it would further impede people's ability to exercise control over fertility.

Three Aspects of Language Status: Ethnicity, Region, and SES

Since one may predict what his/her ethnicity, where he/she is from, and what SES level they might be by investigating what language people use, it can present certain language status in a linguistical hierarchy in a multilingual society. There are three aspects that form language status: ethnicity, region, and SES. The language of the *majority* ethnicity may have a higher status than minorities. Languages of a certain *region* where there is more economic and political opportunity have a higher status than other local languages. The language of *high SES groups* may have a higher status than the lower SES group.

Individuals who speak the language as majority of the population are less likely to have a language barrier and more likely to have a wider social network, which increases access to information and exposure to various ideas. Individuals who speak the language of an economically and politically advantaged region can access socioeconomic resources easier than others who speak other local languages. Finally, individuals who speak the language of high SES groups may have different habitus and social identities, which enable them to think and to behave differently than others beyond the resource accessibility they have. Therefore, individuals who speak a higher status language may self-identify and/or be identified as having more power and access to resources and opportunity (Bourdieu 1991).

Conceptual Model for Language and Fertility Behavior

I propose a conceptual model of language effect, inspired by Weinreb's conceptualization for political and cultural effects of ethnicity, on contraceptive use (Weinreb 2001). The diagram shown in Figure 1 summarizes how language may influence the ideal number of children or contraceptive use.

[Figure 1 insert here].

There are three main pathways for fertility behavior: access to information (language as a facilitator of information flow), social identity (language as a social identity), and conscious choice (language as a cognitive process). The concept of diffusion of innovation was placed in between information flow and social identity because of their intertwinement. All of these pathways might contribute some aspects to the couple's communication for change in fertility behavior, in particular, having a certain ideal number of children and contraceptive use.

For instance, since language is important for information accessibility and interpretation, a couple's language options and proficiency may affect the quantity and quality of information in given resource constraints. If the couple speaks the higher status language, they are more likely to have accurate information around contraceptive use and family planning, which may lower the emotional barrier or bias toward family planning due to the misinformation.

Secondly, each language influences the shaping of social identity. For example, social psychology studies about bilinguals from Ogunnaike, Dunham and Banaji (2010) and Danziger and Ward (2010) presented an interconnection between language and identity. These studies show that bilinguals display different subconscious attitudes to various cues upon the language they used at that time. In that sense, the language of the couple's sexual communication may affect their subconscious attitudes towards the topic they discuss. For example, if the couple speaks the higher status language, they are more prone to hold social value and be part of the group's norm that used the same high-status language.

Finally, very marginalized language might have a barrier to conceptualization due to its limited chance of developing new terms and expressions related to fertility behavior (Van de

Walle 1992). Not only does it affect the conceptualization of family size, but also the nuance of certain terms and expressions may influence their contraceptive use. For example, Cain, Schensul and Mlobeli (2011) conducted a relevant study in Cape Town, South Africa, to Xhosa speakers about language choice and sexual communication. Even though their implication was more focusing on HIV prevention, their suggestion is that using terms in "non-mother tongue" (English and Zulu) were preferred and appropriate because they are descriptive and allows the speaker to communicate outside the limits of their mother tongue, reducing emotive cultural connotations.

Couple's Communication and Contraceptive Use

Importance of couple communication for decision-making and contraceptive use has been reported in East African countries contexts such as Malawi, Kenya, Uganda (Mbweza, Norr and McElmurry 2008; Shattuck et al. 2011; Tumlinson et al. 2013). For example, Tumlinson and colleagues (2013) analyzed data from Kenya and found that men who ever have discussed with their partner about family planning have increased odds of contraceptive use, and this effect is similar to women who ever have discussed it. Randomized control trial in Malawi shows that ease of discussing and frequency of discussing family planning with wife shows a significance for family planning uptake (Shattuck et al. 2011).

While couple's communication is important for family planning use, gender based cultural scripts are important for providing rationales for decision making in certain topics at the same time (Adanikin, McGrath and Padmadas 2019; Mbweza, Norr and McElmurry 2008). According to the study of Mbweza and colleagues (2008), some topics are culturally regarded as male thing, then the decision-making process would be more dominated by male partner. They proposed that nongender based cultural scripts may encourage shared decision making for

reproductive health intervention such as contraceptive use and family planning. In addition to that, ways of expression, phrase and words are hardly separated from sociocultural contexts, and cultural connotation of language is important for couple's communication.

