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Working papers

INSTITUTE FOR DEVELOPMENT STUDIES
UNIVERSITY OF NAIROBI

Working Paper No. 126

AFRICAN YOUTH AND FAMILY PLANNING
KNOWLEDGE, ATTITUDES, PRACTICES

By

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October 1973



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of Nairobi.

RN 323067

IDS



095686

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INTRODUCTION:

In Africa, most of the research on Family or Population planning has been centred around the investigation of the level of knowledge about family planning, interview of the amount of information respondents have in matters of family planning including the knowledge of specific contraceptives. These studies have also investigated the respondents' attitudes towards family planning in order to establish, whether the given population would be in favour of or against family planning if a program giving family planning services were started. After establishment of the knowledge and attitudes towards family planning, the investigators usually ask the respondents whether or not they practise family planning, the reason for practising and how often they practise it. These types of surveys are the so called KAP (Knowledge, Attitudes and Practices) studies. They are usually done before the establishment of family planning services, and mainly for the purposes of gauging the acceptability of a program.

So far, where such studies have been done, they have concentrated on the married adult male and female population, on the assumption that this category of people would constitute the consumers of family planning services and that since they are the opinion leaders and decision makers, all efforts should be focused on them. Concentration on the married adults in terms of KAP surveys, is also due to historical development of the planned parenthood movement as well as the philosophy of this movement. This philosophy has it that family planning services are for married couples. As a result, provisions of services have been designed and dispensed with married couples in mind.

Because young people are not supposed to be having children and therefore no sexual activities, they have ever been considered as part of the target population. Yet, in matters of planning for the future, young people cannot be ignored since in most of our African countries, they constitute nearly 50% of the total population. Their attitudes to life in general and marriage and the family in particular are seldom investigated. Since young people are important for Africa's planning and development, whether for schools, employment or health services, their views and their aspirations must be known and taken into consideration by the national planners.

Where family planning has been introduced and supported by the governments, no efforts have been made to include the youth either in the provision for contraceptive services or general sex education and information. Yet youth are engaging in extra-marital sexual relations at a much earlier age than in the past and without the constraints and sanctions of their traditional society, which are no longer effective. They lack the necessary knowledge which would help them to choose a mature and responsible course while single and a full, satisfactory married life as parents and partners in a rapidly changing society.

The purpose of this paper is to present data on knowledge and attitudes towards family planning and sex education. We present this data because of our strong feeling that youth must be studied especially when the issue is one of family or population planning in Africa. Only when we know their present knowledge levels and their attitudes can we embark on an educational campaign to fill the gap which may be identified in the process of data analysis. It is hoped that scholars in other parts of Africa will conduct similar surveys so that we may have comparative data from which we can make generalizations concerning African youth. We would like to point out here, that where family planning has not become a government policy or where pro-fertility laws exist, there are likely to be differences in attitudes towards these matters.

This however does not mean the youth lack opinions and ideals about these matters which could be important for the future.

The Problem of Definition:

The definition of who constitutes the group we are referring to as the youth is problematic because each society defines some one as youth depending on what is under consideration. Thus in law, we will find definitions of youth under different legal considerations, e.g. under the law of contract, marriage, inheritance or criminal law. In the very same society, especially in Africa, one might also find a socio-cultural definition of youth which is different from those under the legal system of the same country. The definition could also take a biological form and thus adding still another dimension to the whole problem. Cross-culturally one will get different definitions as to who constitutes the youth.

The problem of definition becomes more perplexing when we look at the whole continent of Africa. The difficulties are brought about by two important factors. Thus within each country, there are what we call customary laws. Each ethnic group has had its own definitions of youth under the various categories. To a very large extent these customary

laws are still operative. The second difficulty is that which the Africans inherited from the former colonial governments, each with its own legal framework. Since there is no uniform law, either under customary law or under the "Western" law it becomes very difficult to define the youth in Africa.

While we acknowledge these difficulties, it is nevertheless important that for comparative purposes, a definition which would ideally fit all categories and be acceptable by many researchers be found.

We suggest that for the purposes of future comparative investigations, age 14 - 21 become the definition of youth for population studies - especially the KAP type - in Africa.¹ Age 14 is considered as the lower limit because it is at about this age, on the average, that young people enter puberty, and are generally capable of reproduction. Also at this age a good many of them have had some sexual experience and can therefore be interviewed on such matters.²

The lower limit of 14 years is also useful since many young people throughout the world enter secondary school at about this time. These young people will have a

¹ In this study however, unfortunately we did not keep to the definition of youth that we are discussing here. This is in fact due to the fact that when we started the field work, we were interested in **those** young people who were in school. Only after lengthy discussion with colleagues and after the writing of this paper was the problem of definition found to be important. Throughout this paper, we have worked with the definition that youth constituted those in school.

² Studies in Kenya confirm that by the age of 15, nearly 50% of the males have had sexual intercourse. See Table 16.

better chance of being formally exposed to sex education and family life education matters while they are in secondary school more so than those in the primary schools.

