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Research Article

CORRELATES OF EVER FATHERING A CHILD AMONG MEN IN RELATIONSHIPS IN JAMAICA: FINDINGS FROM THE 2021 RHS SURVEY

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ABSTRACT

Despite global fertility decline, men remain underexamined in fertility research, particularly in the Caribbean. Using nationally representative data from the 2021 Jamaica Reproductive Health Survey of men and women aged 15–49 years, this study examines the prevalence and socio-demographic factors associated with men having ever fathered a child in Jamaica. The analytic sample included 1,313 men aged 15-49 years who had ever had sex and been in a relationship. Male fertility was measured as ever having fathered a child. Survey-weighted descriptive analyses and multivariable logistic regression were used to examine socioeconomic, sociocultural, and behavioural determinants of entry into fatherhood. The results indicate that a little over half of men (52.9%) had fathered a child. Age and relationship context were the strongest predictors of fatherhood. Men in common-law, married, and visiting unions had significantly higher odds of fatherhood than men in girlfriend-type relationships. Fertility norms linking masculinity to fatherhood were strongly associated with having fathered a child, while conditional views of readiness for fatherhood were associated with delayed entry. Earlier sexual initiation increased the likelihood of fatherhood. Education and employment were not significant predictors after adjustment. Male fertility in Jamaica is shaped primarily by life-course position, relationship context, gender norms, fertility intentions, and sexual timing, rather than socioeconomic status alone. These findings highlight the need to include men in fertility research and reproductive health policy. Strengthening male inclusion in SRH data systems is essential for advancing SDG 3, SDG 5, SDG 10, and SDG 17 in post-transition societies.

1. Introduction

Global fertility has declined sharply over the past six decades. The total fertility rate (TFR) declined from approximately 5.1 births per woman in 1965 to 2.2 in 2024. Fertility decline has often been interpreted through concerns about population size and demographic balance. Recent global discourse, however, reframes fertility decline as a matter of reproductive

autonomy. UNFPA's State of World Population 2025 describes current trends as a "real fertility crisis" because many individuals are unable to realise their fertility preferences. Structural, economic, and social constraints limit both childbearing and the ability to postpone or avoid births. This shift moves attention away from fertility levels and toward the conditions under which reproductive decisions are made.

Understanding contemporary fertility dynamics therefore requires moving beyond women-centred models of reproduction. Moreover, fertility outcomes are influenced by gender systems, social norms, and structural inequalities. Despite decades of investment in sexual and reproductive health (SRH), research and policy frameworks continue to focus primarily on women's bodies, behaviours, and life courses. When men appear in the literature, they are often framed as barriers to contraceptive use or as peripheral actors in family planning. Men are rarely analysed as reproductive agents with their own aspirations, constraints, and life-course trajectories (Greene & Biddlecom, 2000), As a result, men's fertility behaviour remains poorly understood, particularly outside high-income settings.

A growing body of research argues that fertility must be examined through a gender-relational lens (Watkins, 1993; Barker et al., 2011). Reproductive outcomes emerge from interactions between women's and men's intentions, negotiations, and social positions. Masculinity norms, partnership patterns, labour-market conditions, and sexual trajectories influence men's reproductive decisions across contexts and stages of the life course. Reproductive outcomes emerge from interactions between women's and men's intentions, negotiations, and social positions. Masculinity norms, partnership patterns, labour-market conditions, and sexual trajectories influence men's reproductive decisions. These factors vary across contexts and stages of the life course. Yet male fertility remains notably under-studied within global SRH research (Carneiro, 2023; De Jonge et al.; WHO, 2023).

The Sustainable Development Goals (SDGs) do not explicitly single out men's sexual and reproductive health, but several goals depend on men's reproductive behaviour. Achieving SDG 3 on universal access to SRH, SDG 5 on gender equality, and SDG 10 on reduced inequalities requires recognising men as active reproductive actors. Excluding men from fertility analysis risks reinforcing gender-biased policy frameworks. It also limits the effectiveness of SRH interventions aimed at supporting reproductive autonomy.

