

SOCIAL - CULTURAL INFLUENCES OF FAMILY

PLANNING: A CASE OF NAIVASHA TOWN COUNCIL.

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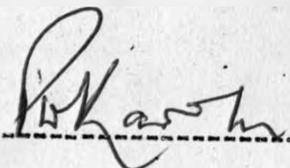
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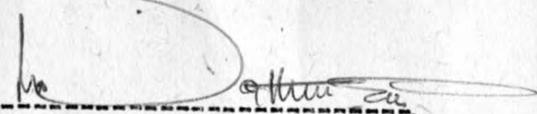
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A Thesis submitted in partial fulfilment  
for the degree of Master of Arts in the University  
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This thesis has been submitted with our approval  
as University Supervisors.

  
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Dr. P. Kariuki.

  
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## TABLE OF CONTENTS

	Page
Acknowledgments	
Abstract	
CHAPTER I	
<u>INTRODUCTION</u>	1
Problem Statement	9
Study Objectives	10
Justification for the study	11
CHAPTER II	
<u>LITERATURE REVIEW</u>	
Group-Community Pressure	16
Husband-Wife Communication	18
Religion	20
Education	24
Marital Status	25
Preference for a Son	28
Study Model	30
Theoretical Orientation	31
Hypotheses	36
Operational Definitions	37
CHAPTER III	
<u>METHODOLOGY</u>	
Methods of data collection	45
Problems encountered in the	
Process of data collection	47
Sampling Procedure	48
Site Description	51

CHAPTER IV	<u>DATA PRESENTATION AND ANALYSIS</u>	54
CHAPTER V	<u>DATA ANALYSIS AND INTERPRETATION</u>	64
CHAPTER VI	Conclusions	93
	Recommendations	103
BIBLIOGRAPHY		108
APPENDICES	Questionnaire used in data collection	

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## ABSTRACT

This study endeavoured to examine the factors which influenced adoption of ideas, either in terms of programmes or projects. Specifically, the author's efforts were directed to identifying the manner and degree in which Socio - Cultural factors influence the adoption of Family Planning in Naivasha Town Council.

The work started on the premise that Family Planning Programme had been in existence in Naivasha Town since early 1960s and yet only a small percentage of the population had actually accepted the idea.

In an attempt to explain this state of affair, the researcher decided to take a Socio - Cultural approach whereby the following independent variables were considered. These were:- husband-wife communication, marital status, religion, group/ community pressure, preference for a son, and education.

Since it is within the family that most important decisions and activities that influence fertility are made, the focus of this study has been the family which no doubt is the unit of analysis.

The data was obtained from 210 respondents who composed of 40 single mothers, 90 married mothers and 80 men (husbands to the married mothers). This was

supplemented by information got from Family Planning personnel, records in the Family Planning Clinic and from resource persons like church leaders.

The findings reveal that the identified independent variables do actually influence adoption of Family Planning. Specifically, education was found to positively relate to adoption of Family Planning, and that group/community pressure was found to dictate whether one was to adopt, continue or withdraw from the Family Planning Programme. It also became clear that although most religious groups had no clear official stand on Family Planning, religion did dissuade people from adopting Family Planning. Preference for male children and the men's predominant role in decision making were also found to positively relate to the low adoption of Family Planning in the area. Finally, the married mothers were found to experience less group/community pressure to bear many children than the married mothers.

Taken together the interaction of all these factors explains for the low adoption of Family Planning in the area of study inspite of the efforts by the government to propagate the idea. In order therefore to step-up adoption of Family Planning, it is necessary for the program to address itself to social factors which for sometime now has been ignored.

LIST OF TABLES

<u>Table No.</u>		<u>Page.</u>
Chapter IV		
1.	Levels of education in years	54
2.	Years of education by sex	55
3.	Family size preference	56
4.	Attitudes toward family planning	57
5.	Basis for opposing family planning	58
6.	Basis for adopting family planning	59
7.	Whether preferred having a boy/girl or any	60
8.	Who makes major decisions in the family	61
9.	Membership to various religious denominations	62
Chapter V		
1.	Adoption of family planning by levels of education	65
2.	Adoption of family planning by levels of education and sex	66
3.	Family size preference by years of education	68
4.	Family size preference by respondents attitudes toward family planning	69
5.	Adoption of family planning by whether ones religious denominations approved, disapproved or never publicly talked about family planning	71

Table No.

Page

6.	Adoption of family planning by Church attendance and whether ones religious denomination approved, disapproved or never talk about family planning	74
7.	Adoption of family planning by number of of sons in a family	78
8.	Commencement of family planning by number of sons in a family	79
9.	Adoption of family planning by marital status	80
10.	Family size preference by marital status	82
11.	Adoption of family planning in relation to number of sons in a family and marital status	
12.	Adoption of family planning by whether significant others approve the decision	85
13.	Attitudes toward family planning in relation to whether they felt supported by significant others and marital status	
14.	Respondent's position on family planning in relation to whether they felt supported by significant others and years of education attained	88
15.	Adoption of family planning in relation to husband-wife communication	90
16.	Degree of husband-wife communication in relation to levels of education as reported by married women	91

## CHAPTER ONE

### INTRODUCTION

#### HISTORICAL BACKGROUND

The history of modern family planning in Kenya can be traced from the colonial period where family planning activities were mainly under voluntary agencies to the post-colonial period where the Government is playing a major and positive role in propagating the idea.

In 1948<sup>1</sup> the first census on African population was undertaken in Kenya. Before then, there was no explicit concern for either population growth rate or its mode of distribution. At that time, the population growth rate was viewed to have no negative consequences. The first Development Plan of 1945 only suggested measures to encourage proper utilization of resources as a result of pressure created by rapid population growth rate. It said nothing about controlling population growth rate.

The Royal Commission of 1953 to 1955 summed up its views on population growth rate as follows:-

" the rate of natural increase is not such as to warrant any large scale attempts to introduce birth control methods with the object of reducing the birth rate for general economic reasons. East Africa is at present sparsely populated, and given economic adjustments and changes required, a growing population will be an advantage and may well be a prerequisite to the full use of the resources on modern lines".<sup>2</sup>

The above quotation seemed to imply that:-

- (1) There was a need for an expanding consumer market ( population) for the expanding output of agriculture and industry.
- (2) Dovetailed to the above, there was no need for any birth control programme as things stood at that period in time.

The Government's direct involvement in family planning programmes remained minimal and in most cases, indirect. In 1960,<sup>3</sup> for example, a suggestion was made by a multi-racial working party on child-welfare that family planning services be made readily available to interested parties. Soon, the Government raised a counter-argument that a nation-wide campaign on family planning could have been suspected and misunderstood in some areas.

Undoubtedly, much of the hesitancy to promote family planning during the colonial period can be seen to have stemmed from the fear that the African nationalists could have easily made an issue out of it. Any direct Government involvement in family planning programmes could have been interpreted as a colonial attempt to check African population growth rate for an easy colonial administration. The Director of Medical Services admitted in 1955 that for political reasons, it was not very possible and/or very safe to propagate family planning ideas openly<sup>4</sup>. This situation created an atmosphere whereby the family planning services were only provided to those who sought for them. This gives the impression that only the knowledgeable (mainly the educated) and those brave enough could seek for family planning services from the Government personnel who had been advised to give such services when only such advice was sought.

With the above prevailing conditions where the Government was unwilling and unprepared to undertake bold steps to sell the idea on birth control, a private voluntary organization (The Family Planning Association of Kenya) was born in 1961.<sup>5</sup> The organization was an amalgamation of the Family Planning Association of Nairobi (founded in 1956) and Family Planning Committee of Mombasa (established in 1955).

Soon after independence we find concerted efforts to control the rapid population growth rate. Following the 1962 population census which revealed that the population growth rate was as high as 3 per cent per annum, the Kenya Government recognized the importance of family planning. This growth rate indicated that if the same rate was to be maintained, it then meant that the population of approximately 8.5 million in 1962 was to double within a period of 23 years. This would bring about constraints on the country's limited resources. This state of affairs did not escape the attention of President Kenyatta, for in 1963 he was quoted as saying,

" ... the population in Kenya is increasing at the rate of about 3% per year and this fact makes it difficult for the Government to keep pace with the growing demand for health services, let alone to improve upon the standards that have already been achieved."<sup>6</sup>

Although similar ideas on population policy in Kenya were contained in the K.A.N.U. Manifesto of 1963, it was only after 1965 that we find serious attention being given to the population growth rate and its related problems. The Sessional paper No. 10 - African Socialism and its Application in Kenya is the first and explicit indication of the official commitment to a national population policy. The paper stated that:

" Immediate steps will be taken towards family planning education because the present high rate of population growth makes extensive and intensive provision of Social Services more intricate and savings for development harder than need be thus lowering the rate of economic growth".<sup>7</sup>

The Sessional Paper No. 10 of 1965 notes two important constraints on economic growth as a result of rapid population growth rate.

- (a) That high birth rate would mean a large dependent Population which would not only create problems to their immediate providers, but to the nation as a whole.
- (b) That the nation has limited resources which are not expanding at the same rate with the population. Such an atmosphere could only create a poverty stricken population.

The paper (Sessional Paper No. 10 1965) attempts to indicate that if the population growth rate was controlled, this would lead to improved welfare and health of individuals and families. As will be seen elsewhere, the paper acted as a threshold for the Government efforts to deal with issues related to population growth rate.

In 1966, the Kenya Government announced a family planning programme as part of its maternal and child health services. The programme was put into operation in the following year and a Family Planning Unit was established in the Ministry of Health.

The rapid population growth rate in Kenya has called for attention not only from within the country, but, also without. The observation made by the World Bank is a case in point:

"The Health part of the 1969 - 1974 Development Plan is well thought out, balanced and realistic, with one notable exception: insufficient attention is given to the economic and social consequences of not taking effective action to control population growth ..... the resources allocated to family planning are inadequate to even arrest the increase in the growth rate let alone cause a fall from the present high rate of 3%."8

After 1966, it is noticeable that Government activities on family planning had expanded. In 1968, the Government announced that family planning services would in future be

given free. This expansion in Government role in family planning oriented activities did yield fruits. During 1967 - 1972, the number of adopters rose from 45,000 to 172,000. Although the figures are impressive, their significance in comparison to the total population of potential adopters remains undoubtedly minimal.

The 1974 - 1979 Development Plan stressed that since the country was suffering from high unemployment, a high population growth rate could only have adverse economic effects. With this in mind, the plan emphasised the training of more personnel to handle family planning programme. It also put aside among capital expenditure K£ 293,000 as the cost of family planning equipment.

Although the 1979 - 1983 Development Plan did not quantify a demographic objective for reducing the annual population growth rate, it did indicate that a total of 700,000 new family planning acceptors were to be recruited during the plan period and an increase in the number of active users to 2500,000 by 1983.

Concerted efforts by the Government to check population growth rate can also be seen in the establishment of the National Council for Population and Development. Its intention is to coordinate the work of Governmental and Voluntary agencies and to educate couples on the importance of having small families.

In a Seminar on Population and Development on July, 1984 in Nairobi, it was noted that Kenya's population growth rate stands at 4.1 percent per annum. This rate is one of the highest in the world.<sup>10</sup> In this seminar, the following points were raised among others:

1. That it was high time that Kenyans took serious steps to check population growth rate which was reckoned to be alarming. This point called for the nation to redefine its strategies to face the problem.
  
2. That each District Development Committee should develop strategies to achieve national targets in reducing the population growth rate. The seminar indicated that the District Development Committees should be able to reach people in their efforts to control population growth rate for they are closer to the people in terms of physical distance and cultural values. The seminar advocated for a grassroot approach in expanding family planning.
  
3. The seminar also emphasised that the national target should be to reduce the present population growth rate of 4.1% per annum by the end of 1993. It also re-emphasised that for the family planning to succeed, people's ways of life need to be studied.
  
4. That the Ministry of Education should develop a curriculum that aims at different age-groups consistent with their biological development and morality. This curriculum is to be used in changing the attitudes of young people toward population and family life education and related problems of rapid population growth.

It is no doubt that for the first time the Government's concern on rapid population growth rate was explicitly clear. Ways and means to go about facing the problem were outlined.

Ministries which in one way or the other are to be involved in implementation of the ideas had their input in the seminar.

The Government stand on family planning can further be seen in the words of Kenyan President - Daniel Toroitich Arap Moi and his Vice President, Mwai Kibaki. President Moi has taken the issue of family planning boldly. He has spoken loud and forcefully on many occasions about Kenya's population explosion and how important it is to check it. In December, 1984 at Molo he was quoted as saying that:

"Some families are leading a difficult life because of their large families especially in meeting school fees. There should not be debate on the methods to be used. All that is clear is that there is need to reduce the high population growth in the country" (Daily Nation, Sunday Oct. 1985.)"

Still on the same subject, in September, 1985 while opening a seminar on the food crisis in Africa at Kabete Kenya Institute of Administration, President Moi said that,

"Unless we slow down the rate of our population growth, we shall have decades of malnutrition and even possible starvation. Although Kenya has no food crisis, the situation is being threatened by low food production, periodic drought and the rapid population growth rate. Every year in Kenya, we have to produce food enough to feed an additional one million people. If the population growth continues at the same rate, the country would require twice as much food in the year 2,000. We have no choice neither do we have the time to make this choice. We must therefore, reduce our population growth now" (Daily Nation, Sunday, Oct. 1985).

More of Government efforts to expand family planning can be seen in the words of Gituma, J. - Permanent Secretary in the office of the Vice President. He was quoted as saying that "every Government Ministry in future will have a family planning division to deal with population issues". (Daily Nation, Monday, September 9, 1985).

On the same note, Vice President Mwai Kibaki, while officially launching Sessional Paper No. 4 of 1984 on Population Planning was quoted as saying that Kenya will spend over Shs. 800 million on family planning activities during a period of four years (1985 - 1989) (Daily Nation, January 16, 1986).

He stressed that like other development projects, family planning would be implemented through the District Development Committees. The Vice President informed the Kenyans that it was high time they thought of family planning as part and parcel of development and not to take it in isolation. This is so because according to the Sessional Paper No. 4 of 1984 on Population Planning, the number of children per woman had increased from 7.6 in 1969 to 7.9 to date (1985), and only 14 per cent of Kenya's women aged 30 years were using contraceptives.

Because of this, the population explosion had put enormous pressure on resources, resulting into unemployment and affecting education, health and other services. According to the report, the Government aims at reducing the annual population growth rate from 3.8 per cent in 1984 to 3.3 per cent in 1988.

In an attempt to attain this goal Kenya will spend an average of Shs. 240 million per year on encouraging families to plan their future. He cautioned men to be aware of their insistence on having sons for such would only lead to unmanageable family size.

#### PROBLEM STATEMENT

As the history of modern contraceptive techniques tends to show, modern contraceptives have been available in Kenya through private practitioners for many years. As early as 1955 voluntary family planning associations started in Nairobi and Mombasa with an intention of making people aware of family planning activities.. By 1967, the Family Planning Association of Kenya had over 40 family planning clinics in the country. Moreover, Government activities related to family planning are well indicated by her 1979-1984 and 1985-1988 Development Plans.

It is very surprising that although 84% of the Kenyan child reproducing population is very aware of family planning and its related ideas, there is only 14% who can be said to be adopters or users of contraceptive methods. This is a contrast to all efforts expended to propagate the idea of family planning. Although the major objective has been to recruit as many adopters as possible, this has not been realised. This calls for research work to identify why the situation is so pathetic despite all the inputs. An explanation is sought in order to shed more light on why there is a low level

of acceptance of family planning inspite of a reported awareness of as high as 84%.

#### STUDY OBJECTIVES

In this study, an attempt was made to answer the following questions:

1. Why do people fail to adopt family planning methods although they are aware of them and such family planning services are available either freely or at a reasonable price? This question has been addressed to those people who even though they have knowledge and accessibility to family planning facilities do not adopt them. Specifically, efforts were made to assess the role played by social and cultural factors in the adoption of family planning.

This was based on the fact that family planning services have been available in the area for a period over twenty years. The family planning unit in Naivasha General Hospital was created as early as 1963. It was also noted that there are family planning agents even at a grassroot level who do visit couples in their own homes.

2. At what level should family planning agents intervene? Since for a long time family planning has been largely addressed to the already child - bearing population which to some extent has rigid values, beliefs and attitudes, the objective here was to find out the most suitable target population. Undoubtedly, most of family planning ideas have been sold more to women than to any other sector of the Kenyan population. The youth and men have been either totally ignored or given very little consideration. The focus of this study has been to assess the impact of the ignorance on the part of men in family planning programmes on the adoption of family planning.

