SOCIO-CULTURAL FACTORS CONSTRAINING THE ADOPTION OF MODERN FAMILY PLANNING SERVICES IN LURAMBI DIVISION, KAKAMEGA DISTRICT

BY

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A Thesis submitted in partial fulfilment of the requirements for the award of the degree of Master of Arts in Anthropology, Institute of African Studies, University of Nairobi

November, 1992

DECLARATION

This Thesis is my own original work and has not been presented for a degree in any other University.

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DEDICATION

In Memory of My Father,
the Late Rex Mathews Esipisu.

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ACKNOWLEDGEMENTS

I wish to express my sincere gratitude to all those who, in one way or another, enabled me to complete this study.

My very special thanks go to my University Supervisor, Prof. Osaga Odak, for his high degree of commitment to the completion of this study. This study has undoubtedly benefitted from his good advice, suggestions, comments and kind assistance. I would also like to thank Mr. Patrick Machyo of the Institute of African Studies, for his incisive suggestions and assistance geared towards improving this study. I wish to thank Prof. A.B.C. Ocholla-Ayayo, of the Population Studies and Research Institute, for his involvement in the evolution of this study.

My sincere thanks also go to all my classmates and friends for their encouragement and valuable suggestions aimed at improving this study. Of particular help were Muteheli wa Mwale, G. M. Muyekho and Wafula-Muyila. I am also grateful to the University of Nairobi for providing me with the necessary financial assistance which enabled me to complete this study.

I am grateful to Manoah Esipisu for his selfless commitment in ensuring that I pursued a post-graduate course. I extend my deep gratitude to my mum, Felesia Esipisu, brothers Moffat, Isaac, Karl-Frandell and sister Lydia for their moral support and cordial co-operation in various forms.

Lastly, I am highly indebted to Priscilla Idele, Ruphine Opondo and Agnes Andollo for their humility, patience and commitment in typing this work. May God bless you all.

ABSTRACT

This study attempts to examine socio-cultural factors which influence the adoption of new ideas, especially family planning. The socio-cultural factors considered include husband-wife communication, marital status, religion, education, group pressure and preference for a son. This study identified the manner in which these factors influence the adoption of family planning.

Family planning has been in existence for a long time, yet only a small percentage of the population has actually accepted it. That is the premise of this study. The most important decisions and activities that influence fertility are made in the family. For this reason, the focus of the study has been the family which is also the unit of analysis.

Data were obtained from 170 respondents (88 married women and 82 of their husband), which was supplemented by information from resource persons such as school head teachers, church leaders, family planning personnel and local community leaders. Data were also gathered from focus group discussions, non-participant observation, participant observation and documentary sources.

Analysis of the data shows that higher educational level positively relate to adoption of family planning. The results also indicate that group pressure plays a role in determining whether one is to adopt, continue or withdraw from the family planning programme. Most religious groups had no official stand on family planning. The study found that religion influenced the adoption of

family planning in a two-sided dimension in the sense that some religious groups encouraged its adoption, while others dissuaded people from doing so.

Preference for male children is positively related to the low adoption of family planning. So is communication between the husband and wife on fertility related matters. But men's predominance in decision making also relate to the low adoption of family planning.

The interaction between socio-cultural factors seem to explain the low adoption of family planning in Lurambi despite what the government is doing to propagate the idea. These factors need to be seriously addressed in order to step up adoption of family planning.

CHAPTER ONE

INTRODUCTION AND PROBLEM STATEMENT

1.1 INTRODUCTION

Kenya's annual rate of population increase is estimated to be 3.8 percent (World Population Data Sheet, 1989). This is one of the highest growth rate in the world today. This could perhaps be explained by a high birth rate of about 60 per thousand (Kenya Fertility Survey, 1977/78).

In 1948, Kenya's population stood at 5.4 million, with an estimate annual growth of 2.3 percent. Within 14 years (in 1962) it had increased to 8.4 million with an annual growth rate of 3 percent. In 1969 the population stood at 10.9 million with a growth rate of 3.79 percent (Population Studies and Research Institute Chart, 1986). The 1979 population census recorded a total population of over 16 million, with an estimated growth rate of 3.85 percent per annum (Ominde et al, 1983). The 1986 population projection estimated a total population of about 22 million with an estimated growth rate of about 3.9 percent per annum. But the 1989 Kenya Demographic Health Survey puts Kenya's population at 23.5 million, and the growth rate at 3.6 percent.

As a result of these population growth trends, the total fertility rate rose from 6.8 in 1962, to 7.2 in 1969 and 8.1, in 1979. But it remained at over 8.2 in 1986, suggesting a rise in fertility of about 18 percent (Ocholla-Ayayo, 1991). The major reasons for this fertility gain, according to many demographers, are the decline in the childlessness of Kenyan women between the

ages of 15-49 and also a reduction in foetal loss as a result of improvement in nutrition and health facilities in general, among others (Mungai, 1986).

From the foregoing, it would be safe to argue that Kenya's population is having an unabated increase. The excessive population growth rate in Kenya poses a great danger to the survival of Kenya as a Nation. The pains are already being felt in the areas of employment, education, housing and public transport. Kenya's population, which is increasingly outstripping the available medical facilities, is an indication of the clear danger that the Kenyan people face. An unchecked population like Kenya's could lead to inadequate housing which subjects slum populations to inhuman conditions of life, that is, below the security of survival. And in any case, people who live in squalor conditions might not be able to give maximum productivity, thus having a substantial negative effect on the Nation's economic growth. Kenya today feels the cost of education perhaps more than any country in Africa (Ocholla-Ayayo, 1991). The costs of school fees, building funds, school uniforms and books among others, are far too heavy for the ordinary parents, especially those with many children to educate.

An unchecked population growth like Kenya's presents a critical problem to the government. Unemployment is too high coupled with mass rural urban migrations resulting in slum problems and other social vices. The cost of living is too high and a high population limits the Nation's ability to feed its own people. The

large size of families poses a problem because the women are always in a pregnant state, and thus tend to be anaemic and weak. The man is barely able to make ends meet and the children do not get the attention they require. In any case, frequent births weaken a woman's health both, physically and emotionally.

Further evidence from the Kenya Contraceptive Prevalence Survey, (1984) suggests that not many Kenyans are keen to adopt family planning. Results of analysis for all women who ever used a family planning method indicated that 27.6 percent were rural women, whereas 33 percent were urban residents. However, the difference between the two categories is negligible. Other statistics in the survey suggest that among the ten ethnic groups covered in the survey, Kamba women rank first (41.3%) in the percentage of all women who have ever used a family planning method, whereas Luyia women ranked 9th (one step from the bottom!) with 16.0 percent.

The KCPS (1984) indicates that 15 percent of Kenya's women are currently using some method of family planning, with 8.1 percent using modern methods and 6.9 percent, traditional methods. This is an indication that the adoption rate of family planning methods countrywide is still very low. The survey also revealed that for the Luyia community, 76.8 percent of married women had knowledge of at least one family planning method but only 19 percent ever used at least one family planning method. This indicates a low number of family planning acceptors. It is also an indication that, although quite a large number of the Abaluyia have knowledge about

the contraceptives, their use is still very low.

Specifically, Lurambi Division, the research site, had, according to the 1979 census, a population of 78,315. The District Development Plan of 1989/93 projected it to be 105,366 and 122,983 for 1988 and 1993 respectively. Family size in the Division is estimated to consist of an average of 7 members, which is comparatively large.

1.2 PROBLEM STATEMENT

The impact of a fast growing population on land was identified as a crucial problem, considering the fact that only 17 percent of the total land in Kenya is agriculturally productive under the present technology (Family Planning Association of Kenya, 1979). The problem of high population growth rate in Kenyan situation, where resources are limited, was identified as early as 1945. This was reflected in the first development plan which was released in that year as an interim report on Kenya's development. This suggested measures to encourage the proper management of the resources because of the rapidly increasing pressure of population on land and other resources (Kenya Protectorate Interim Report on Development, 1945).

Therefore, the government made a move to reduce the population growth rate by establishing family planning as a persuasive policy aimed at controlling fertility. In Kenya, an intensive and broad based programme has been operating for the last twenty years. Indeed, in 1967 Kenya was the first country in Sub-Saharan Africa

to implement family planning programmes. Even earlier, by 1952, some small scale family planning programmes had already been initiated (ocholla-Ayayo, 1991).

The goal of this programme was to be achieved by/through distributing contraceptive materials and making people aware of the negative effects of a high population. The programme facilities were expanded to rural areas, and the rural health programme was also launched. Basic infrastructure was developed to provide easier access to the rural areas. Contraceptives were provided free of charge in Government hospitals and clinics. The relevant information and education was being disseminated through seminars, radio and workshops.

International organizations like the UNFPA and USAID were, and are still, behind the family planning programme in Kenya. The programme was, and still is, funded by these and other organizations, and the government. But so far, family planning programmes have largely failed in Kenya. A Ministry of Health Report (1975) says that "of the total married women aged between 15-49 years in Kenya only 2.5 percent accepted contraceptives after all that effort". And a United Nations Fund for Population Activities Report (1979) indicated that out of 100 acceptors of the programme, there were only 18 showing continuity. This means that out of every 100 acceptors, 82 dropped out of the programme.

A survey carried out by the Ministry of Health in 1979 shows that only some 55 percent of the targeted acceptors of over one thousand actually accepted the programme. According to the

Ministry of Health Report of 1978, out of 12,750 targeted acceptors only 7,200 accepted. Isolated studies by the Population Studies and Research Institute between 1979 and 1987 concluded that actual acceptance and continuation was far from the targeted figures. Those who join and remain in the programme always achieved maximum fertility of not less than 6 children. This means that they merely accepted contraceptives but went on to have the originally desired number of children. It is obvious, then, that the programme has not and is not succeeding in the true sense of the word.

Since the government has identified the need to reduce the population growth rate through fertility reduction and has actually committed itself by launching an expensive programme, there was need to examine the factors upholding fertility in the country. I have used Lurambi Division as a specific area of study for possible alternative approaches to family planning.

My observations in the Division indicate that most families with parents ranging between the ages of 15-49 have at least 7 and more children. Such observations are supported by the District Development Plan of 1989/93, which puts the average number of children per family at 7. The Kenya Demographic and Health Survey (1984) shows that Kakamega district's total fertility rate has consistently been on the increase. In 1969 it was 8,24, in 1979 it moved to 8.73 and by 1984 it had reached 9.23, making it one of the highest in the whole country. According to Osiemo's (1986) classification, total fertility rates of between 7 and 8 fall in the high category. So those ones of Lurambi Division are high.

This cannot be the case of people who are seriously involved in family planning.

With the foregoing, it was necessary to investigate why the negative attitude to and slow acceptance of family planning programme persists, even after the government had spent so much money and human resources on it. It was important to examine why large families are still to be found in the Division. There was need to find out whether the norms, beliefs and values of the Abatsotso contributed to the reluctance of these people's adoption of family planning. Could it be that the Abatsotso still hold a large family in high regard? Do they still derive satisfaction from having many children as a source of labour (boys and girls) and wealth in the form of bride wealth (girls)? Do they still have an obsessive desire for sons or has religion affected their perception of family planning in any way? These are some of the questions addressed by this study, in relation to how they affect the adoption of family planning.

1.3 STUDY OBJECTIVES

(i) To identify the socio-cultural norms, values and beliefs that govern family formation and reproduction.

(ii) To indicate how those factors predispose the people to adoption of family planning methods.

(iii) To assess the relationship between educational levels and adoption of family planning in Butsotso.

(iv) To establish how sharing in decision making between the husband and wife could lead to the adoption of family planning.

1.4 RATIONALE OF THE STUDY

A study of this nature is important since family planning is relevant to the country's national development. With planned families, the country's social and physical facilities would not be overstrained. The government would afford to give better care to its citizens. If the low level of acceptance of birth control methods among the child bearing population is to be considered, then this study is highly relevant.

In this study an attempt has been made to pinpoint some of the possible causes for the non-adoption of family planning methods. Such information could be vital and helpful to policy makers, planners and government ministries in assessing the success of family planning and how it can be popularised.

This study has identified some areas which require special emphasis and re-orientation and has highlighted what could be a possible and effective way of selling the family planning message to the people.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 LITERATURE REVIEW

The policy makers and planners who initiated the National Family Planning Programme were convinced that a reduction in the population growth rate was and is necessary for the couple's development. But this argument was in conflict with the people's attitudes and needs. Thus, while the government felt that couples should have few children to manage development, the available literature shows that the couples in developing countries (including Kenya) desire and actually have many children due to social and cultural reasons. At the family level, the government policy seems to be facing opposition.

It is paradoxical how it could be possible for couples to practise family planning while they want many children. By examining the factors which encourage couples to have many children, it should be possible to throw some light on how to overcome those factors and so make family planning acceptable to the majority of the people.

Whereas other studies and literature on this issue focus on communication factors and socio-economic factors, among others (Odera, 1981; Beckman, 1983; Henin, 1979; Mkangi, 1977), this study will adopt a socio-cultural approach. Therefore, the socio-cultural factors assumed to influence the adoption of family planning have been looked at. These factors include education, preference for children, community influence, marital status and

the decision making process in the household.

2.1.1 Group Pressure

Smith and Radell (1976) acknowledge that adopting modern family planning methods often involves profound changes in both personal behaviour and cultural norms, especially among people for whom the large family is a social and economic asset. But Bogue (1967) notes how difficult this can be by asserting that: Traditional attitudes and values, although likely to change rapidly in the relatively near future, will probably be a hindrance to family planning in Kenya for some time (1967:8). He goes on to say that the extended family system tends to weaken the motivation for family planning by decreasing individual responsibility for children and spreading it over a large number of adults.

Though the above argument cannot be accepted per se, it is worthwhile to note that among most ethnic communities in Kenya, individuals have a limited right to voluntary control of their own fertility in accordance with their personal preferences and convictions. This situation could be said to be changing with the advent of education and the tendency towards a nuclear family.

Among the Abaluyia, it has been the case that the needs and rights of a child are generally provided for by the community. Ocholla-Ayayo (1991) adds that such needs and rights have been stipulated and defined by the society. In Kenya, he goes on to add, individuals are obliged to respect the rights of others so long as those rights do not jeopardize the ideals of the community,

which has a higher respect for individuals with large families.

Ocholla-Ayayo (1976) says that in Kenya, individuals are obliged to respect the requirements of the common good of the clan and tribe. In fact, among the Luo, he says that an act is good if, and only if, it is not a forbidden act and does not cause destructive consequences to oneself, one's family, clan or tribe. It can, therefore, be seen that an individual is obliged to respect himself, the family and the larger group of society to which he belongs. Indeed, a good or bad act cannot be defined or formulated by individuals, but by the society at large. If the society holds a large family in high esteem, an individual is not expected to come up and challenge such an act. He is expected to be subservient to the community's expectation.