Age 21 is given as the upper limit mainly because many countries consider it to be the age at which individuals can be held responsible and enter into legal contract without the consent of a guardian. While it is acknowledged that legal definitions of the 'age of majority' can differ from country to country, and from one sex to another it is nevertheless true that many nations adhere to this age. Another reason that make us believe that in the definition of youth, age 21 might be considered to be appropriate as an upper limit is because, in Africa at the present time, life expectation is rather low - given on an average as falling between 45 and 55 years. It is conceivable therefore, that even the upper age of 21 is too generous since someone might be entering 'middle age' by that time! Even so, the situation is changing as medical technology continues to lengthen life expectancy of the Africans by controlling the many killer diseases which have been common in the continent.

The upper limit of 21 years is also useful because at about this time, many young people finish their formal schooling.

Even on the assumption that this could be used as a working definition of the youth for comparative purposes, in this study we have not included those who are out-of-school. In future studies, this group should be included for as is very well known in Africa it constitutes the majority of young people, and their views, especially in KAP type studies need to be fully known.

Although the difficulty of studying the out-of-school youth is fully appreciated, we argue that an investigation of those in school on the subject of population matters in Africa is much more likely to yield useful results than perhaps a study of the non-schooling youth. This is particularly so because in Africa, education has come to be considered as the only important avenue for the achievement of a happier life in the future. Furthermore, we argue that those in Africa with formal education are much more likely to influence the attitudes of their non-educated brethren than the opposite is true. Thus because of their potential leadership roles in society, KAP studies of the type reported here are likely to give us much more information with which we can gauge the potential future change of attitudes. Ideally, of course, data would be much more useful if it included information on those other young people who are not in school.

Methodology

A questionnaire was administered to 1361 young people in 8 Kenyan schools and colleges. No lecture on family planning, population or sex education was given before the questionnaires were distributed. Only after the completion and collection of the questionnaires were lectures given and respondents asked if they had any questions to raise.

From the total sample of 1361, 72% were males aged between 13 - 36 years. The remaining 27% were females aged between 16 - 29 years. All districts of Kenya were represented, and although there were a number of respondents from neighbouring countries, they only represented 5% of the total sample.

We believe , nevertheless that similar attitudes, perhaps with minor variations, could also be found in other parts of Africa among similar age groups with the same characteristics.

The 8 Kenyan schools and colleges from which the sample was drawn were as follows:-

- a) Three schools were Teacher Training Colleges where students are prepared for teaching careers in Kenya's Primary Schools.
- b) Two were professional training institutions, one for Science Teachers in secondary schools, and the other was an agricultural college.
- c) Two were secondary schools.
- d) One was a secretarial college.

a) Teacher Training Colleges:

Some of the students in these colleges had only completed seven years of primary education while some others had completed the first two years of secondary school. The rest of the students had finished the four years secondary curriculum. The total number of students interviewed from the three teachers' colleges was 625 - almost 46% of the total sample size reported in this study. Out of this population 376 were males and the rest 242 were females. Seven respondents did not indicate their sex.

Students in Teacher Training Colleges are graded into three categories. The first group is what is known as the Primary One (P1) group. This group is composed of those students who have finished four (4) years of secondary education. Other grades are Primary Two (P2) who have finished two years of secondary schools, and Primary Three (P3) have had seven years of education i.e. they have only completed primary school education. All of these students are either in their first year of training or on their second and final year of training.

In order to determine the sample size, we chose to have representation from each of the six groups in every school. Thus, we had 18 groups to choose from. As it turned out, we had about 208 students each from the three training colleges. The final list of people to be interviewed looked as follows:-

Table 1
SAMPLE SIZE DRAWN FROM EACH OF THE THREE
TEACHERS' COLLS:

P.Forms and Year	COLLEGES					
	1		2		3	
	No. of Cand.	%	No. of Cand.	%	No. of cand.	%
P1 First Year	35	16.8	34	16.3	35	16.7
P1 Second Year	34	16.3	35	16.8	34	16.3
P2 First Year	34	16.3	35	16.8	35	16.7
P2 Second Year	35	16.8	34	16.3	35	16.7
P3 First Year	35	16.8	35	16.8	35	16.3
P3 Second Year	35	16.8	35	16.8	36	17.2
TOTALS	208	99.8	208	99.8	209	99.9

B) Professional Training Institutions:

The students in these colleges have all completed the secondary school curriculum, and their training is for three years. The total number of students interviewed from these schools was 291 - roughly 21.4% of the total sample size. To pick the sample we arranged the students according to the year of study at their respective colleges viz, 1st, 2nd, 3rd year.

C) Secondary Schools:

The third category of schools in which our survey was conducted was the secondary schools. The two schools included in this study give both the four year ordinary secondary curriculum and the two year higher school course. They were both boys schools and draw their students from all over Kenya.

The total number of respondents from these schools was 343 - or 25% of the total sample size. We interviewed pupils who were in their first, second, third and fifth year of study. The fourth and sixth year students were not included in the sample because at the time of interview, they were taking their final year examinations. Since the two schools are large ones, each class is divided into two streams - A and B. We decided to chose alternative streams from each of the schools. Thus, if stream A First Year in school one was selected, in the second school we would chose stream B First Year until we had a representative sample from all the streams. The final selection looked as follows:

Table 2

SAMPLE SIZE FROM EACH OF THE TWO SECONDARY SCHOOLS:

	SCHOOL 1			SCHOOL 11		
	Stream	No. of cand.	%	Stream:	No. of cand.	%
First Year	B	43	25	A	42	24.5
Second Year	A	43	25	B	43	25.14
Third Year	B	43	25	A	43	25.14
Fifth Year	A	43	25	B	43	25.14
TOTALS	4	172	100%	4	171	

D) Secretarial College:

The fourth and final type of school where our interview was conducted, was a girls' secretarial college. In this college the girls train for secretarial professions for a period varying from 12 to 18 months. All of the students had completed secondary school at the time of the interview. The sample size of the respondents was 50 or nearly 4% of the total sample size.

