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Original Article

Fertility Desires among Married Men in Rural Areas of Tanzania: Implications for Family Welfare and Sustainable Development

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High fertility rates remain a major obstacle to family welfare, public health, and socioeconomic growth in Tanzania, especially in rural areas yet married men in these areas strongly desire large families. While understanding its drivers is essential for designing strategies to intervene in the situation research on specific drivers in rural areas is limited. This study aimed to assess the fertility desires among married men in rural areas of Tanzania and its implications for family welfare and sustainable development, specifically the study examines the prevalence of fertility desires among married men, analyzes its implications on family welfare and sustainable development, and examines the drivers for higher fertility rate in rural Tanzania. The study used the 2022 Tanzania Demographic and Health Survey (TDHS) data. A total of 3961 cases were analyzed to obtain the answer for this study. Both descriptive and inferential statistical data analyses were used in making the data analysis. The findings indicated that the fertility rate among married men in rural Tanzania is higher relative to their urban counterparts. Such a high rate implies, among others, that the family's economic welfare will be distorted, and parental care will be limited resulting in moral decay; increased maternal and child health problems, and pressure and depletion of resources will be increased. Men's desire for children is shaped by several factors, including age, education, knowledge of contraception, ideal number of children, number of living children, marital status, frequency of newspaper reading, and wealth index. Given the observed scenario, the study recommends that the government and non-government sectors should establish comprehensive efforts to promote family planning and reproductive health for better utilization of the available resources, encourage couple-based counselling at health facilities, promotion of male contraceptive methods such as condoms and vasectomy.

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INTRODUCTION

High fertility level is a global phenomenon presenting numerous challenges that affect not only the families of the subjects but also overstrain the government, and the economy regarding social services delivery, and resource use (Fraser, B. 2020; 2020; Café et al., 2017; Torres, 2021; Bueno, 2023). The global statistics have indicated that there are more than 7 billion people in the world of which more than half reside in Asia, while nearly a quarter of these people live in Africa (Statistica, 2025). Asia and Africa alone contribute to nearly 77% of the global population (Esteve, A et al. 2024; Worldometer, 2025). The 2050 global population estimate reveals that by 2100, more than 11 billion people will be living on the earth given the current population increase (WPP, 2024; Worldstats, 2025). While there has been a remarkable decline in the population in Asia and other regions of the world (ESCAP, 2023; Njuguna, 2024; Scherbov and Sanderson, 2023; Statistica, 2024), however, Africa, especially in sub-Saharan regions, still holds the largest population growth rate. Statistics have shown that the African annual growth rate remains at 2.32 while in Asia, the Caribbean, and Europe lies below 1. The largest contributor to the population growth rate is the fertility rate, of which Africa has the largest fertility rate (4.015) in the world, while other regions have fertility rates below 2 (Robards, J. 2022; Worldometer, 2025).

Africa Sub-Saharan regions are among the regions having the highest fertility rate in the world. The 2022 statistics have revealed the highest fertility rate of 4.53 (World Bank, 2024). Despite a noticeable decline from 5.16 in 2012 to 4.53 in 2022, however, this rate is still very high hence causing the region to contribute the largest share of people to the African population. East African countries are among the countries in sub-Saharan Africa earmarked as the regions with the highest fertility rate lying above 4. Not only that, but also has the highest population growth rate of 2.6% per year and constitutes the largest share (6.15%) of the African population. Other regions are West Africa and the Middle Africa,

In Tanzania, several strategies have been employed to reduce the high fertility rate, especially in rural areas where the fertility rate is high. Nonetheless, many of these interventions and programs target women while overlooking the roles of men in family fertility decision-making (USAID, 2021; MoHCDGEC, 2021; WORLD BANK, 2023; Count down 2030, 2023). Studies have shown that decision-making regarding fertility is often more male-dominated than that of their female counterparts (Harlow et al, 2020; Osuafor et al, 2023; Kiani et al, 2024). In this case, neglecting their roles undermines their potential and may render the problem unaddressed. While understanding the drivers is essential for designing

any prevention mechanism, research in rural areas is very limited. This study therefore intends to assess fertility desires among married men in rural areas of Tanzania and its implications for family welfare and sustainable development, specifically the study examines the prevalence of fertility desires among married men, analyzes its implications on family welfare and sustainable development, and examines the drivers for higher fertility rate in rural Tanzania.