It is not possible to dismiss the existence of value systems in Butsotso that assign a subservient status to women, that favour high fertility, that rely on land and family relations for social security, and are oriented more towards maintaining the past than improving the future.

From the foregoing, it is no wonder that most scholars emphasise the socio-cultural approach to the study of human reproduction and family planning in Africa. Indeed, Molnos (1972:66) has noted that: cultural information is more and even more relevant than psychological information in the study of fertility in all those societies in which decisions are strongly subject to communal influences.
To her, understanding the community's culture is very important in

investigating the fertility trends.

To a large extent, it can be argued that behaviour is influenced by the culture of a people to which one belongs or a culture that one comes into contact with. Therefore, in a situation where decisions are strongly subject to communal influences, the individual finds himself at cross-roads especially if the decision he wants to take (e.g., limiting family size) is in conflict with communal aspirations.

It has been variously argued that, in Africa, there is a strong social pressure on women to marry and produce children to extend kinship networks (Faruqee, 1980; Caldwell and Caldwell, 1987; Ocholla-Ayayo, 1991). Individual males had a right to marry and an obligation to have children to keep their own lineage and that of the group alive. This still remains a prima-facie obligation. Another obligation on parents is to have more children who will take care of them at old age. Caldwell (1977a), in his studies in West Africa found that there was an overwhelming preference for children who were themselves equated with wealth. To me, this seems to suggest that to have many children with the above obligations is to do good to the community. Caldwell and Caldwell (1987:410) sum up this issue well by stating that: "African society is constructed so that high fertility and large surviving families have usually been economically and socially rewarding. The lineage systems are so coherent that they will offer greater resistance to the success of family planning program than has been encountered elsewhere". It might not be the case

that many children are still equated with wealth. This is due to the fact that land is increasingly becoming a rare commodity in Butsotso. Each son has a right to be allocated part of the family land but since they (sons) might be too many, that piece of land might not be enough.

. Ocholla-Ayayo (1976) is of the opinion that the rights and obligations of individuals with regard to procreation are implanted by societal ideology, not just by an individual creation. Individuals have a limited right to voluntary control of their own fertility in accordance with their own personal preference. How far this could be true of the Abaluyia and, especially, the Abatsotso is not yet clear. A casual look at the people reveals that, for them, procreation is still regarded as the only legitimate reason for hetero-sexual relations. The society, therefore, does not expect any other reason for people to marry than to have children. This seems to justify Radcliffe Brown's (1950:51) assertion that: "An African marries because he wants children". Such are the cultural norms that guide an individual's or groups' behaviour. One may conform or deviate from such norms.

Some studies (e.g. 1983, 1975, 1985) carried out on family planning have tried to suggest how important the community can be in determining whether one continues or drops out of the programme. Thus, a study by Ominde et al (1983) in Kisumu on population, health, nutrition and family planning, reveals that the desire to have a few more children negates the need to continue the programme. Gachuhi (1975) and Ocholla-Ayayo (1985) also state that

some women withdraw from the programme because of pressure against contraceptive use from the parents-in-law and the husband. It is worth noting that, among the Abaluyia, a woman is not expected to oppose her husband and parents-in-law (especially the mother-in-law). So if it is the wishes of these people that she does not adopt fertility regulation, there is nothing much she can do about it, unless of course she wants to be seen as a deviant.

Violation of certain traditional beliefs and practices has various consequences in marriage life, child health, birth and the general well being of the homestead. These beliefs and practices explain children's diseases and causes of death (Ocholla-Ayayo, 1983). Therefore, beliefs in witchcraft and sorcery often act as powerful negative sanctions against fertility regulation. People desire to have more children because they believe that witches work against large families. So the more there are in a family, the greater the number likely to survive the evil powers of witches and sorcerers. Indeed, it has been noted in Kenya that mother's fear of loosing their children is one of the main reasons for their resistance against family planning efforts. In fact, quite often, the Abaluyia attribute high mortality rates to \the presence of a large number of sorcerers and witches. In such a situation it becomes extremely difficult to persuade families to limit the number of children they can have.

Rodgers and Shoemaker (1971) contend that the first adopters of a new idea are, in most cases, the deviants. The implication in our case here is that any adoption of modern birth control methods

will have to depend on whether such an idea conforms to the social norms for which the adopter is a member, and if not, how much is the deviant ready to deviate from the given social norm. I think most of the Abaluyia embrace new ideas, but this depends on the intensity of their exposure to those ideas. If the Abatsotso have not been "opened up" and their thinking is still localised, it might be that they still embrace old forms, such as having large families. In that case they would resent the new idea of fertility control. Most African families still subscribe to the extended kinship networks. So, the way members of the extended family behave towards fertility regulation influences their stand on the issue. One will want to behave the way others are doing.

For any innovation to be adopted it has to be acceptable and compatible with the culture where change is supposed to occur. This agrees with Okediji's (1974) view that family planning programmes must be adapted to local values and socio-economic structures before they can be effective.

2.1.2 Influence of Education

Education can either be formal or informal. We are interested in the earlier.

Vaura (1972) (1977) contends that education reinforces the prospects for continued mortality decline because the parents have knowledge about basic sanitation, the value of inoculations and anti-biotics. Thus, the mother, who is confident that her child will survive is less likely to want more children merely as an

insurance against some dying. With more education, the Abatsotso are unlikely to blame sorcerers and witches for high infant mortality. They will be better armed to fight against such a problem and they are not likely to continue having many children as security against death.

Education improves access to efficient modes of contraception with an aim of attaining new reproductive goals. Indeed, education increases an individual's willingness to accept new products and effectively use new procedures (Vaura, 1972; Kimani 1982). The question is, have the Abaluyia people been exposed to adequate education? If so, has it helped them to reduce fertility by making them increase their acceptance and effective use of the contraceptive?

Through education both men and women acquire information on family planning, the increase of their exposure to mass media and print material which have news on contraceptive use (Vaura, 1972). The problem with such a view is that rural areas with their acute population problem, have very few people exposed to the print and electronic media (see Gwako, 1990 on the Gusii materials). In any case, the radio which is the best medium of communication belongs to the man, and the woman rarely has time to listen to it or she is not interested altogether. This seems to be the situation in Butsotso where the man carries along the radio when he goes to herd or even to the market centre.

Education spreads Western ideas and values which powerfully undermine traditional norms and familial relationships that favour

the unlimited fertility (Caldwell, 1980, 1982; Holsinger and Kasarda, 1976; Draper, 1965). Education makes possible the discussion and modification of accepted and emotionally conditioned responses. It is possible, by means of mass propaganda to weaken the hold on old forms. Then, perhaps, it becomes plausible to suggest that education to people in traditional environment broadens their view of the opportunities and potentials of life besides inclining them to think more of themselves and reduce their suspicion of social change.

Education increases women's participation in paid economic activity which is difficult to combine with child care and the cost of having children. This is because more education is desired for the children before their entry into the labour force which is thus delayed (Henin, 1982; Farouq, 1987). These observations may not be typical of the rural places lacking formal employment. But it is true that education "may raise aspirations for material goods and decrease desire for children" (Farouq, 1987:78). That agrees with Jonawitz's (1976) argument that education increases a woman's earning potential, which implies the increase in the opportunity cost of withdrawing from the labour force in order to care for children.

It has been argued (Dixon, 1975; Anker and Knowles, 1981; Smith, 1976) that education decreases the economic utility of children as they are always away in schools. Their parents spend too much money on them while they are there, and that education may lower the supply of living children through delays of entry into

marital unions through increased work commitment or pursuit of higher education.

It has been hypothesized that small family size raises the opportunity for women to participate in the modern sector, which is dependent on the level of education. Educational attainment also increases communication between husband and wife and imparts a sense of control over one's destiny which may encourage attempts to control child bearing (Draper, 1965).

The above considerations would, therefore, suggest that the level of educational attainment and fertility should be negatively related. That is, because education influences one's view of things, which is acquired through the wider exposure one experiences through interaction with other people as well as exposure to new ideas through reading. But, here, it is important to note the duration of a person's exposure to education and the intensity of his interaction with other people. If all these (interactions with other people and exposure to education) have a lower frequency, may be no impact is noticeable. Therefore, it cannot be assumed that education always negatively influences family planning.

In fact, there is some evidence to suggest that the relationship between educational attainment and fertility is not always inverse. Jonawitz (1976) contends that educated women have higher income potential which is likely to increase their fertility as they can afford to support more children. This sharply contrasts the assumption that people with higher incomes aspire for

smaller families.

In some countries with low levels of female education, fertility tends to be higher among women with a few years of schooling than among those with no education at all or with higher level of education (Cochrane, 1979). Ominde (1983) concurs by saying that education upto primary and intermediate school level alone is conducive to high fertility rate. And Henin (1979) notes that women with primary education had the largest number of children. He maintains that primary schooling has the effect of promoting a rise in fertility in Kenya. The view is further supported by Ketkar (1978) and Anker and Knowles (1980) who, in their studies in Sierra Leone and Kenya, respectively, found that fertility reaches a peak among those women with five years of education. Therefore, as various authors (Kangi, 1978; Mosley, Werner and Becker 1983; Henin, 1979; Onguti, 1987; Ang'awa, 1980) have argued, there appears to be a threshold below which female education tends to lead to higher levels of fertility and above which it encourages smaller family size.

Formal education, which has led to modernisation, has eroded tradition in marriage and sexual life which could undermine birth control. In some societies in Kenya (e.g., the Abaluyia), persons or groups who are cognatically related to a certain degree are forbidden to marry each other (Wagner, 1939; Evans Pritchard, 1949; Ocholla-Ayayo, 1973, 1976). This type of marriage which could have been considered as taboo has now emerged in the urban areas and among the elites. It is feared that this influence could already

or is about to spread to the rural areas. In such a situation, efforts to control fertility would be frustrated. The traditional age cohort pattern of marriage is slowly disintegrating and this may lower age at first marriage leading to an increase in fertility. Marriage by seniority (William and Malo, 1961) is falling apart. Indeed, as Ocholla-Ayayo and Makoteku (1988) add, it is now a common phenomenon for a younger sister to be married before the elder sister. This happens, particularly, if the elder sister has been held up in school for long or the younger sister gets pregnant and so opts for marriage. Early marriage due to school drop-outs, especially in primary schools, has substantial effect on fertility.

Therefore, it is clear that education has both a positive and negative effect on fertility. As such, to assume that educational attainment is inversely related to fertility is still hypothetical.

2.1.3 The Position of Religion

Religion could influence the way people behave, particularly how they adopt new ideas. In its relation to family planning religion could have both negative and positive effects. The Roman Catholic church opposes modern population control measures and is repressive against those who practise or advocate them. This is because it decrees that the primary purpose of sexual intercourse is procreation, so such ends as fostering the mutual love of the spouses is, according to it, secondary. Saint Thomas Aquinas regarded contraception as sinful and contrary to spiritual

teachings. The book of Genesis 1:28 in the Old Testament reinforces that catholic's stand with its famous command from God: "Go ye into the world and multiply".

And Draper (1965) argues that, besides the involvement of the church's apostolic growth, the growth in numbers itself is at stake, because every attempt to frustrate the real end of married love reduces the church's potential size. "How can we hope for vocations to the priesthood and religious life, vocations which are sorely needed if families which should be the seedbed of vocations are consumed by a blind opposition to God's law"? (p. 146). Such are the arguments of the religious people which could only frustrate the population control efforts.

In Kenya, the catholic church has been opposed to the use of modern contraceptive methods, and instead advocates for natural methods. We are not yet sure whether natural methods alone could get the desired results. If people have indeed heeded the priests' call to abandon the use of modern contraceptives (a good number of the population is religious oriented), then a negative effect on birth control would be significant.

Betrand (1975) argues that religion served to slow family planning adoption in South America. Clyde (1962) and Mayoness (1962) believe that christian churches have traditionally been opposed to family planning. But even if that is true, the trend in Kenya is changing because, quite often, some churches are acknowledging the existence of a population problem. Even though they do not support the use of contraceptives, they are asking the

people to morally restrain themselves.

From the KCPS (1984) and KFS (1978) there is no significant fertility difference between catholics and protestants. There is, however, a big difference in fertility between Christians and Muslims. Those who are Muslims in Tanzania are said to have low fertility (Henin, 1981). These findings are similar to those by Muganzi and Ocholla-Ayayo (1986) who found that the fertility of the Kenyan Coastal Muslems is low. This could be attributed to high rate of divorce, prevalence of polygamy, infertility and low basic education.

Among all communities, rural and urban, Muslim and Christian, the relationship between the living and the dead is a rather complex affair (Ocholla-Ayayo, 1991). Indeed there is the shared ideology that the child is God's gift and so it is beyond human power to control, or try to control fertility. This is tantamount to saying that God does not know what he is doing (Ocholla-Ayayo, 1988). Ocholla-Ayayo's observation seems to be in line with Molnos' (1967) thoughts that the people of East Africa had a fatalistic feeling that conception, the number of births, and the survival of children are the sole concerns of the natural forces which are beyond the reach of human will-power. It is important to note the extent to which the present social and technological changes have eaten into the societal fabric to make it change its attitude towards such beliefs.

From the traditional African religious point of view, it has been alleged that dead parents were transformed into ancestor

spirits which were worshipped in the ritualization of finiliar piety (Evans Pritchard, 1949; Forde, 1950). Therefore, lack of children meant physical and spiritual extinction because the ancestor spirits depended for their survival on resemblance in the minds of the'ir living grandchildren. To die without children meant complete extinction; but few children were a danger because the line of the living could be interrupted in the next generation. As Molnos (1967) sums it, the person who decides to limit the number of his children is clearly sinning against higher forces because he limits the chances for survival of the dead ancestors. It is an act against supernatural forces. Though traditionalism is slowly fading away, it is not expected to disappear completely for it forms the basis of a people's culture. In this case, people who ascribe to the above notions are likely to oppose limiting family sizes.

In conclusion, in a community where beliefs and feelings that parents with many children are the ones blessed by God, and those with few are cursed, the family planners find it difficult to convince and make people accept family planning measures.

2.1.4 Need for a Male Child

The number of children couples have sometimes exceed their ideal family size. In many cases, this can be traced to the desire for either a son or a daughter. Furthermore, in some societies, there is pressure to have more than one son.