The Caribbean provides a particularly relevant context for examining male fertility. Most Caribbean societies have completed the demographic transition, where fertility levels are now at or below replacement (Camarinhas, Gény & Jones, 2024; United Nations, 2025). In Jamaica, the TFR declined to 1.9 in 2021(National Family Planning Board, 2023). Fertility decline in the region occurs within a distinctive gender system where norms of masculinity emphasise sexual virility, economic provision, and authority within intimate relationships (Brown & Chevannes, 2001; Chevannes, 2001. These norms coexist with high union instability and the prevalence of visiting and common-law unions. Moreover, expectations that men should achieve economic stability before marriage often delay formal unions. Furthermore, these conditions influence men's pathways into fatherhood and their engagement with family planning.

Despite the importance of these dynamics, empirical evidence on male fertility in the Caribbean remains limited. Civil Registration and Vital Statistics systems record births but do not capture men's reproductive histories. Nationally representative SRH surveys remain the main source of fertility data. These include the Demographic and Health Survey, Multiple

Indicator Cluster Survey, and Reproductive Health Survey. However, men are often excluded or narrowly sampled. Only a few Caribbean countries, including Jamaica, have consistently included men in SRH surveys. Earlier Jamaican surveys focused mainly on young men. The 2021 Reproductive Health Survey expanded coverage to men aged 15–49 years. This expansion provides an opportunity to examine male fertility using nationally representative data.

This study uses data from the 2021 Jamaica Reproductive Health Survey. It has two objectives. First, it estimates the prevalence of male fertility, defined as ever having fathered a child, among men who have ever had sex and been in a relationship. Second, it examines whether socioeconomic, sociocultural, and behavioural factors influence the likelihood of entry into fatherhood. By focusing men's reproductive behaviour in a post-transition context, this study contributes to a more inclusive understanding of fertility dynamics. It also provides evidence to support Jamaica's Revised National Population and Sustainable Development Policy calls for greater male involvement in family-planning decision-making and for attention to both male and female infertility concerns. Moreover, the study demonstrates the importance of including men in fertility research to advance SDG-aligned, gender-responsive reproductive health policy.

2. Methods and Materials

This study utilised data from the 2021 Jamaica Reproductive Health Survey conducted by the Statistical Institute of Jamaica on behalf of the National Family Planning Board. The sample comprise of 5008 men and women aged 15-49 years, where 1784 were men. The 2021 RHS employed a three-stage, probability-based multistage cluster sampling design. In the first stage, primary sampling units, Enumeration Districts (EDs), were selected using probability proportional to size. In the second stage, dwellings within sampled EDs were systematically selected. In the third stage, one eligible respondent aged 15–49 years was selected per household using Kish procedures. The male sample was stratified by urban and rural residence to ensure adequate geographic representation. The analytic sample for this study was restricted to men who reported ever having had sex and ever being in a relationship (n = 1,313). All analyses incorporated survey weights, clustering, and stratification to account for the complex sampling design using SAS OnDemand for Academics (Version 9.4M8).

- Outcome Variable - Male fertility was conceptualised as ever fathering a child, measured as a dichotomous variable(yes/no), indicating whether the man had become a father at any point in his life.

- Independent variables - The independent variables were grouped into age, socioeconomic, sociocultural, and behavioural characteristics to examine whether, and to what extent, they are associated with a Jamaican man ever fathering a child.

Age was included as a demographic control variable that was defined as the stage of men in the life course and was measured using the 15-24, 25-34 and 35-49 age groups.

Socioeconomic characteristics comprised education, employment, socioeconomic status, and region. Education level was categorised as less than secondary, secondary, and post-secondary. Employment status reflects men's participation in the labour market and was

measured as employed or not employed. Socioeconomic status was derived using principal components analysis of household assets to create quintiles, which was further grouped as terciles with categories low, middle, and high. Region was categorised according to Jamaica's four Regional Health Authorities: Southeast, Northeast, Western, and Southern.