MATERIALS AND METHODS

Study Design

This is the seventh Tanzanian DHS survey to be carried out under the DHS Program: the 2022 Tanzania Demographic and Health Survey and Malaria Indicator Survey (2022 TDHS-MIS). From February to July of 2022, data were collected. The whole Tanzanian mainland as well as Zanzibar were included in the study. The DHS program measure allowed for the acquisition of the datasets. At <https://www.dhsprogram.com>.

The Study Population and Sample Size

Men between the ages of 18 and 55 made up the study population. From the data, which was extracted from the men's individual recode files (TZBR81DT), 32817 individuals between the ages of 18 and 55 were chosen. In this study, men responded to the question of desire for more children (mv605) which resulted in 3961 respondents.

Sampling Design

Two stages made up the sample design for the 2022 TDHS-MIS, which was meant to yield estimates for the entire nation, for Zanzibar, and for mainland urban and rural regions. Choosing sample locations (clusters) from the enumeration areas (EAs) drawn for the 2012 Tanzania Population and Housing Census (PHC) was the first step. A total of 629 clusters were chosen. There were 418 EAs from rural regions and 211 EAs from urban areas out of the 629 EAs. For the 2022 TDHS-MIS, a total of

16,354 homes were to be included in the second stage, which involved the methodical selection of 26 families from each cluster. Using this technique, 40394 men between the ages of 18 and 55 made up the probability sample of 32817

Variables

Response Variable

To identify the dependent variable, the question in a men's questionnaire was used to identify whether they wanted more children and if so, how long. Would they prefer to wait before the birth of the next child? The question had eight responses as follows: "Never had sex", "declared infecund", "Sterilized", "Wants no more", "Undecided", "Wants, unsure timing", "Wants within 2 years", "Wants after 2+ years". To classify their responses, we coded 1 for "wants within 2 years," "wants after 2+ years," or "wants, unsure timing." The remaining responses were coded as 0, indicating that the respondent did not wish to have more children.

Independent Variables

The research employed categorical independent factors following a literature review, including age, education level, wealth index level, place of residence, the ideal number of children, marital status, number of living children, knowledge of contraception, and frequency of radio listening.

Data Analysis

First, the descriptive study of the respondents' characteristics was done before moving on to a bivariate analysis to examine the relationship between each independent and dependent variable. The Multivariate Logistic Model was then extended to include the statistical significance factors to investigate their potential as predictors of men's desire to have more children. Stata Version 16 was used for both processing and analysis.

RESULTS AND DISCUSSION.

Prevalence of Fertility Desires Among Married Men

The results (Figure 1) indicate that the family formation rate among married men in rural Tanzania stands at 69.03%, significantly higher than the 30.07% observed in urban areas. This figure exceeds the average fertility rate of 44% reported in developed countries (Cheng et al., 2022). Further analysis reveals that within male-headed households, the rate rises to 86.7%, suggesting that children play a vital role in contributing to economic activities, such as agriculture, and preserving cultural heritage activities predominantly associated with rural

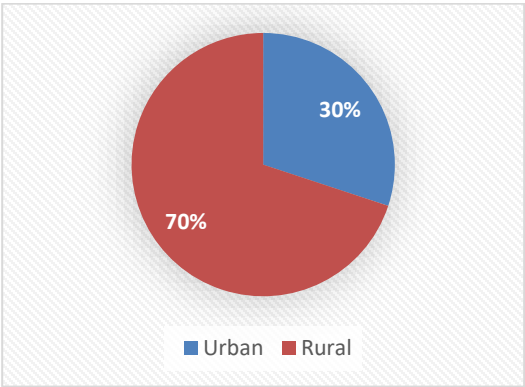
settings (Odusina et al., 2020; Church et al., 2023). Additional comparisons across household sex and marital status demonstrate that male-headed households and married men exhibit a stronger preference for larger families than female-headed households or men merely cohabiting with a partner. This pattern underscores the significant influence that married men and male-headed households exert over family size decisions (Harlow et al., 2020; Osuafor et al., 2023; Kiani et al., 2024; Ling et al., 2017; Menashe et al., 2023; Saya et al., 2021). Collectively, these findings highlight a notably elevated fertility rate among married men in rural areas, reflecting both socioeconomic and cultural dynamics as shown in Table 1.