Considering the cultural scripts for couple's communication about family planning, we focused more on social identity mechanism of language status in couple's communication for fertility behavior. For example, if certain language is considered more urban and prestigious than other languages, individuals who speak this high status language are more likely to self-identify or be identified as more urbanized and modernized person. This social identity may encourage them to be able to avoid traditional cultural scripts for fertility behavior, which may increase shared decision making for family planning and contraceptive use. However, at the same time, if gender based cultural scripts for decision making for fertility behavior are pervasive and dominant, there might be a disaccord between their social identity based on language status and sociocultural gender scripts. Under this condition, shared decision making for contraceptive use may be varying by partner's gender and language status, not only based on language status itself.

Hypothesis

Based on these possible pathways, I propose the following hypotheses:

- 1) The male partner of a couple who speaks a higher status language is more likely to share responsibility for contraceptive use than a male partner who does not speak a higher status language.
- 2) A couple who speaks a higher status language is more likely to make a joint decision for contraceptive use compare to couple who do not speak a higher status language.

The Ugandan Context

1) Demographic Features of Uganda

Given the complexity of multilingual aspects in sub-Saharan Africa, Uganda is a notable case for studying the role of language in fertility decision making. Uganda is not only a multilingual society with 41 living languages but does not have a single dominant language (Lewis, Simons, and Fennig 2015; Ssentanda and Nakayiza 2017). Furthermore, these diverse languages have roots in different language families. Different language families have more distinct linguistic differences and are less likely to communicate with each other. English and Swahili are the official state languages but a limited number of people speak Swahili in some areas in Uganda that share borders with Kenya for institutional purposes such as trading and military drills.

The government implemented the universal primary education policy in 1997, which eliminated school fees and increased the attendance rate at the primary level, which increased female school attendance and reduced overall fertility years (Deininger 2003; Keats 2018). However, only 1 in 4 children who start primary school make it to secondary school. Less than half (40%) of students are literate at the end of primary school, and less than a quarter (24%) of adolescents enrolled for secondary education (UNICEF 2016). According to the World Bank data, Total Fertility Rate (TFR) in Uganda has been high range from 8 in the 1970s to 6 in 2010 and was ranked among the top 8 for the highest fertility rates in the world.

Beyond the socioeconomic structural reasons, Nalwadda et al. (2010) categorized various underlying factors for the high fertility rates in Uganda, such as misconceptions and fears related to contraception, gender power relations between spouses, socio-cultural expectations for large family sizes, short term planning, and health service barriers. Partially due to those reasons, the Uganda's pace of fertility is still in slow decline within the span of 20 years (Kabagenyi et al. 2015) and continues to rank high for fertility rates globally.

2) Language Diversity in Uganda

While many people correspond language and ethnicity in a 1:1 relationship, language and ethnicity are not the same things because language acquisition is influenced by various social contexts. For example, a person from Luo ethnicity who grows up in Kampala (Region/Place) and highly educated (SES) may speak three languages Luo, Luganda, and English. However, this person's son/daughter may not speak Luo but only Luganda and English even though their ethnicity is Luo. In that sense, ethnicity can be a proxy of native language but SES and regional exposure also account for spoken language that people use most time in their daily life.

In Uganda, English was maintained as a language of learning and teaching (LoLT), where a dominant local language would not be easily identified, such as the Kampala area. For the areas where mother tongues (MTs) were used as LoLT, English was introduced as a subject until their 3rd year of primary school, and English would take over as a LoLT from 4th year to rest of higher education (Ssentanda and Nakayiza 2017). However, this policy does not work well due to resource constraint, including teacher training and the teaching environment itself (Ssentanda, Huddleston, and Southwood 2016). Therefore, language is stratified upon various SES components such as region, education, and the mother-tongue of the household.