#### JUSTIFICATION OF THE STUDY

Considering the population growth rate in Kenya of over 4% per annum (already said elsewhere) and the low level (14% of the child bearing population) of acceptance of birth control methods, a study of this nature is of great importance. To policy makers and others who plan for the nation, this paper has attempted to pinpoint some of the shortfalls in the family planning program. The information should be useful to the Ministry of Health in assessing the success of family planning.

Similarly, the information should be useful to voluntary agencies involved in matters of family planning. To Social Workers and general Sociologists this work will go along way to increasing and widening our knowledge of human fertility and particularly how it is influenced by social and cultural factors.

The paper has also indicated some of the areas which require special emphasis, re-orientation and what could be a possible and effective target population for the family planning program.

#### ORIENTATION OF THE STUDY

The focus of this study has been on social and cultural factors thought to influence adoption of new ideas and particularly, modern family planning.

Work done on fertility rate and family planning focusing mainly on economic factors have tended to suggest a general conclusion that an improvement in the standard of living would positively influence the family planning practices. That is, the economic growth would limit population growth rate. (Celade, 1977, Szabaty, 1968) This is clearer in the work of Askham, (1975)<sup>12</sup> Although one cannot reject such an argument outrightly, one may pin-point some of its limitations in applicability especially in a developing country like Kenya without enough resources for such needed rapid development. Bertrand et al (1975)<sup>13</sup> is of the same opinion while saying;

"for family planning administrators and communicators, the Socio-economic development solution is not feasible they simply do not have the resources necessary to develop and maintain an ambitious development project at the national level, in addition to providing the necessary family planning services."

The question one can pose as far as Kenya is concerned is whether the nation has enough resources to enable her to use a developmental approach (if ever conceived viable) to solving her population problems. Although Kenya has recorded some Socio-economic development since independence, a contrary situation is evident in that instead of a decline in population growth rate, it has tended to increase. The Kenya population growth rate in 1962 was 3% per annum and by 1984, this had gone up to over 4% per annum.

This Social-cultural approach to controlling population growth rate is an attempt not solely to give an alternative way to solving the problem, but a complementary one to Social-economic approach. Here it was felt that although material conditions of a people can not be taken to explain everything, their importance can not be underscored.

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## CHAPTER. II

### LITERATURE REVIEW

In an attempt to improve family planning programmes, studies have been done to identify some of the bottlenecks hindering the adoption of family planning ideas. While some authorities have focused their attention on communication, economic factors, others have combined some or all of these. Secondly, there are those who emphasise on cultural circumstances of clients. This paper adopts a social-cultural approach. The paper has addressed itself to those socio-cultural factors assumed to influence adoption of new ideas and specifically adoption of modern family planning ideas. These factors include group/community pressure, husband-wife communication, religion, education, marital status and preference for a son.

#### GROUP/COMMUNITY PRESSURE

Adopting modern family planning methods often involves profound changes in both personal behavior and cultural norms, especially among people for whom the large family is a social and economic asset. (Smith and Radell, 1976)<sup>1</sup>

Emphasising a social cultural approach to the study of human reproduction and family planning in East Africa, Molnos (1972 a, 1972 b, 1973) has this to say:

" although the fertility of a population can be viewed from many individual acts and decisions, it does not follow necessarily that psychological or social psychological research has to have first priority in the field of fertility studies. Cultural information is more and even more relevant than psychological information in all those societies in which decisions are strongly subject to communal influences.

"This situation is the proven case in East Africa".  
(1972b: 66)<sup>2</sup>

From the above quotation one may note the following as a guiding idea in this research paper. That to a large extent, behaviour is influenced by the culture of a people for which one is a member or a culture in which one comes into contact. It is also clear that decisions are strongly subject to communal influences. Cultural norms, for example, guide an individual's or a group's behaviour. One may conform or deviate from such norms.

According to Rogers and Shoemaker (1971)<sup>3</sup> the inventors, the first adoptors of a new idea are, in most cases the deviants. In our case here, the implication is that any adoption of modern birth control methods will have to depend on whether such an idea is in line with the social norms for which the adoptor is a member, and if not, how much is the adoptor ready to deviate from the given social norm. One notes that, taking such a perspective, the behaviour of others that we value do to some extent influence the way we behave.

Lerner and Schram (1965)<sup>4</sup> argue that any adoption of a new idea will depend on how strongly the values, norms and beliefs are held in a particular culture. They seem to suggest two things:-

- (1) That for any innovation to be adopted it has to be acceptable and compatible to the culture where change is expected to occur. This is in line with Smith and Radell's (1976) view that adopting family planning methods involves profound change in both personal behaviour and cultural norms. The idea to be easily adopted should be less destructive to the culture of the adoptors.

- (2) That the basic requirements for effective communication in support of change is an understanding of and fit to the culture it is desired to change.

From this premise, it suffices to say that for the family planning program to be successful it should have respect and consideration for the customs and cultural values of individual clients.

#### HUSBAND - WIFE COMMUNICATION

The authority structure in a household determines how decisions are made. That is, 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. Certainly, the adoption of family planning should be a joint decision by the parties concerned if it has to be successful.

Bogue (1967)<sup>5</sup>, Molnos (1968)<sup>6</sup>, Zaltman (1963)<sup>7</sup> and Askham (1975)<sup>8</sup> are of the opinion that a program stressing group discussion especially between husbands and wives will lead to greater success than that program that concentrates on either husbands or wives.

In most African traditional societies especially those which are patrilineal, patrilocal and therefore patriarchal, a wife's behaviour including that related to reproduction were (to some extent) regulated by the husband. This was an inevitable aspect of polygyny and also post partum sex taboos. From childhood to adulthood the woman was conditioned (through socialization process) to accept this situation and to regard it as a normal and noble part of her life. At home, she was to be seen but not heard. Her participation in decision making was very minimal.

This notion of a man being authoritatively superior to a woman was a common phenomenon in many African communities. The man's superiority over the woman was recognized by social consensus and found its expression in all kinds of customs (Molnos, 1968). Although many of these customs had a formal symbolic significance only, others were indicative of the lesser rights of women. This disadvantaged position of women pushed them away from major decision making processes. Her participation in decision making both in the family and in the community remained very little and of less importance.

Hurton and Hunt (1968)<sup>9</sup> reports of Sociologists who studied family planning program in Puerto Rico based on the emphasis of group discussion. The intention here was to overcome cultural difficulties especially lack of communication between husband and wife. They found that adoption of family planning expanded with an increase in levels of husband - wife communication.

Other studies in Asia and the Far East on husband - wife communication indicate that a substantial proportion of couples never discuss such things as financial matters, the husband's work, future plans or even current events. It was very clear that where such topics were discussed between couples, other subjects related to family planning were discussed. The conclusion arrived at in these studies point out that until there is a proper and free husband-wife communication on family planning matters (how many children they wish to have, family planning method they wish to adopt, when they should begin practicing it and where they should go for services), there will not be prolonged use of contraception unless it is a case where one party is deceiving the other. From the studies done, the following can be singled out:-

- (I) That husband-wife communication is influenced by the culture of a people.
- (II) That husband-wife communication is an important ingredient in determining general decisions regarding family planning.

It has been the focus of this study to identify whether or not and how husband-wife communication affects adoption of family planning in the studied area.

#### RELIGION

Religion influences people's behaviour in many ways. It has been seen to affect how people adopt new ideas. Specifically, religion has been observed to affect adoption of modern family planning.

The Roman Catholic church is widely identified with opposition to population control measures and with repression of those who practice them or advocate their use. This negative attitude toward some modern methods of family planning is hinged on two important factors. Namely:-

- (1) Natural Law. The Roman Catholic natural law accepts as self-evident that the primary purpose of sexual intercourse is procreation and relegates as secondary such ends as fostering the mutual love of the spouses and allaying concupiscence. This conclusion is based on two propositions. That man by the use of his reason can discover God's physical arrangements. Thus, man can deduce that the purpose of sexual activity is procreation - the continuation of the human race.

(2) The Onan text. The church fathers, and later Saint Thomas Aquinas, had contraception to be sinful and contrary to scriptural teaching. Thus, St. Augustine declares that intercourse even with ones wife is unlawful and wicked where the conception of the offspring is prevented. A part from the Onan Text, the Old Testament also contains the general injunction to " increase and multiply".

In general terms, contraception the Roman Catholic Church maintains, is corrupting to the individual, since it reduces self control and its employment in the majority of cases will be for selfish reasons. Marriage will be degraded to a legalized form of prostitution. Furthermore, contraceptives undermine public morality by removing the fear of pregnancy, which is a power deterrent against promiscuous intercourse. The only family planning method which the Roman Catholics accept and propagate is the rhythm method.

A part from the Roman Catholic Church which unanimously and explicitly denounces the modern family planning methods, other denominations are either quiet about the idea or have mixed feelings. Within the Protestant Church, we have a group which objects to any form of family planning and another group which is for it. The supporting group argues that family planning which is mutually acceptable to the husband and wife in Christian conscience is a right and important factor in Christian Family life. Here the decision to practice or not to practice family planning is left solely to the individual couples concerned. The emphasis by the Protestant Church is that the decisions to practice family planning should be circumstantial. For example, postponement of marriage or the "moral restraint."

It is important to note that although a section of Protestant Churches accepts modern family planning methods, the Protestant Church as a whole is opposed to abortion as a birth control method unless the continuation of the pregnancy is detrimental to the mother's health.

Stoeckel (1970)<sup>10</sup> in his study in a rural area of East Pakistan found that religion influenced fertility rates. According to his findings, religious affiliations showed a significant relationship with knowledge and practice of family planning. He found that Muslims were more opposed to family planning than were the Hindus. The proportion of Hindus practicing family planning was almost three times that of Muslims.

Glyde (1962)<sup>11</sup> reported that women who frequently attended religious services mentioned a higher ideal number of children than those who seldom or never went to church. On the same note, Mayones (1971)<sup>12</sup> asserted that while the Eastern religion have never been a stumbling block to family planning, the Christian Churches have traditionally been opposed to it. Bertrand et-al (1975)<sup>13</sup> argues that religion served to retard family planning adoption throughout Central and South America.

In the traditional societies, religion was a substantial manifestation of the whole value system and not a mere set of beliefs, precepts and prohibitions put at the choice of the families or individuals and exchangeable by another set of beliefs, precepts and prohibitions. The traditional religions were mainly concerned with the spirits of ancestors and their worship. They were the living dead who controlled the behaviour of the living. Children born survived the dead. Lack of children meant physical and spiritual extinction since the ancestor spirits depended for their survival on resemblance in the minds of their descendants.

Thus, to die without descendants meant complete inaction after death, that is, definite extinction. To leave behind only a few children involved the danger that the line of living could be interrupted in the next generation. From the traditional point of view, it can be assumed that deliberate birth control could not only have been a decision against one's own interests and the interests of the society, but, also an offense against higher forces. It could have been an act against supernatural powers.

Contrary to the above, certain actions, such as abortion and infanticide were not only tolerated in most traditional societies, but, depending on circumstances, were even imposed on their members. East African people knew about several methods of preventing conception<sup>14</sup>. Precisely, abortion was socially allowed for pregnancies which could have occurred through rape, a relative or an abnormal or generally sick person.

In a nut-shell, most of African traditional societies had one form or the other of family planning. But, all had one thing in common in that they were generally guided by taboos which community members had to observe.

Since most of religions are opposed to modern family planning methods, the adoption of family planning will thus depend on whether it is compatible to the religion of that community and whether the community approves of it. It will also depend on the degrees to which individual (adopter) is able and ready to deviate from the social norm as far as family planning matters are concerned.

## EDUCATION

Education can be either formal or informal knowledge of a certain object or an idea. The centre of interest here has been on formal education.

Studies done in Kenya indicate that "education discriminates decisively (in its own right) between innovative and traditional demographic and contraceptive behavior"<sup>15</sup>. This is in line with Caldwell's (1980)<sup>16</sup> argument that education matters a great deal in the conditioning of innovative or traditional demographic and contraceptive behaviour. The gist of the matter is that improvements in the educational status of women will be reflected in the rate of family planning practice. That is, education will increase modern and transitional behavior and diminish traditional conduct<sup>17</sup>.

Prachuabmol (1966) in his study in Thailand - focusing on the effects of education on family planning argues that educated women have higher aspirations than the uneducated for social and economic mobility. Because of these aspirations, the educated women prefer small families for big families would act as bottlenecks to their achievements. Educated women are thus more adoptive to family planning ideas than women without education. For the educated, the desire to have fewer children and thus a need for family planning occurs earlier than is the case for non educated women.

Husband's education has been found to positively relate to desire for more children. Prachuabmol (1966) sees the possible explanation for this association to be due to the fact that income of educated persons is higher than that of lowly or not educated persons. With this, taking an economic perspective, the wives of well

educated people are less likely to be discouraged from having many children. If this is the case, then, it contradicts (to some extent) with Gachuhi's works (1972, 1973, 1975) where he sees education of either husband or wife as a facilitating factor to the adoption of family planning. In particular, to the limitation of fertility levels.

Since most of educated women are formally employed and reside in towns, and mostly in capitals, they are more than the uneducated influenced by urban ways of life. Their lives are often characterised by a multiplicity of roles and tasks which are a characteristic of urban life. Her contributions in general upkeep of the family earns her more participation in decision making in matters pertaining to her family.

We have duly noted that education does influence one's world view of things. This happens through the wider exposure which one experiences through interaction with other people and exposure to new ideas through reading. This paper has endeavoured to show how education has influenced adoption of family planning in the area of study.

#### MARITAL STATUS

In many African societies, marriage is viewed as the proper context for reproduction. Although children are highly valued, those born outside marriage are not received into the society with due respect. Procreation is seen as the major means that a clan, community and society can expand. As such, any marriage without children was viewed as incomplete. "There is no society

where childlessness is regarded as the ideal condition for every one. Also, one child is rarely accepted as a desirable number"<sup>18</sup> (Ware H. 1975) He continues to argue that,

, " Any family size smaller than 4 children is so small as to be unthinkable in a Yoruba context. Less than 2 per cent of the sample would choose to have fewer than 4 children. Childlessness is viewed with a lot of horror. The Yoruba had no traditional sanctions for celibacy, neither priests nor warriors were expected to abstain. Those who died without children to succeed them were formerly treated as suicides and thrown into the "bad-bush" with murderers and other probates instead of receiving normal burial rights."

Given an environment with such a cultural background, anything to do with family planning especially limitation of number of children, is likely to meet heavy opposition. Even childless women are under constant suspicion of witchcraft and lead very isolated lives. Though the issue of witchcraft is dying fast in the rapidly changing societies, childlessness has been associated with prostitution and use of contraceptives all of which carry negative connotations.

Molnos (1968) in her study on attitudes towards family planning in East Africa argues that all customs of the communities studied pointed to a similar conclusion that childbearing was one of the most important issues and certainly the most important in every woman's life. She continues that,

"The social status of the women increased with the number of children she was able to bear to her husband, that is, to his lineage and clan. The barren woman had no social prestige whatsoever ... a barren woman could never be a fully respected woman, and seldom could she hold the position of a first wife"<sup>19</sup>.

The number of children a woman had, automatically acquired for her a certain social position. In traditional Kikuyu society, for example, an elaborate system of age - grades existed for both men and women. The conditions needed to be fulfilled in order to enter each of these grades were not so much the biological age, but the social seniority measured by genealogical status and maturity of the applicants children<sup>20</sup>. The age grades were really status grades. The names used for different grades describe their characteristics. Children were the most important means of attaining higher status. Grade and names were both important to man and woman for they gave one certain social positions.

Ominde (1952)<sup>21</sup> describes the situation of a childless woman in the Luo Community as follows:

"failure to have a child 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 usually being advised by his relatives to marry a second wife."

On the same note, Caldwell (1968)<sup>21</sup> reports of cases where respondents in a Ghanaian society emphasised that it was prestigious to a mother to have many children. Wives were even taken to their parents for failing to bear children.

Mayones (1963)<sup>23</sup> in his study in Jamaica found that since marriage was expected to be followed by children, the married more than the unmarried were less concerned about family planning. Ware (1975)<sup>24</sup> is of a similar view when she says that for the Yoruba the contraceptors were more likely to be found among the young and the unmarried and that contraception is mainly practised after couples have achieved their estimation but not before the desired family size and composition is achieved.