FAMILY BACKGROUNDS, IDEAL AND DESIRED FAMILY SIZE:

Among those African tribes where the naming customs follows a prescribed manner, one would expect that there is social pressure on the couples to have many children so that they can name their parents as well as their brothers and sisters. ^{1/}. Thus, it would seem to follow that desire for many children, preferably of equal sexes, is not so much determined by the individual couples but by the social and cultural environment in which they find themselves.

We argue that a person's family background has a lot of influence on his fertility behaviour in later years. A person's desire for many or few children will to a significant extent be determined by whether or not he was one among many brothers and sisters. The socio-economic conditions of the individual's parents will determine their children's fertility behaviour.

If a person was born in a poor family, where the number of brothers and sisters was large, there is every possibility that such person will have as many or fewer children than his parents, depending on his social circumstances which in turn are to determined by the amount of education and type of occupation he has at the time he starts reproducing. Conversely, those individuals who are born in small and well -to-do families might have larger or smaller families than their parents again depending on their present social circumstances.

^{1/} See especially John D. Herzog " Fertility and cultural values: Kikuyu Naming Customs and the Preference for four or more children", in Rural Africana No. 14 spring 1971, p.89 - 96

To test the desire for many or few children compared with our respondents' parental family size, the respondents were asked to state, the number of brothers and sisters who were born of the same mother as them and also to state his or her rank in the family. The reasons for asking the respondents' rank in the family is to enable us to see if there exists a relationship between a persons' rank-order of birth and desire to have more or fewer children. Thus it is possible that a first born in a family of eight may want to have more children in order to name all his siblings. This in turn might influence fertility behaviour of those who follow him, especially if they had been named by their older sibling(s). Likewise, if the oldest person in the family has only a few children, especially if it is by choice rather than by physiological problems, it is possible that such practice could also influence the behaviour of the younger members of the family.

In Table 3 below we present the respondents total family¹ compared to their ages.

Table 3

FAMILY SIZE COMPARED TO RESPONDENTS' AGE:

FAMILY SIZE No. OF BROS & SISTERS.	A G E											
	(b)		(a)		14 - 17		18 - 20		21 - 24		25 +	
	NG		Under 14		NO	%	NO	%	NO	%	NO	%
^a RA/DK ^d	17	33	0	0.0	2	1	40	8	55	11	7	9
1 - 5	10	19	3	75	49	24	115	23	105	21	20	26
6 - 10	19	66	1	25	124	61	252	57	293	57	40	51
11 - 15	5	10	0	0.0	26	13	54	11	41	8	10	13
16 - 20	1	2	0	0.0	1	0.5	5	1	13	2	1	1
21 - 24	0	0.0	0	0.0	1	0.5	2	0	5	1	0	0.0
No. of Males or Females	0	0.0	0	0.0	0	0.0	1	0	0.0	0	0	0.0
None	0	0.0	0	0.0	1	0.5	1	0	1	0	0	0.0
TOTAL PERCENT		100		100		100		100		100		1000
BASE	52		4		204		510		513		78	

- a) The base for the age group-under 14 is too small to have any meaning. Thus while we have included it throughout the following tables, it should be discounted from over-all count.
- b) N.G. Age of respondent not given
- c) N.R. Not reported
- d) R.A. Those respondents who refused to answer this question.
- e) Not sure.
These initials are used throughout the tables with the same meanings.

¹ Family size refers to the number of brothers and sisters of the same mother as the respondent.

Perhaps the most important thing that the figures in this table indicate is that Africans still have large families 1/. This is not unusual and is to be expected. Because of the many problems experienced by individual families in raising and providing for their children, family planning is seen as one of the ways of helping the couple to space the desired number of children through the use of contraceptives. Even so, one finds that in some countries, family planning is seen as a national instrument for reducing "to manageable size" the rate of population growth as well as a policy measure which is expected to influence development in the long-run. It is hoped to accomplish this through the campaign of "the smaller the better" and among the reasons put forward is the need for a stable national and world population.

In Africa, it would seem that the first type of approach might in the long-run be more acceptable to the population. 56.5% of the sample had six or more brothers and sisters, which is a large family, the reasons for this desire for a large family we have mentioned above, i.e. naming customs, and fear that many children will die young and hence, the need to ensure the survival of some who will then perpetuate the family name and provide old-age social and economic security to the parents.

1/ Donald Heisel, in his Kenya investigation of attitudes and practices of contraception shows that the desire for many children is high. Thus, based on his calculations, nearly 50% of his respondents indicated that they would like to have six or more children. In our study 34.6% of the respondents indicated that they would like to have six or more children. It should be mentioned that Heisel's respondents were mainly married people whereas our respondents are unmarried youth. See Donald Heisel "Attitudes and Practices of Contraceptives in Kenya". Demography 1968, vol. 5 No.2 P.632 - 641. For comparable figure see his Table 3 P.635.