While English has been regarded as a prestigious and elite language, Luganda, which is the main spoken language in the central region, should not be underestimated in regards to the linguistical hierarchy in Uganda. According to Ssentanda and Nakayiza (2017), Luganda remains highly prestigious and advantaged by its geographical position as the language of the political and economic capital, Kampala. In other parts of Uganda, the Luganda speaker is viewed differently by others as a person who has been to the city and “have made it”, therefore,

perceived as having a better skill, education and wiser than others (Sprenger-Tasch 2003; Ssentanda and Nakayiza 2017).

3) Couple's Communication and Contraceptive Use in Uganda

Wolff, Blanc and Ssekamatte-Ssebuliba (2000) analyzed data from 34 focus-group discussions and surveyed 1,356 couples about couple's negotiation for contraception in 1995-1996 in two regions in Uganda, Masaka (central region) and Lira(northern region). There are several interesting points to understand the couple's communication and contraceptive use in Uganda.

According to the focus group interview, open discussion about family planning and contraceptive use is not prevalent in Uganda. Many women express that the man is the primary decision-maker and little communication occurs in most couples. Discussions about family planning, such as stopping childbearing, are thought to occur among educated urban couples more than among the uneducated and rural couples. The cultural scripts of fertility decision-making, such as fatalistic views on childbearing and male authority, discourage open discussion between men and women. Higher educational attainment has a significant effect on building both men's and women's expectations of being involved in fertility decisions while both men and women express a potential high social cost of proposing contraception to their partner because it can raise suspicions of infidelity (Wolff, Blanc and Ssekamatte-Ssebuliba 2000).

Data Description and Methods

Couple level data from the 2016 Uganda Demographic Health Survey (DHS) was used to address this question. The DHS data are nationally representative data with a randomly selected sample of 20,880 households throughout 697 enumeration areas (EAs) based on the 2014 Uganda National Population and Housing Census. In this study, I use DHS data from Uganda

2016 and restructured the data set for a couple level. There are 2475 couples consist of a total of 4950 individuals (2475 for women, 2475 for men). It contains data for men and women, married or living together, who both declared to be married (and living together) to each other and completed individual interviews (questionnaires). Each unit includes demographic information of the women and men, including their education level, language of interview, ethnicity, wealth, residence in urban areas, religion, and region of origin.

I used the logistic regression model to test first hypothesis about male partner's responsibility for contraceptive use. The analytical sample size of this analysis is 2475 male respondent with controlling both partner's sociodemographic characteristics such as household wealth, residence in urban areas, education level of woman and man, the interaction of education level between woman and man. In addition, I dummy out the effect of religion, region, and ethnicity to limit the effect of unobservable such as local cultures and considering other multilingual aspects. For second hypothesis about couple's joint decision making, I used the logistic regression model and multinomial logistic regression model. The analytical sample size of this analysis is 2088 female respondents since pregnant women at the survey time did not asked about questionnaire asking type of decision making for contraceptive use. All the control variables are same.

Dependent Variable

The outcome variable for testing the hypothesis 1 is "agreeing about the statement that 'contraception is a woman's concern and a man should not have to worry about it'." The data is only collected from male respondents with the statement, "contraception is woman's business, man should not worry". The "don't know" responses were dropped. 78% of men disagree with that statement. I coded it as a value of 0 if men disagree this statement, otherwise put 1 if men

agree with this statement.

The outcome variables for hypothesis 2 are decision making type which asked to women “Would you say that (not)using contraception is mainly your decision, mainly your (husband's/partner's) decision, or did you both decide together”. There are four types of answers, mainly I(he) decide, mainly he decides, jointly decide and other decide. When I analyzed it with logistic regression model, I constructed dichotomous variable that 1 is “jointly decide” and 0 is “not jointly decide”. I used original responses for multinomial logistic regression model.

Explanatory Variable

Based on the language landscape of Uganda, I treat English and Luganda as “higher status languages” and all other languages as “lower status languages.” The DHS offers both ‘language of interview’ and ‘native language.’ These interviews are done individually, so I have both sides’ language of interview and native language. Therefore, I can code each individual and couple by status of language. While the native language would be the most fluent language that the participant considers speaking, at the same time, many people can speak more than two languages in a multilingual society. To capture this bilingual aspect of an individual, I use the language of the interview for explanatory variable rather than native language. In particular, there are not many people whose native language is English (16 women, 0.23% and 23 men, 1%), but 272 men (11.81%) and 245 women (10.64%) interviewed in English. Since interview language and native language has 70% correlation, using language of interview as an explanatory variable would not limit our studying for language of couple’s communication and fertility decision making.