From that perspective, in those cultural environments where the role of a woman is mainly that of child bearing, and where couples are socially negatively ~~regarded~~-valued for lack of children, anything to do with fertility control is likely to receive very cold responses.

#### PREFERENCE FOR A SON

Surveys around the world indicate that 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 not only to have one son but, two or more.

Betrand et-al (1975)<sup>25</sup> argue that where considerable importance is given to the birth of male children for legal or religious or even other cultural reasons, this can have a negative effect on the adoption of family planning. Many couples with children of the same sex may be motivated to continue having children with hopes of having children of the opposite sex. This is especially the case in cultures where where considerable pressure is given on the birth of a male child. Furthermore, in some cultures, there is pressure not only to have one son, but two or more.

Dovetailed to the above, is the manner in which children are named in some African ethnic groups. Those ethnic groups where children are named according to the names of the couple's parents or to the relatives, families tend to be bigger in an attempt to bear children and name their next of kin. In the case of the Kikuyu ethnic group, for example, couples are expected first and foremost to bear and name their four parents. To some extent, this delays adoption of family planning until this is achieved.

One can make a general remark that the importance of having sons does, to some degree, relate to family planning practices. Where sons are highly valued, family planning is likely to be viewed as a threat to family security.

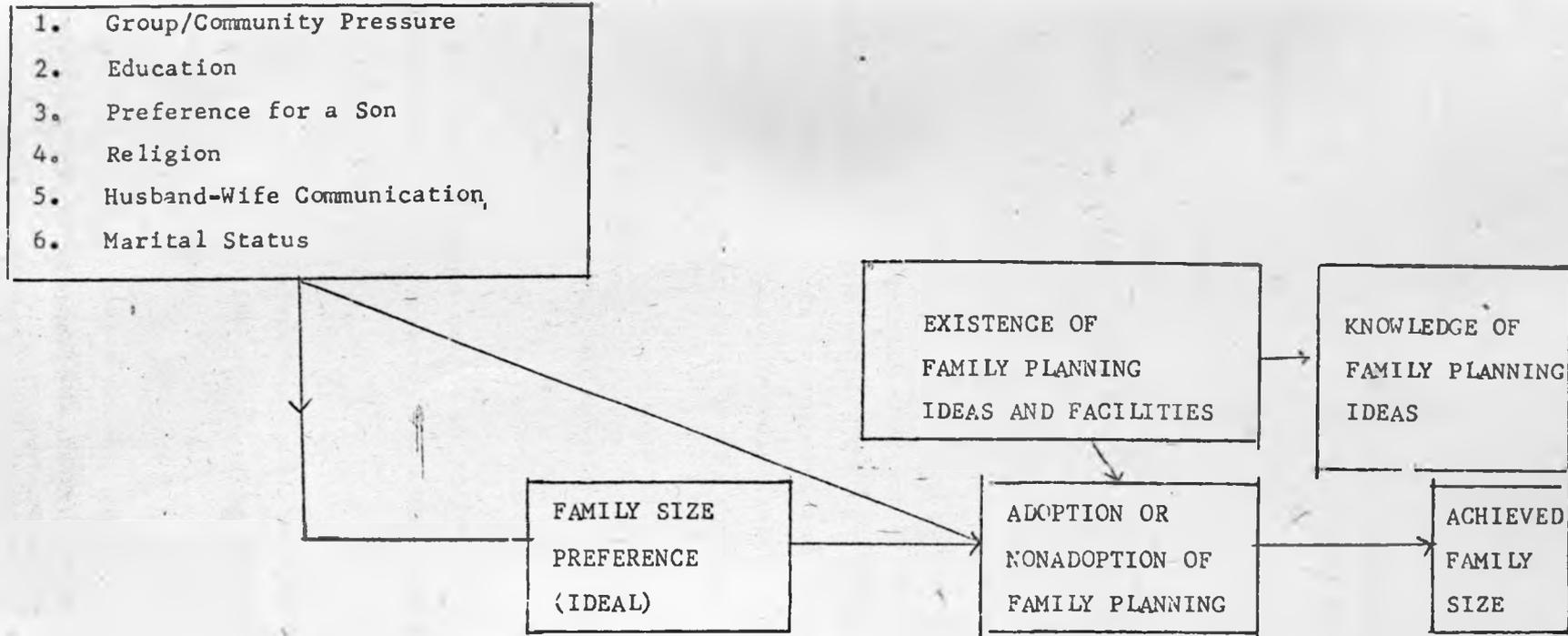
With respect to preference for a son, one important issue has been raised: That the preference for sons is dictated by economic, legal or cultural factors. The way children are named is also likely to affect adoption of family planning. In some instances, sons stand as the parents future security. Therefore, anything which might come on the way of the attainment of the desired number of sons is likely to meet heavy opposition.

From the literature review, the following have been singled out as possible factors that influence adoption of modern family planning, and its related ideas. These are, marital status, husband-wife communication, group and community pressure, religion, education and preference for a son. The relationship between these independent variables and adoption of family planning (dependent variable) is summarised in the study model below.

Note that the breakdown of social-cultural factors into various elements is for the sake of proper analysis otherwise there is a complex interaction among these factors.

STUDY MODEL

SOCIAL CULTURAL FACTORS



## THEORETICAL ORIENTATION

This work has been guided by three theoretical approaches, namely socialization theory, attitude behavior theory and reference group theory.

### SOCIALIZATION THEORY

The argument behind this theory is that human behavior is learned behavior. According to Zaltman (1973)<sup>28</sup> and Marlowe (1971)<sup>29</sup>, socialization is that process through which individuals acquire knowledge, motives, norms, beliefs, skills and other characteristics expected in the groups of which they are or seek to become members. It is the process through which the social cultural heritage is transmitted and essential skills acquired. It is through socialization that skills to perform certain roles in the society are acquired.

Socialization may be said to play two major important functions:-

- (a) Socialization gives skills of acting which are distinct to that society (where the socializee is a member).
- (b) Socialization reinforces established patterns, helps in the adoption of new ideas and ensures minimal deviations.

Every individual person and his behavior patterns is an outcome of a particular socialization process. That is, systems of socialization.

If then socialization is the process of learning social norms, beliefs, skills, role playing, and behavioral patterns, the theory of socialization could be seen to have potential explanations with regards to some of these questions.

(a) To whom does society ascribe more authority in a household? That is, in the process of socialization to whom does the society ascribe or bestow more power in a family setting? Who makes decisions on matters regarding family composition and size?

(b) In the process of socialization what are the roles accorded or expected of each child? (may it be a boy or a girl). Are there some roles which are perceived to be more important than others?

(c) Does socialization determine or influence individual's ideal family size preference? What is the norm of the group/community with regards to fertility? Does this have any effect on family planning?

Here, it is hoped that this theory will shed some light on how individuals come to adopt their family size and how this influences the way they perceive of family planning. The theory will also help in identifying the point of intervention by family planning agents in order to influence people's family size preferences.

## ATTITUDE BEHAVIOR THEORY

The attitude behavior theory is closely related to socialization theory in that attitudes are learned through the process of socialization.

Marlowe (1971) sees attitudes as consisting of thoughts, feelings and action tendencies towards objects and events in the environment. He argues that attitudes are formed through the socialization process. Stotland and Canon (1972) are of the opinion that attitudes influence behavior. According to Lambert and Lambert (1964) "Once attitudes are formed, they become integral aspects of an individual's personality, affecting his whole style of life"<sup>30</sup>

The same point is emphasised by Kelly (1977) when he says that attitudes are a predisposition in a favourable or unfavourable manner, towards a specified class of social objects.

From the above, it is evident that attitudes could be used to explain how one reacts to issues, objects and ideas which he comes into contact. This theory suggests that in order to understand people's behavior, it is important to understand first and foremost - their attitudes. It also follows that any attempt to change people's behavior should focus its attention to their attitudes. That is what Marlowe (1971) is referring to when saying,

"Much of efforts to bring social change is wasted when such attempts fail to take attitudes into account".

He maintains that the main resistance to change in the social system stem from attitudes and institutions. He sees attitudes as part of an inherited culture and thus not easily changeable.

If then we wish to know why different couples have different fertility preferences which to some extent influence adoption of family planning, there is need for understanding how attitudes are formed and changed. Attitude behavior theory would help in shedding light to some of these questions: Why do people prefer male children to female children and how does this affect ones attitudes to adoption of family planning especially where the person concerned fails to get a boy? What sort of attitudes that develops when one adopts a certain method that fails and a child ("unwanted") comes about? All this will help us to know why people adopt or fail to adopt modern family planning even where such services and facilities are readily available.

#### REFERENCE GROUP THEORY

The reference group theory has been jointly utilized with socialization and attitude behavior theory.

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

- (1) The group may serve as an agency through which members obtain and evaluate information about their environment.

- (2) The group may create some aspects of reality which are relevant for the individual and may control some aspects of the physical and social environment which are of consequence to individual members.
  
- (3) The group may fill a need for affiliation and affection.

They continue to argue that an individual's membership groups do have an important influence on the values and attitudes he holds. On this note, reference group theory can thus be used to increase our understanding of processes affecting attitude formation and change. In their study, - Siegel and Siegel (1968) were able to conclude that,

" .... the imposition of a membership group does have some effect on an individual's attitudes, even when the imposed group is not accepted by the individual as his reference group."<sup>31</sup>

It is clear that what individuals do is normally in line with the group norms to which they belong, aspire to belong or even regard as important. Therefore, the reference group theory remains of great importance in answering questions on human behavior and specifically on adoption of modern family planning.

#### GENERAL OVERVIEW

From the foregoing, it has been observed that human behavior is an actualisation of attitudes and that attitudes are formed through the socialization process. It has also been noted that human behavior is influenced by the social environment. That is, the group, community or society in which one lives or regards as important. It follows therefore that in order to understand how individuals come to adopt or not adopt family planning, some knowledge of their

Socialization process, how their attitudes have formed and have come to stay would help in changing such behavior patterns. The use of socialization attitude theory and reference group theory is geared toward this.

### HYPOTHESES

The following hypotheses have been tested to show whether and how the identified social cultural factors interact to influence and explain for adoption and non-adoption of modern family planning ideas.

- HYPOTHESIS I            Adoption of modern family planning will depend on whether those significant others are supporting the idea to be adopted is within the group/community norm.
- HYPOTHESIS II           Religion influences adoption of modern family planning
- HYPOTHESIS III          Preference for a son will delay adoption of modern family planning until the preferred sex is achieved.
- HYPOTHESIS IV           The unmarried, divorced, widowed, separated are more likely to adopt family planning ideas than the married. That is, the single mothers are more adoptive to family planning than are the married mothers.
- HYPOTHESIS V            The higher the degree of husband-wife communication, the higher the degree of adoption of modern family planning ideas.

## HYPOTHESIS VI

The educated are more adoptive to family planning ideas than the uneducated

### OPERATIONAL DEFINITIONS

In the remaining pages of this chapter, the operational definitions of the major concepts used in this study are presented. Unless otherwise specified, the concepts used in this study have taken the following definitions.

#### EDUCATION

This refers to any formal learning which has been undertaken systematically, consciously and deliberately. It refers to that learning received from such institutions as schools, training institutions such as training colleges for teachers, polytechnics, and the university.

Education has been measured in terms of years spent in these formal educational institutions.

#### RELIGION

It is defined as any kind of faith connected with the creator, be it Traditional, Christianity, Islam, or Hinduism.

Religious commitment has been measured in terms of attendance to religious services per a given period of time, contributions in kind, cash toward the church. Commitment has also been measured by the degree an individual is ready to deviate from the church teachings, beliefs and principles.

That is, how far is an individual from the religious norm on presented topics like family planning and equality of husband and wife in decision making.

#### MARITAL STATUS

##### OPERATIONAL DEFINITIONS

This has been taken to refer to whether one is married or single. Here, married persons referred to those men and women who were living together as husbands and wives. Any person - either divorced, separated, widowed or has never married although having children has been referred to as single or unmarried. The two words - single and unmarried have been used interchangeably.

To determine marital status, questions were put to the respondents as to whether they had ever been married or whether they were presently living with their husbands/wives. Respondents were also asked about their educational background such as training colleges for teachers, polytechnics, and the university.

#### PREFERENCE FOR A SON

The concept has been defined as a respondents wish to have boys instead of girls.

As regards measurement, questions were asked to test how respondents would make choices given two alternatives of either to have a boy or a girl. Questions were asked on how they would allocate given limited resources to educate boys and girls - given that their performance in school is the same.

#### HUSBAND - WIFE COMMUNICATION

This is the manner in which decisions are made in

a household and particularly the role the husband and wife play in the decision making process. That is, how decisions are arrived at.

It has been measured in terms of whether the two husband and wife discuss the presented topics. For example, how are decisions made on matters regarding household income and expenditure, family future plans and number of children they would want to have.

#### GROUP/COMMUNITY PRESSURE

This concept has been taken to mean the way a group or community influences behavior of its members. That is, how ones behavior is influenced by the group/community he is living in.

To measure it, questions were asked and the answers were cross checked with the group/community norm on the subject. For example, to measure group/community pressure respondents were asked whether friends, relatives accept family planning and the answers given compared to the respondent's personal attitudes toward family planning. In brief, the degree of deviation and conformity from the social norm determined the extent to which an individual's behavior was under the influence of group/community pressure.

#### FAMILY PLANNING

Unless where specified, the term has been taken to refer to any conscious and deliberate efforts to either postpone or prevent any pregnancy with an intention of having spaced children or a small family size.

### ADOPTION OF FAMILY PLANNING

Throughout this work, the concept has referred to acceptance and practice of family planning. Those respondents either already practicing family planning or with plans to do so in future are here referred to as adopters and those completely opposed as non adopters.

Adoption of family planning has been measured in terms of whether one approves or disapproves of family planning ideas.

### HOUSEHOLD

Defined as husband and wife or wives plus their children. Also refers to a single mother and her children.

### RESPONDENTS

Refers to 210 people (130 women and 80 men) or heads of the households.

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## CHAPTER III

### M E T H O D O L O G Y

In this chapter, a description is given of the methods used in the collection of data and problems encountered in that process. In addition, a description of sampling methods, sample size, unit of analysis and site selection are provided.

#### METHODS OF DATA COLLECTION

The following techniques were used for data collection in this study: the interview schedule, self-administered questionnaire and available data.

There were three types of interview schedules. First, there was a questionnaire designed for all women regardless of marital status. In case of single mothers, questions referring to husband-wife communication were omitted. The second questionnaire was for husbands of the interviewed women. The information got from the husbands was cross-checked with that of their respective wives. More information was got from key informants.

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 some points. 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 home environment, the respondents general manner of answering questions, for example, facial expressions and hesitations in answering questions all went along to add some weight to that information got through verbal responses. The interviews lasted for 45 - 60 minutes and were held within the homes of respondents.

The researcher visited homes and sought for interviews. Sometimes he was given appointments to come later while in other cases the respondents accepted to be interviewed on the spot. No matter where the interview was conducted, the privacy was maintained throughout. This was through the realisation that the topic was a sensitive one and touched private lives. The respondents were assured that whatever information they gave was not to be disclosed to other people. On this note, no names of respondents were taken.

The second method used in data collection was the self-administered questionnaires. These questionnaires were presented to family planning personnel with the intention of exploring professional explanations on matters pertaining to adoption of family planning. Precisely, the questionnaire was aimed at giving information on the age of family planning adopters during their first visit to the clinic, number of children on first attendance to family planning clinic, general characteristics of the family composition of those who seek family planning services marital status, education and religion.

The questionnaires contained both closed and open - ended questions. Open - ended questions were mainly on issues related to opinions and those matters which required elucidation. Closed questions were on those aspects where a specific answer or answers were expected, for example, number of children, level of education attained and marital status. This method made it possible for respondents to give their opinions in a free atmosphere especially because of the researcher's absence.

The final method for data collection was available record files at the Naivasha family planning clinic. Information on age, education, religious affiliations, occupation, marital status, number of children and sex was easily obtained through this technique. The data so collected has not only been used to supplement the information obtained through interview schedules, but has also been compared to that from the family planning personnel. The use of available data had its own shortcomings in that some of the records were incomplete. Sometimes some of the needed information was left out or was incomplete. To overcome this problem, the researcher used only those records with complete information. He also supplemented this data with formal and informal meetings with the clinic staff. In these meetings, matters pertaining to family planning were discussed.