The law of birth control in China has revealed how strong a

patrilineal system China had. The lineage line is kept alive through the sons. Daughter's offsprings become members of her husbands lineage or clan (China Studies in Family Planning Vol.13, 1982). This is also prevalent in many African societies (Ocholla-Ayayo, 1982). In most African societies which have a patrilineal exogamous system of marriage, the lineage is traced through the father and each member of the community must find his/her spouse outside his/her own clan or group. It was imperative that a family should have a son that would keep the lineage alive (Ocholla-Ayayo, 1991). The result is a higher demand for sons since daughters would generally find new homes where they are married. So in a patrilineal system, the son occupies a central position and he is given the responsibility to continue the lineage, inherit the father's status and to provide material and other security for the parents during the old age. The son, perhaps more than the daughter, provides the parents and the clan with a greater security of survival. But, with the current trends, this need not be the case. Girls are becoming more and more resourceful and helpful to the community and the family. Their only undoing is that lineage cannot be traced through them.

Among the Hindu a man needs to have a son for lineage purposes and performance of the required rituals at the time of his (father's) death (Kim 1979; Lorimer, 1954). This is the case among the Luo and the Abaluyia (Ocholla-Ayayo, 1976, 1985).

In many African societies, a woman who has children of both sexes has rights of permanent residence in her husband's lineage

strengthened. If she is widowed without son, she runs the risk of inheriting nothing, being sent back to her family and may have to be buried in the natal village should her husband's people insist (Ohadike, 1977). In such a situation, it becomes clear that a son has been given a primafacie value which can be disastrous to the fertility control efforts. Studies in Asian countries (Arnold 1975; Freedman and Coombs, 1974) reveal that preference for sons is a major determinant of family size. A strong preference for sons has frequently been cited as a potential barrier to efforts to reduce fertility below certain levels. With the changing times it might be possible that couples are becoming aware that in their search for sons, the family size increases considerably and could turn out to be costly for them. This factor might act to scare them from their endless search. Thus, Betrand (1978), thinks that where considerable importance is given to the birth of male children for legal, religious or even other cultural reasons, this can have a negative effect on the adoption of family planning. Where sons are highly valued, family planning is likely to be viewed as a threat to family security and could raise resentment.

2.1.5 Authority Structure in a Household

Authority structure in a household refer to the way roles are distributed between husband and wife and how such a division influences the amount of input each has in the decision making process. Usually, the adoption of family planning is not an individual concern but involves joint decision making and co-

operation of husband and wife.

Men in male dominated families are likely to make decision about additional children (Hollerbach, 1982) and adoption of fertility regulation (Gachuhi, 1975) in terms of their own interests and needs. The man's superiority, especially in patrilineal African societies, was recognized by social consensus and found its expression in all kinds of customs (Molnos, 1968). Therefore, women had a disadvantaged position which pushed them away from major decision-making.

Currently, women are getting more and more involved in decision making. This could be due to exposure to the outside world through the print and electronic media. As such they are increasingly becoming aware of how their fellow women in other parts of the world are behaving and being treated by men. They (women) are becoming aware that even in child bearing they need to decide when to have a child. Education has enlightened them by making them participate in decision making. However, this refers to only a small enlightened population, otherwise most of the rural women are submissive.

Studies by Bogue (1967), Molnos (1968), Zaltman (1963), and Askham (1975) reveal that a programme stressing group discussion between husbands and wives will lead to greater success than that which concentrates on either husbands or wives. But there is a possibility that the couples might decide to have either a large family or a small family. It does not necessarily mean that the involvement of both parties in deciding the family size will surely

lead to a decrease in the fertility levels.

Rasen and Simon (1971) found out that in Brazil, among currently married women, smaller family size was associated with greater equality in family decision making. Studies in Sudan and Egypt by Nawar (1984) revealed that current use of contraceptives was highest among women who participated jointly in decision making concerning family size. Beckman (1982) agrees. According to him, more egalitarian decision making process or reduced male dominance within the family is associated with lower demand for children, higher effective contraceptive prevalence and lower fertility. The extent to which this holds true in Kenya is not yet systematically documented, especially among the Abaluyia.

A wife in a patrilineal marriage (as among the Abaluyia) is isolated from her own people and absorbed in her husband's extended kin-family. This gives her a feeling of powerlessness which could in turn act as a determinant of fertility. Traditionally, among the Abaluyia, a wife was subordinate to her husband and, as such, the husband alone decided the ideal family size. Though it is argued that a wife's increased participation in decision making in family size matters might lower fertility levels, this could have little impact on fertility behaviour, especially if her fertility intentions are similar to her husband's.

2.1.6 Marital Status

Ocholla-Ayayo (1985) contends that in rural Africa social actions and social characteristics are rooted in traditional norms,

beliefs and values of marriage and family life. Some of these beliefs and values concern procreation. Ohadike (1977) sees fertility variations as being affected and modified by social, cultural and behavioural factors. These are factors which relate to family formation processes. Therefore, every culture group has its own socio-cultural ideology that ensures biological and social continuity.

Traditionally, among the Abaluyia, the average number of children a married woman was supposed to have was ten, conceiving after every two years (Molnos, 1973). Marriage was never complete until the couple produced a child. The recognition that a person held in society depended on the number of children he or she was able to produce from marriage onwards. Through a large family an individual's name was known to many and he accordingly wielded much power and prestige. The extent to which the above is still relevant to the Abaluyia is debatable. Given that society is continuously undergoing changes, the society might view increased fertility generating scarcity of land, food and other limited resources. This could possibly lead to changes in people's valuation of children and might result in a drop in fertility. This could nullify Molnos' (1967) assertion that among Africans, to have many children is a duty of the individual; a duty of the wife towards her husband and a duty of the husband towards his whole clan. Though childlessness is looked at with great disgust and any marriage not fulfilling the goal of child bearing is considered unstable and unsuccessful (Ocholla-Ayayo, 1991), it is important to

note that having many children is no longer an important value for a woman.

Though some studies (LeVine, 1964; Herzog, 1971; Ocholla-Ayayo, 1985) have shown that the culturally desirable virtues of a woman may be summed up in terms of healthy children she has produced, in the light of the current socio-economic changes, such a proposition is very much questionable, especially among the Luyia. Cain (1985) argues that having many children by a woman is sort of an insurance against divorce. This holds true for the Abaluyia; it is not easy to divorce a woman who has many children for fear of the children being mistreated by their step-mother. In any case, if a woman who has children is divorced, the children might make for her a new residence. Perhaps Ng'ang'a (1987) had the above in mind when he talked about acquisition of security among the Agikuyu. Women gain power and prestige through their children (Hakansson, 1985). That is what N'gang'a (1987) refers to as the "acquisition of social status and prestige". Among the Abaluyia, these are only relevant if the children are holding important positions in society or are showing the potential for being great people, or if they have some remarkable qualities and good virtues. Otherwise, a woman who has children who are a disgrace to the society through their deeds only earns rebuke and ridicule. In such cases there is hence no acquisition of power and prestige.

According to Molnos (1972:8), the paramount objective in having children was that: "there should always be a living

descendant to remember and honour the departed. Children meant the continuation of the lineage and the perpetuation of the family name and spirit". Ware (1975) adds that: There is no society where childlessness is regarded as the ideal condition for everyone. Also one child is rarely accepted as a desirable number" (p.30). Ominde (1952:140) says that among the Luo: failure to have children is a great disaster in the home. The idea of perpetuation of their kind is so deeply rooted in the minds of the Luo people that a childless marriage culminates in the breaking up of the home concerned, the husband being advised by his relatives to marry a second wife. Just like the Luo, among the Abaluyia, a childless marriage cannot be tolerated. But, with the changing circumstances, marriages with only one child are not breaking up.

Those ethnic groups where children are named according to the names of the couple's parents or relatives, families tend to be bigger because there is an urge to bear children and name their next of kin (Ocholla-Ayayo, 1991). Though this naming procedure is not as strict as among the Agikuyu, it contributes substantially to fertility increase.

If people have to hold onto old forms of thinking, particularly in regard to family sizes without being realistic of the current socio-economic conditions, it is possible that they cannot heed calls aimed at fertility regulation. A socio-cultural environment that emphasises large families and gives primafacie value to children is likely to be opposed to family planning ventures.

In conclusion having looked at factors that could influence family planning, such as religion, education, how decisions are arrived at in the household as well as marital status, it is important to note that those factors are continuously undergoing changes. The issue at hand is whether the Abaluyia people (Abatsotso) are still holding onto that old form of culture where large families are held in esteem. As has been noted, customs change. If at one time the custom of having a large family was ideal, it may be necessary to change now so that the ideal family would be small. That is quite hypothetical. But if Doob's (1960:112) assertion that: People changing from old to new ways are likely to retain their traditional attitudes and practices towards marriage and family life, during and long after many structural changes have occurred within them and their society, then the adoption of family planning is likely to meet a lot of opposition.

2.2 THEORETICAL FRAMEWORKS

This study adopted three theoretical frameworks which are discussed separately as follows:

2.2.1 Socialization Theory

The proponents of this theory are Zaltman (1973) and Marlowe (1971). They contend that human behaviour is a learned behaviour. According to them, socialization is that process through which individual acquire knowledge, motives, beliefs, skills and other

characteristics expected in the groups of which they are or seek to become members.

Socialization is that process through which the socio-cultural heritage is transmitted and essential skills acquired. Socialization gives skills of acting which are distinct to a society; it also reinforces established patterns and helps in the adoption of new ideas through ensuring minimal deviations. Every individual person and his behaviour pattern is an outcome of a particular socialization process.

If, then, socialization is the process of learning social norms, beliefs, skills, roles playing and behavioural patterns, the theory of socialization could have potential explanations to questions like: to whom does society ascribe more authority in a family? To whom does the society ascribe or bestow more power in a family setting? Who makes decisions on matters regarding family compositions and size? Does the process of socialization inculcate some roles of either boys or girls to be more important than others Finally, does the society determine individuals ideal family size preference and what is the societal norm on the issue of many children? Does that have any effect on family planning?

It is hoped that the theory will show how individuals adopt their family size and how this influence; the way they perceive family planning. The theory will also help in identifying the point where family planning agents can make their intervention in order to influence people's family size preference.

2.2.2 The Situational Approach Theory

This theory focuses on the idea of crisis, the definition of the situation and the concept of social disorganization which brings about redefinition of the situation. Its major proponents were Thomas and Znaniecki (1974).

The proponents argue that human behaviour occurs under certain specific conditions. When people act as expected in primary group organisation there is nothing to define. But when new influences appear to disorganize existing habits thus interfering with the existing situation, or when a group is unprepared for an experience such as landlessness, lack of food and proper health care, increasing unemployment and rising costs of children's education, a crisis which is viewed as a threat that needs redefinition arises.

A crisis is seen as one of the human experiences affecting the definition of individuals and groups, their behaviour and also influencing the context of culture and personality as well as direction of socio-cultural change. The social disorganization that arises from a crisis calls for social re-organization to ensure proper direction to the future course of events. Behaviour, therefore, is situationally determined.

According to the theory, redefinition depends on cultural factors which either independently or collectively influence subsequent behaviour, socio-economic, biological, and psychological factors plus the physical environment, the social norms, values, attitudes and the people one interacts with. How an individual

perceives the situation may influence his next approach to it.

The relation of these to social and cultural factors constraining the provision of family planning services may include the implications of unplanned families, such as increased demand for land and employment in a situation where landlessness and unemployment are ever increasing, increasing child costs in terms of education, clothing, feeding, medical attention, the worsening of women's health due to frequent short spaced births and the resultant poor health of children born out of such births.

To what extent are the Abatsotso aware of these implications of unplanned families and, in that case, are unplanned families seen as a situation that needs redefinition? Given that the situational theory sees human behaviour as adjustable and human beings as continuously attempting to come to terms with situations in which they find themselves, it is likely to provide an answer to the above predicaments.

2.2.3 Reference Group Theory

The theory postulates that the influence a group has on its members can be seen in the benefits which each individual group member derives from being a member. According to Siegel and Siegel (1968), the more benefits a group has to its members, the more influential it is to group members.

Siegel and Siegel (1968) see a group as playing various roles for the members. The group serves as an agency through which members could obtain and appraise information about their

surrounding. The group could also create some aspects of reality which are relevant for the individual and may control some aspects of the physical and social environment which have consequences on individual members. The group may fill a need for affiliation and affection.

They continue to argue that an individual's membership groups have an important influence on the values and attitudes he holds. On that note, the theory can be used to better our understanding of processes affecting attitude formation and change.

It looks clear that what individuals do conforms with the group norms to which they belong, aspire to belong or even regard as important. This theory is important in answering questions on human behaviour and, more especially, on adoption of family planning.

From the foregoing, it has been observed that human behaviour is an actualization of attitudes and that attitudes are formed through socialization process. It has also been noted that human behaviour is influenced by the social environment, that is, the community or society in which one lives or regards as important. It follows that in order to understand how individuals adopt or do not adopt family planning, some knowledge of their socialization, how their attitudes have formed and have come to stay would help in changing such behaviour patterns.

2.3 HYPOTHESES

1. The preference of a male child does not delay the adoption of family planning.
2. Religion influences the adoption of family planning.
3. Adoption of family planning depends on whether the community supports the idea.
4. Educational attainment determines the adoption of family planning.
5. Sharing in decision making between the husband and wife leads to the adoption of family planning.

2.4 OPERATIONAL DEFINITIONS

Family Planning: This refers to conscious effort by couples to either postpone or prevent any pregnancy with the intention of regulating the number or interval of births.

Contraceptives: Contraceptives are the methods used to avoid conceptions such as condoms, I.U.D. and rhythm withdrawal, among others.

Adoption of Family Planning: This is the acceptance and practise of family planning.

Authority Structure: Is the manner of decision making in the family, that is, how the wife and the husband communicate and share decisions.

Marital Status: Is the condition of being married or single.

Preference for Children: Is the respondent's wish to have either boys or girls.

Education: Formal schooling undertaken by the married couples.

Religion: This was used to refer to faith or belief connected with the supernatural power. It could be christianity, traditionalism or Islam.

Family: Refers to husband and wife or wives including the children.

Community: Friends, relatives or the local group.

CHAPTER THREE

3.1 SITE DESCRIPTION AND RESEARCH METHODOLOGY

3.1.1 Lurambi Division

Butsotso South and North Locations are in Lurambi, which is one of the eight administrative Divisions of Kakamega District, one of the four that make up Western province. Kakamega lies within the Lake Victoria basin with the equator passing its southern tip.

3.1.2 Ethnographic Description

The study was carried out among the Abatsotso who are part of the Luyia community. They are a patrilineal, exogamous people. After marriage, the Abatsotso have a patrilocal residence (Huntingford, 1944) and they practise levirate.

Marriage is an important institution among the Absatsotso, an unmarried person is a peculiarity in the society. Marriage sanctifies the union whose ultimate purpose is to bring up new lives into the world (Makila, 1978). Endogamy was, and still, is a taboo. One of the factors that dictate a man's choice of a wife is her child bearing ability.