While ‘language of interview’ cannot show the level of proficiency, I assume that interview would be conducted in the most comfortable language among possible languages in

which both the interviewer and interviewee can speak. I also dummy out the interviewee's region and ethnicity for considering unobservable multilingual aspects. Even though the 'language of interview' is proxy, I refer it 'women who speak XX language' or 'men who speak XX language' in the interpretation of results for having more intuitive and simplified interpretation. There are four categories for the explanatory variable, couple language: 1) both partners of couples speak lower status languages which are neither Luganda or English, 2) both partners of a couple can speak higher status languages which are either Luganda or English, 3) a woman is the only person who can speak the higher status language in the couple, and 4) a man is the only person who can speak the higher status language. The reference category is 'both partners speak a lower status language,' which is most common and a majority in Uganda.

Results

In this section, I presented descriptive statistics to give a brief information of a couple's demographic characteristics and regression models for hypothesis testing.

[Table 1 insert here].

In our couple level sample (Table 1), both partners speak the low-status language is the largest among categories, and only women who speak high-status language are the least prevalent in this sample. In general, most males disagree that "contraception is a woman's concern and a man should not have to worry about it." In terms of decision-making type, a joint decision is highest and followed by 'mainly women decide.' Mean years of education, age, and ideal number of children are higher for men than women. Christianity is a popular religion in Uganda, and 71% of couples are of the same ethnicity, while 29% are of different ethnicities. 80% of couples in a rural area and 20% are in an urban area.

Language and Male Opinion about Contraceptive Use

Hypothesis 1: The male partner of a couple who speaks a higher status language is more likely to share responsibility for contraceptive use than a male partner who does not speak a higher status language.

[Figure 2 insert here].

For a man who speaks a high-status language while his partner did not, he is 1.6 times as likely as both partners speak a low-status language to agree with statement “Contraception is woman’s business, a man should not have to worry”, holding all the other variables constant. This result is net of education, age, wealth, religion, region, residence, ethnicity and ethnic homogamy feature.

[Table 2 insert here].

In terms of men’s opinion on contraceptive use (Table2), when the only male partner can speak a higher status language, we expect 1.667 times of odds of agreeing with the statement, “contraception is woman’s concern, man should not have to worry,” than the odds for a couple who cannot speak a higher status language. It may indicate that a male partner of a couple, who can speak a higher status language while his partner cannot, is less likely to involve in contraceptive decision making because they are more likely to think that contraception is a woman’s business and a man should not worry. According to the post estimation test results, “only woman speaks the high-status language” is statistically different from other couple types, “both speak the high-status language” and “only man speaks the high-status language”. Male whose partner speaks high status language while he could not are less likely to agree the statement, “contraception is woman’s concern, man should not have to worry,” which may indicate that those men are more likely to involve in decision making for contraception.

Language and Couple Agreement for Contraceptive Method

Hypothesis 2: A couple who speaks a higher status language is more likely to be in agreement about contraceptive use.

[Figure 3 insert here].

For women who speak a high-status language while her partner did not, she is 0.6 times as likely as both partners speak low-status language to make a joint decision for family planning, holding all the other variables constant. A couple in which both partners speak a high-status language is 0.563 times as likely as both partners speak a low-status language to make a joint decision for family planning, holding all the other variables constant. This result is net of education, age, wealth, religion, region, residence, ethnicity and ethnic homogamy feature. Since couples who speak a high-status language are somewhat away from common expectations, I move on to multinomial logistic regression to see more specific cases.

[Figure 4 insert here].