It needs to be noted that all through the data collection process, a combination of various techniques was felt to be paramount for no single method was ever conceived superior and adequate. The complexity of the problem under study also dictated the use of a multidimensional approach to data collection.

#### PROBLEMS ENCOUNTERED IN THE PROCESS OF DATA COLLECTION

In the course of data collection, various notable hardships were encountered. The sex difference between the interviewer and the interviewees was one of these. Interviewing women on such a sensitive and personal subject was not easy since the researcher is a man. A lot of time was spent before a working relationship was established.

Other problems emanated from the age-- differences. Since most of the respondents were older than the researcher, they viewed him as one of their younger brothers and took time before they could open - up for a free interview. The situation was made worse by the nature of the topic. As has been said elsewhere, family planning and its related ideas was rarely discussed by people of varied ages. It was commonly and freely discussed among peer groups.

There was also the problem of tracing husbands of women in the sample. Since most men were formally employed especially in far distant urban areas, it forced the researcher to make appointments where some never materialised. This by itself cost the researcher some of the would-be respondents.

Finally, some husbands of the women interviewed were very uncooperative. They refused to answer certain questions. Others referred the researcher to their wives arguing that their wives knew better than them about family planning. This was a big problem to the researcher in that most of the needed information from husbands was not obtained. No doubt, the problems that the researcher went through cost him time and much needed data.

#### SAMPLING PROCEDURE

In sampling, the following procedure was adopted whereby the whole geographical area (Naivasha Town Council) was mapped out and subdivided into various sectors (sector sampling) The official administrative boundaries were utilized, to show the extent of various wards. Specifically, Naivasha Town Council has eleven wards here referred to as sectors. From each ward, 30 households were taken to represent the households in that ward.

This gave a total of 110 households whereby 40 households were headed by single mothers and 90 households by a husband and wife. Since the researcher was interested in interviewing the household heads he was able to interview 40 single mothers, 90 married mothers and 80 men - husbands to married mothers for 10 men could not be traced for one reason or the other. A total of 210 household heads were interviewed.

Random sampling was used in getting the actual households of each ward. Through the use of available records on the number of plots per an administrative ward (sector) a sampling frame was constructed for each ward and from this, 20 plots were randomly picked. But, since one plot can and does accommodate more than one household, a procedure was adopted whereby the first household at the point of entry to the said plot was taken as a unit of analysis. If such a household did not meet the given conditions, the researcher moved to the next household.

For a household to be selected it had to have a man and a woman living together as husband and wife and with at least one child. Also households headed by women (single mothers) were considered.

To ensure that the respondents so chosen varied in their social cultural backgrounds, (the core of this thesis) random sampling was emphasised throughout.

It was assumed that by randomly picking a representative sample from all sectors (wards) the respondents were to be of diverse social cultural backgrounds. Random sampling was felt more appropriate than any other sampling technique because of its reliability in giving a better representative sample.

The sample for this study consisted of 210 respondents. The sample is regrettably small and questions may arise on its representativeness. Various constraints dictated for the use of such a sample size. First, the time factor. The short period (3 months) for data collection was not adequate to cover a bigger sample in the sense that even some households had to be revisited if the respondent happened to be absent when the researcher called in. There were also financial constraints which made it impossible to extend the data collection period and employment of a research assistant.

The unit of analysis was the household heads here referred to as husband and wife where the two are living together or head of the household in case of single mothers.

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

The choice of the site for this study was based on various considerations. First and foremost, the researcher was born and lived in the area and had observed.

that although family planning services had been introduced since 1960, Naivasha Town Council is characterised by high fertility rates (1979 population census). This factor then created the interest to find out why the situation is the way it is.

Naivasha Town Council covers an area of approximately 940 square Kilometres and stretches from Hell's Gate in the South, Ndabibi in the West, Mwiciringiri in the North and borders the North Kinangop in the East.

The town is located almost half-way between Nakuru and Nairobi and is well served by transport and communication networks. It is the market centre for most parts of North and South Kinangop known for their agricultural productivity. This partly explains the rapid growth in both economic and population characteristics of the town.

According to 1979 Population Census, the town had 11,491 people who comprised of 6,750 males and 4,741 females. Following the 1981 geographical expansion of the town and noting that the population is expanding at the rate of 4 per cent per annum, this population could now be standing at approximately 20,000 people.

The town is inhabited by various Kenyan, ethnic groups and it is almost impossible to tell who are the main inhabitants. The percentages, however, show that the Kikuyu community represents 35 per cent of the total inhabitants. Other ethnic groups includes the Luo (20 per cent) the Luhya (15 per cent) the Masai (8 per cent) and others (22 per cent). The presence of different ethnic groups explains the diverse social - cultural traits witnessed in the area.

It also explains the socio-economic activities some of which are more or less dominated by a particular ethnic group. For example, crop growing which is mainly an activity for the Kikuyu ethnic group and fishing which is actually in the hands of the Luo community.

The area has an annual rainfall of between 400 - 1000 mm. Much of the rain falls between March and June with peak rainfall in April and May. The temperatures range from 24°C - 32°C. The atmosphere is usually dry and characterised by dry winds.

The area lies on an altitude of between 4000 - 6000 feet. The eastern side of the town which borders Kinangop escarpment has an altitude of between 6000 - 7000 feet above sea-level.

Most of the land is of low agricultural potential. Only the region along the lake and some eastern parts bordering Kinangop Escarpment can be said to be agriculturally productive. Lack of rain during most parts of the year make the growing of crops almost impossible. Nevertheless, the area around the lake is primarily used in the production of vegetables and fruits. The most important ones include tomatoes, peas, capsicum, leaks, potatoes, cabbages, carrots, straw-berries and melons.

As shown elsewhere, the geographical location of the town plus the climatic conditions make the town to be commercially based. Naivasha Town is a market centre for areas as far as Njabini, Engineer in North Kinangop and other surrounding areas.

Most of the economic activities found in this region are related to food and agriculture. There is Pan-African

Vegetable Products factory which runs a vegetable farm under irrigation using water from Lake Naivasha. It also contracts with farmers for supplementary vegetable supply for processing and dehydrating for local and foreign markets. Between 1979 - 1983 the company had around 1,800 hectares of land under irrigation for vegetable cultivation. This is expected to expand to 3,000 hectares. There is also Sulmac Company which specialises in the growing of carnation flowers under irrigation. The Milk processing factory which is fed by milk produced in the peripheral areas of the town is also a notable commercial enterprise.

The presence of a big water - mass - (Lake Naivasha) endows the area with a natural scenery which is exploited for tourism purposes. This has facilitated a prosperous hotel industry in the area. The Lake is also rich in fish which is marketed to Nairobi, Nakuru and surrounding areas.

All these activities have been observed to influence people's ways of life. For instance, the income earned has been seen to influence feeding habits, housing and schools attended.

CHAPTER IV

DATA PRESENTATION AND ANALYSIS

In this chapter, preliminary information on the data has been presented and will be a base for a deeper analysis and interpretation in the next chapter.

The presented data was collected from 210 respondents, 40 were single mothers, 110 were married mothers and 60 men were their husbands. It was impossible to trace all husbands of the interviewed women and hence the reason why the number of married mothers is not equal to the number of men (husbands).

On education, it was found that majority of respondents were of low level education.

Table I LEVELS OF EDUCATION IN YEARS

EDUCATION IN YEARS	TOTAL	PERCENTAGE
0 - 7	144	68.6%
8 - 11	41	19.5%
12 and above	25	11.9%
	210	100%

We found that majority 68.6% (144) of respondents were of 0 - 7 years level of education, 19.5% (41) were of 8 - 11 years level of education and that the minority 11.9% (25) had 12 and above years of education.

The low level of education which characterised the population was found to have been partly contributed by two factors:

- (i) There were very few schools in relation to the population. The explanation for this was that people were recently settled in the area which up to the present is sparsely populated. Due to the nature the population has been distributed, it has been difficult for the community to organize themselves for such projects.
- (ii) The White Settlers who had owned the land did not allow African Settlers ( who were by then their employees) to get any education. Old and young had to work in the farms and hence no time to go to school.

As the area Education Officer put it, the community was determined to educate their children although lack of enough educational institutions was the major bottleneck.

When a comparison was made of educational levels of by sex, it was apparently clear that men were more educated than women.

Table 2                      YEARS OF EDUCATION BY SEX

EDUCATION IN YEARS	FEMALE		MALE	
	TOTAL	PERCENTAGE	TOTAL	PERCENTAGE
0-7	104	80%	40	50%
8- 11	16	12.3%	25	31.25%
12 and above	10	7.7%	15	18.75%
	130	100%	80	100%

At 0 - 7 years education level, 50% (40) of men and 80% (104) of women belonged to this level of education on the other hand, 31.25% (25) of men and 12.3% (16) of women were of 8 - 11 years level of education. We found that the number of women tended to decline at a higher rate than that of men as we ascended the radar of education. Majority of women clustered along the 0 - 7 years level of education. While only 7.7% (10) of women had attained 12 and above years of education, the figure was as high as 18.7% (15) men.

In brief, men were found to have been more educated than women and that while women concentrated at 0 - 7 years level of education, men were fairly distributed in all levels of education. The explanation for this diversity of education by sex was two fold. Firstly, girls were reported to have had high drop - out rates than boys. Secondly, the studied community was found to have more emphasis for boy's education than for girls. In a situation where parents could not afford paying school fees for all children, they preferred educating boys to girls. This was on the grounds that the education given to boys would also go to helping parents.

The population was also noted to have had variations in terms of family size preferences.

Table 3 FAMILY SIZE PREFERENCE

FAMILY SIZE PREFERENCES	TOTAL	PERCENTAGES
0 - 1	17	8.1%
2 - 3	38	18.1%
4 - 5	51	24.1%
6 - 7	74	35.2%

Table 3 cont.

FAMILY SIZE PREFERENCES	TOTAL	PERCENTAGES
8 and above	30	15.3%
	210	100%

It was clear that a big percentage (35.2%) of respondents had a preference of 6 - 7 children and that only a minority (8.1%) preferred 0 - 1. Although the majority of respondents preferred a family size of 4 - 7 children, only 15.3% preferred a family size of 8 and above children. In general terms 73.8% of respondents preferred a family size of 4 - 7 children and the rest (26.2%) preferred 0-3 children.

The data also revealed differences in attitudes toward family planning. The respondents were asked whether they strongly approved, approved, disapproved or strongly disapproved adoption of family planning. A summary of the responses was as below.

Table 4. ATTITUDES TOWARD FAMILY PLANNING

ATTITUDES TOWARD FAMILY PLANNING	TOTAL	PERCENTAGE
Strongly approve	31	15%
Approve	53	25%
DISAPPROVE Disapprove	50	24%
Strongly disapprove	76	36%
	210	100%

Of the total respondents, 60% (126) were found to have negative attitudes toward family planning 40% (50) of this category of respondents were found to disapprove of family planning while the rest 60% (76) to strongly disapprove family planning. On the other hand, 40% (84) of respondents had positive attitudes toward family planning. Of this, 63% (53) approved family planning and the rest 37% (31) strongly approved it.

As a whole, it was found that the majority (60%) of the respondents were against family planning. It suffices to mention here that the majority of those who approved family planning were characterised by high education.

An exploration of the reasons why the respondents either opposed or supported the idea of family planning indicated that it was based on various factors.

Table 5

BASIS FOR OPPOSING FAMILY PLANNING

BASIS FOR OPPOSING FAMILY PLANNING	TOTAL	PERCENTAGES
Harmful to health	30	24%
Group Members Opposed to it	26	21%
Against religion	70	55%
	126	100%

Going by the above distribution of data, it was concluded that religion was a major factor to be considered

When looking at adoption of family planning. 55% (70) of respondents opposed to family planning gave religion as the basis for opposing family planning. Other reasons given were related to health and pressure from peer groups.

When the respondents were asked why they were for family planning, the following reasons were given.

Table 6. BASIS FOR ADOPTING FAMILY PLANNING

BASIS FOR ADOPTING FAMILY PLANNING	TOTAL	PERCENTAGE
Health reasons	34	40%
Economic reasons	40	48%
Others	10	12%
	84	100%

Family planning was said to help maintain mother's and children's health. The respondents argued that family planning was not only capable of helping mothers to have the children they want, but it also gave mothers time to recover their normal state of health. 40% (34) of the respondents positive to family planning gave reasons related to the health of the mother as the basis for their position on family planning matters. The majority (48%) of respondents gave economic reasons as the basis for their support of family planning. Other reasons given were that family planning could make it possible for one to pursue a career, and that one was practicing family planning

because of the pressure from relatives and friends.

It was also found that majority of respondents preferred having a boy rather than a girl in a situation where three alternatives were presented. The respondents were asked whether they preferred having a boy, a girl or any sex. The answers given were summarised below.

Table 7. WHETHER PREFERRED HAVING A BOY, A GIRL OR ANY OF THE TWO

PREFERENCE	TOTAL	PERCENTAGE
Son	150	71%
Daughter	40	19.3%
Any	20	9.7%
	210	100%

Certainly, it appeared very clear that there was a high preference for sons in that 71% (150) of the total (210) respondents preferred having sons. Those who preferred having boys rather than girls argued that the parents were inherited by sons and thus a need for a couple to have at least one son. Boys were also socially expected to take care of their aged parents and even to bury them. Anybody who died without a son, not only was he seen to be improperly inherited, but also not given proper burial ceremonies. The son had also another role that of continuing and "expanding" the name of the parents. This was seen not to have been the case with girls especially

after they were married. She was viewed to be more helpful to her parents-in-law than to her real parents.

That minority (19.3%) group which preferred girls rather than boys argued that girls were more helpful to parents than boys. This point was emphasised more by women rather than men who reasoned that while boys were more concerned with their fathers, girls were more concerned with their mothers. But going by the percentages, the majority (71%) of the respondents were of the view that boys were more helpful to parents than girls.

In a nut-shell, we found that there was a tendency for the majority of respondents not only to prefer a boy but also to emphasise the importance and advantages of having a boy rather than a girl. In the next chapter, we have assessed the impact high preference for sons had on the general question of adoption of family planning.

A look at the household decision making process indicated that major household decisions were made by men. They had more say on the family income and future plans. A summary of the answers given on the question "who makes major decisions in the family" is given here below

Table 8. WHO MAKES MAJOR DECISIONS IN THE FAMILY

WHO MAKE MAJOR DECISIONS	TOTAL	PERCENTAGE
Husband	120	57.2%
Wife	20	9.5%
Both husband and Wife	70	33.3%
	210	100%

We found that 57.2% of the respondents were of the opinion that most of the major decisions were usually made by husbands. It was also noted that majority of women were satisfied with this state of affair . The explanation for this was that during the socialization process women were made to accept this position. In most cases, women were even secluded from major family affairs. A woman was considered a "visitor" and hence had not to be involved when serious matters in a household were being discussed. On the other hand, boys were socialized to undertake the role of decision making in a household. Boys were even allowed to sit with elders and even to hear their deliberations.

That state of affair where women played very minimal role in decision making was found to have even affected their participation on matters related to sexuality and reproduction. Only a minority (9.5%) of the respondents felt that women did make major decisions in a household. But, this group of women had distinct characteristics in that it was composed of young and the more educated women. We concluded that their views could have been influenced by modern ways of life which has raised the status of women and hence increased their participative role in decision-making-process.

Going by percentages, it was apparently clear that men did actually have more authority in a household than women. Only 33.3% of the respondents were of the view that decisions in a household were made through equal participation of both husband and wife. In the next chapter, an attempt has been made to find out whether the authority structure in a household did influence adoption of family planning.

The Naivasha Community was found to have various religious denominations. We had Christians and a few members of the Islamic faith. The following is a breakdown of the sample by various religious affiliations.

Table 9 MEMBERSHIP TO RELIGIOUS DENOMINATIONS

RELIGIOUS DENOMINATION	TOTAL	PERCENTAGE
Roman Catholic Church	40	19%
Jehovah Witness	27	13%
African Inland Church	30	14%
Akorino	28	13%
Orthodox Church	18	9%
Presbyterian Church of E.Africa	36	17%
Full Gospel Church	20	9.5%
Others	11	5.5%
	210	100%

The Roman Catholic Church and Presbyterian Church of East African were found to have had the highest number of followers. 36% (76) of the respondents were affiliated to those two religious denominations. The other respondents were almost equally distributed among the other denominations. These religious groups had variations in attitudes, beliefs and understanding of human reproduction. In the next chapter the position of these religious denominations on family planning was made clear.