2/ For adult perception of current child survival as compared to the past, see. Gachuhi "Source of Family Planning in Kenya". IDS/WP. 76 Jan. 1973)

However, as Africa's economies continue to change, as traditional attitudes and values continue to give way to new ones which go beyond the tribe and the nation, it is anticipated that the desire for large families will also diminish. For example, in 1966 Heisel reported that for 43% of the women he studied aged between 14 and 49 years, the ideal family size was between 1 and 5 children, and in our present study among the youth, 38% of the respondents had the same ideal. (see table 4). Though the majority (96%) of respondents have not started a family of their own as yet, we consider the difference between their ideal family size and their parents actual family size to be significant, perhaps, indicating that as time goes by, they will be more inclined to opt for smaller family sizes than has been the situation in the past. Achievement of ideals, however, is a difficult task, especially among those couples that cannot get the sexes of their children well balanced, let alone those who are not married as yet and who are the subject of our present study. Thus, having the knowledge of ideal family sizes does not help us in knowing whether or not families will be smaller in the future than they are at the present. This type of data does not help us to predict future fertility behaviour.

1/ Heisel, op. cit. p.635

+ _ +
= 16 =

Table 4

IDEAL FAMILY SIZE AMONG KENYAN YOUTH:

Ideal No. of Children	No. of Respondents	Percent:
0	0	0.0
1 - 5	515	38
6 - 10	397	29
11 - 15	53	4
16 - 20	16	1
More than 20	5	0.4
N.R.	216	16
R.A.	4	0.3
N.S.	145	11
TOTALS	1361	99.7

Table 5 below presents ideal family size compared to the age of respondents.

Table 5
IDEAL FAMILY SIZE COMPARED TO RESPONDENTS'
AGE:

Ideal Family Size	AGE OF RESPONDENTS											
	N.G. ^a		Under 14		14 - 17		18 - 20		21-24		25 +	
	NO.	%	No.	%	No.	%	No.	%	No.	%	No.	%
1 - 5	14	27	1	25	88	43	207	41	176	34	29	37
6 - 10	14	27	2	50	73	36	152	30	134	26	22	29
11 - 15	1	2	1	25	11	5	11	2	25	5	4	5
16 - 20	0	0.0	0	0.0	2	1	7	1	7	1	0	0.0
Over 20	1	2	0	0.0	1	0.5	3	1	0	0.0	0	0.0
N.R.	12	23	0	0.0	18	9	88	17	83	16	15	19
R.A.	0	0.0	0	0.0	10	5	41	8	87	17	7	9
N.S.	0	0.0	0	0.0	1	0.5	1	0	1	0	1	1
TOTALS		100		100		100		100		100		100
BASE	52				204		510		513		78	

DESIRE FOR SMALLER FAMILY, KNOWLEDGE, ATTITUDES AND USE OF CONTRACEPTIVES:

Knowledge of Family Planning:

Desire for a small family, or desire to space children implies that a couple will use some contraceptive method whether of modern or traditional type. In Kenya, family planning which provides contraceptives free of charge to all those who want them is a national policy. To determine whether our respondents knew what to do if they were to achieve their desired family size, we asked them whether they had heard about family planning. Nearly all (90%) had heard about it (Table 6).

Table 6 :

HAVE YOU EVER HEARD OF FAMILY PLANNING?

Response	Respondents Age											
	N.G.		Under 14		14 - 17		18 - 20		21 - 24		25 +	
	No.	%	No	%	No	%	No	%	No	%	No.	%
Yes	41	79	4	100	179	88	457	90	478	93	67	86
No	6	11	0	0.0	24	12	43	8	27	5	8	10
N.R.	1	2	0	0.0	0	0.0	5	1	1	0	3	4
R.A.	4	8	0	0.0	1	0	5	1	7	1	0	0.0
TOTALS		100		100		100		100		100		100
BASE	52		4		204		510		513		78	

The sources of information from which the young people hear about family planning are varied. Credibility of sources of information will to a great extent determine whether the information is accepted or rejected. This is perhaps more so in adoption behaviour and especially adoption of contraceptives. To find out the sources of information about family planning we asked those who had heard about family planning to state the media through which they had heard.

Table 7

YOUTH'S SOURCE OF INFORMATION ABOUT
FAMILY PLANNING:

Media	Age of Respondents.											
	N.B.		Under 14		14 - 17		18 - 20		21 - 24		25 +	
	No	%	No	%	No	%	No	%	No	%	No	%
Film	6	11	0	0.0	23	11	37	7	26	5	9	11
Lecture	24	46	1	25	82	40	258	51	315	61	43	55
Gossip	3	6	0	0.0	7	3	41	8	32	6	5	6
Friends	5	10	1	25	16	8	90	18	95	18	10	13
Relatives	2	4	0	0.0	7	3	25	5	31	6	6	8
News paper/ reading	6	11	0	0.0	32	16	108	21	98	19	21	27
Books/reading	7	14	2	50	38	19	126	25	116	23	20	26
Country/ Leaders	1	2	0	0.0	11	5	24	5	35	7	6	8
Other	0	0.0	0	0.0	1	0	2	0	0	0	1	1
DK/RA	6	11	0	0.0	3	2	15	3	9	2	3	4
TOTALS		114		100		107		143		147		159
BASE	52		4		204		510		513		78	

Percentages may add up to more than 100 because of allowed multiple responses.