According to the results from multinomial logistic regression, we can see the two different patterns (Figure 4). When both speak high-status language, mainly women decide whether using the contraceptive method or not. However, when only women speak high-status language, mainly men decide whether to use or not use the contraceptive method. To be more specific, for a couple in which both partners speak a high status language, they are 1.76 times as likely as both partners speak low status language to make a decision mainly by women relative to joint decision for family planning, holding all the other variables constant. However, for a couple in which only women speak a high status language, they are 2.87 times as likely as both partners speak low status language to make a decision mainly by men relative to joint decision for family planning, holding all the other variables constant (Table 3).

[Table 3 insert here].

Discussion and Limitation

This study shows the possibility of further research in relation to language and couple's communication in fertility decision making in a multilingual society. Clearly, this study is not aiming to address causal inference of language and fertility behavior, and it focused more on calling attention from scholarship to language factor for fertility behavior in the micro-level. In particular, we may need to discuss the heterogeneity effect of language status on men and women in the context of a couple dynamics. According to the results, speaking higher status language may reflect a different position in terms of fertility decision making.

On the one hand, when a man only can speak the higher status language within a couple, he is more likely to agree with the statement, “contraception is woman’s concern, man should not have to worry,” which may indicate that he is less likely to be involved in decision making for contraceptive use. Male partner’s involvement in contraceptive practice is not only important for constant use of a contraceptive method (Reed et al. 2014), but also for alleviating women’s emotional barriers for initiating sexual communication and negotiating condom use, which have unfavorable cultural connotations in most of sub-Saharan Africa countries. Nevertheless, when a male partner has a language habitus while his partner does not have, he holds up the idea that may burden women for fertility decision making. Since the man is the primary decision-maker and little communication occurs in most couples in Uganda (Wolff, Blanc and Ssekamatte-Ssebuliba 2000), men who speak high-status language may obtain additional symbolic power to their traditional male authority. On the other hand, when a woman only can speak the higher status language, he is less likely to agree with the statement, “contraception is woman’s concern, man should not have to worry,” which may indicate that he is more likely to be involved in

decision making for contraceptive use. However, we may need to give a more cautious interpretation because women who speak the high-status language may obtain additional symbolic power that may threaten men's traditional male authority and masculinity norm.

Along with similar line of thoughts, multinomial logistic regression results show that, in a given condition that both can speak high-status language, her agency of decision making for the contraceptive use might be relatively utilized easier than a situation that both speak low-status languages. However, men are more likely to utilize their agency (or power) for contraceptive use when only women speak high-status language, which may seem power imbalance that reverse a situation between men and women. It could be corresponding that men are less likely to agree the statement "contraception is woman's concern, man should not have to worry" when only women speak high status language.

I took a couple-based approach (Killewald and Garcia-Mangano 2016) for this analysis because communication involves interaction rather than it being unilateral. However, it is based on the language that the couple can speak rather than the couple's communication itself, which has some limitations for depicting a full picture of within-couple dynamics in communication around fertility behavior. Particularly, this study is limited to address the underlying mechanism of mediating role of language for couple's sexual communication including its contents, expression and cultural connotation of terms.

Conclusion

So, "does language matter for fertility behavior in multilingual society?" Even though we did not know the exact pathway for Uganda's case, several different underlying mechanisms might explain those results. All those previously pointed out some language effects net of education,

SES, urban residence, region, religion, and ethnicity. A couple who speak a higher status language is more likely to access new information, accept a distinct lifestyle or values that seem urban and modern family, and recognize their agency for fertility decision-making. In addition to its effects, we also consider heterogeneity language effects for men and women. Although I did not have a clear answer yet, but suspect an interrelation of high-status language and social identity. When one partner can speak a higher status language while another cannot, the language effect works differently by gender. When a man only can speak a higher status language, he is more likely to hold up the idea that may give more burden to women in terms of contraceptive use because people view publicly discussing contraceptive as taboo, those cultural connotations of discussing contraceptives might be an emotional barrier for these women (Wolff, Blanc and Ssekamatte-Ssebuliba 2000). On the contrary, when both speaks a high-status language, mainly she decides for contraceptive use.