CHAPTER V

DATA ANALYSIS AND INTERPRETATION

In this chapter, the data presented in the previous chapter has been analysed and interpreted. This did enable us to find out, in some depth, how education, marital status, religion, preference for a son, husband-wife communication and group/community pressure influence adoption of family planning.

With the help of percentages and chi-square tests, we were able to cross-tabulate variables. The chi-square test has been specifically applied to explain the statistical significance of relationships between the cross-tabulated variables. It was felt that since adoption of family planning could be to a variety of factors, a standard 90% level of confidence was found appropriate. Any relationship which fell below this level of confidence was discarded and assumed to have occurred by chance.

It was hypothesised that the educated people are more adoptive to family planning than the uneducated. Similarly, it was assumed that due to the wider exposure to ideas and knowledge, the educated have more aspirations in their life time than the uneducated and view big families as hindrances to the achievements of such aspirations. Education was also seen to erode some of the traditional traits which could be incompatible with adoption of modern family planning.

An examination of the association of education and the adoption of family planning revealed that education was positively associated to the adoption of family planning as shown below.

Table I ADOPTION OF FAMILY PLANNING BY LEVELS OF EDUCATION

ADOPTION OF FAMILY PLANNING	LEVELS OF EDUCATION IN YEARS						TOTAL
	0 - 7		8 - 11		12 and above		
Strongly disapprove	43	30%	5	12.2	2	8%	50
Disapprove	65	45%	8	20%	3	12%	76
Approve	16	11%	10	24%	5	20%	31
Strongly approve	20	14%	18	43.6%	15	60%	53
	144	100%	41	100%	25	100%	210

n = 210

$\chi^2$  observed = 42.98

$\chi^2$  expected = 10.645

In table I, we found that there was a tendency for the educated respondents to be more positive toward family planning than the uneducated. We noted that adoption of family planning did actually expand with an increase in years of education. At 0 - 7 years level of education, 32.2% of respondents were opposed to family planning. On the other hand, only 20% of those respondents with 12 years of education were opposed to family planning. Also, while the majority (60%) of respondents with 12 and above years of education strongly approved of family planning, only a small minority (14%) of the respondents within 0 - 7 years level of education strongly approved of family planning.

When we introduced statistical tests, it was apparent that there was a strong and positive association between adoption of family planning and number of years of education. The chi-square tests indicated that the relationship between adoption of family planning and education was significant even at 99.9% confidence limit. We therefore, concluded that an increase in years of education did actually step-up adoption of family planning.

After the finding that education was positively associated to adoption of family planning in that the more educated people were the more positive to family planning than were the less educated, we went a step further to find out whether education had the same influence in all respondents regardless of sex. We therefore compared men and women of different levels of education.

Table 2 ADOPTION OF FAMILY PLANNING BY EDUCATION AND SEX

(i) FEMALE

ADOPTION OF FAMILY PIANNING	LEVELS OF EDUCATION IN YEARS						TOTAL
	0 - 7		8 - 11		12+		
Strongly disapprove	22	21%	3	19%	1	10%	26
Disapprove	45	43%	3	19%		20%	50
Approve	9	9%	4	25%	3	30%	16
Strongly approve	28	27%	6	37%	4	40%	38
	104	100%	16	100%	10	100%	130

n = 130

$\chi^2$  observed = 107.18  
 $\chi^2$  expected = 10.645

(ii) MALE

ADOPTION OF FAMILY PLANNING	LEVELS OF EDUCATION IN YEARS						TOTAL
	0 - 7		8 - 11		12+		
Strongly disapprove	15	37.5%	7	28%	2	13%	24
Disapprove	15	37.5%	8	32%	3	20%	26
Approve	6	21%	6	24%	3	20%	15
Strongly approve	4	14%	4	16%	7	47%	15
	40	100%	25	100%	15	100%	80

n = 80

$\chi^2$  observed = 18.327

$\chi^2$  expected = 10.645

We found that regardless of sex, adoption of family planning tended to improve with an increase in the number of years of education attained. When percentages of both women and men were compared, it was noted that 36% of women within 0 - 7 years level of education, 62% of women within 8 - 11 years level of education and 70% of women within 12 and above years of education were positive to family planning. A similar trend was found with men in that 25% of males within 0 - 7 years level of education, 40% of men within 8 - 11 years level of education and 67% of men within 12 and above years level of education approved family planning.

Since education was found to positively influence adoption of family planning we felt that the same could possibly have influences on family size preferences. We thus went a head to test that assumption and the findings were as presented below.

Table 3 FAMILY SIZE PREFERENCE BY YEARS OF EDUCATION

FAMILY SIZE PREFERENCES	LEVELS OF EDUCATION			TOTAL
	0 - 7	8 - 11	12+	
8+	25 18%	3 7.5%	2 8%	30
6 - 7	68 47%	4 10%	2 8%	74
4 - 5	22 15%	20	9 36%	51
2 - 3	17 12%	12	9 36%	38
0 - 1	12 8%	2 5%	3 12%	17
	144 100%			210

n = 210

$\chi^2$  observed = 29.753

$\chi^2$  expected = 10.645

The findings revealed that majority of those respondents with big family preferences were from low levels of education. It was found that 65% of respondents within 0 - 7 years level of education, 17% of respondents within 8 - 11 years level of education and 16% of respondents within 12 and above years level of education had a preference of 6 - 8 children. The number of children preferred tended to go down with a rise in years of education. While 72% of respondents with 12 and above years of education, 71% of respondents with 8 - 11 years of education preferred a family of 2 - 5 children, only 27% of respondents with 0 - 7 years of education were for this family size. The chi-square tests indicated that there was a relationship between education and family size preferences. This relationship was found to be significant even at 99.9% level of confidence.

From our discussion, we noted that adoption of family planning was positively related to education in that most of the respondents with 12 years of education or more approved family planning. The opposite was the case with the respondents at the level of 0 - 7 years of education. It was also found that education did influence family size preference. The more educated respondents preferred small families.

When family size preference was cross-tabulated with adoption of family planning, the two were found to be positively associated. Those respondents with small family preferences were more adoptive to family planning than those with preferences for big families. This is illustrated below.

Table 4. FAMILY SIZE PREFERENCE BY RESPONDENTS ATTITUDES TOWARD FAMILY PLANNING

FAMILY SIZE PREFERENCES	RESPONDENTS ATTITUDES TOWARD FAMILY PLANNING				TOTAL
	Strongly Approve	Disapprove	Approve	Strongly Disapprove	
0 - 1	10	5	1	1	17
2 - 3	25	8	2	3	38
4 - 5	12	10	25	4	51
6 - 7	3	4	40	27	74
8+	3	4	8	15	30
	53	31	76	50	210

n = 210

$\chi^2$  observed = 102.534  
 $\chi^2$  expected = 10.645

Although we were able to establish that education did positively influence adoption of family planning and that the more educated respondents had small family preferences, there were cases which proved otherwise. There were still some respondents who were opposed to family planning although they belonged to categories of more educated respondents and even preferred families with more than three children. Specifically, 20% of respondents with 12 and above years of education and 32.2% of respondents with 8-11 years of education were opposed to family planning. On the other hand, 25% of respondents with 0-7 years of education were for family planning. This phenomenon indicated that education was not a sufficient factor to explain adoption of family planning and called for other explanations.

We had hypothesised that religion did influence adoption of family planning. This came out of our argument that since religion did actually influence people's behavior especially the way they explain things like population growth rate, famine, drought, general things like poverty and man's relation with God, it was possible also that the same could have influenced the way people viewed and interpreted the whole concept of family planning. A cross-section study of respondents who belonged to various religious denominations was felt inevitable. In particular, we were interested in finding out whether religious denominations had explicit views on family planning. This was done through interviews with the Church leaders and the information obtained supplemented that which was got from the respondents. To elicit this information, the following two questions were posed. "Does your religion encourage or discourage family planning?". This was followed by the question "Do you agree with the teaching of your Church on family planning?".

It was revealed that different religious denominations had varied and mixed attitudes towards family planning. On the one hand, there were those religious denominations which did actually approve and encourage their members to adopt it. On the other hand, other religious denominations remained quiet on the issue of family planning. To these religious denominations, family planning did not concern the Church and individuals were thus left to decide on whether to practice it or not. On the extreme, were those religious denominations which completely opposed anything to do with family planning.

The influence that various religious denominations had on their followers on matters of family planning is as illustrated below. The respondents were categorised on the basis of whether their religious denominations opposed, supported or never talked about family planning. Then this was cross-tabulated with the respondents views on whether they approved or disapproved of family planning.

Table 5      ADOPTION OF FAMILY PLANNING BY WHETHER ONES RELIGIOUS DENOMINATION APPROVED, DISAPPROVED OR NEVER PUBLICLY TALKED ABOUT FAMILY PLANNING

WHETHER RELIGIOUS DENOMINATION APPROVE DISAPPROVE OR NEVER SPEAK ABOUT FAMILY PLANNING	WHETHER APPROVE OR DISAPPROVE OF FAMILY PLANNING				TOTAL	
	APPROVE		DISAPPROVE			
Approve	40	66.6%	20	33.4%	60	100%
Never talk about	30	50%	30	50%	60	100%
Disapprove	10	12.5%	70	87.5%	80	100%
	80	40%	120	60%	200	100%

It was apparent that the majority (66%) of respondents who came from those religious denominations which approved of family planning approved of it too. The opposite was the case with those religious denominations opposed to family planning. Only 12.5% of respondents from such category of religious denominations approved of family planning. A neutral situation was evident with those religious denominations which never talked about family planning. It was found that 50% of the respondents within such denominations approved of family planning and an equal percentage (50%) disapproved of it.

From the above, we concluded that religion did actually prevent adoption of family planning on the one hand, and it also helped to facilitate the spread and adoption of family planning, on the other.

It was also clear that all respondents did not conform to the expectations of their Church on matters related to family planning. For example, not all respondents who belonged to denominations which fully supported family planning approved of it. 33.4% of respondents were opposed to family planning although their Church supported it. Some other respondents approved of family planning while their religious denominations were opposed to it. We reasoned out that that could have been due to differences in commitment to religious teachings plus individual's right of self-determination and judgment.

An attempt was therefore, made to measure commitment of respondents to the religious teachings of their respective denominations specifically on family planning. Commitment was measured in terms of attendance to Church services. The measurement was felt to be a crude one although it remained the only one feasible in this case.

This measurement was based on the reasoning that in order for one to be influenced by religious teachings, he had to avail himself to such teachings. This was seen as an important precondition if Church teaching is to have any sort of influence on ones attitudes toward family planning.

Attendance which was taken as an indicator of commitment was measured in terms of how many <sup>times</sup> per month one went to Church or any other Church related activity. This measure was taken on the basis that every religious denomination held religious services and other related activities at least four times in a month. Those who attended such activities few times were assumed to have been less committed to the teachings of their respective Churches and particularly on family planning ideas. Table 6 illustrates this.

Table 6 ADOPTION OF FAMILY PLANNING BY CHURCH ATTENDANCE AND WHETHER ONES RELIGIOUS DENOMINATION APPROVED, DISAPPROVED OR NEVER TALK ABOUT FAMILY PLANNING

CATEGORIES OF RELIGIOUS DENOMINATIONS BY THEIR STAND ON FAMILY PLANNING  
 APPROVED                      DISAPPROVED                      NEVER TALK ABOUT FAMILY PLANNING

ATTENDANCE	WHETHER ONE APPROVES OR DISAPPROVES OF FAMILY PLANNING								
	APPROVE	DISAPPROVE	TOTAL	APPROVE	DISAPPROVE	TOTAL	APPROVE	DISAPPROVE	TOTAL
0	2	4	6	5	1	6	4	5	9
1 - 2	6	3	9	4	10	14	8	7	15
3 - 4	7	3	10	1	20	21	8	12	20
5+	25	10	35	-	39	39	10	6	16
	40	20	60	10	70	80	30	30	60

n = 200

- 74 -

From Table 6, it became apparent that there was a tendency for adoption of family planning to increase with a rise in number of times of Church attendance. This was particularly so with those religious denominations which approved and preached about family planning. In the category of those denominations which approved family planning, 53.3% of respondents who had an attendance record of 0 - 2 times a month had positive attitudes toward family planning. In the same religious denomination, those with an attendance record of 3 - 5+ were found to be more positive to family planning than those with a lower record of attendance. As many as 71.1% of these respondents approved of family planning.

The opposite was the case with those respondents who belonged to religious denominations strongly opposed to family planning. Adoption of family planning tended to increase with a fall in the number of times respondents attended to religious services. While 45% of respondents with an attendance record of 0 - 2 times a month were positive towards family planning, only 2% of respondents with an attendance record of 3 - 5+ times a month had positive attitudes towards family planning. Majority (98%) of this group of respondents disapproved of family planning.

We noted that although those denominations which either approved or disapproved of family planning showed certain trends in adoption of family planning, it was hard to really pinpoint at any trend in those denominations which had no "official" stand on family planning. Attendance to religious - oriented activities did not seem to have had any impact on ones decision to adopt or not to adopt family planning.

All in all, we concluded that religion did actually influence adoption of family planning. This influence was found to be two-sided in that some religious teachings did encourage adoption of family planning while others preached against it. It was also clear that 55% (70) of those respondents opposed to family planning gave religion as the basis for their stand on family planning. They argued that adoption of family planning was making a mockery of God's deeds. Anything to do with birth control was viewed as being contrary to the will of God for he ordered mankind to "go out and multiply".

While it was clear that religion did influence adoption of family planning it was not very clear why some members of religious denominations opposed to family planning were practicing it. Our attempt to explain the situation through the measurement of commitment in terms of Church attendance did not give a satisfactory answer. But we assumed that the situation was the way it was because of conflicts between group norms and individual values where the later influenced the individuals decision. On this note, we decided to look for an explanation elsewhere.

In an attempt to find out how individual preferences in terms of sex of children may influence adoption of family planning, we hypothesised that preference for a male child could delay adoption of family planning until the preferred sex was obtained. This was derived from our general observation that boys were more valued than girls in a majority of Kenyan communities. We assumed that it was possible that lack of a son in a family could have made the couples concerned to have a distaste of anything to do with family planning. It was also possible that such a state of affairs was likely to lead to the postponement of adoption of family planning until those concerned got a child of their preferred sex.

To measure preferences, respondents were asked the following questions.

"How many children do you have?"

"How many of these children are boys and how many are girls?"

"In your community, is there a preference for one sex than the other? If yes, who are more preferred - boys or girls?"

"Which sex is more preferred by fathers/mothers?"

"If you were to have had only one child, would you have preferred a boy or a girl or any of the two?"

These questions were intended to elicit the respondent's preference for either a boy or a girl. Answers given to the above questions indicated that irrespective of one's marital status, sex, education and religious background, there was a high preference for boys. 71% of respondents preferred sons to daughters in a situation where they had to choose either having a boy or a girl. They emphasised the importance of having at least one son. They felt that there were certain important roles, for example taking care of parents at their old-age which girls could not perform adequately since they would be married and belong to another family. Further explanation for this was that girls are likely to have no authority over their husband's property and hence less influence in deciding whether to take care of their parents or not. Most of these roles were seen to be part of the community's patrilineal descent system.

It was also revealed by the data that those respondents with strong preferences for boys - and had none, were less positively responsive to family planning than those with at least one son.

To determine the influence of preference for a son on adoption of family planning, respondents were asked the number of boys they had in their respective families. The answers were then cross - tabulated with whether one strongly approved, approved, strongly disapproved or disapproved of family planning.

Table 7 ADOPTION OF FAMILY PLANNING BY NUMBER OF SONS IN A FAMILY

Number of Sons in a Family	WHETHER STRONGLY APPROVED, APPROVED, STRONGLY DISAPPROVED, OR DISAPPROVED OF FAMILY PLANNING				TOTAL
	STRONGLY APPROVED	APPROVE	STRONGLY DISAPPROVE	DISAPPROVE	
2+	40	13	25	22	100
	40%	13%	25%	22%	100%
1	11	12	11	46	80
	13.7%	15%	13.7%	57.5%	100%
0	2	6	10	14	30
	6.66%	13.32%	33.3%	46.72%	100%
	53	31	46	82	210
	24.8%	13.8%	21.9%	39.5%	100%

n = 210

Through cross - tabulation of respondents stand on family planning and number of sons in a family, we found that 53% of respondents with at least 2 sons either approved or strongly approved of family planning. On the other hand, only 28.75% of those with one son either approved or strongly approved of family planning. The impact that preference for sons had on adoption of family planning was clearer when an examination was made on those respondents without sons. Only 20% of this population were positive towards family planning.