Among the Abaluyia, pre-marital sex was considered shameful and was delayed while girls went through several stages to adulthood (Molnos, 1973). Marriage was never complete unless a couple had children. The social valuation of a person in society depended on the number of children he or she produced in marriage. through a large family, an individual's name became known to many. He accordingly wielded much power and prestige (Ndeti and Ndeti,

1977; Wagner, 1939).

Though girls were valued because they were a source of wealth (through bride wealth) boys were more valued. The general care and support of aged parents were a son's responsibility. When a man's father died, the sons performed certain tasks concerning the disposal of the body (Huntingford, 1944). Through sons, the lineage and family name were perpetuated.

The Abatsotso have always been a religiously oriented people. Religious events are intimately woven into the sequence of day to day life. Life is seen as a spiritual journey, beginning with birth, death, and rebirth or life after death.

Education among the Abaluyia prepared children to become useful members of the household, village, community and hence society (Sifuna, 1985). During initiation rites, both boys and girls were taught what was expected of them as men and mothers respectively. Education was, strictly speaking, functional. It was generally for an immediate induction into society as opposed to a theoretical approach to preparing children for adulthood. For a greater part of their life, the children were engaged in participatory education through play, work ceremonies, rituals and initiations among others.

The foregoing socio-cultural, socio-economic and other factors constitute the background within which to examine fertility levels and family sizes in the area.

3.2 SAMPLING PROCEDURE

One of the key variables in this study was family planning. The unit of analysis in carrying out this study was the household heads, who were referred to as husband and wife where the two are living together.

The focus on the said unit is based on the assumption that these have a vital role in designing their families; they can decide the family size that they wish to have. The researcher also assumed that procreation is a conscious, deliberate and planned affair that the household can do by consciously deciding how many children to have, when to have them and whether to adopt family planning or not.

In determining the study area, several factors were considered. First the researcher has lived in the area since childhood and has observed that although family planning services had been there for a long time the area is characterised by high numbers of children per family (over seven children). This factor then created the interest to find out why the situation was like that.

The technique of simple random sampling was used to identify the 44 households in each location (South and North Butsotso Locations). Due to limited funds and lack of sufficient time, the sample could not be big. So, 44 households for each location was considered an appropriate sample. Assuming that every family in the location had an equal chance of being selected, a ballot system was used to identify two sub-locations in each location. Butsotso

south location has four sub-locations, namely, Bukura, Eshibeye, Shiyunzu and Shikoti, while North Butsotso location has the following sub-locations, Matiha, Shinoyi, Esumeyia, Ingotse and Indangalasia.

Names of all the sub-locations in each of the two locations were written on small pieces of paper and put in a tin, one location at a time. The tin was shaken to mix the ballot papers. The first ballot paper was picked and discarded, the second and third were picked and those became the sub-locations from which to select the 88 households. This process was done for each of the two locations. In the end the researcher picked out Matiha, Eshibeye, shiyunzu and Shinoyi as the sub-locations from which to pick the household.

The names of all the married men in each sub-location selected were documented by the help of the assistant chiefs and village headmen of the areas covered. From all the listed names in each sub-location, every second name was picked until 22 households had been covered, thus selecting the households randomly.

A total of 88 households were selected from the two locations. In each household, both husband and wife constituted the respondents.

3.3 METHODS OF DATA COLLECTION

All through the data collection process, a combination of techniques was used, for no single method was ever conceived superior and adequate. The complexity of the problem under study

also dictated the use of a multi-dimensional approach to data collection. A combination of quantitative and qualitative strategies of research was, therefore, intended to provide dimensions of typicality for case material and enhance the total ethnographic picture.

3.3.1 Interview Schedule

A questionnaire was designed for all married women under the age of 49 and their husbands. The questionnaire was divided into two parts, one for the wife and the other for the husband because the two were to be addressed separately. It was necessary to interview the couple separately lest one becomes intimidated by the presence of the other and gives misleading responses, or shies away from giving responses to sensitive issues. The information got from the husbands was cross-checked with that of their respective wives.

All the respondents were asked the same questions in the same sequence. The questionnaire contained both closed and open-ended questions. Open-ended questions were mainly on issues related to opinions, and those matters which required elaboration. Closed questions were on those aspects where a specific answer or answers were expected, i.e., the number of children, level of education and religious affiliation. The research instrument was interpreted into the local language (Oluluyia) in the course of its administration.

The standard questionnaire has the element of quantification

which permits increasing reliability and precision in acquiring large amounts of information. The use of interview schedule as a data collecting technique was based on the grounds that the method offered room for more probing and clarification of potential ambiguities. It also offered a chance to utilize, though to a lesser extent, simple observation technique to get some of the information which could not otherwise have been obtained.

The use of standard questionnaire guaranteed confidentiality and control over the interview environment; similarly, it ensured that the respondent alone answered the questions to trap the individuals' perception. The home environment, for example, the respondents' general manner of answering questions, facial expressions and hesitations in answering questions all went a long way to add some weight to the information obtained through verbal responses. Issues raised in the standard questionnaire were followed up with key informants and focused group discussions.

Privacy was maintained throughout, bearing in mind that the topic was a sensitive one and touched on private lives. The respondents were assured that whatever information they gave was not to be disclosed to other people.

Interviewing one respondent took approximately 45 - 55 minutes but, in some cases, less than 45 minutes where a respondent had moderate level of education which facilitated faster comprehension of the questions.

3.3.2 Focus Group Discussions

The focus group method gathered a great deal of rich, often unexpected data in a relatively short time. The groups covered included the ones already in existence and those deliberately made for purposes of the study. Data were generated from maternal and child health group discussions, women groups, church groups, village elders group and assistant chiefs' group. Most of the focused groups were organized with the assistance of Maendeleo Ya Wanawake leaders, family planning educators and the local administration.

Usually, the focus group members were all of one sex, and more or less of the same age. This was an opportunity for those people who had not been covered by the standard questionnaire to express their views. Although the discussions were time consuming and yielded information which was difficult to quantify, they provided the researcher with first hand information on opinion and the people's perception of issues related to family planning.

The discussion was facilitated by use of a discussion guide and eliciting details through probes. Everything possible was done to encourage a free discussion. In fact, most members found the group setting more normal and comfortable than a one-to-one interview situation. Indeed members of the group stimulated each other to speak, to express opposing views, and to clarify their thoughts, much as they do in normal everyday group situations.

In line with the experience of Sieber (1982), the integration of focused group discussions with the standard questionnaire

improved the interpretation of meaning and validity of the information gathered. In obtaining the information, the researcher used both tape recording and note taking. Afterwards the notes and tapes were reviewed to produce a complete account of the session.

Through focused group discussion, the researcher attempted to learn to think and understand within the culture of the people under study.

3.3.3. Key Informants

Discussions were held with people who were perceived by the researcher to control a lot of information about village affairs, culture, and decision making in the household among the Tsotso people. Those contacted were priests, teachers, senior members of the community, family planning personnel, women's leaders, local administration officials and present and ex-community leaders. This category of informants, as noted by Bernard (1988:179), were considered to be "observant, reflective and articulate" on issues relating socio-cultural factors to family planning in the community.

Informal conversation was used as a tool to gather information from the key informants. Information gathered from key informants was intended to enrich the researcher on the community's perception and attitude toward family planning. Information gathered from the key informants cannot be wholly regarded as correct or false. Rather, it says something about the relationship of the speaker to the society and its members. From the speaker's understanding of

the society, it is easy to get corroborative evidence from another speaker. In the end, valuable information is gathered.

3.3.4. Non-Participant Observation

This involved paying attention to details in daily life, seasonal events and unusual happenings without taking part in community life. Individual and collective behaviour in varied settings, and interpersonal interactions were observed. Through this method, some of the most basic cultural aspects which were either vaguely perceived or unnoticed by the informants were captured. These patterns of culture which seem almost trivial are what Malinowski (1961) saw as being reflective of actual life and of typical behaviour.

Among the issues that were noted through non-participant observation and which were later raised in focused group and key Informants' discussions were:

(i) Why the chiefs' and assistant chiefs' barazas were mostly attended by men and whether this could be reflective of decision making back in the household;

(ii) Why it is mostly women who are seeking for family planning guidance and contraceptive use from the dispensaries and health centres in the area.

All in all, the researcher gained a lot through the non participant observation technique.

3.3.5 Direct Observation

This technique, which is the foundation of anthropological research, involved establishing rapport in the community. The researcher learned to act so that people went about their business as usual when he showed up. As noted by Foster et al (1979), direct observation can yield understanding of social change that is simply not possible in any other way. This technique could yield results on sensitive topics, especially when the researcher already speaks the language of the people and has some background knowledge and experience; perhaps that is what Spradley (1980:50) referred to as "explicit awareness" of the little details in life.

In the course of direct observation, the researcher attended some youth group meetings, burial ceremonies, church meetings and fund raising meetings. Time was also taken to go to the market during market days. In this study direct observation was used to provide insight into the apparently insignificant points and the inter-connectedness of social relationships which influence the community's fertility behaviour. This is in line with Boulay's (1979) observation that: It is through noticing the villagers not only as they speak but as they behave at different times... these details may be slight but they add up slowly over time, and they way to other elements ... which otherwise may go unobserved. (1979:25).

Through this technique, the researcher was able to uncover the various reasons accounting for high fertility in the community. This renders evidence to Hyden's (1974) assertion that, through

direct observation, the researcher may become aware of some very specific phenomenon first and later find that it may be used as an indicator of some larger group phenomena.

Therefore, this strategy facilitated the gathering of qualitative data. In spite of the various shortcomings of this technique it was successfully integrated into other methods in the course of data collection.

3.3.6 Documentary Sources of Information

This study used written materials available in Libraries and public offices. Data were collected from the available records in files at Bushili, Bukura and Kakamega family planning clinics. Information on age, education, religious affiliation, number of children and sex was easily obtained through this technique. These data were used to supplement the information obtained through the other methods. Information from libraries gave the researcher more knowledge about the problems to be studied and provided the necessary orientation to the study.

3.3.7 Data Collection Problems

Various notable hardships were encountered during the course of data collection. Sex difference between the interviewer and interviewee was a notable problem. Given that the topic at hand was very sensitive, some of the female respondents were not initially ready to talk freely to a young man on matters touching on their private lives. This was a problem that the researcher

solved by wasting a lot of time trying to establish rapport with the women before they could "open up". The women were also reassured time and again that whatever they said would be treated with utmost confidentiality.

Age difference between the researcher and the respondents also meant spending much time with respondents before they could accede to a free interview. Indeed, family planning is not known to be discussed by people of varied ages but among peer groups. Therefore, the topic could not be tackled directly except by trying to establish a mutual talking relationship with the respondents to facilitate a free discussion.

Another problem had to do with tracing husbands of the women. On quite a number of times the researcher failed to find the husbands at home. This led to several call backs in order to get the missing husbands. But, on the whole, out of the 88 husbands that were supposed to be interviewed, 82 were interviewed, Those 6 husbands missing had left for various urban areas where they were working and residing.

It was the intention of the researcher to interview each respondent alone (i.e., a woman to be interviewed separately from the man). The researcher hoped that under such an arrangement, the female respondent could talk freely without being intimidated by the presence of her husband. But a small number of men who were found in the company of their wives were unwilling to leave the interviewer alone to probe the women. Though the researcher convinced some of the husbands by telling them that the research

had no ill intentions and that there was nothing to be feared about, this did not wholly solve the problem. A negligible number of husbands were adamant and insisted on being present as the researcher interviewed their wives.

Data from the family planning clinics also presented a problem. The major shortcoming here was that some of the records were incomplete, some files were missing information on age, level of education and number of children, among others. Therefore, most of the files were left out, for the researcher could only use those records with complete information.

Though most of the questions were answered, a small number of the respondents could not say their ages. The researcher solved this by telling them to try to relate their time of birth with any notable event, for example, the invasion of the locusts, the German war (First World War), the British war (Second World War), and the Mau Mau uprising. From this, the researcher was able to approximate their ages. Also, a small number of respondents could not say how many more children they would have liked to have. They thought this could only depend on God and that such an estimation was beyond them.

Apart from the above problems, on the whole, the researcher did everything possible to ensure the collection of high quality, valid and reliable data. As the research progressed, most of the respondents were eager to be interviewed so that their views could be taken note of. For those who could not be covered by the questionnaire, they were encouraged to come to the focused group

discussions.

3.4 METHODS OF DATA ANALYSIS

Quantitative data gathered by means of the standard questionnaires were analyzed using the Statistical Package for the Social Sciences (SPSS Computer programme). Qualitative data obtained from key informants, focused group discussions, participant and non-participant observation were arranged into various clusters on the basis of their central focus. All the information gathered from the files was integrated into the interpretation of the results.

In this study, two inferential statistics are used in the interpretation and presentation of results. They are as follows:

3.4.1 The Chi-Square Test of Independence

This statistic is useful in establishing whether two variables are independent of each other and in establishing whether a systematic relationship exists between the two variables. The calculated chi-square is compared to the critical points of the theoretical chi-square distribution to produce an estimate of how likely or unlikely this calculated value is, if the two values are in fact independent. Usually, one needs to know the degrees of freedom for the table which has rows and columns that determine the value of the chi-squre. These degrees of freedom can be looked at as the number of cells of a table that can be arbitrarily filled when the row and column totals are fixed. If the observed

significance level of the test is small enough (in this study, 0.05 level of significance was used), the hypothesis that the two variables are independent is rejected.

The formula for getting the chi-square value is as follows:

$$x^2 = \frac{(o - E)^2}{E}$$

where X is chi-square calculated,
O is observed frequencies and
E is the expected frequencies

The above formula represents the sample frequencies which would be expected if the null hypothesis were true. The comparison is achieved by calculating the chi-square. If the calculated X^2 is larger than the observed X^2 then X^2 is considered to be significant and the H_0 is rejected. Thus, null hypothesis is rejected if X^2 calculated falls into the rejection region of the X^2 sampling distribution. Throughout the analysis, a risk of 5 percent i.e 0.05 level of significance is used.

3.4.2 The Contingency Coefficient

This measures the association between two sets of attributes. As Moser and Kalton (1980) contend, contingency tables are used to investigate sets of relationships between two or more variables. Its formula is:

$$C = \left(\frac{X^2}{X^2 + N}\right)^{1/2}$$

The contingency coefficient has a minimum value of Zero but the maximum value it can take depends on the size of the table.

CHAPTER FOUR

DATA ANALYSIS AND FINDINGS

4.1 Introduction

Several observations were made in the literature review on various socio-cultural factors which could determine the adoption of family planning. This chapter focuses on the presentation of the research findings with regard to the association between socio-cultural factors and the adoption of family planning. The findings are further used to test the following hypotheses:

(i) Higher educational attainment could have an influence on the adoption of family planning.

(ii) The adoption of family planning depended on whether the local community supported the idea.

(iii) Religion influenced the adoption of family planning.

(iv) Sharing in decision making between the husband and wife led to the adoption of family planning.