Although we need more research on this heterogeneity, I suspect a different mechanism of symbolic meaning of high status language between men and women within pervasive gender scripts around fertility decision making. High-status language may be a be a criterion for men to view themselves as urbanized men as well as women, but it may give additional symbolic power to them for being more confident that her decision would follow what he expected. According to Wolff and colleagues' study (2000), men are more confident about knowing their partner's intention than women even though they did not discuss their intention much in Uganda. Therefore, they can be more likely to agree "contraception is woman's concern, man should not have to worry" because they believe they know her intention. In that sense, when both partners can speak high-status language, women can have more room to utilize their agency to decide whether to use contraceptives or not. However, when only women speak high-status language

while men do not, their masculinity could be hampered, and men are more likely to use their traditional male authority and masculinity norm as the prime decision-maker of fertility behavior, which may confirm that men whose partner speaks the high-status language and he does not are less likely to agree "contraception is a woman's concern, man should not have to worry."

Even though there were widely disseminated messages for contraceptive methods during the HIV epidemic in Uganda, the cultural gender scripts of discussing contraceptives and family planning are prevalent and influential. Within this social context, language status that gives individuals cultural and symbolic power works differently to males' views on their responsibility to contraceptive use and the couple's decision-making process. While this study tries to understand the role of language status for fertility behavior in a multilingual society, the final results lead us to see how language status for fertility behavior is under broader gender dynamics in a couple. Similar to Mbweza and colleagues' (2008) claim, establishing nongender-based cultural scripts for discussing contraceptive use and family planning would be important for encouraging shared decision-making for family planning. The results are not only on the same line with previous literature addressing the importance of language for fertility transition but also suggestive for further research, in particular, about the role of language status in couple's sexual communication in a multilingual society.

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Table 1: Descriptive Statistics

		Key predictor	
Both speak low status language		59.3%	
Bothe speak high status language		28.4%	
Only woman speaks high status language		5.0%	
Only man speaks high status language		7.2%	
		Outcome	
		"Contraception is a woman's concern and a man should not have to worry about it"	
Disagree		78.9%	
Agree		20.4%	
Don't know		0.7%	
		Decision making type	
Jointly decide		56.9%	
Mainly women decide		31.7%	
Mainly men decide		9.7%	
Mainly other decide		1.7%	
		Controls	
		women	men
Mean year of education		6.00	7.3
Mean age		29.70	35.2
Mean ideal number of children		5.10	6.2
Religion			
Anglican		32.1%	35.8%
Catholic		39.7%	39.1%
Muslim		11.6%	12.5%
Pentecostal		13.4%	9.7%
Other/No religion		3.4%	3.0%
Number of ethnicities		23	21
		Couple in same ethnicity	
Yes		71.3%	
No		28.7%	
Number of reproted regions		15	
		Residence	
Rural		79.9%	
Urban		20.1%	
Sample size		2475	

Table 2: Logistic Regression for Language on Men’s Agreement for Opinion around Contraception

VARIABLES	Hypothesis 2	
	Agreement to statement	P value
Ref: Both speaking lower status language		
Both speak higher status language	1.573 (0.443)	0.108
Only woman speak higher status language	0.728 (0.213)	0.279
Only man speak higher status language	1.667 (0.402)	0.034*
Observations	2,425	

Standard errors in parentheses

*** p<0.001, ** p<0.01, * p<0.05, + p <0.1

Presented in odd-ratio

I controlled the education level of both men and women, the interaction term of education level, a wealth of the couple, age of both men and women, couple’s urban residence, couple’s residential region, a religion of both men and women, ethnicity of both men and women, and ethnic homogamy feature.

18 observations of “don’t know” answer dropped. Among 2457 analytical samples, 32 observations for the model were deleted by listwise deletion because some of women’s ethnicity and men’s ethnicity predicts outcome perfectly.

Table 3: Logistic Regression for Language on Couple Agreement for Contraceptive

Method

VARIABLES	Reference		p value	Reference	
	Jointly decide	Mainly she decide		Mainly he decide	p value
Ref: Both speaking lower status language					
Both speak higher status language		1.761*	0.046	1.25	0.646
		0.499		0.609	
Only woman speak higher status language		1.315	0.321	2.865**	0.004
		0.362		1.048	
Only man speak higher status language		1.11	0.675	1.463	0.326
		0.266		0.566	
Observations			2088		

Standard errors in parentheses

*** p<0.001, ** p<0.01, * p<0.05, + p<0.1

Presented in odd-ratio

I controlled the education level of both men and women, the interaction term of education level,

a wealth of the couple, age of both men and women, couple's urban residence, couple's residential region, a religion of both men and women and ethnicity of both men and women.