On the whole, most respondents with one son and those without were found to be reluctant to start practising family planning. To some extent, the birth of a son or sons determined when couples were to start practising family planning. This is illustrated in the table below which represents the timing of commencement of family planning practice by the 84 respondents who were found to support family planning.

Table 8 COMMENCEMENT OF FAMILY PLANNING PRACTICE BY NUMBER OF SONS IN A FAMILY

Number of Sons in a Family	WHETHER ALREADY PRACTISING OR WILL DO SO IN FUTURE		
	PRACTICING	TO PRACTICE IN FUTURE	TOTAL
2+	24 57%	18 43%	42 100%
1	10 36%	18 64%	28 100%
0	3 21%	11 79%	14 100%
	37 44%	47 56%	84 100%

n = 84

Generally, there was a tendency for those with less than two sons to postpone practising family planning. 52% of the respondents with at least 2 sons were practising family planning. The percentage of those actually practising family planning lowered as number of sons in a family declined. Only 36% of those respondents with only one son were practising family planning. The situation was clearer with those respondents who had no son where only

21% were practising family planning.

It was also found that sex of the respondents influenced the timing of when family planning practice commenced while 75% of the men insisted on having at least one son before family planning practice could start, 55% of the women insisted on this. Men insisted on having not only one son but at least two before a couple could start practising family planning.

From the above, we concluded that a married woman was under a lot of pressure especially from the husband to bear a son or even sons before she could take up practising family planning. The opposite was found to be the case in that single mothers had more freedom than married mothers to decide on whether to adopt family or not.

To assess the influence of marital status on adoption of family planning, attitudes toward family planning for both married and single mothers were compared. We assumed that those with favourable attitudes toward family planning would be more adoptive to family planning than were those with less favourable attitudes.

Table 9 ADOPTION OF FAMILY PLANNING BY MARITAL STATUS

Marital Status	WHETHER FOR OR AGAINST FAMILY PLANNING		Total
	For	Against	
Single	20 50%	20 50%	40 100%
Married	34 37.7%	56 62.3%	90 100%
	54	76	130

n = 130

21% were practising family planning.

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n = 130

The indication from the data was that adoption of family planning was slightly higher among single mothers than among married mothers. While 50% (20) of single mothers approved family planning, only 37.7% (35) of married mothers approved it. The explanation was that while single mothers could decide to adopt family planning without much interference from outside, the married mothers had to seek for their husbands' approval who were found to be generally opposed to family planning.

The married mothers were also found to have had a tendency of postponing practising family planning for there were certain preconditions they had to fulfil. When respondents (women) were asked when they thought was the most appropriate time to start practising family planning, 75% of married mothers argued that it was after getting the desired number of children. But the single mothers were mainly (60%) of the opinion that family planning could commence after the first child.

Devetailed to the above, there was a desire for married mothers to have many children not because they liked it or felt that their economic base allowed it, but because of pressure from their husbands. The late adoption of family planning is seen as a response to their husbands pressure to bear them the number of children they wanted before they could start practising it. Most of the husbands interviewed were of the opinion that couples could start practising family planning only after acquiring the desired family size and composition. In particular, more men than women were concerned with the composition of their families.

On this perspective, single mothers were found to have more autonomy in deciding when she could start practising family planning. Not only was she out of husband's pressure, but the society did not approve of children outside marriage.

The disadvantaged position in which married women found themselves was also stressed by family planning personnel. They argued that although the majority of women understood the whole idea behind family planning, their husband's negative attitude toward family planning had made it difficult for them to adopt it. They also emphasised that the single mothers had preferences for smaller families provided they had a son.

Table 10 FAMILY SIZE PREFERENCE BY MARITAL STATUS

Marital Status	FAMILY SIZE PREFERENCE			Total
	0 - 3	4 - 6	7+	
Single Mothers	30 75%	8 20%	2 5%	40 100%
Married Mothers	10 11.1%	50 55.5%	30 39.9%	90 100%
	40	58	32	130

n = 130

While 75% of the single women preferred a family size of up to 3 children, only 11.1% of married mothers were of this family size preference. Majority of married mothers were for 4 - 6 children. Over 80% of the married women insisted on having a son before a couple could practice family planning. We reasoned therefore that husband's pressure and insistence on having at least one son, the married mothers could have been more disadvantaged than

were the single mothers. We measured therefore, the influence this could have had by comparing adoption of family planning by single and married mothers.

Table 11 ADOPTION OF FAMILY PLANNING IN RELATION TO NUMBER OF SONS IN A FAMILY AND MARITAL STATUS

Number of Sons in a Family	Married Mothers			Single Mothers		
	Approve	Disapprove	Total	Approve	Disapprove	Total
2+	22	8	30	12	6	18
1	8	18	26	5	3	8
0	4	30	34	3	11	14
	34	56	90	20	20	40

n = 90

$X^2$  observed = 27.822

$X^2$  expected = 10.645

n = 40

$X^2$  observed = 14.592

$X^2$  expected = 10.645

The influence of number of sons in a family on adoption of family planning was much stronger to married mothers than to single mothers. As percentages show 73% married and 67% of single mothers with at least 2 sons were positive towards family planning. But while as much as 62% of the single mothers with one son approved of family planning, only 31% of the married mothers approved of it. Only 12% of the married mothers with no son supported family planning.

In a nut-shell, we noted that married women more than single women were influenced by number of sons they had when they came to make decisions on adoption of family planning. The single mothers were freer in making decisions on family planning unlike the married mothers who had the influence of their husbands. It was thus concluded that the married women were at a disadvantaged position in that :-

- (i) Husbands insisted that they wanted big families. Men were found to have a preference for big families than that preferred by women in general.
- (ii) The majority of men could not entertain talks on family planning and especially from their wives.
- (iii) There was a kind of vicious - circle with the married women in that since majority of them were not practicing family planning, those few who did it were seen to have had loose morals. This state of affairs led many women to seek for family planning services from private doctors where privacy was more guaranteed. No body wanted to be publicly known that she was practicing family planning. This by itself limited the general spread of the family planning ideas.

In short, even where the influence married mothers had from their husbands is disregarded, married mothers more than single mothers experienced pressure from their peer groups to bear many children. There was also that pressure from peer groups which discouraged adoption of family planning. We reasoned that the giving of "names" to those married mothers who adopted family planning could have dissuaded them from adopting family planning. Thus, we attempted to assess the impact of group/community pressure on adoption of family planning.

It was assumed that since behavior is usually influenced by that of those we regard important or would like to be associated with, we could not have divorced fully the behavior of our respondents - especially on family planning from that of the groups/communities they came from.

The respondents were first asked whether they strongly approved, approved, disapproved or strongly disapproved family planning. This was followed by whether their friends or communities they lived in strongly approved, approved, disapproved or strongly disapproved family planning. The answers were summarised in the given table below whereby the answers from the two questions were cross - tabulated.

Table 12 ADOPTION OF FAMILY PLANNING BY WHETHER SIGNIFICANT OTHERS APPROVE THE DECISION

Stand of Significant others on Family Planning	WHETHER ONE STRONGLY APPROVE, APPROVE, DISAPPROVE, OR STRONGLY DISAPPROVE OF FAMILY PLANNING				
	Strongly Approve	Approve	Disapprove	Strongly Disapprove	Total
Strongly Approve	20	30	4	5	59
Approve	7	15	5	6	33
Disapprove	3	6	6	15	30
Strongly Disapprove	1	2	35	50	88
	31	53	50	76	210

n = 210

$\chi^2$  observed = 70.094

$\chi^2$  expected = 10.645

From the table, respondents positions on family planning were found to be positively associated with those of the others whom they regarded as important. The relationship between the two was significant at 99.9% confidence limit. Adoption of family planning was found to depend on the amount of support the respondents felt they could get from their friends or relatives.

Most family planning adopters were found to have friends or relatives who were also adopters. In particular, 85% of the adopters felt that decision had the approval of their friends and relatives. On the other hand, only 16% of the non adopters felt that their decision not to adopt family planning was contrary to the wish of their friends and relatives. Otherwise, the majority (84%) of the non-adopters felt that their position on family planning was in line with that of their friends and relatives. There was a tendency for respondents to do what was expected of them by their significant others particularly on the question of family planning.

To control any possible influence of marital status, we grouped our respondents on marital status. Specifically, married mothers were compared with single mothers. According to our earlier findings, married mothers were found to experience more social pressure to bear more children than were the single mothers. We reasoned therefore that if that was the case, it was possible that married mothers position on family planning differed very little from that of their friends and relatives. Mothers were asked whether they supported the idea of family planning or not. This was followed by the question whether they felt their position on family planning had support of friends and relatives. A summary of the answers is given below.

Table 13 RESPONDENT'S ATTITUDES TOWARD FAMILY PLANNING IN REIATION TO WHETHER THEY FELT SUPPORTED BY SIGNIFICANT OTHERS AND MARITAL STATUS

Whether felt Supported by Significant Others	MARRIED MOTHERS			SINGLE MOTHERS		
	RESPONDENT'S POSITION ON FAMILY PLANNING					
	For	Against	Total	For	Against	Total
Supported	28 74%	10 26%	38 100%	12 54.5%	10 45.5%	22 100%
Unsupported	6 12%	46 88%	52 100%	8 44.4%	10 55.6%	18 100%
	34 38%	56 62%	90 100%	20 50%	20 50%	40 100%

n = 90

n = 40

The influence friends or even relatives had on adoption of family planning was more significant among married mothers than among single mothers. 74% of the married women who felt that adopting family planning was normal to the groups they belonged had adopted family planning. To the single mothers, only 54.5% of the respondents supported the idea of family planning because it was also approved of by their significant others. On the other hand, only 12% of the married mothers were for family planning although their relatives and friends disapproved of it. But as much as 44.4% of the single mothers approved of family planning regardless of whether those important others were for it or not.

Regardless of marital status, it was clear that majority of women who felt that their decision to practice family planning could be supported or was supported approved of family planning.

Nevertheless, there were a few cases of women who were found to have been practicing family planning without their husband's knowledge. It was found that the reason behind that state of affairs was due to the fact that husband's of such women could not entertain anything to do with family planning. Although the cases were few in number, they helped in strengthening our argument on the influence of significant others on adoption of family planning.

In an attempt to explain the relationship between group-pressure and adoption of family planning, we controlled education by grouping our respondents in terms of years of education attained. These were then cross-tabulated with adoption of family planning.

Table 14 RESPONDENTS POSITION ON FAMILY PLANNING IN RELATION TO WHETHER THEY FELT SUPPORTED BY SIGNIFICANT OTHERS AND YEARS OF EDUCATION ATTAINED

		YEARS OF EDUCATION								
		0 - 7			8 - 11			12+		
Whether felt Supported or not	RESPONDENT'S POSITION ON FAMILY PLANNING									
	For	Against	Total	For	Against	Total	For	Against	Total	
Supported	32 89%	12 11%	44 64%	18 64%	5 38%	23 56%	10 5%	2 40%	12	
Un-Supported	4 11%	96 89%	100	10 36%	18 44%	18 44%	10 50%	3 60%	13	
	36 100%	108 100%	144	28 100%	41 100%	41 100%	20 100%	5 100%	25	

The results revealed that group/community pressure tended to weaken with an expansion in years of education. At 0 - 7 years level of education, only 11% of respondents were for family planning even though they were not supported. At 8 - 11 years level of education as much as 36% were for family planning although friends and relatives were opposed to it. 50% of the respondents with 12 and above years of education were for family planning and did not mind whether their position had the approval of their relatives and friends. The more educated respondents had less pressure from their significant others than the less educated. The more educated respondents were more or less independent in making decisions and did not bother as to whether or not their actions received approval of their significant others.

As a concluding note, it was very clear that although members of the same peer-group had a tendency to have a similar stand on family planning, group pressure was found to be diluted by education. The less educated respondents conformed more to the group norms than the more educated. It was also clear that the married mothers experienced more group pressure than the single mothers who did not seem to care much as to whether or not their actions were approved.

While we concluded that education, preference for a son, marital status, religion and group pressure did actually influence adoption of family planning, we assumed that the final decision depended on the couples concerned. More important, was how such a decision was made and who really made it. Thus, we attempted to find out whether the authority structure in a household had a bearing on adoption of family planning. It was hypothesised that adoption of family planning was determined by husband-wife communication especially on such topics as sexual relations, family future plans, family income and its disposal and general rearing of children.

children.

Respondents were asked whether they often, rarely or never discussed the following topics: daily work, rearing of children, family future plans, family income, sexual relationships and number of children they wanted to have. The answers given fell in the following groupings: those who discussed the given topics very often, often and those who never discussed them. These were then cross-tabulated by respondent's position on family planning.

Table 15 ADOPTION OF FAMILY PLANNING IN REIATION TO HUSBAND-WIFE COMMUNICATION

Degree of Husband-Wife Communication	RESPONDENT'S POSITION ON FAMILY PLANNING				Total
	Strongly Approve	Approve	Disapprove	Strongly Disapprove	
Very often	15	10	10	5	40
Often	5	13	12	30	60
Never	6	15	20	29	70
	26	38	42	64	170

n = 170

$\chi^2$  observed = 34.961

$\chi^2$  expected = 10.645

It appeared that majority of family planning adopters came from the categories of respondents who very often or often discussed the presented topics. 50% of the respondents who very often discussed, 30% of those who often discussed and 30% of those who never discussed the given topics approved of family planning. Although a certain trend appeared in that adoption of family planning increased with an expansion in the degree of husband-wife communication, it was not very clear as to why there was an equal percentage

of adopters from both respondents who often discuss and those who never discussed the given topics. We reasoned therefore that that could have been because of those family planning adopters who were practising it secretly without their husband's knowledge.

Lack of husband-wife communication explained why some women sought family planning services without the knowledge of their husbands. There were 8 reported cases of women who were taking contraceptive pills without their husband's knowledge and consent. This was an indication of an existence of a communication barrier between husbands and wives. Furthermore, it was found that most of these women had based their action on the past experience otherwise it was not that they had talked about family planning with their husbands who opposed it.

Husband-wife communication was seen to improve with a rise in years of education.

Table 16. DEGREE OF HUSBAND-WIFE COMMUNICATION IN RELATION TO LEVELS OF EDUCATION AS REPORTED BY MARRIED WOMEN

Degree of Husband-Wife Communication	WOMEN'S LEVELS OF EDUCATION IN YEARS			Total
	12+	8-11	0-7	
Often	4	5	20	29
Rarely	1	3	25	29
Never	1	2	29	32
	6	10	70	70

n = 90

$\chi^2$  observed = 22.341  
 $\chi^2$  expected = 10.645

Through cross-tabulation it was apparent that education did actually influence husband-wife communication. The more educated respondents tended to have a higher degree of husband-wife communication than the less educated.

Using percentages, around 67% of the women with 12 and above years of education, 50% of the women with 8 - 11 years of education and 27% of those with 0 - 7 years of education often discussed the presented topics. No doubt that the degree of husband-wife communication improved as one ascended the academic ladder.

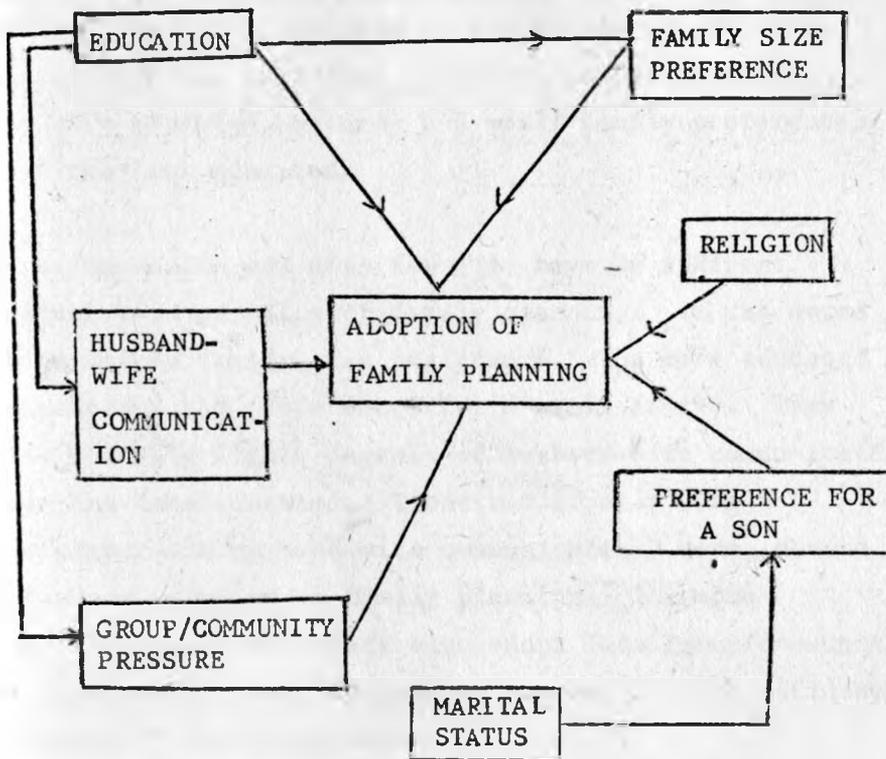
Regardless of education, the majority of women either rarely or never discussed family matters - especially anything to do with reproduction with their husbands. As many as 37% of women never at any time discussed about family future plans, number of children they were to have, and family income. The majority of them were of the opinion that such affairs rested upon the husband's realm and were not topics for discussion between wives and husbands.