The majority (53%) of the in-school youth get family planning information from lectures given by knowledgeable people who visit the schools. Next most important sources of information are books/reading (22.7%), newspapers (19.4%), friends¹ (16%), film (7.4%), leaders (5.6%) and lastly, relatives (5.2%). It is significant that no respondent mentioned parents as a source. The significance of this is that traditionally, teaching on matters of sex and child bearing has been the role of parents and other adults within the family. These days, however, it seems that the parents have abandoned this role. The schools which keep the child longer and longer would be expected to play the major part of this important role. Yet we know that schools have not been disseminating the type of information that we are discussing here. If our data indicates anything it is that there is an urgent need to assess the type of information that the society is giving to the youth especially in matters of sex and reproduction with a view of reappraising it if need be.

While there are many channels through which youth receive information on family planning, not all these channels are considered by the young people to be reliable. Thus we asked respondents to rank-order the sources of information on family planning they thought were most reliable. Table 8 gives the breakdown.

1/ In another study, among the adult population in Kenya friends were the main source of family planning information. See J. Mugo Gachuhi "Source of Family Planning Information in Kenya". IDS, Working Paper No. 76 January 1973.

Table 8

MOST RELIABLE MEDIA FOR FAMILY PLANNING
INFORMATION IN ORDER OF RELIABILITY

Media	RESPONDENTS' AGE											
	N.G.		Under 14		14 - 17		18 - 20		21 - 24		25 +	
	No	%	No	%	No	%	No	%	No	%	No	%
Lecture	18	35.5	1	2.5	65	32	215	42	226	44	34	44
Books/ reading	3	6	1	2.5	32	16	80	16	90	17	16	20
Newspapers	7	13	0	0.0	32	16	81	4	67	13	13	17
Film	6	11	0	0.0	21	10	38	7	31	6	10	13
Friends	1	2	0	0.0	8	4	25	5	22	4	4	5
Country/ Leaders	4	8	1	2.5	14	7	16	3	28	5	2	3
Relatives	3	6	0	0.0	6	3	16	3	20	4	4	5
Gossip	1	2	0	0.0	5	2	2	0	5	5	1	1
Other	0	0	0	0	5	2	1	0	1	0	2	3
DK/RA	13	25	1	2.5	34	17	129	25	125	24	16	20
TOTAL		108		100		109		105		122		131
BASE	52		4		204		510		513		78	

Family planning lectures given by competent people are the most reliable source of information, (41%). Books and reading are the second most reliable sources of information (16.3%). These are followed by newspapers (13.9%) film (7.8%); friends (4.4%) leaders (4%); relatives (3.6%) and lastly gossip (1%). The fact that lectures score high is indicative of the need to have qualified people giving lectures to the youth and also the need to include family planning information in the curriculum of the schools.

Knowledge of Specific Methods

We asked our respondents what methods of family planning they had heard about from the various claimed source. Table 9 gives the results.

Table 9

WHICH METHODS OF FAMILY PLANNING HAVE YOU HEARD ABOUT ?

Method Heard About *	AGE OF RESPONDENTS											
	No	%	No	%	No	%	No	%	No	%	No	%
Abstinence	37	71	4	100	149	73	102	20	196	38	38	40
Oral Pills	13	25	0	0.0	149	24	293	57	304	59	41	53
IUD	6	11	0	0.0	8	4	115	22	137	27	15	19
Injections	1	2	0	0.0	3	1	37	7	40	8	9	11
Condoms	7	13	0	0.0	9	4	123	24	140	27	24	31
Diaphragm	1	2	0	0.0	1	0.5	13	2	21	4	3	4
Caps & pads	0	0.0	0	0.0	0	0.0	13	2	21	4	1	1
Foams/ Jellies etc.	0	0.0	0	0.0	0	0.0	25	5	25	5	4	5
Rhythm	3	6	0	0.0	3	1	53	10	49	10	11	14
Withdrawal	1	2	0	0.0	2	1	19	4	36	7	11	1
Tubeligation	2	4	0	0.0	0	0.0	15	3	16	3	0	0.0
Vasectomy	1	2	0	0.0	0	0.0	15	3	12	2	6	8

* Respondents mentioned more than one method in response to this question. Thus percentages may add up to more than 100.

The best known method of contraceptive is the oral contraceptive. Abstinence, which is perhaps the most effective method of birth control is known by 39% of the respondents. Other methods in order of frequency mention are: Condoms (23%), Intra-uterine Device (21%), (Rhythm (9%) Injections (Depro-provera) (7%); foams and jellies, withdrawal method (7%) each; Diaphragm, caps, and male vasectomy (3%) each. The method with least mention was a form of contraception is female sterilization (tubeligation) with a 2% mention.

Though oral pills is the best known method of family planning, in terms of reliability, it is not considered by the youth to be the best. 55% of our respondents said (naturally) that abstinence was the most reliable. This was followed by oral pills (35%) the condom (15%), the IUD (13%). Injections, foams and withdrawal method had (4) mention each. Rhythm and tubeligation, caps and diaphragms had a 2% mention each. Male vasectomy was mentioned by only 1% of the respondents.

The fact that vasectomy, tubeligation, injections and IUD received fewer mention may indicate lack of knowledge on these methods. The condom which is considered reliable by 15%, and in actual fact is less reliable than many other available methods, is better known by the youth. Condoms are easily available and they are popular especially with secondary and college students.