Table 1: Cross-tabulation of Family Size Against Household Characteristics

Characteristics	Categories	Family size /household member				Total
		1 to 3	4 to 5	6+	10+	
Place of residence	Urban	296 (7.47)	538(13.58)	259(6.54)	98(2.47)	1191(30.07)
	Rural	517(13.05)	1211(30.57)	657(16.59)	385(9.72)	2770(69.93)
Marital status	Not in union	127(3.21)	445(11.23)	381(9.62)	235(5.93)	1,188(29.99)
	Married	596(15.05)	1153(29.11)	475(11.99)	208(5.25)	2432(61.4)
	Living with a partner	90(2.27)	151(3.81)	60(1.51)	40(1.01)	341(8.61)
Sex of household head	Male	738(18.63)	1,496(37.77)	814(20.55)	386(9.75)	3434(86.7)
	Female	75(1.89)	253(6.39)	102(2.58)	97(2.45)	527(13.3)

The high fertility rate in rural areas is a well-documented phenomenon, consistent with findings from prior research (Lerch, 2019; Tesfa et al., 2023; Ahinkorah et al., 2024). Lerch (2019) attributes this trend to restricted access to education, healthcare, and family planning services, which collectively sustain higher fertility rates in rural settings. Additionally, urban-to-rural migration and the economic dependence on agriculture further reinforce the preference for larger families, as noted by Ahinkorah et al. (2024) and Tesfa (2023), highlighting the interplay of socioeconomic and structural factors in shaping reproductive behaviour in these regions.

Figure 1: Fertility Rate in Rural and Urban Areas of Tanzania



Implications for Family Welfare and Sustainable Development

Family Economic Welfare

In African culture, men are usually regarded as the primary family breadwinner entrusted with the responsibility of feeding the household (Omotay, 2023). The observed high fertility rate in rural Tanzania implies that a family may struggle with financial resources, affecting children's education and healthcare. Studies (Reader, M and Andersen, K. 2022; Chamie, J. 2023) have indicated that other factors remaining equal, a household with a large family size finds difficulty in meeting the essential needs of the household. According to Becker (1960) in his economic theory of fertility, as the number of children in the family increases, per-child investment in education, health, and wellbeing declines due to limited resources. Owing to such bottlenecks the finding underscores the need for family planning to help improve economic stability and therefore the living standard of the household.

Health and Well-being

Apart from affecting the family's economic welfare, high fertility rates can affect maternal and child health. This is due to increased health risks for mothers and limited resources supplied to a child (WHO, 2022; Alkema et al., 2016). The frequency of pregnancies with short intervals between one birth and another increases the likelihood of occurrence of complications (Alkema et al., 2016). Moreover, repeated pregnancies without sufficient recovery time may lead to malnutrition as well as weaken a mother's overall health (Black et al., 2013). These health challenges may consume a lot of family resources in an attempt to look for treatment, and hence lead into a cycle of poverty. In addition, large families often struggle to provide adequate nutrition, leading to childhood stunting, which affects the cognitive and physical development of a child (Reader, M and Andersen, K., 2022). The Tanzania Demographic and Health Survey [TDHS], 2021 observed that the high rate of

child stunting in Tanzania is caused by food insecurity in households with high fertility rates. The malnourished children are more likely to have poor health as adults perpetuating cycles of poverty and diseases (UNICEF, 2020)

Limited Parental Attention and Care

Large family size can lead to reduced time and resources allocated to each child, affecting breastfeeding, hygiene, and overall well-being (Bradley and Corwyn, 2002). This leads to reliance on extended family for the provision of child care. This leads to moral decay.