In conclusion, husband-wife communication has been identified as an important ingredient in determining the adoption of family planning. An improvement in husband-wife communication called for adoption of family planning. It was also noted that the more educated respondents reported better husband-wife communication than the less educated. At the same time, there were some couples who never discussed topics related to reproduction and child-rearing. All these explained, to some extent, why adoption of family planning was low among married mothers.

CHAPTER VI

CONCLUSIONS AND RECOMMENDATIONS

In the previous chapter, an attempt was made to measure the influence of husband-wife communication, group/community pressure, religion, marital status, preference for a son, and education on adoption of family planning. A brief summary of how these independent variables influenced the dependent variable is schematically presented below and form the basis for our conclusions.



It was noted that 'education ranked first in influencing the adoption of family planning, followed by group/community pressure, religion, husband-wife communication,

preference for a son and finally, marital status.

Education was found to greatly influence adoption of family planning both directly and indirectly. In general terms, the more educated respondents were found to have been more positively responsive to family planning than the less educated. This was the case to all respondents regardless of marital status and sex. This finding is in line with Gachuhi's work (1972, 1973) where he saw education to have a facilitating effect on adoption of family planning. To some extent, however, our findings disagreed that of Prochuabmol (1966) where he found education for men to positively relate to a desire for more children. Instead, in our findings, the more educated husbands had small family preferences than the less educated.

Education was also found to have an indirect influence on adoption of family planning. It was noted to influence family size preference. The more educated respondents had preferences for a small family. They also recorded higher degrees of husband-wife communication than the less educated. These two (family size preference and husband-wife communication) were seen to influence adoption of family planning. The more educated respondents were also under less group/community pressure which was also another factor found to influence adoption of family planning.

Although we were able to prove our hypothesis that education did actually influence adoption of family planning in that the more educated respondents were more adoptive to family planning than the less educated, we could not establish fully why some respondents although highly educated preferred big families and were opposed to family planning.

Similarly, there were those respondents who although they ranked low in education preferred small families and even practised family planning. A theoretical explanation to this state of affair was sought.

Using a combination of Socialization theory, attitude behavior theory and reference group theory, we observed that preferences for big families could have developed through the process of Socialization. Also, through the Socialization process negative attitudes toward family planning and its related ideas could have developed. This could have been the case if one had come from groups/communities where big families is a norm. It was also possible that education had not managed to penetrate and dilute that norm of having big families. At the same time, it could have been that the roles played by a big family had not been disrupted by social and economic change to warrant a preference for a small family. It seemed that big families were still important.

In another attempt to explain for the low rate of adoption of family planning we focused our attention on the target of family planning programs. We noted that the program addressed itself to individual clients. The program ignored the fact that individual actions had to get group and community approval. It was found that family planning personel rarely sold family planning ideas through group work. In most cases, they waited for those individual mothers who came to the clinics for family planning services or others and took the opportunity to sell the idea. Unfortunately, very few respondents who adopted family planning through that manner disclosed it to their friends. It was very clear from the records kept in the clinic that such persons were the more educated and informed.

Further, a talk with the officer in-charge of family planning clinic revealed that lack of well trained personnel in communication weakened all the efforts to reach the people.

We concluded that since individual actions has to get approval from the significant others, it was important that the family planning ideas be sold to the community through group-work. Through group-work the idea would be assessed and evaluated by all concerned on their own values and would be taken without suspicion.

When education was used to explain for the low adoption of family planning in the area of study, the following were noted.

- (a) that the area was characterised by low level of education. 68.6% (144) of population studied ranged from 0-7 years of education. Out of this, 35% (51) had no education at all. Seven years of education did not seem to influence adoption of family planning to a notable degree.
- (b) that the majority of women who were the main focus of family planning programs had the lowest level of education. 80% of women were of 0-7 years level of education. This explained - to some degree, why family planning was poorly received in that the low education had not altered some of the strongly held values, beliefs and norms related to child-bearing.

We concluded that the low level of education which characterised the population under study made it almost impossible for them to understand the problems related to unplanned family and the complicated modern birth control

Methods. There was also some kind of social distance between the change agents and client system in that almost all of the change agents had at least 12 years of education. Education and other factors discussed elsewhere explained for the low adoption of family planning in Naivasha Town Council. Specifically the influence of group/community pressure on adoption of family planning was noted to have had a negative effect on general adoption of family planning in the area of study.

The influence of "those others" (whom the respondents regarded important) on adoption of family planning remained very clear to a big portion of our respondents. It was found that majority of respondents tended to behave toward family planning in accordance to what was expected of them by their relatives and friends. Those people whose relatives and friends approved of family planning were also noted to approve of it. This was in line with Molno's findings (1973) that communal influences did actually influence adoption of family planning.

But there were those respondents who approved of family planning although their friends and relatives disapproved of it. Borrowing explanations from Rogers and Shoemaker (1971) we observed that such respondents were deviants and that is why they were very few in number. This explained further the influence of a group/community to their members.

It was also noted that education did actually dilute community/group pressure on an individual. Those respondents with at least 10 years of education did not seem to be controlled in all what they did by the wish of the groups or communities they came from. To a greater extent, their positions on family planning did not appear to have been due to the influence of "those others". Instead, it was because of the wider exposure which they had experienced.

As was mentioned elsewhere, the manner the family planning idea was sold to the community explains for its low adoption in the area. The family planning personnel were noted to have overemphasised individual approach. This ignored the fact that adoption of family planning had to get approval from the group members where the adopter came from. The family planning personnel had almost ignored the role of husbands in decision making.

In a few words, group/community pressure was found to have influenced adoption of family planning in the community of study in that:

- (i) Since Majority of the community members were non-adopters there was great pressure to dissuade those who had plans of adopting family planning.
- (ii) the above created a situation of vicious cycle in that those few who did adopt family planning did it very secretly and that limited the spread of the idea.
- (iii) the overemphasis of individual approach by family planning agents overshadowed the influence of group/community pressure and ignored the possibility that decisions to practice family planning were basically group decisions rather than individual decisions.

Findings on the influence of religion on adoption of family planning were rather confusing in that the impact was two sided. There were those religious teachings which encouraged adoption of family planning and those which strongly fought against it. But since most of the respondents were found to belong to those religious denominations opposed to family planning, we concluded therefore that religion was one of the factors behind the poor adoption of family planning in the area.

Most of the respondents interviewed gave religion as the basis for their opposition to family planning. The same was given by the family planning agents. In brief, religion was found to influence adoption of family planning in that,

- (1) Most of the religious groups in the area of study were opposed to family planning and some were known to ex-communicate those followers who were discovered using any kind of modern birth control techniques.
- (2) Since the population was characterised by low education, knowledge of the whole process of reproduction was scanty. To the less educated population, family planning was a mockery to God for he commanded mankind to reproduce and fill the world. There was nothing that man could effectively do to influence reproduction and hence the population in general. Religion gave the basis for explaining reproduction in general.

Our findings on how religion influenced adoption of family planning in Naivasha Town are summarised with the words borrowed from Clyde (1962) that " Women who frequently attended religious activities mentioned a higher ideal number of children than those who seldom or never went to church" and Bertrand et al (1975) "that religion served to retard family planning ....."

Husband-wife communication was also found to have had significant influence on adoption and success of family planning. The same was the case according to the findings by Bogue (1967), Molnos (1968), Zaltman (1973) and Askham. They all agreed that for a program on family planning to succeed, group discussion especially between husband and wife was very necessary.

We concluded that lack of husband-wife communication contributed to low adoption of family planning in that,

(1) Men who were found to have been the chief decision makers were opposed to family planning. This state of affairs disadvantaged women especially those whose participation in decision making was very minimal. Most of women interviewed were house wives and contributed very little to their households in monetary terms. We observed that this could have been the reason why they were not involved very much in decision making. Such women feared talking about family planning to their husbands.

(11) Most of the respondents reported that it was not normal in their cultures for women to discuss with their husbands matters related to sexuality and reproduction. This ruled out any possibility for couples to discuss matters related to family planning.

(111) The one sided approach emphasised by family planning agents did not create opportunities for couples to engage in dialogues. Men were rarely involved when family planning personnel were selling the idea. No notable attention was given to the involvement of men. Most of the women who attended family planning clinics sometimes never mentioned what they learnt to their husbands and hence increased chances for non-adoption and failure.

To most couples, topics related to reproduction were never discussed and this explained for the low adoption of family planning in the area of study.

It was also very apparent that the majority of the respondents preferred boys to girls. Preference for a son was found to cross-cut marital statuses, levels of education and religious affiliations. Those couples with high preferences for sons had a tendency to postpone or completely oppose family planning. The consequence of this was an expansion of family size to an extent of being unmanageable. In light of that, adoption of family planning was more common to couples with at least one son. An almost the same finding was given by Bertrand (1975).

It was concluded that preference for sons contributed to low adoption of family planning in that:

- (1) Since the studied population had high preferences for sons, lack of one made the couples concerned to either delay its adoption or disapprove of it.
- (2) those couples without sons and wished to have one were mainly opposed to family planning and discouraged others (friends and relatives from adopting it by talking negatively about it).
- (3) although the population had experienced social and economic change, this change had not displaced male children from their special roles. Boys still remained parent's future security and inheritors.

When attempts were made to assess the importance of marital status in explaining the low adoption of family planning in the area of study it was apparent that it did indirectly influence it. The single mothers were under less pressure from the community to bear many children than married mothers. On the other hand, married mothers were not only pressured by the larger community, but also did experience great pressure from their husbands who were found

to be more opposed to family planning than women.

One very notable way marital status was seen to influence adoption of family planning was through family size preferences. The married women were found to have preferences for many children. This nature of preference was noted to have a direct bearing to non-adoption of family planning. Preference for a big family was found to have been inversely associated to adoption of family planning. This finding was in line with those of Stycos (1965) in his study in Jamaica and Ware (1965) in his study of Yoruba Society. We observed that since majority of women residents in the area were married, and since married women were found to have been less adoptive to family planning, that could have been the reason why adoption of family planning was low irrespective of the long history of availability of family planning services in the area.

#### SUMMARY

From the study, the emerging issues/matters were together tied to be that, that the importance of education in explaining adoption of family planning can not be underscored. Education did positively relate to adoption of family planning and did actually influence most of the other variables. Group/community pressure was found to dictate whether one was to adopt, continue or withdraw from practising family planning and that although most religious groups had no clear official stand on family planning and although there was no organized opposition of family planning by religious groups, religion did dissuade people from adopting family planning.

Men's predominant role in decision making process had disadvantaged women in that married mothers had to seek for

approval to adopt family planning from their husbands who were unfortunately noted to be generally opposed to family planning. Preference for male children was a common characteristic to almost all respondents and getting at least one son was a major pre-condition for adoption of family planning. Lastly, that married mothers experienced great pressure to bear many children and this rendered them less adoptive to family planning than single mothers.

#### RECOMMENDATIONS

A careful assessment of the relationship between the studied socio-cultural factors and adoption of family planning made it inevitable to conclude that adoption of family planning could be stepped up if the following recommendations were implemented. Some of these recommendations are long term and call for costly efforts all of which require determined and joint efforts from both policy makers and the population concerned.

There is a need for population education as part of family planning programs. We noted with satisfaction that although education did actually positively relate to a adoption of family planning, the population was characterised by low education, an amount of education which had not increased any awareness of the problems related to population. It was felt that there was an urgent need to intensify population education in the area. This should be part of the family planning program. Such education should create awareness of the problems emanating from rapid population growth rate as opposed to low growth rate of the economy. It should also show how rapid population growth rate can adversely affect social, cultural, economic and political conditions of a people. In particular, how it can affect development efforts. It should also clearly and precisely indicate how the decision of one member of society can and does

actually affect the other members of a society. The aim of such education should be to develop a community with positive attitudes toward family planning. As Gachuhi (1972) put it, the emphasis should be "why" adopt family planning and "HOW" will follow.

Related to the above, there is an urgent need to introduce population education in schools. We noted that if family planning was to have any impact, the best area of intervention was at school age. This is based on the facts that:

- (1) Most of the Kenyan population is below 20 years and it is in educational institutions where it is far much easier to reach it.
- (2) Most of this population is malleable and can thus be socialized or even resocialized to develop positive attitudes toward family planning.
- (3) Because of social economic changes, parent's role of socializing children has been displaced (to some extent) by teachers and institutions. Such persons and institutions should take that role boldly. Teachers, for example, should not shy away from such subjects as sex and general human reproduction. There is a need for the youth to be told the facts.

It was found that since decisions to adopt, to continue or even withdraw from family planning sometimes involves communal decisions, any family planning program which over-emphasise case work is doomed to fail. With this in mind, recommendations are made here that use of seminars and local

barazas would help. Such barazas and seminars should emphasise group discussions. They should also include men and women. Such kind of approach in seeking family planning ideas is also intended :-

- (i) to undermine those traditional aspects which act as hindrances to a free-discussion on sex and related ideas by couples.
- (ii) It will also involve the two most important people (husband and wife) in family planning. In these barazas, men and women should be fully involved and encouraged to make their own views heard and discussed.

In general, through the use of group/community approaches, the family planning program will be able to break-through some of religious, moral and cultural barriers which hinder husband-wife communication, and adoption of family planning. The approach can be combined, where necessary, with the use of religious leaders. To be able to break through some of the religious barriers to adoption of family planning, the family planning personnel should not directly confront them. Instead, they should learn how to use them and especially by understanding their point of view. It is only through this that the family planning agents can know where to attack. By first winning the confidence and by changing the attitudes of religious leaders, everything else is likely to trickle down.

Since preference for sons did actually influence adoption of family planning, there is a need for the family planning program to convince people that all children irrespective of sex are important and are the same. Where sons are particularly viewed as parents future security, counter-arguments could be given.

These would include, for example, the fact that where many children are born, this may make it hard for parents to bring them up properly and hence end up being unhelpful. The emphasis also could be that instead of parents relying on their sons - especially during their old-age, such people could be encouraged to invest for the future. The recommendation, no doubt has many bottlenecks but is worth trying out.

#### GENERAL STRATEGIES FOR STEPPING-UP ADOPTION OF FAMILY PLANNING

In order that the foregoing suggestions to uplift the adoption of family planning in the area to be meaningful and effective, more efforts are called from elsewhere. These include the following:

1. A long term and positive strategy which may be seen to be costly would call for the Government to think of establishing a national security fund especially for the aged. This, is hoped, will minimise the element of parents "investing more in number of children" for their future. Improved welfare for the aged would reduce reliance on sons.
2. The Government should provide free education at all levels. It should be free in terms of accessibility by all but not only those who can afford school uniforms and building funds. In particular, education to women folk will increase their role in labour market and will make them contribute more to family needs all of which have been seen to relate to adoption of family planning.
3. The Government should endeavour to educate Kenyan population that although at present Kenyan resources

are not adequately utilized, solving the population problem calls for both family planning and proper utilization of her resources.

4. Because of the misunderstanding and misinterpretation which have been existing between family planning agents and client system, training of grass root family planning workers would reduce this social distance. The would be trainees should come from the communities and if possible should be community appointees - if credibility is to be stepped - up.

As a concluding note, we need to emphasise that no miracle should be expected over night even with the implementation of the given recommendations. This is so because changing people's ways of life is more complicated than what it may tend to appear.