(v) The desire for a male child did not delay the adoption of family planning.

For purposes of testing the above hypotheses and assessing the extent to which socio-cultural factors could hinder the adoption of family planning, both quantitative and qualitative information was gathered.

4.2 Education and Adoption of Family Planning

The alternative hypothesis (H_1), that educational attainment could determine the adoption of family planning, was based on the assumption that due to the wider exposure to ideas and knowledge, the educated have more aspirations in their life than those who are not educated. Such are the people who could view big families as hinderance to the achievement of such aspirations. It was also thought that education could erode some of the traditional traits which could not conform to adoption of modern family planning. The above was the theoretical basis which made us feel education could be an important determinant of adopting family planning.

Educational level clusters i.e., primary school , secondary school, colleges etc. were used as a measure of educational attainment. The majority of respondents were found to be low level of education. Most of them had received education only upto primary level. The majority of the women i.e., 48.86 per cent had education upto primary level only. Only 7.95 and 15.91 per cent had high school and post-secondary education, respectively. As for the men, 35.2 per cent had received education only upto primary level. But 38.6 per cent had received post-secondary school education.

From the key informants the low level of education which characterised the population was found to have been partly contributed by the fact that there were very few schools in relation to the area's population. Indeed some of the primary school headmasters said that upto the late 1970's and early 1980's

children had to walk some long distances to reach school, and this discouraged some of them from going to school. It is only from the early 1980's that more primary schools have been established. It also emerged that in the earlier years parents rarely encouraged their children to go to school. They were more comfortable seeing the children herding cattle or working on the farms.

But as the area Education Officer put it, the community is now determined to educate their children although lack of sufficient educational institutions and facilities were the major bottlenecks. The area has only two government maintained secondary schools, but the local community is trying to put up more on a harambee basis.

On comparing education levels by sex, it became clear that men were more educated than women. Only 15.91 per cent of the women had obtained post-secondary education as compared to 38.6 per cent of the men. While 43.2 per cent of the women had received education only upto primary level, 35.2 per cent of the men had done so. It was apparent that the number of women tended to reduce at a higher rate as opposed to that of men as the levels of education increased. As was found out, the majority of the women had primary school education and very few (7.95 per cent) had high school education. This imbalance in education by sex was found to be due to a number of factors. First, as some head teachers put it, girls were reported to have had high drop-out rates than boys. This was due to girls either becoming pregnant or getting married and hence abandoning their studies. So, whereas most boys continued with their studies, the number of girls finishing (i.e.,

class eight or form four) was always less than the number of those originally enlisted. Secondly, as emerged from the focus group discussions, the studied community was found to emphasis more on boys' education than girls. If a parent found himself in a situation where he could not afford to pay school fees for all his children, he chose to educate boys and not girls. The argument here was that the education given to boys would also go a long way in helping parents either directly of by educating the younger children, while the education given to girls could only help her husband and the husband's family, thereby, leaving her own parents and younger brothers and sisters at a disadvantage.

An initial analysis showed that among the women respondents, 52.3 per cent believed that education positively influenced their stand on family planning. But 47.7 per cent of the women said education had no influence on their stand on family planning (table 4.2.1).

Table 4.2.1 Whether education influenced the Women's stand on family planning

Response	Frequency	Percent
Yes	46	52.3
No	42	47.7
Total	88	100.0

The women gave various reasons as to how education had influenced their stand on the adoption of family planning. Some of

the reasons were that it had enabled them use family planning methods, appropriately, showed them merits of a small family and that it had enlightened them on the risks associated with frequent pregnancies.

It is evident that some women who had received some education said that it had no influence on their stand on family planning. Perhaps we could argue that the degree of intensity of education could determine how it influences ones perception of family planning. They could have had very basic education that had no effect on their stand about family planning. Therefore, it cannot be said that education per se has a positive effect on the adoption of family planning. But the intensity of the education (which in our case was determined by the level of schooling) could affect the adoption of family planning. So, it is the case that the higher level of education one achieves, the more positive influence it will have on his stand on family planning.

Information on the women's accessibility to family planning information showed that the clinic and electronic media (i.e., films) were the most popular sources of this information. At least 33.22 and 31.10 per cent of the women indicated the electronic media and the clinic, respectively, as their source of family planning information. Though women could be highly literate and able to read and write, they still could have limited accessibility to family planning information. This was clear from key informants (i.e., medical personnel) who said that high literacy levels do not necessarily imply high accessibility to family planning

information. To a large extent, the relevance of high levels of education to accessibility to family planning depends on the applicability of an individual's literacy to relevant reading materials which could yield appropriate information on family planning.

Very few women, i.e., 5.53 per cent, indicated print materials as their sources of family planning information. This was contrary to expectation that most women with at least secondary school education would be exposed to printed information on family planning which they could be able to read and understand properly. But as it emerged from the focused group discussants and the researcher's own observation, apart from the printed materials at the health centres, a very small proportion of the community, and especially the women, are exposed to any other materials with relevant information. General reading materials, like newspapers and magazines, which could be containing some relevant information on family planning, were scarcely available in the area. It was also expected that the schools could have been a major source of family planning information. But the findings show only 10.21 per cent having indicated schools as their source. Most probably, school teachers look at family planning as a sensitive issue that should be treated with a lot of privacy and hence they do not want to have anything to do with it. Other sources of family planning information were friends (15.53 percent) and churches (4.39 percent). But all the women interviewed said they had heard about family planning methods.

A more systematic association emerged when the women's levels of education were correlated with whether or not they were practising family planning. As seen in Table 4.2.2 below, we found that there was a tendency for the educated respondents to be more positive about family planning than the uneducated or lowly educated. We noted that most of the women who were highly educated were practising family planning. In the whole female sample, only 6 and 13 women had high school and post-secondary school education, respectively and all of them were practising family planning.

Table 4.2.2 Women's Level of Education and Whether or Not They Are Practising Family Planning

Practising Family planning	Levels of Education Pri.	Sec.	High Sch.	Post Sec.	Row Totals
Yes	20.45(18)	20.45(18)	7.95(7)	14.77(13)	63.62(56)
No	28.41(25)	6.83(6)	0(-)	2.27(1)	36.37(32)
Column Totals	48.86(43)	27.28(24)	7.95(7)	15.91(14)	100.0(88)

Calculated Chi-square	D.F.	Significance	Contingency coefficient
19.89	3	.0001	.46691

Tabulated Chi-square

7.815

The non-adoption of family planning did actually decrease with an increase in the levels of education. Out of the 48.86 per cent (43) women with up to primary education, 28.41 (25) per cent were not practising family planning. And, out of the 27.28 (24) per cent women with secondary school education, only 6.83 (6) per cent

were not practising family planning. This was an indication that the number of those not practising family planning keeps on reducing as the educational levels rise. Thus, low educational levels do not seem to facilitate the adoption of family planning. Indeed as Table 4.2.2 shows, an association exists between women's level of education and their adoption of family planning at .0001 level of significance. In fact, the obtained chi-square statistics of 19.89 is grater than or exceeds the tabulated one of 7.815, hence making us reject the null hypothesis of no association between levels of education and the adoption of family planning. The contingency coefficient of .46 shows a relatively significant association between the two variables.

Among the male respondents, a positive association was found to exist between their stand on family planning and levels of education. We found out that schooling upto primary level seemed to adversely affect their adoption of family planning. Most of those men who disapproved or strongly disapproved of family planning had education only upto primary level. But most of those with post-secondary education practise family planning. As seen in Table 4.2.3, only 4.89 per cent of the 43.91 per cent respondents with post secondary education thought negatively about family planning. Yet 19.51 per cent of the 39.01 per cent respondents with primary education disapproved of family planning. And for the 17.08 per cent with secondary education, 7.32 per cent disapproved of it.

Table 4.2.3 Men's Level of Education and Their Stand on Family Planning

Stand on Family Planning	Levels of Education Primary	Secondary	Post. Sec.	Row Total
Approve	19.50(16)	9.76(8)	39.02(32)	68.28(56)
Disapprove	19.51(16)	7.32(6)	4.89 (4)	31.72(26)
Column Total	39.01(32)	17.08(14)	43.91(36	100.0(82)

Obtained Chi-square	D.F	Significance	Contingency Coefficient
19.84	6	.0072	.42946

Tabulated chi-square

12.592

From the above table, it is seen that more years of schooling tends to diminish the disapproval of family planning. The calculated chi-square of 19.84 exceeds the tabulated chi-square of 12.592 at .0072 level of significance. This renders support to the alternative hypothesis that educational attainment influences the adoption of family planning. We, therefore, conclude that higher levels of education step up adoption of family planning. Indeed, the contingency coefficient of .43 shows a significant positive association existing between the two variables. As such the null hypothesis that educational attainment does not determine the adoption of family planning is rejected, hence our acceptance of the alternative hypothesis. We also note that regardless of sex, adoption of family planning tended to improve with an increase in the level of education attained. Therefore, this study holds that the higher the educational level, the more adoptive one would be towards family planning.

From the foregoing, there is an association between educational attainment levels and the adoption of family planning. The respondents with upto primary levels of education are more opposed to the adoption of family planning in contrast to those with secondary and post-secondary education.

The findings are consistent with Ocholla-Ayayo's (1991) observation that primary education makes people more conscious of the importance of hygiene and other basic health requirements which help the survival of children and prevent foetal waste. Thus, he views secondary education as a pre-requisite for people to change their attitudes towards family size. He adds that an inverse relationship exits between education levels and low fertility rates. It was the case that the higher the educational levels the higher the adoption rates of family planning and hence the lower the fertility rates. This concurs with other studies (Gwako, 1990; Mkangi, 1977; KCPS, 1984; KDHS, 1989), which reported a linear relationship between education and fertility behaviour.

The level of education influences the adoption of family planning in various ways. Differences in the degree of intensity of education of an individual could either influence him or dissuade him from adopting family planning. As it emerged in the focused group discussion, those people who had fewer years of formal education indicated that they received very little knowledge which failed to help them appreciate how useful a small family could be. Education's intensity can only be met by an increase in the number of years in school. But as some of the focused group

discussants said, with a lot of land for them to cultivate and earn a living, they did not see the need to spend several years in school. As for the girls, parental pressure was on them to get married and bring bride wealth and, as such, they never stayed in school for long. The above was the view held by the older discussants in the focused group discussions. But they concurred with the view expressed by the youthful discussants that nowadays, individuals spend more years in schools which leads to delay in marriage. The girls pursuing higher education use family planning methods to avoid conception which is incompatible with their studies.

The younger discussants favoured the adoption of family planning more than the older ones because they are the ones who benefitted a lot from formal educational expansion. Most of them frequently explained their awareness of the implications of large families. Indeed, on visiting the local family clinics, we discovered that the majority of those going to those clinics were the youthful members of the society (i.e., 30 years and below). (Table 4.2.4).

Table 4.2.4 Ages of Family Planning Users at the Bukura, Bushili and Kakamega clinics

Clinic	Age (in years)	Number
Bukura	18-25	25
	26-30	15
	31-35	4
	36 and above	1
Kakamega	18-25	20
	26-30	10
	31-35	3
	36 and above	3
Bushili	18-25	13
	26-30	16
	31-35	4
	36 and above	2
Total		116

Note: These users were the ones whose forms indicated that they came from either South or North Butsotso locations.

As can be seen in Table 4.2.4, most of the family planning users in the three clinics were clustered between 17 and 30 years. Out of the 116 users, only 17 were over 31 years. This is an indication that most of those people using family planning are the youth. From the family planning clinic records, it was found out that three methods of contraception were very popular. These were, the pill, injection and the coil. At the Bukura Health Centre, of all the 45 women who were using contraceptives, 33 were on pills and 12 were on an injection. At the Kakamega clinic, 13 women were on an injection, 14 were using the pill and 10 were using the coil. And at the Bushili Health centre 25 women were using an injection while 9 were on the pill. All in all, for the 116 women in the clinics using family planning methods, 66 were using the pill, 50

were on an injection and 10 were using the coil. On interviewing the users and the medical staff, it was found that the women preferred the above methods because they perceived them to have fewer side effects.

The younger discussants in the focused group discussion felt that for them to be able to live the lifestyle they desired they had to have a smaller family size. By doing that, they would be able to minimize expenses on children's necessities such as education. Most of the older discussants cited material and financial support as being the basis of giving birth to many children. However, the discussants were disappointed that some of the children had forgotten about the upkeep of their parents. They felt that if they were given another chance again, they would have smaller families so as to be able to cope up with the ever increasing costs of living, unemployment and landlessness in the rural areas and live without expecting any form of assistance from the children they have educated.

The data clearly indicate the existence of a positive association between educational levels and adoption of family planning. Higher level of education has the effect of exposing those who receive it to values and attitudes which encourage the small family norm.

The younger discussants (both male and female) in the focused group discussions concurred that a rise in years of schooling increased a couple's degree of communication. The older discussants agreed that formal education through modernization and

Westernization is unwittingly destroying the traditional social structures and institutions. As such the younger couples are able to communicate freely and agree or disagree on when and how many children to have. This is in contrast to the traditional expectations where a woman was not supposed to make a decision on such issues. Therefore, all the discussants (regardless of age and sex) agreed that several years of schooling bring about westernization which is viewed as a process of transforming society from its traditional values to a modern set of values and associated behaviour. As such, it has helped the younger women to discuss with men about sexual relations without any feeling of hinderance from tradition. This concurs with Inkeles and Smiths' (1974) observation that several years of formal schooling bring about westernization and, to a large extent, modernization which is viewed as the process of transforming society from its traditional values to a modern set of values and associated behaviour. However, according to Akong'a (1989), this change can only be effected through systematic selection from a wide range of alternatives avaiable to create new structures, norms, beliefs and values that are socially and pyschologically ego re-enforcing.

4.3 Sharing in Decision Making Between the Husband and Wife in Relation to Adoption Family Planning

Though we came to a conclusion that higher levels of education did actually influence the adoption of family planning, we assumed that a definite decision depends on the couples concerned. Given that procreation is as a result of a conscious, deliberate and

planned effort between a man and a woman, a decision on whether or not to adopt family planning depends on the couples concerned. They could either agree or not agree to adopt family planning. They could decide on the number of children to have and when to have or not to have them at all. Of importance, was how such a decision was made.

It was thus hypothesised that the adoption of family planning depended on husband and wife communication, especially on topics such as family size preferences and sexual relations. Discussions between the husband and wife about family planning was taken as a measure of sharing in decision making.