385 observations of "currently pregnant" cases were excluded by survey filtering and 2 random missing values

Figure 1. Conceptual Model for Language Effect

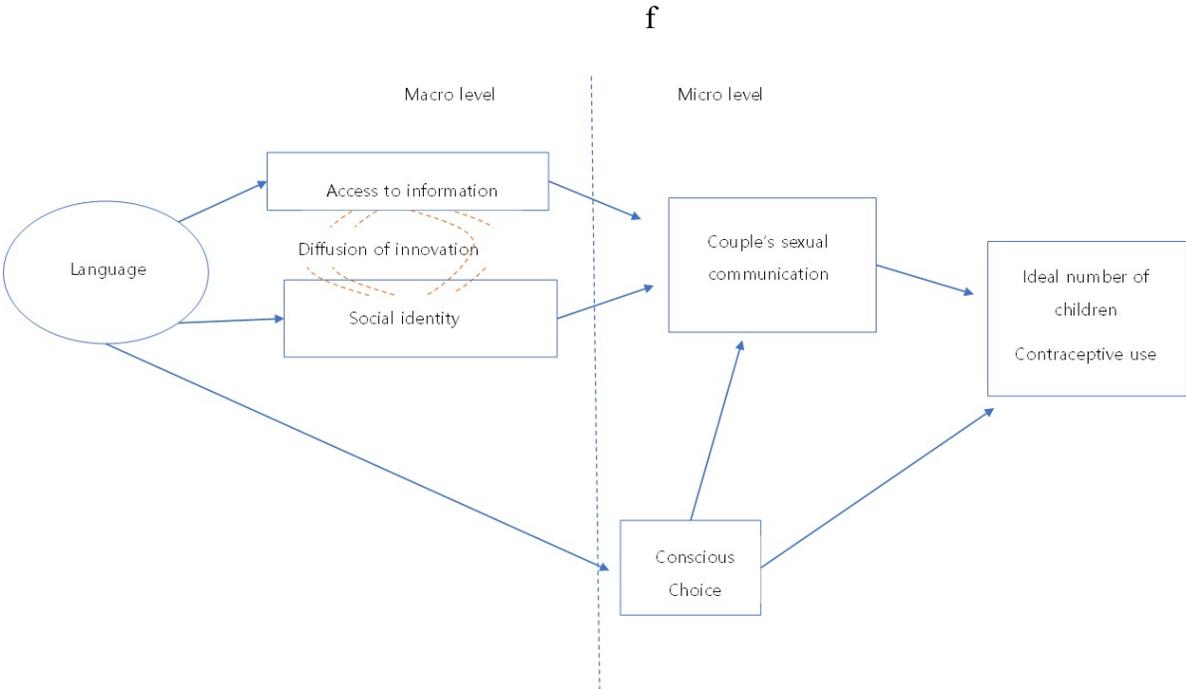


Figure 2. Odds Ratio of Men Agreeing to the Statement “contraception is woman’s concern, man should not have to worry”