Environmental Sustainability

High fertility rates contribute to land pressure and resource depletion, particularly in rural areas where agricultural activities are the main livelihood. As the population grows due to higher fertility rates there is an increased demand for land to accommodate the expanding population. This leads to the fragmentation of land holdings reducing available arable land per household and making it difficult to maintain agricultural productivity (Bongaarts, 2016). With more mouths to feed, farmers may resort to unsustainable farming practices such as overuse of land, deforestation, and soil degradation in an attempt to increase food production. Additionally, studies have shown that increased population growth in rural areas often correlates with the over-extraction of water resources and a decline in soil fertility due to intensified agricultural practices (Malthus, 2023; FAO, 2020)

Education and Gender Equality

Large families may limit educational opportunities, particularly for girls by contributing to the cycle of poverty and gender inequality. In sub-Saharan Africa and some parts of Asia, large family sizes often mean limited household resources making it difficult for families to invest in education, particularly for girls who are often expected to contribute to household chores and caregiving.

Recent studies such as those by Chisumpa et al (2022) have shown that high fertility rates are directly associated with lower educational attainment for girls in low-income countries. Furthermore, UNICEF (2020) reports that in countries with high fertility girls are more likely to miss out on secondary and higher education which limits their employment prospects and perpetuates gender inequality in the workforce.

Socio-demographic Factors Influencing Fertility Desires Among Men

Table 2 shows the association between the desire for more children (dependent variable) and the

independent variables used in this study. Independent variables that were statistically significant and associated with the desire for more children at the 5% level of significance were age, education, use of a contraceptive, the ideal number of children, number of living children, frequency of listening to radio, frequency of watching television, frequency of reading a newspaper or magazine, wealth index combined, frequency of using the internet, meanwhile, the place of residence was not significantly associated with the desire for more children.

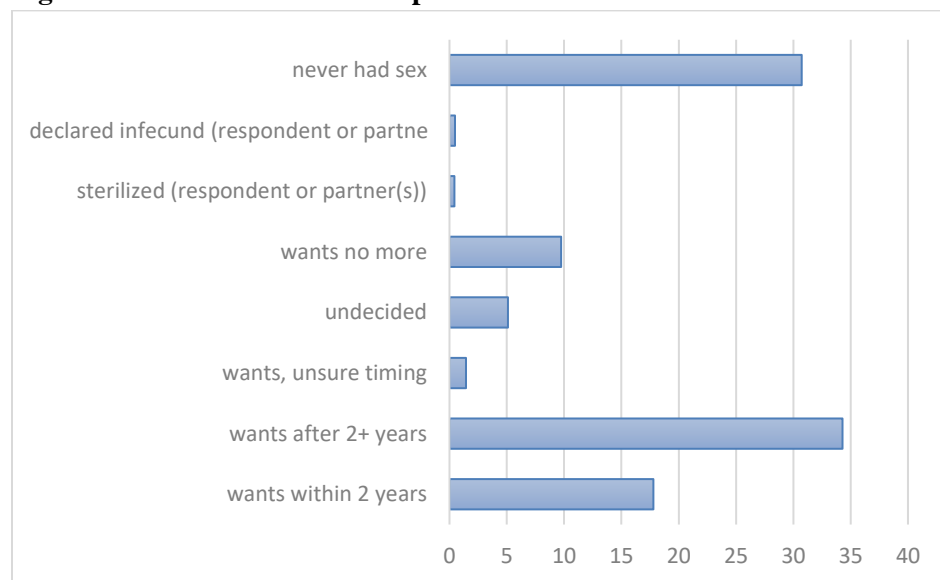
Table 2: Description of Socio-demographic Factors Influencing Children's Desire Among Men