Sociocultural characteristics consisted of relationship status, fertility intentions, and normative attitudes about fatherhood. Relationship type reflects union formation and men's current partnership status and was measured using the categories married, common-law, visiting, girlfriend, or formerly in a union. Fertility intention captured men stated desire to have children and was measured as "yes," "no," or "God's will," reflecting both personal agency and religious or cultural beliefs influencing reproductive decisions. Internalised fertility norms are extent to which men personally endorse cultural expectations that associate masculinity with fatherhood. Internalised fertility norms were measured using a composite index based on four attitudinal statements: (1) "I would never marry a woman who could not have children," (2) "I would not feel like a man if I did not have children," (3) "If I did not have children, I would feel jealous of other men who have," and (4) "If my partner could not have children, I would seek to get children elsewhere." Each item offered three response options: agree, disagree, and don't know/not sure. Responses indicating agreement were coded as 1, while disagreement or uncertainty was coded as 0. Scores ranged from 0 to 4 and were categorised as low (0), moderate (1–2), or high (3–4), with higher scores indicating stronger endorsement of traditional fertility norms. Perceived ideal age for fatherhood was defined as men's normative beliefs about when they should ideally become fathers. Responses were grouped into three categories: (1) ≤24 years, (2) ≥25 years, and (3) conditional, which included responses such as "when in a stable union," "after one year in a union," or "it depends." The conditional category reflects the view that the appropriate timing for fatherhood depends on relational or situational readiness rather than chronological age.

Behavioural characteristics consisted of age at first sexual intercourse measured as a continuous variable in years, and ever use of modern contraceptive methods, which was measured with a dichotomous response (yes/no).

Descriptive statistics were used to describe the characteristics of Jamaican men who ever had sex and were ever in a relationship in this study. Bivariate analyses were conducted to determine associations between each independent variable and the outcome variable, ever fathered a child. Chi-square tests were used for categorical variables, while a point biserial correlation was applied to the continuous variable age at first sex. Variables with $p < 0.25$ were retained to be included in the multivariate logistic regression model, following the purposeful selection approach recommended by Hosmer et al. and Bursac et al.[1] A multivariate logistic regression model was then estimated to assess the independent relationships between each explanatory variable and the likelihood of ever fathering a child, controlling for the influence of other variables. Adjusted odds ratios (AORs) with 95% confidence intervals (CIs) were reported, and statistical significance was defined as $p < 0.05$. Multicollinearity was assessed using Variance Inflation Factors (VIFs), all of which were below 1.5, indicating no collinearity issues. All analyses accounted for the complex survey design and were conducted using SAS OnDemand for Academics (Version 9.4M8).

3. Results and Discussion

Table 1 Socioeconomic, Sociocultural, and Behavioural Characteristics of Male Respondents Aged 15–49 Who Ever Had Sex and Were Ever in a Relationship, Jamaica RHS 2021 (n = 1,313)

Variable	Frequency (n)	Weighted % / M (SD)
Age group (years)		
15–24	287	23.1
25–34	428	32.3
35–49	598	44.6
Socioeconomic		
Education level		
Less than secondary	227	16.5
Secondary	778	58.6
Post-secondary	308	24.9
Employment status		
Not employed	309	23.5
Employed	1,004	76.5
Socio-economic status		
Low	503	37.7
Middle	387	29.2
High	423	33.1
Health Region		
South East	614	46.0
North East	154	13.4
Western	324	19.8
Southern	221	20.7
Sociocultural		
Relationship type		
Formerly in a union	152	11.6
Married	166	13.4
Common-law	317	23.8
Visiting	497	36.2
Girlfriend	181	15.1
Fertility intention		
Yes	905	71.8
No	244	18.2
God's will	164	10.0
Fertility norms		
Low	374	25.6
Moderate	535	43.7
High	404	30.7
Perceived ideal age for fatherhood		
≤ 24 years	626	49.5
≥ 25 years	296	22.8
Conditional	391	27.6
Behavioural		

Age at first sex (years)		M = 15.49, SD = 2.88
Ever used modern contraceptive		
No	167	12.2
Yes	1,146	87.8
Outcome variable		
Ever fathered a child		
No	606	47.1
Yes	707	52.9

Note. Percentages are weighted to represent the national population of males aged 15–49 years. Totals may not equal 100% due to rounding. Source: Jamaica Reproductive Health Survey 2021.