The research findings indicate that 63.6 per cent of the women were practising family planning and that most of them reached such a decision with their husbands (Table 4.3.1). However, 21.3 per cent of the adopters decided to practise it without their husbands' consent because they stay away for long in the urban areas and, as such, the women decided to take such measures alone to pre-empt any possible pregnancy resulting from the husband's abrupt arrival from the urban area or wherever he resides. Also, as it emerged from the focused group discussions, some women were weary of the responsibility of bringing up the children alone. They indicated that some husbands abandoned their families without any form of up-keep. So under such conditions the women had no option but to secretly adopt family planning without the husband's knowledge.

Table 4.3.1 Who Decided that the Women Practise Family Planning

Response	Frequency	Percent
Me alone	12	21.34
My husband	2	3.46
Me and my husband	39	69.85
Friends	3	5.35
Total	56	100.00

As table 4.3.1 indicates, the majority of the adopters (i.e. 44.3 per cent) arrived at such a decision jointly with their husbands. But only 21.34 and 3.46 per cent respectively decided alone or were requested by their husbands to adopt family planning. This seems to be an indication that in a situation where the husband and wife jointly discuss family planning, adoption rates are likely to be higher. Indeed, when the women not practising family planning were asked whom they would involve in making a decision to adopt it 31.25 percent indicated that if they were to adopt it then, they would involve their husbands.

But it was also discovered from the key informants that some women were advised against further conception on medical grounds. In such a situation, the women in the focused group discussions revealed that the husbands had no option but to abide by the doctor's recommendation unless he wanted to risk his wife's health. Perhaps the 6.25 per cent women who indicated that they could consult doctors on whether to adopt family planning or not knew that if the doctors allowed them to adopt it their husbands' opinions on the matter would not carry much weight. Some of the

respondents indicated that if they were to adopt family planning, they would consult their friends and relatives.

The majority of the women discussed family planning with their husbands. But 9.1 per cent said they never did so. As it emerged later, the majority of those women who never discussed with their husbands about family planning felt that such affairs rested upon the husband's realm and were not topics for discussion between wives and husbands.

On cross-tabulating the relationship between women's attitude to family planning and whether they discuss it with their husband a positive association was found to exist between the two variables.

Most women who approved of family planning were those who discussed it with their husbands. Out of the 81 per cent who approved of it, 78.6 per cent discussed with their husbands. And out of the 9.6 women who never discussed with their husbands about family planning, half of them (i.e., 4.8 per cent) were not practising it. Given that most women who discuss with their husbands about family planning were shown to be having a positive attitude towards it, it was necessary to know whether an association really exists between those women who practise family planning and whether or not they discuss with their husbands about it.

The findings in Table 4.3.2 below, show that the majority of the women practising family planning discussed with their husbands about it. The logical conclusion here is that the two had reached

a consensus to adopt family planning.

Table 4.3.2 Women adopters of Family Planning and Whether they Discussed with their Husbands about it

Practising Family Planning	Discuss with Husband About it		Row Total
	Yes	No	
Yes	61.2%(54)	2.4%(2)	63.6%(56)
No	28.1% (24)	8.2%(8)	36.3%(32)
Column Total	89.3%(78)	10.6%(10)	100.0(88)

Calculated Chi-square	D.F.	Significance	Contingency Coefficient
7.56	1	.0323	.26624

Tabulated Chi-square

3.841

As seen in Table 4.3.2 out of the 63.6 per cent women practising family planning, 61.2 per cent, discussed it with their husbands. While of the 10.6 per cent women who said they did not discuss with their husbands about family planning, 8.2 per cent were not practising it. Inability to discuss family planning by the couples can be seen as being detrimental to the adoption of family planning because neither of the party gets the forum to influence the other on the importance of family planning which could lead to its adoption. A positive association is thus seen to exist between the two variables as shown by the chi-square statistic. The calculated chi-square of 7.56 exceeds the tabulated one of 3.941 at .0323 significance level. Therefore, this chi-square statistic guides us to reject the null hypothesis that sharing in decision making between the man and wife may not lead to

the adoption of family planning. The alternative hypothesis that an association exists between the two variables was found to be the case. Indeed, even the contingency coefficient of .26624 shows the existence of a positive, though weak, association between the two variables.

These findings are consistent with Beckman's (1982) observation that a more egalitarian decision making process within the family is associated with lower demand for children, higher effective contraceptive prevalence and lower fertility. This is also the case in Nawar's (1984) studies in Sudan and Egypt. Her findings revealed that use of contraceptives and adoption of family planning was highest among women who participated jointly in decision making concerning family size.

Information gathered from key informants and in the women's focused group discussions revealed that even if women genuinely saw the need to adopt family planning, they were fearful of doing it unless they got their husbands' consent. This was echoed by male discussants who said that if they came to know that their wives were practising family planning secretly without their (husbands) approval, then divorce or separation would be the most likely solution. This was because the men thought women would have had some ulterior motives in not consulting them first.

The above argument was supported by the results of the cross-tabulation between those women practising family planning and whether or not they were consulted by their husbands on fertility regulation.

Table 4.3.2 Women's Adoption of Family Planning and Whether or Not they are consulted by their Husbands on Fertility Regulation

Adopted Family Planning	Consulted by Husband on Fertility Regulation				Total
	Yes		No		
Yes	47	(53.41%)	9	(10.23%)	56 (63.64)
No	16	(18.18%)	16	(18.18%)	32 (36.36)
Total	63	(71.59)	25	(28.41%)	88 (100)

The results showed that most of the women who were practising family planning were those who were consulted by their husbands on matters of fertility regulation. In fact most of those who were not consulted by their husbands on fertility regulation were not practising family planning.

As the data in table 4.3.2 show, 53.41 per cent of the 63.64 per cent women practising family planning consulted their husbands on fertility regulation. As had been observed earlier, some women could decide to regulate their fertility for various reasons without consulting their husbands. Though 18.18 percent of the 28.41 percent women not consulted by their husbands were not practising family planning, 10.23 per cent of them were practising it. The assumption here was that those women practising family planning and had not consulted their husbands on fertility regulation must have been doing it secretly.

But, though most women reached decisions to adopt family planning with their husbands, the influence of the husbands in the matter cannot be under estimated. This was well reflected when the

women were asked what they would do in reaction to husbands inability to pay attention to their views on family size and fertility regulation. Though the majority of the women said they would go with their own decision if their husbands refused to pay attention to their views on family size preferences and fertility regulation, a percentage of 35.2 said they would respect their husbands' decision. Only 5.7 per cent said they would leave the situation as it was.

It sounds surprising that 56.8 per cent of the women said they would go with their own decision if their husbands failed to pay attention to their views on fertility regulation and family size. This seems like wishful thinking on the part of the women. It is an interesting finding because given the fact that, among the Abatsotso, men are traditionally the heads of the families, it was assumed that no decision would be arrived at without their consent. It was expected that women would respect whatever decision their husbands made. This finding perhaps has its roots in education which has enlightened the women and is liberating them more from male dominion, thus, they are increasingly becoming able to determine their own destiny.

During the focus group discussions, the younger female discussants revealed that more years of schooling made them aware of their rights in as far as child bearing was concerned. They, therefore, said that they could not follow a man's decision for them not to regulate their fertility, especially if such a move was not in their interests. Most young men agreed that nowadays, it is

no longer the case that what a man says in the house is the rule. They argued that women who were economically independent could afford to disregard their husbands decision for them to either or not regulate fertility. Such women could move out and establish their own homes to avoid dictatorial tendencies of their husbands. It was also the view of the discussants that women's views should be accommodated as much as possible especially if they touch on family planning. This is because women are directly involved in implementing the adoption of family planning. The above observations indicate that, to some extent, sharing in decision making between the husband and wife could lead to the adoption of family planning.

An example of male domination came out when 6.8 per cent of the men indicated that they were the ones who stopped their wives from adopting family planning. In fact some key informants were of the opinion that some men were a hindrance to their wives' determination to adopt family planning. Quite a number of the men were opposed to the idea of including women in decision making in the household. Though 53.4 per cent said that there is nothing wrong with including women in decision making, 37.5 per cent felt that such a move was not appropriate. The reasons the men gave reflected the egoism among the Abatsotso men, where they are considered superior to women in all aspects. The men said that women would make unwise decisions, are unreliable, would brag outside that they run the household, especially since their place is the kitchen and considering that men are heads of the households

who need not consult women before making a decision. But a good reflection of the men's feelings came from the focused groups where, regardless of age and sex, the discussants said that most men feared including women in decision making in the family because they thought such a move was a weakness which could greatly undermine their power and status. If such thinking has to be extended to include how they perceive family planning matters, it would mean that the men are not likely to listen to women's views about it. In such a situation, the man would want his decision to work regardless of what the women feel. Such a scenario leads to antagonism between the two parties, and could easily spell doom for the family planning programme.

Sharing in decision making between the couple can be seen as an important determinant in the adoption of family planning. Though a situation could arise whereby a husband and wife consulted each other and agreed not to adopt family planning, this could be attributed to other factors such as religion or like mindedness on their thinking. But, generally, in a situation where the wife and husband consulted each other on matters of family planning, most of them ended up adopting it.

4.4 Impact of Religion on Family Planning

We argued that since religion did actually influence people's behaviour, especially the way they explain things, like population growth rate, drought and man's relation with God, it was possible that it also influences the way people viewed and interpreted the

it is no longer the case that what a man says in the house is the rule. They argued that women who were economically independent could afford to disregard their husbands decision for them to either or not regulate fertility. Such women could move out and establish their own homes to avoid dictatorial tendencies of their husbands. It was also the view of the discussants that women's views should be accommodated as much as possible especially if they touch on family planning. This is because women are directly involved in implementing the adoption of family planning. The above observations indicate that, to some extent, sharing in decision making between the husband and wife could lead to the adoption of family planning.

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households who need not consult women before making a decision. But a good reflection of the men's feelings came from the focused groups where, regardless of age and sex, the discussants said that most men feared including women in decision making in the family because they thought such a move was a weakness which could greatly undermine their power and status. If such thinking has to be extended to include how they perceive family planning matters, it would mean that the men are not likely to listen to women's views about it. In such a situation, the man would want his decision to work regardless of what the women feel. Such a scenario leads to antagonism between the two parties, and could easily spell doom for the family planning programme.

Sharing in decision making between the couple can be seen as an important determinant in the adoption of family planning. Though a situation could arise whereby a husband and wife consulted each other and agreed not to adopt family planning, this could be attributed to other factors such as religion or like mindedness on their thinking. But, generally, in a situation where the wife and husband consulted each other on matters of family planning, most of them ended up adopting it.

4.4 Impact of Religion on Family Planning

We argued that since religion did actually influence people's behaviour, especially the way they explain things, like population growth rate, drought and man's relation with God, it was possible that it also influences the way people viewed and

interpreted the whole idea of family planning. The alternative hypothesis that religion influences the adoption of family planning was based on the assumption that since religion views the primary purpose of sexual intercourse as procreation and considers as secondary such ends as fostering the mutual love of the spouses, it could have a negative influence on adoption of family planning. It was also assumed that the biblical quotation in the book of Genesis, "Go ye into the world and multiply" could negatively influence christians against the adoption of family planning. Further, it was assumed, from the traditional religious point of view, that lack of children meant physical and spiritual extinction since the ancestor spirits depended for their survival on resemblence in their minds. This could be a limiting factor against the adoption of family planning. The influence of religion on the adoption of family planning was determined by whether or not one's religion approved of it.

Most respondents were predominantly christian, with the majority being protestants. The study area does not have a strong muslim tradition. The protestants accounted for 50.00 per cent and 47.21 per cent of the women and men, respectively. Catholics accounted for 39.67 and 40.87 per cent of the women and men, respectively.

Although most respondents acknowledged belonging to various religious denominations, the data showed that, unlike their female counterparts, most of the men rarely attended religious services. As explained by the church leaders, most men viewed

religious matters as being women's domain. This view was supported by the women in the focus group discussions who said that men who went to church more regularly were more interested in leadership roles and if they were not forthcoming, their attendance became irregular. Some church elders said that some men went to church occasionally for their presence to be noted, so that when they died, they could be accorded a religious burial. Therefore, as the data showed, 56.8 per cent of the men rarely attended religious services; only 9.1 per cent of the men attended on a regular basis. As for the women, over 80.6 percent regularly attended religious services and only 12.5% rarely or never attended religious services.

Attendance of religious activities was taken as an indication of one's commitment to religion. Those who attended such activities a few times were assumed to have been less committed to the teachings of their respective religions and presumably even their religious teachings on family planning ideas.

The female respondents not practising family planning gave various reasons for their opposition to it.

Some said their husbands were opposed to it, their relatives were against it, it was against their religion, it weakens morality, that they had children of only one sex, feared the few children they had could die and the perceived side effects they could encounter.

Different religious groups had mixed and varied attitudes

towards family planning. On the one hand, their were those religions which did actually approve of it. On the other hand, there were those religions that remained quiet on the issue of family planning. To them, family planning was not a concern of the church but of individuals who were left on their own to decide whether to practise it or not. On the extreme were those religious groups which opposed family planning ideas. (Table 4.4.1)

Table 4.4.1 Women's adoption of Family planning by Religion's attitude to it

Religion's Attitude	Women's Response		Total
	Yes	No	
Catholic: Approve	16 (18.18)	4 (4.55)	20 (22.73)
Disapprove	5 (5.68)	7 (7.95)	12 (13.53)
Nothing	2 (2.27)	1 (1.14)	3 (3.41)
Protestant: Approve	19 (21.59)	5 (5.68)	24 (27.27)
Disapprove	6 (6.82)	8 (9.09)	14 (15.91)
Nothing	4 (4.55)	2 (2.27)	6 (6.82)
Others: Approve	2 (2.27)	1 (1.14)	3 (3.41)
Disapprove	1 (1.14)	3 (3.40)	4 (4.54)
Nothing	1 (1.14)	1 (1.14)	2 (2.28)
Total	56 (63.64)	32 (36.36)	88 (100)

Note: Others includes traditiolnalists and Muslims

It was apparent that most of those women who belonged to religions that approved family planning, were also practising it. Of the 22.73 percent catholics whose religion approved family planning, 18.18 percent were actually practising it. For the protestants, 21.59 of the 27.27 whose religion approved of family planning were actually practising it. Though some women were

opposed to family planning even though their religious approved of it, their number was always negligible. For those religions which were in opposition to family planning, it was the case that most of the adherents were not practising family planning whereas a neutral situation was expected where a religious group said nothing about family planning, the data show more women who belonged to this category were practising family planning out of the 3.41 percent catholics in this category, 2.27 percent were practising it, while for the 6.82 percent Protestants in this category, 4.55 percent were practising it.