Attitudes:

Young peoples' attitudes to social movements depend on whether they perceive such movements as good or bad, either to themselves as individuals or to the society of which they are members. Organized Family Planning in Kenya, as in other countries, is one such social movement. Perhaps it attracts too much attention because of its equal unequal impact on the population and also because of its

implications for the whole population regardless of the ideology that a country has. Thus, for certain movements to become a permanent feature in a society, members of that society, must support, or at least not oppose it too strongly. We believe that if family planning is to succeed in Africa, it will not depend so much on the present generation of adults - no matter how concentrated the propaganda. Success or failure of family planning like many other modern innovations and social movements, will depend on the present day youth and its success can only be considered as long-term.

This is considered important because the present adult population is already set in its ways and values. Thus, it would be exceedingly difficult to induce any lasting change from this group. An indication of this is the high drop-out or dis-continuation rate among those who have joined the family planning movement and have at one-time or the other used contraceptives. In Kenya the drop-out rates are estimated to be as high as the recruitment rates 1/.

If one accepts this line of thinking, it becomes then important that attitudes to such values as children marriage, divorce, and family planning, are known so that the youth's view and opinions can be guided in the right direction at an early stage.

1/ Though not yet fully analysed, data on the drop-outs is available in a recent study by the present author.

In a country such as Kenya where there exists a national family planning policy, youth's view in the subject need to be clearly understood. Indeed we would go as far as saying that in any country which is considering starting population program (whether such program is aimed as slowing down or increasing the population) the views of the youth must still be taken into consideration.

In our investigation on various aspects of youth's behaviour, opinions and attitudes in Kenya, we asked the respondents what was their attitudes towards planning. Table 10 below gives the breakdown of responses.

Table 10

YOUTHS' ATTITUDES TOWARDS FAMILY PLANNING
COMPARED TO THEIR AGE:

Attitudes Towards Family Planning	AGE OF RESPONDENT											
	N.G.		Under 14		14 - 17		18 - 20		21 - 24		25 +	
	NO	%	NO	%	NO	%	NO	%	NO	%	NO	%
N.R.	0	0.0	0	0.0	1	1	0	0.0	0	0.0	0	0.0
In Favour	24	46	4	100	125	61	298	58	330	64	47	60
Against	4	8	0	0.0	9	4.5	50	10	66	13	10	13
Neutral	9	17	0	0.0	33	16	88	17	70	14	9	12
D.K.	10	19	0	0.0	27	13	46	9	35	7	7	9
R.A.	5	10	0	0.0	9	4.5	28	6	12	2	5	6
Percent		100		100		100		100		100		100
Base	52		4		204		510		513		78	

From the above table, if we only take in-favour and the against group, it is clear that by far the majority (61%) of our respondents in the various age brackets, are in favour of family planning compared with 1.2% against. The neutral and do't know group is the one which for one reason or another has not made up its mind. From Table 10 is clear then that Kenyan youth is pro-family planning and as the future mothers and fathers, certain kinds of information concerning population and contraceptives might not be too radical a decision to make and provide the youth at this time.

Table 11
WHAT ARE YOUR REASONS FOR BEING IN FAVOUR OF FAMILY PLANNING

Reasons favouring family planning	Respondents' Age											
	N.G.		under 14		14 - 17		18 - 20		21 - 25		25	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
To be able to educate children	0	0.0	1	25	17	8	37	7	35	7	8	10
Afford demand of children	9	17	1	25	20	10	75	15	78	15	13	17
Mother Health Family welfare	2	4	2	50	31	15	69	13	78	15	12	15
Land problem unemployment	1	2	0	0.0	6	3	12	2	12	2	1	1
National welfare	0	0.0	0	0.0	4	2	12	2	15	3	0	0.0
std of living expensive	2	4	0	0.0	2	1	10	2	29	6	6	8
Fruitful future	4	4	0	0.0	3	1	7	1	2	0.4	1	1
Over population	5	5	0	0.0	21	10	58	11	64	112	5	6
No reason	9	17	0	0.0	39	19	85	17	61	12	9	11
NA	21	40	0	0.0	56	27	146	29	140	27	24	31
Base	52		4		204		510		513		78	

1. These percentages are the cumulative average rather than single age category average.
2. It is interesting to note that 63.8% of the respondents 21 and over favour family planning in comparison to 58% under the age of 21. We believe that attitudes are closely related to age and education. Thus the more years of education one has, the more chances that he will be older and therefore will have been exposed to more ideas. Also we note from table 11 that many of those under 21 had no reason for infavour of family planning when compared to those over 21 years.

Though the majority of Kenyan youth is in favour of family planning it is important to know what are the reasons for approval or disapproval of family planning. Thus we asked those who had indicated they were in favour what the reasons were. Table 11.

Table 11 is revealing. In the first place we note that 15% of the youth who are in favour of family planning have no reason whatsoever. We suspect that this group may not know what family planning is all about, and it is possible that they gave this response in order to please. Since they may not have been sure of what family planning was about, they did not want to indicate their opposition or ignorance lest it be an official programme that people are supposed to support¹. The point to make here is that the positive response without the subsequent reason for it tends to give false information on the basis of which one can hardly plan.