Table 1 presents the descriptive statistics of Jamaican men aged 15–49 who have ever had sex and been in a relationship utilising the 2021 RHS.

Outcome Variable- Ever fathered a child

More than half of the men (52.9%) reported that they had ever fathered a child. This reflects substantial variation in men's timing of fatherhood across the life course.

Age – Most of the men were aged 35-49 years (44.6%), reflecting the stage in the life course where men are more likely to have become fathers. However, only 23.1% of the men were between aged 15-24 years old, indicating a younger subgroup with lower cumulative exposure to fertility.

Socioeconomic - Most men had attained secondary-level education (58.6%), while almost a quarter (24.9%) had tertiary education. Interestingly, despite 76.5% of the men being currently employed, over one-third of them (37.7%) were classified as having low socioeconomic status. This indicates that employment does not translate to household wealth. This may also reflect underemployment or wealth disparities. Nearly half of the men (46.0%) resided in the Southeast Health Region, which includes the urbanised capital area of Kingston and St. Andrew. In contrast, fewer men were located in the North East(13.4%), with a more evenly distributed representation from the Western (19.8%) and Southern (20.7%) Health Regions. This urban–rural divide may reflect broader patterns of population concentration and access to services.

Sociocultural - Visiting unions were the most common relationship type (36.2%), underscoring the prevalence of non-cohabiting partnerships in the sample. Common-law unions accounted for 23.8% of the men, while fewer men were married (13.4%) or were formerly in a union (11.6%). Fertility intention was generally high: 71.8% of men expressed a desire to have a child (or another child), whereas 10% deferred their intentions to "God's will," indicating the influence of religious or spiritual beliefs on reproductive preferences. Internalised fertility norms also varied, across the sample. Most men reporting moderate endorsement of norms (47.3%) associating masculinity with fatherhood. Whereas nearly one-third of the men (30.7%) reporting high levels of endorsement. Nearly half of the men (49.5%) identified age 24 years or younger as ideal age of fatherhood. Notably, over a quarter of the men (27.6%) indicated

that the ideal timing of fatherhood depended on contextual readiness suggesting flexibility in normative expectations around the timing of first fatherhood.

Behavioural - The average age of first sex for the men was almost at the legal age of sexual consent at 15.49 years with a variation of 2.88 years. Most men (87.8%) had ever used a contraceptive method. at some point in their lives.

Multivariable logistic regression model

For the bivariate analyses, statistically significant associations were found for most variables including age group, education level, employment status, relationship type, fertility intention, perceived ideal age for fatherhood, and fertility norms ($p < .05$). For the continuous variable, age at first sex, a point biserial correlation indicated a significant association with fatherhood status ($p = .012$), with earlier sexual debut linked to higher likelihood of having fathered a child. All variables with p-values less than 0.25 were retained for inclusion in the multivariate logistic regression model.

The results of the multivariable logistic regression model presented in Table 2 indicate that age, sociocultural and behaviour factors were significantly associated with ever fathering a child.