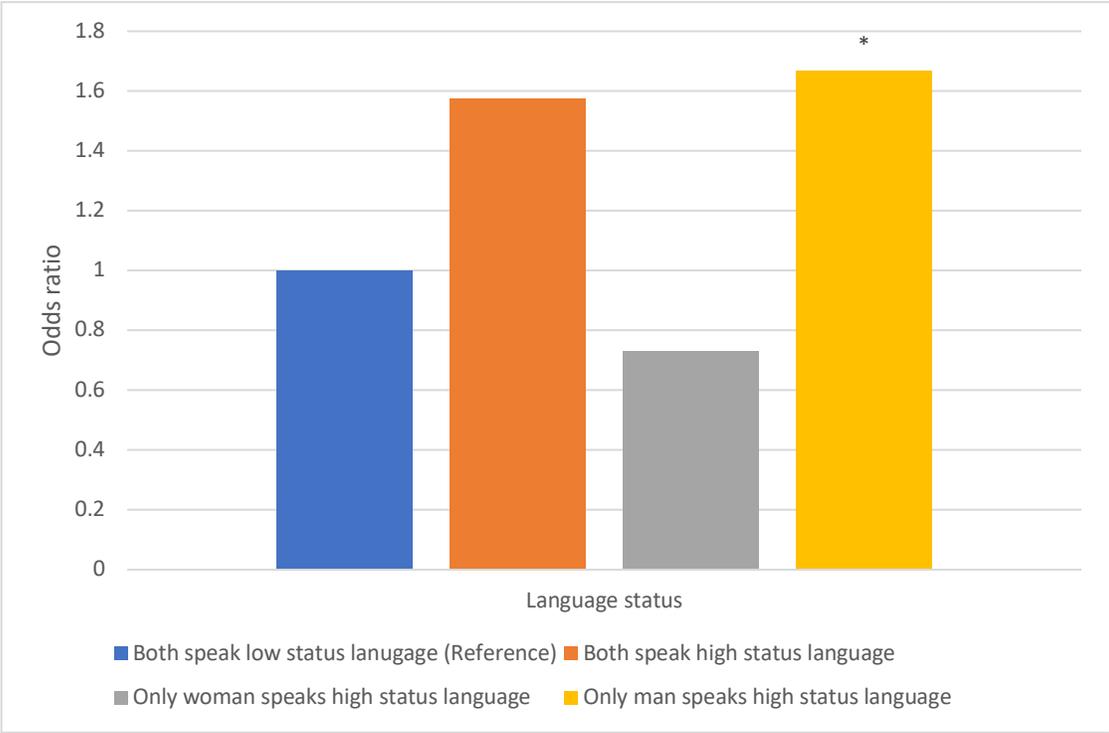


Figure 3. Odds Ratio of a Couple Making Joint Decision for Contraceptive use

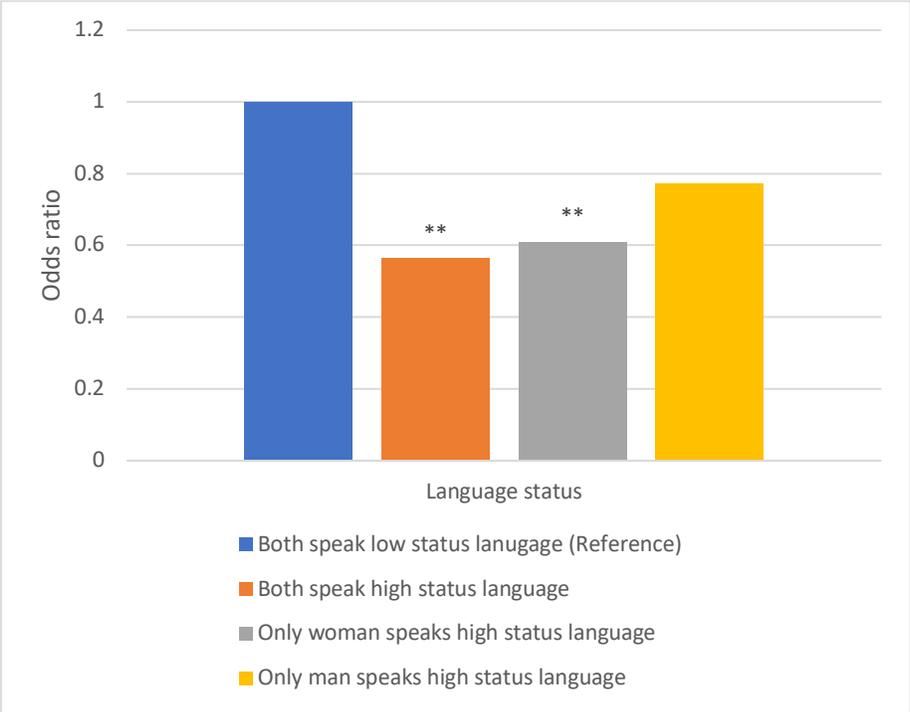


Figure 4. Relative Risk Ratio of Joint Decision Making