Children desire					
Variable	Category	Yes	No	n (%)	P-value
Age	15-24	1,126(28.3)	211(5.3)	1337(33.75)	<0.001
	25-34	181(4.57)	932(23.53)	1113(28.1)	
	35-49	499(12.60)	1012(25.55)	1511(38.15)	
Education Level	Preschool/Early childhood	166(4.19)	267(6.7)	433(10.93)	<0.001
	Primary	878(22.16)	1,221(30.83)	2099(52.99)	
	Secondary	721(18.20)	597(15.07)	1318(33.27)	
	Higher	41(1.04)	70(1.76)	111(2.8)	
Wealth Index	Poorest	240(6.06)	373(9.42)	613(15.48)	<0.001
	Poorer	305(7.70)	410(10.35)	715(18.05)	
	Middle	413(10.43)	429(10.83)	842(21.26)	
	Richer	405(10.22)	507(12.80)	912(23.02)	
	Richest	443(11.18)	436(11.01)	879(22.19)	
Place of residence	Urban	568(14.34)	623(15.7)	1191(30.07)	0.082
	Rural	1,238(31.25)	1,532(38.68)	2770(69.93)	
Ideal number of children	0-3	521(13.15)	273(6.89)	794(20.04)	<0.001
	4 to 5	681(17.19)	746(18.84)	1427(36.03)	
	6+	604(15.25)	1136(28.68)	1740(43.93)	
Marital status	Never in union	1,188(29.99)	0(0.00)	1188(29.99)	<0.001
	Married	561(14.16)	1,871(47.24)	2432(61.4)	
	Living with partner	57(1.44)	284(7.17)	341(8.61)	
Number of Living Children	0		160(4.04)	1368(34.54)	<0.001
	1 to 3	1,208(30.50)	1,224(30.90)	1415(35.72)	
	4+	191(4.82)	771(19.46)	1178(29.74)	
Contraceptive knowledge	knows no method	240(6.06)	44(1.11)	284(7.17)	<0.001

Children desire					
Variable	Category	Yes	No	n (%)	P-value
	knows only folkloric method	0(0.00)	1(0.03)	1(0.03)	
	knows only traditional	8(0.20)	1(0.03)	9(0.23)	
	knows modern	1,558(39.33)	2,109(53.24)	3667(92.58)	
Frequency of listening to radio	Not at all	489(12.35)	440(11.11)	929(23.46)	<0.001
	Less than once a week	568(14.34)	620(15.65)	1188(29.99)	
	At least once a week	749(18.91)	1095(27.64)	1844(46.55)	
Frequency of reading newspaper	Not at all	1,204(30.40)	1,350(34.08)	2554(64.48)	<0.023
	Less than once a week	339(8.56)	436(11.01)	775(19.57)	
	At least once a week	263(6.64)	369(9.32)	632(15.96)	
Frequency of watching television	Not at all	490(12.37)	510(12.88)	1000(25.25)	<0.043
	less than once a week	572(14.44)	709(17.90)	1281(32.34)	
	at least once a week	744(18.78)	936(23.63)	1680(42.41)	
Frequency of using the internet last month	not at all	1,492(37.67)	1,629(41.13)	3121(78.79)	<0.001
	less than once a week	24(0.61)	53(1.34)	77(1.94)	
	at least once a week	92(2.32)	151(3.81)	243(6.13)	
	almost every day	198(5.00)	322(8.13)	520(13.13)	

Source: TDHS 2022

Figure 2: Distribution of Participants



Interpretation of the Findings

The results from the multivariate logistic regression for each predictor of desire for more children among men are depicted in Table 2. Considering age, men

with 35 to 45 years (OR:0.399, 95% CI: 0.236-0.67888, $p<0.0001$) had lower odds of desiring more children compared to men aged between 15-24. Men with secondary education (OR:2.0756,

95% CI:1.37957-3.12301, $p<0.0001$) had higher odds of desiring more children compared to those men with no education and higher education. Men categorized as middle and rich wealth index (OR:0.70238, 95% CI: 0.50268 – 0.98141, $p<0.0001$) and (OR:0.57789, 95% CI: 0.38364-0.87049, $p<0.0001$) respectively had higher odds of desiring more children compared to poor and richer men. Men who considered 4-5 (OR: 1.54058; 95% CI: 1.14962 – 2.06449, $p<0.0001$) and 6⁺ (OR: 4.55803; 95% CI: 3.33386-6.23172, $p<0.0001$) as the ideal number of children had higher odds of desiring more children compared to those who considered 1 – 3 as the perfect number of children. Married men (OR:0.66508; 95% CI: 0.47806 – 0.962526, $p<0.015$) had higher odds of desiring more children than those who were living with partners as well as those who were not in union. Men with 4⁺

Living children (OR:0.27828; 95% CI: 0.15996-0.48412, $p<0.0001$) had low odds of desiring more children compared to those who had no children and those with 1-3 living children. About contraceptive knowledge, men who know the modern method (OR:0.36862; 95% CI: 0.14429-0.94169; $p<0.037$) had low odds of desiring more children compared to those who do not know any method as well as those who know the traditional method. Men who read newspaper less than once a week (OR: 1.317171; 95% CI: 1.00505-1.726222, $p<0.046$) had low odds of desiring more children compared to those who do not read newspapers at all and those who read at least once a week.