Table 2 Multivariable Logistic Regression of Factors Associated With Ever Fathering a Child Among Jamaican Men Aged 15–49 Years who ever had sex and ever been in a relationship (RHS 2021, n = 1,313)

Independent Variables	AOR	95% CI	P
Age group (ref = 35–49 years)			
15–24 years	0.091	0.050–0.149	< .001***
25–34 years	0.427	0.296–0.583	< .001***
Socioeconomic			
Education (ref = post-secondary)			
Less than secondary	1.22	0.82–2.35	.455
Secondary	1.23	0.91–1.95	.259
Employment (ref = no)			
Yes	1.39	0.94–2.03	.088
Sociocultural			
Relationship type (ref = Girlfriend)			
Common-law	9.77	5.05–18.25	< .001***
Married	7.22	2.67–16.64	< .001***
Visiting	2.57	1.49–4.52	.001**
Fertility intention (ref = yes)			
No	10.52	5.72–19.81	< .001***
Fertility norms (ref = low)			
Moderate	1.77	1.10–2.85	.016*

Perceived ideal age for fatherhood (ref = ≤ 24 years)			
25+ years	0.67	0.43–1.02	.066
Contextual (depends)	0.65	0.44–0.96	.034*
Behavioural			
Age at first sex (years)	0.883	0.842–0.930	< .001***

Model summary: AIC >10; c = 0.865; % concordant = 86.4%; Global model F(16,125) = 13.90, p < .001.

Note. AOR = adjusted odds ratio. Estimates derived from a survey-weighted logistic regression model controlling for complex design (strata, clusters, weights). †p<1.0; *p < .05; **p < .01; ***p < .001.
Source: Jamaica Reproductive Health Survey 2021.

These findings indicate that fatherhood among Jamaican men is shaped primarily by relational context, normative expectations, and life-course timing rather than by socioeconomic factors alone. Relationship type was particularly influential. Men in common-law and marital unions had higher odds of ever fathering a child than those in girlfriend relationships. This suggests that cohabiting and marital unions provide greater exposure to fatherhood and stronger social acceptance of becoming a father. Fertility intention also reflects men's reproductive history. Moreover, men who reported no desire for additional children had substantially higher odds of having already fathered a child, a pattern consistent with completed fertility. Fertility norms further underscore the role of gender expectations. Moreover, men who endorsed stronger norms linking masculinity to fatherhood had higher odds of ever fathering a child. In contrast, men who viewed fatherhood as dependent on contextual readiness had lower odds of ever fathering a child, indicating that some men may delay fatherhood until relational or situational conditions are perceived as stable. Earlier sexual initiation was also associated with higher odds of fatherhood, as it increases the number of years during which men are at risk of fathering a child. Finally, education and employment were not statistically significant in the multivariable logistic regression model. This finding indicates that socioeconomic factors alone do not determine entry into fatherhood once relational and normative factors are considered.

Age

Age remained a strong and consistent predictor of fatherhood status. Compared to men aged 35–49 years, those aged 15–24 had 91% lower odds of fathering a child (AOR = 0.091, 95% CI = 0.050–0.149), while men aged 25–34 had 57% lower odds (AOR = 0.427, 95% CI = 0.296–0.583). These results reflect shorter exposure to union formation and childbearing opportunities among younger men.

Socioeconomic

Neither education level nor employment status was statistically significant in the multivariate logistic regression model. Although employed men had higher odds of fatherhood (AOR = 1.39, p = .088), the association was only statistically significant at the 10% level. This suggests that economic factors alone may not fully account for male fertility outcomes once

sociocultural and behavioural factors are considered. It may also reflect structural barriers that constrain men's ability to act on fertility intentions despite educational or employment status.