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RESPONDENT NO.QUESTIONNAIRE ON WOMEN OF AT LEAST ONE CHILD AND  
NOT AGED BEYOND 45 YEARS

Habari

I am a student from the University of Nairobi carrying out research in Naivasha Town Council. That is, interviewing people like you on family planning. The research has been authorised by both University of Nairobi and the office of the President.

All information given will be kept as confidential as possible.

1. How old are you (in years)?
  1. 14 - 20 years
  2. 21 - 27 years
  3. 28 - 34 years
  4. 35 - 41 years
  5. 41 and above
2. Marital status
  1. Married
  2. Single
  3. Widowed
  4. Divorced
  5. Separated
  6. Cohabiting
3. If married, what is the age of your husband?
  1. 18 - 24 years
  2. 25 - 31 years
  3. 32 - 38 years
  4. 39 - 45 years
  5. 45 years and above
4. Number of years married?
  1. 0 - 6 years
  2. 7 - 12 years
  3. 13 - 18 years
  4. 19 - 24 years
  5. 25 years and above.

5. Some women marry more than once. Is this your first marriage?

- 1. Yes
- 2. No.

(b) If No. ask, how many times have you been married?

- 1. Once
- 2. Twice
- 3. Three times
- 4. Others - specify

(c) When did you get married for the first time?

(d) Was your first marriage polygamous or monogamous?

- 1. Polygamous
- 2. Monogamous

6. How did your first marriage end?

- 1. Divorce            2. Separation    3. Death
- 4. Others - specify.

8. Now I want to ask you questions on families and their welfare. For example, in your case, how many children do you have (those living)?

Girls	Boys
1	1
2	2
3	3
4	4
5	5
6	6
7	7

Total =

(b) Is there any child who has died?

Girls	Boys
1	1
2	2
3	3
4	4

9. Would you want to have any more children?

1. Yes
2. No.

(b) If wants more, how many more do you want to have?

1. One
2. Two
3. Three
4. Four
5. Others - specify

10. Among these children how many boys and how many ~~girls~~ girls do you want to have?

Boys

Girls

No preference

11. Why do you have that preference?

12. Suppose you had only one child, would you have preferred a boy or a girl?

1. a boy
2. a girl.

(b) Why?

13. Suppose you had only enough money to take only one child to school would you take a boy or a girl?

- 1. a boy
- 2. a girl
- 3. Any.

(b) Why?

14. Now suppose that you could start your married life all over again and choose to have just the number of children that you would want by the time you were 45 years old, how many children would you want to have?

Number . . . . .

( If answer is: Up to God, Fate, Chance etc, ask)

(b) Many people feel as you do but still they have some idea of what they would want chance (or God or fate) to send them. How about you? How many children would you have liked to have?

Number . . . . .

15. How many of the children would you want to be girls and how many boys?

Number of boys . . . . .

Number of girls . . . . .

Makes no difference, either sex.

16. In your community, is there preference for one sex than the other?

- 1. Yes
- 2. No.

If yes who are more preferred?

- 1. Boys
- 2. Girls

Why? . . . . .

17. Now I would like to ask more general questions. What do you think is the ideal number of children for a family to have?

Number . . . . .

18. Many people do something to delay or prevent a pregnancy so that they can have just the number of children that they want, and have them when they want them. How do you feel about this? Would you say that you approve, disapprove, or feel uncertain about this?

- 1. Approve
- 2. Disapprove
- 3. Uncertain

( If disapprove or uncertain, ask )

(b) Are there any conditions under which it is all right for mothers to delay or prevent a

(If disapprove or uncertain ask)

(b) Do you think there are any conditions under which it is all right for mothers to delay or prevent a pregnancy?

- 1. Yes
- 2. No

(If yes ask)

(c) What are these conditions?

19. Mothers give different reasons for approving or disapproving the delay or prevention of pregnancies. I am going to read to you some of these reasons. Please tell me which are the most important for you.

REASONS FOR "APPROVE"

- 1. The health of the mother
- 2. The care to be given to each child
- 3. The family economic situation
- 4. The ability to provide for the child
- 5. To help family happiness
- 6. Family already has number of sons and daughters wanted.

REASONS FOR /"DISAPPROVE" OR "UNCERTAIN"

- 1. Family planning is against my religion
- 2. I oppose it on moral grounds
- 3. Group members are opposed to it
- 4. Harmful to health
- 5. Husband disapproves it
- 6. Large families are desirable

20. Now, is there any other reason that you consider more important than the ones I have just read?

- 1. Yes
- 2. No.

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If yes, ask

(b) What is that reason?

21. How about your husband. Do you discuss with him about family planning?

- 1. Yes
- 2. No

(b) What does he think of married couples doing something to prevent or delay a pregnancy?

Does he approve or disapprove?

- 1. Approve
- 2. Disapprove

22. If uses family planning, ask

Who decided that you use family planning?

- 1. Me alone
- 2. Husband alone
- 3. Joint decision (husband and wife)
- 4. An outsider (specify)

(b) If do not use family planning, who decided that you should not use family planning?

- 1. Me alone
- 2. Husband alone
- 3. Joint decision (husband and wife)
- 4. An outsider - specify
- 5. Have never thought about it

23. If practises family planning, ask. Suppose you would want to stop practising family planning,

who would you tell about it first?

1. Doctor
2. Husband
3. Friend
4. Relative
5. Other - specify

24. If do not practise family planning at the present, ask, suppose you would want to practice family planning, who would you involve in making such a decision?

25. From whom did you come to know about family planning?

1. Friends
2. Relatives
3. Husband
4. Radio, Newspaper, Baraza
5. Family planning workers
6. Others - specify

26. Is there any one among your friends and neighbours doing something to delay or prevent a pregnancy?

1. No
2. Yes

(If yes, ask)

(b) Would you say that they are many, very many, few or very few.

1. Many
2. Very Many
3. Few.
4. Very few

27. Is there any one among your relatives doing something to delay or prevent a pregnancy?

- 1. Yes
- 2. No

(If yes, ask)

(b) How are you related?

28. If practises family planning or if not but would practise in future, ask, would your close friends support your decision to adopt family planning?

- 1. Yes
- 2. No

(b) If yes, why?

(c) If No, why?

29. If practises family planning, when did it start?

- 1. Before marriage
- 2. Right after marriage
- 3. After getting the desired children

(b) If No 3 ask, how many boys, girls?

- 1. Boys
- 2. Girls

30. Now I would want to find out a few things about you and your husband's education

(a) Can you read and write?

- 1. Yes
- 2. No

(b) If yes, ask, What was the highest level of school that you attended?

- 1. Std 1 - 7
- 2. Form 1 - 2
- 3. Form 3 - 4
- 4. A - level
- 5. College - specify
- 6. University

31. Does your husband know how to read and write?

- 1. Yes
- 2. No

(b) If yes, ask, what was the highest level of school that he attended.

- 1. Std 1 - 7
- 2. Form 1 - 2
- 3. Form 3 - 4
- 4. A - level
- 5. College - specify
- 6. University

32. Would you say that your education has any effect on your views about family planning?

- 1. Yes
- 2. No

(b) If yes, how?

33. What is your religion?

- 1. Christianity
- 2. Islam
- 3. Hinduism
- 4. Traditional
- 5. None
- 6. Others - specify

(b) Which denomination do you belong?

34. What is your husband's religion

- 1. Christianity
- 2. Hinduism
- 3. Traditional
- 4. None
- 5. Others - specify

(b) Which denomination

35. How often do you attend religious services?
- 1. Once per week
  - 2. Twice per week
  - 3. Once or twice per month
  - 4. Never

36. Could you say which of the following statements describes your own position best.
- 1. Religion absorbs a major share of my thoughts
  - 2. Religion absorbs a part of my thoughts
  - 3. I give no thought to religious matters
  - 4. Others - specify

37. What does your religion say about family planning?
- 1. Accepts the idea
  - 2. Opposes the idea
  - 3. Others - specify

- (b) How do you feel about family planning yourself?
- 1. Opposed to the idea
  - 2. Accept the idea
  - 3. Others - specify

38. Now I would wish to ask you some general questions. why do you think most people marry?
- 1. To avoid loneliness
  - 2. To have children
  - 3. Others - specify

- (b) What do you think would happen to a marriage with no children?
- 1. Would break
  - 2. Husband-wife relationship would be poor
  - 3. Nothing
  - 4. Others - specify

39. What would you do/feel if your marriage was childless?
- 1. Nothing
  - 2. Bad
  - 3. Very bad
  - 4. Good
  - 5. Very good

(b) Why?

40. What is the public image of a married woman without a child?

- 1. Positive
- 2. Negative

(b) Why do you think this is so?

41. Traditionally a man used to marry another wife if his first wife failed to bear children. What do you think about this kind of practice today?

- 1. Approves it
- 2. Opposes it

(b) Why do you think so?

Thank you for sparing me your precious time.

RESPONDENT NO.

QUESTIONNAIRE TO BE ADMINISTERED TO THE HUSBANDS  
OF THE INTERVIEWED WOMEN.

Good day,

I am a student from the University of Nairobi carrying out research in Nairobi Town Council, that is interviewing people like you on family planning. This study has been authorised by both University of Nairobi and the office of the President.

All information given will be kept as Confidential as possible.

1. How old are you (in years).

- |                  |                  |
|------------------|------------------|
| 1. 16 - 20 years | 4. 31 - 35 years |
| 2. 21 - 25 years | 5. 36 - 40 years |
| 3. 26 - 30 years | 6. 40 and above. |

2. Number of years of married life?

- |                  |                  |
|------------------|------------------|
| 1. 0 - 4 years   | 4. 15 - 19 years |
| 2. 5 - 9 years   | 5. 20 and above. |
| 3. 10 - 14 years |                  |

3. What is the age of your wife?

- |                  |                   |
|------------------|-------------------|
| 1. Do not know   | 5. 29 - 33 years  |
| 2. 14 - 18 years | 6. 34 - 38 years  |
| 3. 19 - 23 years | 7. 39 - and above |
| 4. 24 - 28 years |                   |

4. Now I want to ask you questions on families and their welfare. For example, in your case, how many children do you have?

- |          |         |
|----------|---------|
| 1. Girls | 2. Boys |
|----------|---------|

5. Are all your children alive?

1. Yes
2. No.

(b) If No, how many are dead?

1. Boys
2. Girls

6. Would you want to have any more children?

1. Yes
2. No.

(b) If you would want more children, how many more do you want to have?

1. One
2. Two.
3. Three
4. Four
5. Others - specify.

7. Among these children how many boys and how many girls do you want to have?

1. Boys
2. Girls
3. No preference

8. If any preference, ask, why do you have that preference?

9. Suppose you had only one child, would you have preferred a boy or a girl?

1. a boy
2. a girl

(b) Why?

10. Suppose you had only enough money to take only one child to school, would you take a boy or a girl?

1. a boy
2. a girl

(b) Why?

11. Now suppose that you could start your married life all over again and choose to have just the number of children that you would want by the time you were 65 years old, how many children would you want to have?

Number

( if answer is: up to God, fate, chance etc, ask)

(b) Many people feel as you do but still they have some idea of what they would want chance or God or fate to send them. How about you? How many children would you have liked to have?

Number

12. How many of the children would you want to be girls and how many boys?

1. Number of boys
2. Number of girls
3. Makes no difference, either sex

13. In your community, is there preference for one sex than the other?

1. Yes
2. No.

(b) If yes, who are more preferred, boys or girls?

1. Boys
2. Girls

Why?

14. Many people do something to delay or prevent a pregnancy, so they can have just the number of children that they want, and have them when they want them. How do you feel about this?

- 1. Approve
- 2. Disapprove
- 3. Uncertain

15. People give different reasons for approving or disapproving the delay or prevention of pregnancies. I am going to read to you some of these reasons. Please tell me which are the most important for you.

REASONS FOR "APPROVE"

- 1) The health of the mother
- 2) The ability to provide for the child
- 3) Family already has number of sons and daughters wanted.

REASONS FOR "DISAPPROVE" OR UNCERTAIN"

- 1) Family planning is against my religion
- 2) I oppose it on moral grounds
- 3) Group members are opposed to it
- 4) Harmful to health
- 5) Wife disapproves of it
- 6) Large families are desirable.

(b) Is there any other reason that you consider more important than the ones I have just read?

1. Yes
2. No.

If yes, ask, what is that reason?

16. Do you discuss with your wife about family planning?

1. Yes
2. No.

17. What does she think of married couples doing something to prevent or delay a pregnancy. Does she approve or disapprove?

1. Approve
2. Disapprove

18. If uses family planning, ask, who decided that she should use it?

1. Me alone
2. Wife alone
3. Joint decision (husband and wife)
4. An outsider

(b) If do not use family planning, who decided that she should not use it?

1. Me alone
2. Wife alone
3. Joint decision (husband and wife)
4. An outsider (doctor, friend, relative etc)

19. If practices family planning or would practice it in future, ask when did it start or would it start?

1. Right after marriage
2. After getting the desired number of children

(b) If No. 2 ask, How many boys, girls?

Boys

Girls

20. How I would like to find out a few things about you and your wife's education.

(a) Do you know either to read or write?

1. Yes
2. No

If yes, ask

What was the highest level of school that you attended?

1. Std. 1- 4
2. Std. 5- 7
3. Form 1- 2
4. Form 3- 4
5. A. Level
6. University
7. Others - specify.

21. Did your wife ever attend school?

1. Yes
2. No.

If yes ask,

What was the highest level of school that attended?

1. Pre- School to std. if
2. Std. 5 - 7
3. Form 1 - 2
4. Form 3 - 4
5. A - Level
6. University
7. Others - Specify

22. Traditionally, women were not involved in making major decisions in the family. Do you approve or disapprove such kind of views.

1. Approve
2. Disapprove

(b) Why?

23. What is your religion?

24. Which denomination do you belong?

25. How often do you attend religious services?

- |                            |                   |
|----------------------------|-------------------|
| 1. Once per week           | 2. Twice per week |
| 3. Once or twice per month | 4. Never          |

26. Could you say which of the following statements describes your own position best.

1. Religion absorbs a major share of my thoughts
2. Religion absorbs a part of my thoughts
3. I give no thought to religious matters
4. Others - specify

27. What does your religion say about family planning?

1. Approves
2. Disapproves

28. What do you feel about it yourself?

1. Opposed to the idea
2. Accepts the idea
3. Others - Specify

RESPONDENT NO..

QUESTIONNAIRE FOR FAMILY PLANNING PERSONNEL

Sir/Madam,

You are requested to fill this questionnaire as precisely as possible. All information you give will be kept as confidential as possible.

1. What is your profession?
2. What is your area of specialisation?
3. For how long have you worked with the family planning program?
  1. Less than one year
  2. 1 - 2 years
  3. 3 years and above
4. For how long have you been working in this area ( Naivasha Town Council) ?
  1. Less than one year
  2. 1 - 2 years
  3. 3 - 4 years
  4. 5 years and above
5. Having been here for that period of time, would you say that the adoption of family planning has been very ~~encouraging~~ encouraging, encouraging, discouraging or very discouraging?
  1. Very encouraging
  2. Encouraging<sup>2</sup>
  3. Discouraging
  4. Very discouraging

5. (b) What do you think has been the cause for this?.....

6. Through your experience with the Naivasha community, do you think education has any influence on adoption of family planning?

- 1. Yes
- 2. No.

(b) If yes, who do you think are the main adopters among the followings?

- 1. The well educated - Form 4 and above
- 2. Fairly educated - Form 1 - 3
- 3. Lowly educated - Std. 1 - 7
- 4. Non educated -

(tick one)

(c) What explanation can you give for this?

7. Does religion have any effect on family planning?

- 1. Yes
- 2. No. (explain your answer)

(b) Which religious groups do you think are for and which are against family planning?

For family planning

- 1.
- 2.
- 3.
- 4.

Against family planning

- 1.
- 2.
- 3.
- 4.

8. Is the decision to adopt or not to adopt family planning a decision of a wife alone or of a husband and wife, husband alone?

1. Wife a lone
2. Husband alone
3. Husband and wife
4. Other(s)

(b) Why do you think so? Explain.

9. Would you say that adoption of family planning is more a thing of unmarried mothers or of married mothers?

1. Unmarried mothers
2. Married mothers

(b) Why?

10. Now, what would you say are the major abstacles hindering adoption of family planning in gernal in Naivasha Town Council?

- 1.
- 2.
- 3.
- 4.

(b) What suggestions would you give to facilitate adoption of family planning?

- 1.
- 2.
- 3.
- 4.

Thank you for your assistance.