But it was apparent that not all respondents conformed to the expectations of their religion on family planning ideas. For instance, not all women who belonged to religions that disapproved of the adoption of family planning were not practising it. In fact 5.68 percent of the 13.53 percent catholics whose religion disapproved family planning were practising it. And for the 5.91 protestants whose religion disapproved family planning, 6.82 perecent were practising it. It was also the case that some respondents opposed family planning though their religions supported it. These differences could be due to two factors; either there were differences in the respondents' commitment to their religions' teachings or it all depended on an individual's right of self determination. The individual thus judged for himself or herself what was right or wrong and did not subsribe to religious teachings blindly. Therefore, such a difference can be attributed to a conflict

between group norms and individual values, where the latter influenced the individual's decision. Some church leaders explained that they only advised the flock on whether or not to adopt family planning. But they never forced them to conform to such an advice. The final decision on whether or not to adopt family planning lay with the individual. He could decide to regard or disregard his (individual's) religious view on the matter. But it should be noted that some women respondents stated explicitly that their disapproval of family planning was as a result of their religions opposition to it

When talking to one key informant, it became clear that although many people belonged to the modern religions, they still succumbed to pressures of the traditional belief systems on matters of fertility. It was reported that barrenness was explained as a curse from the gods. Perhaps the spirits or ancestors were not happy with a certain misdeed the couple had done and, as such, failed to bless them with children. Likewise, having many children was also seen as a blessing from the gods. In such a case, many of the couples would want to have many children, reminiscent of the blessings from the gods. Once people have internalised such a belief, it becomes very difficult for one to convince them to space and limit the number of births lest they are looked upon as lacking god's blessings. Such a belief can be detrimental to the adoption of family planning. In the focused group discussions, the older discussants revealed that a situation could arise whereby a dead man would appear in a

dream to any community member and claim that he is not peaceful in death because he has not been named after. Such a situation necessitated bearing another child to fulfil this requirement, thus leading to an unnecessary increase in the family size. These are some of the examples of how African belief systems could in one way or another negatively affect the adoption of family planning.

These observations are reflected in Ocholla-Ayayo's (1987, 1991) and Molnos' (1967) observations that in African traditional beliefs, the child is god's gift. It is, therefore, beyond human power to control or try to control fertility. That is tantamount to saying that God does not know what he is doing. As such, conception, the number of births, and the survival of children are the sole concerns of nature of forces beyond the reach of human will power.

We cross-tabulatted the men's respondents attitude to family planning with their religion's stand on it. as table 4.4.2 shows, most of the men seem to contradict their religion's teachings. Out of the 12.20 percent male catholics whose religion approved of family planning, only 7.32 percent were practising it. out of the 28.67 percent male catholics whose religion opposed to it.

friends who were also adopters. On cross-tabulating the relationship between women adopters of family planning and their having friends and relatives doing the same an association was found to exist. 92.2 per cent of the women had friends and relatives practising family planning. But out of the 63.6 per cent women who were actually practising it 62.5 per cent had friends and relatives practising it, while only 1.1 per cent had relatives and friends who were non-practitioners. And out of the 17.8 per women whose friends did not practise family planning, 6.7 per cent were themselves not practising it, with only 1.1 per cent doing so. The trend that emerged showed that those women not practising family planning had few friends and relatives doing so, in contrast to those practising it who had many friends and relatives doing the same. (Table 4.5.1).

Table 4.5.1 Women Adopters of Family Planning and Their Having Friends/Relative Practising it

Adopted F.P.	Have Friends/Relative Practising it Yes	No	Row Total
Yes	62.5 (55)	1.1 (1)	63.6 (56)
No	29.7 (26)	6.7 (6)	36.4 (32)
Column Total	92.2 (81)	7.8 (7)	100.0 (88)

Calculated Chi-square	D.F	Significance	Contingency Coefficient
5.73	1	.0305	.26938

Tabulated chi-square

3.841

As Table 4.5.1 shows, the tabulated chi-square of 3.841 at .0305 level of significance is less than the calculated one of 5.73. This finding guides us to reject the null hypothesis of no association between adoption of family planning and having friends and relatives practising it. Indeed, the data show that an association exists between these two variables.

These findings were supported by the fact that 33 per cent of the women attributed their inability to practice family planning on their husband's disapproval. It was found that the reason behind such a scenario was that husbands of such women could not have anything to do with family planning. As we gathered from some women respondents and in the focused group discussions, some men explicitly opposed their wives initiative at adopting family planning. The key informants at the family planning clinics indicated that some cases of women dropping out of the programme could be attributed to pressure from their husbands to discontinue it. All this, went a long way towards strengthening our argument on the influence of friends and relatives on adopting family planning.

Other studies (Gachuhi, 1975; Ocholla-Ayayo, 1985) found that some women withdraw from the family planning programmes because of pressure against contraceptive use from the parents-in-law and the husband.

When the women's opinion to family planning was cross-tabulated on whether they had many friends practising it, a relationship was found to exist. Whereas most women who had many

friends practising family planning thought positively about it, those with few friends and relatives practising it had a negative opinion about it. It could be that women with many friends and relatives practising it have a good opinion about it due to the influence from their friends and relatives. However, those not practising family planning do not seem to feel being isolated as very few of their friends or relatives are practising it.

The influenced friends and relatives had on the women's positive thinking about family planning was significant. As was found, 70 per cent of the women who thought family planning was very good had friends or relatives practising it. For those who thought it was bad, all of them (9.3 per cent) had no friends or relatives practising it, while 40 per cent had no friends or relatives practising it.

But there were situations where some of those who thought positively about family planning had no friends or relatives practising it. For instance, 48.89 per cent of the women who thought family planning was good had no friends or relatives practising it. As revealed from the focused group discussions, those discussants with more than eight years of education tended not to conform with what their friends or relatives were doing until they knew how that could affect them as individuals. Therefore, we found that the more educated individuals made their decisions independently and did not bother about what their friends or relatives thought about them. Likewise the less educated seemed to conform to what their relatives and friends were doing. On this

note, it seems that education tends to dilute community pressure on an individual's way of thinking and doing things.

To gauge the women's feelings regarding societal beliefs about childlessness, most women did not regard lightly the issue of childlessness. Most female respondents said that their husbands could either marry another woman or divorce them in the even of childlessness. This was confirmed by a male informant who said that unless he wanted to be a source of ridicule, there was no way he would continue staying with a barren woman. Options to marry another woman were wide open for him.

The data showed that, almost all women would feel bad if their marriages ended up being childless. The overwhelming negative attitude towards childlessness underscores the importance of children in this society.

When the female respondents were asked how the community regarded a woman who was married but could not bear children, an overwhelming majority (92 per cent) said that such a woman was lowly regarded. Only 8 per cent said such a woman was regarded well. Indeed, the women gave reasons as to why a woman who was unable to bear children in marriage was lowly regarded. Most of them said that a childless marriage is a failure. In essence, this means that for marriage to be seen as successful, it must bear children. Others said that after the woman's death, she would completely be forgotten. A childless woman had no claim to property and, incase she was divorced, no help from children was forthcoming. Such is the social pressure that is placed on women

to bear children. This kind of pressure could conflict the ideals of family planning. Molnos (1967, 1973) assertions that marriage was never complete until the couple produced a child, are consistent with the findings of this study. Indeed, her argument that to have children is a duty of the individual, a duty of the wife towards her husband and a duty of the husband towards his whole clan, is rendered support by the findings of this study.

4.6 The Desire For Sons in Relation to Family Planning

In most African patrilineal exogamous societies, it was important for each family to have a son that would keep the lineage alive. This could inevitably result in a higher demand for sons. Despite the above assertions, we hypothesised that cultural values which relate to the couple's status, like the desire for male children, do not delay the adoption of family planning. This was based on the assumption that with the current economic hardships, no child could be more preferred than the other. It was also assumed that parents no longer look upon sons as a status symbol, but rather rate them in the same way they do for the daughters.

But the research findings showed that among the Abatsotso, sons were more preferred than daughters. For instance, 81 (92.0 per cent) of the 82 (93.2 per cent) women who said that their community had a sex preference, indicated that boys were the ones preferred. Even for the male respondents, all those who said that their community had a sex preference (i.e. 89.8 per cent) indicated that boys were the ones preferred.

On finding out from the respondents their actual sex preference, it also became apparent that boys were the ones more preferred. As Table 4.6.1 below indicates, most women when asked which child they would prefer, if only they could only be able to get one child, said they would prefer a boy. These constituted 71.6 per cent of the female respondents. Only 9.1 per cent of the women said they would prefer girls and 19.3 per cent said they would prefer any child.

Table 4.6.1 Sex preference among the women in the sample

Sex preferred	Frequency	Per cent
Male	63	71.6
Female	8	9.1
Any	17	19.3
Total	88	100.0

The bias towards preference of male children is further proven by the male respondents who mostly indicated that they would take a boy to school if only they could afford to take one child. whereas 71.95 per cent of the male respondents would take a boy to school, only 2.44 per cent said they would take a girl. (Table 4.6.2)

Table 4.6.2 Choice of Child to be Taken to School by Male Respondents

Child chosen	Frequency	Per cent
Boy	59	71.95
Girl	2	2.44
Any	21	25.61
Total	82	100.0

As was found out from the focused group discussions and other key informants, the choice of sons in education and other areas where a choice has to be made between a son and a daughter was due to various reasons. The discussants felt that there were certain important roles, for example, taking care of the parents at their old age, which girls could not perform adequately since they would get married and belong to another family.

But, as was found out, some women and men preferred any child to take to school. The elder discussants support this by indicating that some of them had educated their sons at the expense of daughters, yet the sons had taken individualistic attitudes and were not bothered about them (elders). In fact some women said that their daughters who were working helped them more than the sons.

The respondents gave various reasons why they preferred male children, why they would take boys to school if only they could afford to take one child, and why they thought their community preferred male children. Some of the reasons were that sons are that inheritors, offer help and security in old age, are a source

of pride, keep lineage alive, help the mother in case of divorce, are hard working, need to be independent and self reliant, could defend the community and that they hold the family together.

These reasons give us a deeper insight into the importance of sons to a family and the entire community. The community mostly prefers sons for lineage purposes; 39.8 per cent of the male respondents said that sons are preferred because they continue the man's lineage. Even the community elders concurred on this by saying that if a man died without a son, it was very unfortunate for him because then he would be completely forgotten. Whereas women mostly prefer male children because they think the latter would help and provide them with security in old age, men mostly prefer to educate boys so that the latter could become independent and self reliant in future. These showed that men fear depending on their wives for their livelihood. Indeed, some women discussants indicated their distaste for husbands who depend on them (wives) for livelihood.

It is particularly noteworth that one man indicated his preference to educate a son because he would hold the family together. Such a feeling was echoed by the men in the focused group discussions who saw sons as better than daughters in solving conflicts in the family.

It was also revealed that women with few or no sons were less positively responsive to family planning than those with at least one or more sons. To determine the influence of desire for a son on adoption of family planning, the respondents were asked the

number of sons they had in their respective families. The answers were then cross tabulated with whether one approved or disapproved of family planning.

Table 4.6.3 Women's Approval of Family Planning in Relation to Number of Boys in the Family

Attitude to F.P	Number of Boys in Family					Totals
	0	1	2	3	4 and above	
Approve	9 (10.2)	18 (20.5)	20 (22.7)	13 (14.8)	12 (13.6)	72 (82)
Disapprove	1 (1.1)	4 (4.5)	2 (1.1)	2 (2.3)	4 (4.5)	12 (13.5)
Uncertain	1 (1.1)	- (0)	- (0)	1 (1.1)	2 (2.3)	4 (4.5)
Total	11 (12.5)	22 (12.5)	21 (23.8)	16 (18.2)	18 (20.5)	88 (100)

The data showed that most of those women who talked positively about family planning were those who already had one or more sons. Only 10.2 per cent of the 81.8 per cent women who approved of family planning had no sons. And most of those who disapproved of family planning had very few sons. We, therefore, concluded that these women only approved of family planning because they at least had sons. Had they not had any sons, it is most likely that most of them would not talk favourably about family planning. These findings got support from the medical personnel who indicated that most of the married women who sought family planning information and joined the programme had at least one or more sons. Some of the women in the focused group discussions revealed that their husbands could only allow them to adopt family planning after they had got what they (husbands) considered the right number of sons.

Further cross tabulation was done on whether or not the women actually practised family planning and how many boys they had. As

was shown by the data, those women who had more than one son showed a consistent approval of family planning. Although some women with more than one son were not practising family planning, they were generally fewer compared to those who were practising it. It is worthwhile to note that out of 63.63 per cent of the women practising family planning, only 5.67 per cent had no son at all. That is an insignificant percentage and lends credence to the fact that the majority of those practising family planning had sons.

The conclusion to be drawn from these finding is that the presence of sons in a family could facilitate the adoption of family planning. It also has to be noted that most of the women practising family planning had at least one or more sons before they joined the programme.

When the women's opinion to family planning was cross tabulated against the number of boys they had, it was found that 75 per cent of the women who thought that family planning was good had more than one son. Only 1.4 per cent of the women who felt that family planning was good had no sons. The data show that more positive thinking about family planning is associated with those women who already have sons.

All in all, the data show that very few women were ready to adopt family planning without having a son. The findings thus indicate that a positive association exists between adoption of family planning and the desire to have a male child. This finding contradicts the null hypothesis that the desire to have a male child does not delay the adoption of family planning.

Though some key informants revealed that the status of a couple without sons was always lower than that of one with a son, they explained that the status of such sons also counted. If the sons had nothing that the community could look upon with pride, then according to some discussants, they would rather have daughters than sons who would bring disgrace to them. Such thinking could lead to non preference of a particular child, i.e., the boy.

In conclusion, we have seen how various socio-cultural factors have affected the adoption of family planning. In the next chapter, we shall give a conclusion and some recommendations that might help to improve the situation.

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CHAPTER FIVE

CONCLUSION AND RECOMMENDATION

5.1 Summary of Research Findings

Though the adoption of family planning could be constrained by several factors, the study sought to identify mostly the socio-cultural ones.

It was hypothesized that higher educational levels could lead to the adoption of family planning. In analyzing the interaction between education levels and the adoption of family planning, the results supported the hypothesis. The study showed that increased education contributes to the changing attitudes towards family planning. Couples with higher educational levels were more adoptive of family planning. Higher educational levels were also shown to have a significant negative effect on the socio-cultural values which could be viewed as constraining the adoption of family planning. Additionally, education was seen as facilitating the acquisition of modern values and attitudes which are more hospitable to new ideas.

Increased education, as shown in this study, has enabled couples to appreciate the need for smaller families. Education and other elements of modernization can be seen as significantly interfering with the Abatsotso traditional cultural setting .

Couples with higher educational levels no longer look at children as a future source of wealth. As some of them said, investing in children's education has become very expensive with no guaranteed returns given the current state of unemployment.