Sociocultural

Compared to men in girlfriend-type relationships, those in common-law unions had nearly 10 times the odds AOR = 9.770, 95% CI = 5.050–18.250), married men had over 7 times the odds (AOR = 7.220, 95% CI = 2.670–16.640) of having fathered a child, while visiting unions were more than 2.5 times the odds (AOR = 2.570, 95% CI = 1.490–4.520) of having fathered a child. Fertility intention was one of the strongest predictors of whether a man had ever fathered a child. Men who reported not wanting a child or another child had more than ten times the odds of having fathered a child compared with those who expressed a desire for children (AOR = 10.52, 95% CI: 5.720–19.810). This pattern likely captures completed fertility, where men who have already achieved their desired family size were more likely to report no intention of having more children. The finding highlights the importance of interpreting fertility intentions within a life-course perspective, where current intentions are shaped by prior reproductive history. Men with moderate fertility norms had 77% higher odds of having fathered a child (AOR = 1.770, 95% CI = 1.100–2.850) while those with high fertility norms had over three times the odds (AOR = 3.170, 95% CI = 2.070–5.230) than men with low fertility norms. These internalised beliefs, which associate masculinity with fatherhood, appear to strongly influence reproductive behaviour. Additionally, men who believed that the ideal age for fatherhood should be based on contextual readiness, such as being in a stable union had 35% lower odds of having fathered a child (AOR = 0.650, 95% CI = 0.440–0.960) suggesting that relational or situational factors may lead to delayed fertility among this group.

Behaviour

Age at first sex was inversely associated with fatherhood. Each additional year of delay in sexual initiation reduced the odds of fathering a child by 12% (AOR = 0.883, 95% CI = 0.842–0.930). This finding reinforces the association between early sexual debut and increased risk of early or unintended fatherhood. Overall, these findings highlight that male fertility is primarily driven by sociocultural and behaviour factors. The strong associations with relationship type, fertility norms, fertility intention, and early sexual debut support the idea that fatherhood is as much a product of social and cultural context as of individual socioeconomic capacity.

These findings provide insight on how social expectations, relationship types, and the timing of life events collectively influence men's likelihood of becoming fathers. They argue for inclusion of male perspectives in reproductive health policies, and for interventions that recognize union formation, gender norms, and fertility intentions and age at sexual debut as critical determinants of fertility outcomes.

Conclusion

This study provides empirical evidence on male fertility in low fertility Caribbean context using nationally representative data from Jamaica. The findings show that men's entry into fatherhood is influenced primarily by life-course position, partnership context, gender norms, fertility intentions, and sexual timing, rather than by education or employment alone. Male

fertility therefore emerges as a socially embedded and gendered process, not a simple economic outcome.

Relationship context was central. Men in common-law, married, and visiting unions were far more likely to have fathered a child than those in girlfriend-type relationships, reflecting the Caribbean union system where childbearing often occurs outside formal marriage. Fertility norms linking masculinity to fatherhood remained influential, while conditional views of readiness for fatherhood were associated with delayed entry into parenthood. Earlier sexual initiation increased cumulative exposure to fatherhood across the life course.

The findings have several implications for policy and for monitoring progress toward the Sustainable Development Goals.

First, advancing SDG 3.7 requires recognising men as independent reproductive actors. National sexual and reproductive health (SRH) programmes should design targeted outreach for men in visiting and common-law unions, where fatherhood risks are highest, and integrate counselling services that address men's fertility intentions alongside women's. Youth-focused interventions should also incorporate modules on life-course planning and responsible fatherhood, particularly for boys experiencing early sexual initiation.

Second, the strong influence of fertility norms and relationship context highlights the relevance of SDG 5 on gender equality. Community-based programmes should incorporate structured discussions on masculinity, fatherhood expectations, and shared decision-making within partnerships. Engaging men in normative-change interventions through workplaces, barbershops, faith-based organisations, and other community-based platforms can support shifts away from rigid masculinity norms that equate manhood with early or multiple fatherhood.

Third, although socioeconomic factors were not independently significant, structural conditions remain relevant to SDG 10. Policies should strengthen employment stability and social protection for young men, while expanding access to male-friendly SRH services that are accessible beyond maternal health settings. Addressing union instability and economic insecurity may indirectly influence reproductive trajectories.

Finally, the study underscores the importance of SDG 17.18. The inclusion of men in the 2021 Jamaica Reproductive Health Survey enabled analysis of male fertility dynamics that civil registration data cannot capture. Expanding the routine inclusion of men in Caribbean SRH surveys and strengthening sex-disaggregated fertility indicators are essential for strengthening the empirical basis for analysing male fertility within Caribbean population policy.

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