Looking at other reasons why our youth is in favour of family planning, two most important reasons clearly emerge. (1) To be able to afford the demands of children and (2) Concern with wellbeing of the family (14% each). 11% of the respondents stated that they were concerned with over-population. 7% gave reason of education of their children. Other reasons are self-explanatory.

The 39% who were against family planning gave the following reasons: 5% were against for religious reasons, i.e. family planning is "against God's commandments" or that "nature should be allowed to control itself"; 2% of the respondents said "family planning was dangerous to the health of women"; another 1% were against it because "it would make you lose children"; or that after using pills, you can hardly get more children"; 1% said family planning "decreases the population", 1% said that "birth corresponds with one's income"; 0.5% said family planning encourages sex and prostitution; 0.3 said it has no use while 0.2% said that it prevents couples to enjoy spiritually -- whatever spiritual enjoyment may mean. 26% could give no reason at all.

The point is that for or against family planning are real enough. Even these reasons need to be looked into among the adult population countries where family planning programmes already exist.

1. Young people, whether now or in the past, are not supposed to disagree with what the adults say. Thus the fact that few showed negative attitudes towards family planning may indicate this cultural expectation rather than their true feeling towards planned parenthood.

To approve of a movement such as family planning is one thing especially if one is not directly involved in such movement at the moment, but it is quite another thing when such a movement affects the individual directly. Thus we wanted to know what the youths' views are in terms of making contraceptives available to them. The importance of this question to the youth itself was prompted by the fact that historically, family planning services have been designed with the married people in mind. Thus the young and single persons have never been considered as clients of family planning services. As a result, a lot of young people who could perhaps benefit from contraceptives have been left to fend for themselves and sometimes have got contraceptives through the most devious means. Tragedies have been known to occur as a result of misuse of contraceptives. Furthermore, in Kenya at least, where youths engage in sexual intercourse frequently and at an early age,¹ unwanted pregnancies and perhaps even abortion and death occurred simply because the adult population did not consider it wise and morally right to provide contraceptives to the youth.

In our investigation, we asked the respondents whether contraceptives should be made available to the young people. Table 12 gives the findings.

1. See Table 16 below.

Table 12
YOUTHS' VIEW ON AVAILABILITY OF CONTRACEPTIVES TO YOUNG
PEOPLE COMPARED TO RESPONDENTS' AGE

Should contra- ceptives be made available to the young people?	Respondents Age											
	N.G.		Under 14		14 - 17		18 - 20		21 - 24		25+	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
N.R	0	0.0	0	0.0	1	0	1	0	0	0.0	0	0.0
YES	25	48	2	50	139	68	295	58	281	55	45	58
NO	17	33	2	50	52	26	154	30	170	53	22	28
DK	0	0.0	0	0.0	2	1	2	1	2	0	1	1
R.A.	10	19	0	0.0	10	5	58	11	60	12	10	13
Percent		100		100		100		100		100		100
Base	52		4		204		510		513		78	

More than half (57.8%) of the respondents thought that contraceptives should be made available to young people. It is interesting to note that more than 50% in all age groups agreed that contraceptives should be made available.

In Kenya, we know that young people have their first sexual intercourse^{1/} while still very young. By the age of 19 years, 80% of the boys have had coitus at some point. Yet we find that very few young people use any kind of contraceptive. It is perhaps due to the realization by youth that since they are sexually active, and since a family planning programme exists provides contraceptives free of charge, we find a majority of them 61% approving of family planning and 57% stating that contraceptives should be made available to them. This would indeed seem to be consistent; the youth is involved in sexual activities and will continue to be. Therefore they have a reason for wanting to protect themselves against pregnancies. To those respondents who had answered that contraceptives should be made available, we asked them how old they thought a person should be before he/she is allowed to use contraceptives, Table 13.

1/ Data on this is from the same study that we are reporting here. Analysis of this is contained in Gachuhi, "Youth Attitudes Towards sex in Kenya". Working Paper No. 94, I.D.S., University of Nairobi, April 1973. See also Table 16 below.

Table 13

AGE AT WHICH CONTRACEPTIVE SHOULD BE
MADE AVAILABLE TO THE YOUTH:

Age when Youth should get contraceptives	SEX						
	MALE		FEMALE		SEX NOT GIVEN		
	NO	%	NO	%	NO	%	% TOTAL
Not give ^(a)	84	9	49	13	2	22	10
Under 14	52	5	71	3	1	11	5
14 - 17	326	34	75	20	1	11	29
18 - 20	150	15	63	16	3	33	16
21 - 24	23	2	9	2	0	0.0	2
Over 25	38	4	14	4	0	0	4
Unspecified ^(b)	289	30	156	41	2	22	33
N.A.	9	1	4	1	0	0	1
TOTAL		100		100		100	100
BASE	971		381		9		

(a) Did not give age.

(b) Did not specify the age or did not know.

¹ It is significant that 48% and 36% male and female respectively, would like contraceptives to be made available to the young people when still under the age of 18 years. The explanation for the difference between male and female opinion might be found in the fact that males have sexual intercourse much more often and at a much earlier age than females. It is perhaps to male's advantage to want contraceptives made available to them at an early age.

Half of the youth (50%) believe that contraceptives should be made available to them before their 20th birthday. More males believe that contraceptives should be made available than females by a ratio of almost 2 to 1. It is perhaps significant that the same ratio occurs for experience of coitus below the age of 19.