Indeed, unemployment and shortage of land were cited as some of the reasons that could lead to the adoption of family planning. The study revealed that some parents no longer regard their children as useful labour and potential security in their old age, but as an additional burden on their meagre resources. Instead of offering useful labour, the children are away in schools and, as such, parents have a responsibility to maintain them and look after their general welfare. After securing employment, some of the children exhibit highly individualistic attitude and do not offer any help to their parents but only bother about themselves. Therefore, the study showed that the increasing trend toward the desire and maintenance of small family sizes was found to be associated with higher educational levels.

Education was seen as improving women's self confidence and making them assertive of new social norms, including changes in practices related to child bearing. Increased education improves women's chances of liberation from situations in which traditional norms and sanctions continue reinforcing their child bearing ability. Thus, an increasing number of women escape from the socio-culturally imposed value constraints in traditional society which restrain them from having many children. Education enables the women to attain positions where they can self regulate the number of births they want to have.

Indeed, as was found out in this study, higher educational levels among couples facilitated their sharing in decision making

on matters related to family planning. The highly educated women could freely discuss with their husbands on sexually related matters without any fear, as opposed to the less educated ones who could not contradict the tradition by speaking their mind to their husbands. The results of the study consistently supported the hypothesis that couples who share in decision making processes are more likely to make favourable decisions over adoption of family planning. As was found out, most of the couples practising family planning were those who frequently discussed it. Therefore, sharing in decision making on issues like the appropriate family size, regulation of fertility and other sexually related matters were found to facilitate the adoption of family planning. But, as the study also revealed, increased sharing in decision making in the household could have little impact on adoption of family planning if both the couple's intentions are similar. If the couples jointly agree not to adopt family planning, that could mean that though they have arrived at such a decision jointly, it does not facilitate the adoption of family planning.

Though the majority of respondents showed an overwhelming desire for male children, it was evident that some couples could still be comfortable without sons. As it was revealed, sons were only valued if they could be looked upon by the community with pride. In fact, some couples were unanimous in that sons take on an individualistic attitude after they marry, and this does not augur well for the general welfare of the family. A

transformation of some significance was noted, however,whereas some couples thought girls were even more helpful to their parents than sons. Although the study showed that, generally, the adoption of family planning could be delayed due to the absence of sons, there were indications that the situation is likely to change in the near future. This is due to the fact that girls, just like boys, are increasingly being useful to the parents. They are able to look after their welfare and offer them the security in old age just like boys can or even better. These are indications that the over reliance on boys is slowly but surely diminishing.

Religion was seen as a powerful force in swaying people's opinion on whether or not to adopt family planning. While some religions explicitly advocated the adoption of family planning, others were opposed to it. The results showed that most women obliged to their religious demands, unlike the men. There was a tendency for women, more than men, to follow the position of the religions to which they adhered on family planning. All in all, the results of the study showed that the final say on whether or not to adopt family planning was with an individual.

The study also revealed that friends and relatives played a vital role in influencing the individual on whether or not to adopt family planning. It was found that most of the women who had friends or relatives practising family planning were doing likewise. This showed that in a situation where an individual was practising family planning alone, she faced a hostile

environment and felt demoralised because she was unsupported. Such a feeling of operating in an island could lead her to abandon the practice and do what the wider group appreciated. In fact, one of the factors found to be leading to non-adoption of family planning was the relatives' opposition. This goes a long way to showing how the hostility shown by the local community could lead to the non-adoption of family planning.

5.2 RECOMMENDATIONS

Whereas most of the respondents indicated their approval of family planning, quite a number of them were not practising it. We, therefore, discovered a need for the people to be given more information about family planning. This information on contraceptive use and other related matters about family planning should be seen as an innovation or a type of change. The information should be one which is likely to improve on, or utilize traditional methods of fertility regulating mechanisms. However, as Ocholla-Ayayo (1991) has noted, the manipulation of social structures always takes a long time before showing any meaningful breakthrough. This is so because social structure is built upon normative and ethical values, some of which cannot be expected to change within the short time required to effect fertility control.

There are certain factors to be taken into consideration in order for any change in the society's social structure to be successful. These factors could help us find a way on how to

make family planning successful. Molnos (1972) describes successful innovation as planned change, introduced through outside contacts, accepted and increasingly practised by people until the need for which it has been intended is fulfilled. In this case, the important factor determining the success of any innovation is the extent to which it is considered a felt need by those it is expected to benefit. Therefore, those it is meant for have to anticipate its benefits in advance and how much they have to sacrifice to adopt the new change. For any change to succeed, the people adopting it must feel that the benefits they are going to derive from it outweigh the sacrifices.

This study concludes that the current approach to family planning in Lurambi division is not likely to lower fertility because the justification for it is not based on felt needs of the people, but on an economic argument that population numbers are growing so fast that unless it is controlled, development will be retarded because all the resources are going to be exhausted. According to the findings of this study, to some parents, children do not just consume resources but, rather, increase them through their labour participation in the production processes. Therefore, children in this context are considered as producers rather than consumers, as it has been argued, to justify the need for family planning.

Although the adoption of family planning is necessary the country's development, there is need for more valid re to be given for it at the family level. Most reasons giv

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APPENDIX

QUESTIONNAIRE

FOR WOMEN AGED 49 AND BELOW

1. How old are you (in years)?
   (a) 15-21
   (b) 22-28
   (c) 29-35
   (d) 36-42
   (e) 43-49

2. How long have you been married (in years)?
   (a) 0- 5
   (b) 6-11
   (c) 12-17
   (d) 18-23
   (e) 24 and above

3. Age of your husband (in years)?
   (a) 17-22
   (b) 23-28
   (c) 29-34
   (d) 35-40
   (e) 41 and above

4. i). Is this your first marriage?
   (a) Yes
   (b) No

   ii). If no, how many times have you been married?
   (a) Once
   (b) Twice
   (c) Thrice and above

   iii) How did you first marriage end?
   (a) Divorce
   (b) Death of Husband
   (c) Separation
   (d) Any other reason (specify)

5. (a) How many children do you have? (Living)
   i) Girls.....
   ii) Boys.....
   iii) Total.....

   (b) How many have died?
   i) Girls.....
   ii) Boys.....
   iii) Total.....

6. (a) Do you still want to have more children?
i) Yes
ii) No

(b) If yes, how many more?
Number.....
(c) i) How many should be boys?.....
ii) How many should be girls?.....

7. Why do you have that preference? (Q.6.c.)?
.....
.....
.....

8. (a) If in life you could only have one child could you have preferred?
i) A boy
ii) A girl

(b) Why that preference?
.....
.....
.....

9. (a) Does your community have any sex preference?
i) Yes
ii) No

(b) If yes, who are preferred?
i) Boys
ii) Girls

10. What is the ideal number of children you would like to have?.....

11. Have you ever heard about family planning methods which enable couples to have a number of children that they want?
i) Yes
ii) No

12. What was your source of family planning information?
i) Electronic media
ii) Print media
iii) School
iv) Clinic
v) Friends and relatives
vi) Church
vii) Others (specify)

13. (a) Do you approve of family planning methods which enable couples to have a number of children that they want?
i) Approve

ii) Disapprove
iii) Uncertain

(b) If disapproves, why?
.....
(c) If approves, why?
.....

14. (a) Do you think it is necessary for a mother to delay or prevent a pregnancy?
i) Yes
ii) No

(b) If yes, why?
.....

(c) If no, why?
.....

15. (a) Among the following reasons for approval of family planning, which ones are the most important for you?
i) Improved care for each child
ii) Family happiness
iii) Desirable number of children achieved
iv) Family's economic situation
v) Improved health of the mother

(b) Among the following reasons for disapproval, which ones are the most important for you?
i) Family planning is against my religion
ii) Large families are desirable
iii) Husband's disapproval
iv) My relatives are opposed
v) Weakens morality

(c) which any other reason do you consider important either in approving or disapproving family planning?
i) Reason for approving
.....
ii) Reason for disapproving
.....

16. Do you discuss with your husband about family planning?
i) Yes
ii) No

17. What is his stand on family planning?
i) Approves
ii) Strongly approves
iii) None
iv) Strongly disapproves
v) Disapproves

18. Do you speak up and express your opinion whenever you disagree with your husband on the following issues:
    i) Family Size — Yes / No
    ii) Adoption of fertility regulation — Yes / No

19. Are you consulted by your husband on the following issues:
    i) Adoption of fertility regulation — Yes / No
    ii) Family size — Yes / No

20. What would you do if your husband does not pay attention to your views on fertility size and fertility regulation?
    i) Nothing
    ii) Go by his wishes
    iii) go by my own decision

21. (a) Do you practise family planning?
    i) Yes
    ii) No

    (b) If yes, who decided that you practise family planning?
    i) Me alone
    ii) My husband
    iii) Joint (me and my husband)
    iv) Friends
    v) Nobody

22. For those who do not practise family Planning. Incase you would want to practise family planning, whom would you consult in making such a decision?
    i) Doctor
    ii) Friends
    iii) Relatives
    iv) Husband
    v) Alone

23. Do you have friends or relatives practising family planning?
    i) Yes
    ii) No

24. Would you say they are many? (Q23)
    i) Yes
    ii) No

25. (a) If you were to adopt family planning do you think your close friends would support your decision?
    i) Yes
    ii) No

(b) Why?
.....

26. (a) For how long have you been practising family planning? (in years).
i) 0-1
ii) 2-4
iii) 5-7
iv) 8-10
v) 11 years and above
(b) Why did you decide to practise family planning?
.....

27. (a) How many children did you have before starting to practise family planning?
i) Boys.....
ii) Girls.....

(b) Could you say it was the desired number?
i) Yes
ii) No

28. Have you ever gone to school?
i) Yes
ii) No

29. Can you read printed words in
a) Kiluyia i) Yes ii) No
b) Kiswahili i) Yes ii) No
c) English i) Yes ii) No

30. What was the highest level of schooling that you attended/
i) Primary
ii) Secondary
iii) High school
iv) Post secondary school institutions

31. (a) Would you say that education has had an influence on your stand about family planning?
i) Yes
ii) No

(b) How?
.....

32. What is your religion?
i) Christian
ii) Muslim
iii) Traditionalism

33. Which denomination do you belong to?
    i) Protestant
    ii) Catholic
    iii) Traditionalism

34. How often do you attend religious services?
    i) I don't
    ii) Once a month
    iii) Thrice a month
    iv) Four times a month
    v) Five times and above in a month

35. Does your religion approve the use of modern family planning methods?
    i) Approves strongly
    ii) Approves
    iii) Nothing
    iv) Disapproves
    v) Strongly disapproves

36. (a) Do you strictly adhere to the teachings of your religion?
    i) Yes
    ii) No

    (b) Do you support its views on family planning?
    i) Yes
    ii) No

37. What is your feeling on family planning?
    i) It is good
    ii) It is very good
    iii) It is bad
    iv) It is very bad
    v) Nothing.

38. Why do you think most people in your community marry?
    i) To have children
    ii) The community expects them to
    iii) For companionship
    iv) Happiness
    v) I don't know

39. What would happen if you were childless?
    i) My husband would marry another woman
    ii) My husband would divorce me
    iii) Nothing

40. How would you feel if your marriage was childless?
    i) Bad
    ii) Very bad
    iii) Nothing
    iv) Good

v) Very good

41. (a) What is your community's image of a married woman who is childless?
i) Lowly regarded
ii) Averagely regarded
iii) Highly regarded

(b) Why does it have that perception?
.....

QUESTIONNAIRE FOR HUSBANDS

1. How old are you?
i) 17-23
ii) 24-30
iii) 31-36
iv) 37-43
v) 44 and above

2. For how long have you been married? (in years)
i) 0-5
ii) 6-11
iii) 12-16
iv) 17-22
v) 23 and above

3. How old is your wife? (in years)
i) 14-20
ii) 21-27
iii) 28-34
iv) 35-41
v) 45 and above

4. How many children do you have with your wife?
i) Boys.....
ii) Girls.....

5. (a) Have you married other wives?
i) Yes
ii) No

(b) If yes, how many children do they have?
i) Boys.....
ii) Girls.....

6. (a) Are all your children alive?
i) Yes
ii) No

(b) If no, how many have died?
i) Boys

ii) Girls

7. (a) Do you want to have any more children?
i) Yes
ii) No

(b) If yes, how many more?.....

8. (a) Among them, (Q7) how many would you prefer to be boys..... and how many would you prefer to be girls.....

(b) Why do you have that preference?
.....
.....

9. (a) Suppose you could only afford to take one child to school, whom would you take?
i) Boy.....
ii) Girl.....

(b) Why
.....
.....

10. How many children would you like to have upto the time you are aged 60?
i) Girls.....
ii) Boys.....

11. (a) Does your community have any sex preference?
i) Yes
ii) No

(b) If yes, who are more preferred?
i) Boys
ii) Girls

(c) Why are they preferred?
.....
.....

12. What is your stand about family planning?
i) Approve
ii) Disapprove
iii) Strongly approve
iv) Strongly disapprove
v) None

13. If approves, what are the most important reasons for approving?
.....
.....

14. If disapproves, what are the most important reasons for disapproving?

.....

.....

15. Do you discuss with your wife about family planning?
    i) Yes
    ii) No

16. What is her opinion towards couples practising family planning?
    i) Approves
    ii) Disapproves
    iii) Strongly disapproves
    iv) Strongly approves
    v) Nothing

17. Does your wife practise family planning?
    i) Yes
    ii) No

18. (a) If yes, who decided that she uses family planning?
    i) Me alone
    ii) Me with her
    iii) Her alone
    iv) Doctor
    v) Relatives

    (b) If no, who decided that she doesn't use family planning?
    i) Me alone
    ii) Me with her
    iii) Her alone
    iv) Doctor
    v) Relatives

19. (a) Do you practise family planning?
    i) Yes
    ii) No

    (b) For how long have you been practising family planning? (in years).....

20. Do you know how to read and write?
    i) Yes
    ii) No

21. What is the highest level of schooling attended?
    i) Primary
    ii) Secondary
    iii) Post-secondary school institutions

22. (a) Did your wife ever attend school?
i) Yes
ii) No

(b) If yes, upto what level
i) Primary
ii) Secondary
iii) High school
iv) College

23. (a) In most traditional African societies, women were excluded from major decision making in the family.
i) Do you approve of that?
ii) Do you disapprove of that?

(b) Why?
.....
.....

24. (a) What is your religion?
i) christian
ii) Muslim
iii) Traditionalist

(b) What is your denomination?
i) Catholic
ii) Protestant
iii) Muslim
iv) Traditionalist

25. How often do you attend religious services?
i) Not often
ii) Once a week
iii) Twice a week
iv) Thrice and a week

26. Does religion overwhelmingly dominate your life?
i) Yes
ii) No

27. What does your religion say about family planning?
i) Disapproves
ii) Approves

28. What are your personal views about it?
i) Support idea
ii) Strongly support the idea
iii) I oppose the idea
iv) Strongly oppose the idea
v) None

MAP OF RESEARCH SITE