DISCUSSION

The study findings show that young men have higher significant odds of having more children than older men. The results are in line with the study conducted by Chauhan et al, (2021) in India whereby they found that more than half (54%) married young men (age 20-29 years) wanted to have at least one more child in comparison with only 22% and 5% in ages 30-39 and 40-49 years, respectively. However, the male fertility level is

found to decline as well and the fertility pattern is moving into higher ages likewise the reproduction period for men is getting shorter. The results reflect that in many rural Tanzanian communities, cultural expectations may place value on large families, particularly among younger men who might feel pressure to prove their virility and status through the number of children they have. Furthermore, the study reveals that men with higher education had a higher desire for more children which is similar to the study done by Nisén, et al, (2018) who found that having higher education and other favourable socioeconomic characteristics across the life course associated positively with the eventual number of children among the Finnish. The results imply that educated men in rural areas might still adhere to traditional beliefs that value larger families, perhaps seeing it as a status symbol or aligning with their cultural identity. Moreover, the study found that men categorized as middle and richer wealth index have higher odds of desiring more children than poor and rich men. This shows that men who can afford to provide several social services to their children have higher odds of desiring more children compared to those who cannot afford them. This indicates that middle and rich men still believe that having many children can assist in various economic activities, including farm work which is contrary to the richest men who work to get a salary to care for their children (Maina, N. 2017, Oloade, A. et al.2023)

Furthermore, the study found that men who considered 4-5 and 6⁺ as the ideal number of children had higher odds of desiring more children than those who thought 1 – 3 was the ideal number. The findings are similar to the study done by Odusina, E. K., et al. 2020; Paudel, R et al. 2018) who found that men desire more children than their wives, with the average ideal number of children being 7.2 for men and 6.1 for women; also, polygamous men tend to desire larger families compared to their monogamous counterparts. The rationale for these results might be the view that having more children is an economic strategy,

particularly in rural areas of Tanzania (agrarian communities) where children contribute to the household labour force. This practical consideration might reinforce the desire for a larger family size, even if resources are strained. Again, the study found that married men had higher odds of desiring more children than those who were living with partners and those who were not in a union. The findings align with the study conducted by Odusina et al (2020), Matovu, J et al. (2017), and Church et al (2023) who found that the fertility desire of husbands was more than that of their wives and polygyny were associated with high fertility desire in which the addition of the wife is intended to acquire the family size and composition respectively. The findings reflect security in married men for their relationships and thus desire a large family, while cohabiting men perceive less commitment, leading to more caution about having a family. Also, men with 4+ Living children had low odds of desiring more children compared to those who had no children and those with 1-3 living children. This implies that men with four or more children do not desire additional children due to economic and social family constraints. The results are contrary to the study done by Mashara, J. (2016) in Kenya who found that the number of living children, especially sons, significantly influenced the desire for more children among married men. Men with more sons had higher odds of desiring additional children than those who preferred fewer children.

The study findings revealed that men knowledgeable about the modern method were

associated with lower odds of desiring more children compared to those who do not know any method and those who know the traditional method. The results are similar to the study done by Ololade, et al. (2023), Bishwajit, G. (2017), and Assefa et al. (2016) who found that Knowledge of modern contraceptive methods among men was associated with a reduced desire for more children, reflecting greater acceptance of family planning and smaller families norms as well as with education and access to family planning services playing significant roles. Contrarily to Mwaisaka et al, (2020) who found that knowledge about contraceptive did not significantly reduce the desire for more children among men in Kenya due to strong cultural and familial pressures to have larger families and misconceptions about modern contraceptives.

The study reveals that men who read newspapers less than once a week had statistically significant low odds of desiring more children compared to those who do not read newspapers at all and those who read at least once a week. The findings are consistent with the study conducted in Indonesia, which shows that increased media exposure, including the more frequent reading of newspapers, led to a decline in fertility desires, Dewi, R. et al. (2018). The results imply that frequent reading of newspapers discourages large families rather than those who do not read newspapers. The findings imply that Men who read newspapers less frequently might encounter more impactful or diverse content that challenges traditional norms and encourages smaller family sizes.