To find out whether approval of family planning and desire to have contraceptives made available to the youth was related to usage of contraceptives, we asked our respondents whether they had ever used any form of contraceptives. As we see from Table 14 below, use of contraceptives is directly correlated to the age of a person. The older the person is, the better the chances that he will have knowledge of and have used some form of contraceptive. It should be remembered that we are reporting on the youth in schools. The fact that the older the person is the more likely that he will have more years of education and thus will perhaps have been exposed to family planning ideas should be taken into consideration. Thus, education would seem to be closely correlated with innovative behaviour¹.

¹ See J. Mugo Gachuhi " Youth Reproduction and Population ". Discussion Paper No. 159 I.D.S. University of Nairobi. esp. pp.10 - 17 1972.

Table 14

Have you ever used any family planning method:

Ever used any method of contraceptives?	Age of Respondent											
	N.G.		Up to 13		14 - 17		18 - 20		21 - 24		25+	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
N.A.	1	2	0	0.0	0	0.0	5	1	1	0	3	4
YES	1	2	0	0.0	14	7	37	7	74	14	12	15
NO	43	83	4	100	175	86	440	86	409	80	58	78
NR	17	13	0	0.0	15	7	28	6	29	6	5	6
Percent		100		100		100		100		100		100
Base	52		4		204		510		513		78	

Only 10% of our respondents had used any form of contraceptive at the time of interview. 8.5% were using a contraceptive at the time of interview (Table 15)

Table 15

CURRENT USAGE OF CONTRACEPTIVES
COMPARED WITH RESPONDENTS AGE.

Currently using any Method?	AGE											
	N.G.		under 14		14 - 17		18 - 20		21 - 24		25+	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
N.R.	0	0.0	0	0.0	1	0.0	0	0.0	0	0.0	0	0.0
YES	2	4	0	0.0	13	6	37	7	49	10	14	18
NC	33	63	4	100	148	73	375	74	350	68	51	65
R.A.	17	33	0	0.0	42	21	98	19	114	22	13	17
percent		100		100		100		100		100		100
Base	52		4		204		510		513		78	

It is clear from Table 14 and 15 that very few young people are in fact using contraceptives even though, many of them know of their existence and approve of contraceptives usage. It has already been mentioned that youth in Kenya are indulging in sexual activities at a rather early age - see Table 16. Yet only a few among this group are using any kind of self-protection against pregnancies. In a situation such as this, it would be fair to assume - though we have no supporting evidence - that many of the illegitimate pregnancies in the country occur among the youth and young people because they do not have access to contraceptives.

Those young people who admitted that they had had sex at the time of interview, we asked them how old they were when they had their first sexual intercourse?

Table 16

AGE OF FIRST COITUS^a

Age at first sexual Intercourse	Male		Female	
	No.	%	No.	%
Below 15 years	478	49	28	7
16 - 19	297	31	118	31
20 - 24	27	3	28	7
25 - 29	1	0.1	4	1
NEVER HAD	95	10	146	38
DK/DR ^b	9	0.9	3	0.8
RA ^c	64	6	54	14
Totals	971 ^c	100%	381	100%

- (a) This Table is produced from Table 5 of another paper by the present author "Youth Attitudes Towards Sex in Kenya". I.D.S. Working Paper No. 94, April 1973, p. 9.
- (b) DK/DR = Don't know and Don't Remember.
- (c) R.A. In this as in other Tables, refers to those who refused to answer the item being presented.

FAMILY PLANNING AND THE FUTURE OF AFRICAN YOUTH:

Africa's development must be oriented towards the future. Perhaps one of the most important natural resources for the development of the continent is our people. The youth, constituting the largest proportion of the people should be seen as raw material which needs harnessing and developing. The African youth has a critical role to play especially in matters of population. Whether the policy in any given country will be for increase or decrease of population - a factor which can only have a long term implications, the youth cannot be ignored.

To include the youth in matters concerning population, various approaches have been suggested such as introducing population education, sex education and or family life education in the curriculum. Whatever the approach, it is clear from our study that youth need to be included in the over-all development planning. The plea to researchers and planners who are concerned with the population issues is to re-assess the traditional approach in these matters and consider how youth could be harnessed for development. To do so, we need to know what the youth thinks on various issues.

The Ethics of Administering KAP Studies to Youth¹

Among societies in which matters concerning sex are highly personalized and are not supposed to be discussed publicly, the question of ethical acceptability of KAP type studies must arise. Even assuming that adults in these societies can and do give fairly honest answers to sex and sexually related questions, would they accept to have the same questions put to their adolescent children who are supposed to have had

¹While we do not feel qualified to discuss this question, we raise it because in the course of doing this study we were faced with minor difficulties where the school authorities objected to our asking young people sex type of questions. They contended that our questions were putting unwelcome ideas in the "childrens" heads that were likely to confuse them. Questions such as whether the respondent knew if his/her parents ever use any form of contraceptive were particularly objected to.

= 36 =

no life experience on which to base their answers? Indeed would KAP type studies do more damage to the youth, particularly those in the lower age group, than it would assist them in thinking about the population and their role in it? If the answer is positive, how then can we measure the attitudes of these potential parents early enough so as to be able to orient their education accordingly.?

Though we appreciate the ethical difficulties inherent in this type of study, we believe that the study is useful and should be carried out.