Table 3: Multivariate Logistic Regression for Men's Children's Desire

Variable & category	Odds Ratio	Std. Err.	z	P>z	95% Confidence Interval
Age					
15-24	Reference				
25-34	1.04003	0.27975	0.15	0.884	0.6138865 1.761983
35-49	0.39990	0.10738	-3.41	0.001	0.236261 0.6768857
Education level					
No education	Reference				
Primary	1.03572	0.16250	0.22	0.823	0.7615393 1.408605
Secondary	2.07568	0.43263	3.5	<0.001	1.379576 3.123011
Higher	1.55537	0.55081	1.25	0.212	0.7769539 3.113662
Wealth index					
Poor	Reference				
Middle	0.70238	0.11988	2.07	0.038	0.5026835 0.9814177
Richer	0.88378	0.15871	-0.69	0.491	0.6215639 1.25663
Richest	0.57789	0.12079	-2.62	0.009	0.3836455 0.8704897
The ideal number of children					
0-3	Reference				
4-5	1.54059	0.23009	2.89	0.004	1.149629 2.064494
6+	4.55804	0.72735	9.51	0	3.333861 6.231722
Marital Status					
Never in union	Reference	(empty)			
Married	0.66508	0.11204	-2.42	0.015	0.4780673 0.9252625
Living with partner	1	(omitted)			
Number of living children					
0	Reference				
1-3	1.09027	0.29230	0.32	0.747	0.6446608 1.843911
4+	0.27829	0.07862	-4.53	<0.001	0.1599641 0.4841285
Contraceptive Knowledge					
Knows no method	Reference				
Knows only folkloric	1	(empty)			
Knows modern	0.36863	0.17640	-2.09	0.037	0.1442984 0.9416968
Frequency of listening to radio					
less than once a week	Reference				
At least once a week	0.86594	0.13116	0.95	0.342	0.6435145 1.165248
Frequency of reading newspapers					
Less than once a week	Reference				
At least once a week	1.48321	0.22088	2.65	0.008	1.107749 1.985942
Frequency of watching television					
less than once a week	Reference				
At least once a week	0.83603	0.12989	1.15	0.249	0.6165574 1.133614
Frequency of using internet last month					
Less than once a week	Reference				
At least once a week	1.02695	0.22757	0.12	0.904	0.6651583 1.585533
Almost every day	1.09770	0.20767	0.49	0.622	0.7576292 1.590428
Always	18.01693	10.67557	4.88	0	5.640515 57.54969

CONCLUSION AND RECOMMENDATIONS.

The study concludes that fertility desire among married men in rural areas of Tanzania is high.

The results highlight the importance of age, education, usage of contraception, ideal family size, number of living children, the influence of the media, and wealth index play a crucial role in shaping men's family planning decision-making.

Findings underscore the need for targeted reproductive health education and digital platforms for family planning, which address family size and preferences of rural communities. Moreover, the study findings are useful in developing education campaigns that promote awareness of reproductive health, gender equality, and the importance of family planning, particularly in rural areas, allocation of resources to rural areas of Tanzania where the fertility rate is high and family planning is not achieved which include recruitment of population planner graduates to a different level of management. The study also contributes to the theories about human behaviour, especially how socio-demographic, economic, and cultural factors influence fertility desire and decision-making among married men in rural areas of Tanzania.

The study recommends that public health campaigns should inform communities and couples about the advantages of using contraceptives to help people plan and have the number of children they want, as well as control the media (radio and digital platforms) to spread factual information about family planning.

The study focuses on the desire for more children, but it may not fully explore factors related to unintended pregnancies, which can also influence the increase in family size. The study is based on cross-sectional data, which captures a snapshot of the population at a specific point in time and does not consider cause and effect. Additionally, the study relies on self-reported data from men, which may be subject to recall and social desirability biases, especially on sensitive topics related to

fertility preferences and family planning. The TDHS report covers a lot of topics, which may not deeply consider the factors for children's desire among married men in rural areas, such as psychological motivations.

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