FACTORS INFLUENCING FAMILY SIZE PREFERENCE AND CONTRACEPTIVE BEHAVIOR

AMONG MARRIED MEN : A CASE STUDY OF MACHOGE BORABU LOCATION IN KISII

DISTRICT, KENYA.

BY

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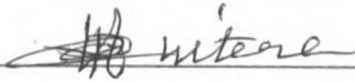## THE AWARD OF MASTER OF ARTS IN SOCIOLOGY

JUNE, 2000

Declaration

I declare that this thesis is my original work and has not been presented for examination in any other university.

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Dedication

This thesis is dedicated to my dear parents; *Peris Moraa* and *Alfacksad Otomu*. Their care and concern over me has been a valuable encouragement even when things seemed to be rough and the future uncertain. May the Lord sustain them even in their old age.

Table of Contents

LIST OF TABLES

Acknowledgements

Abstract

The study is concerned with the investigation of the factors that influence family size preferences and contraceptive behaviour among married men in Machoge Borabu Location. The factors considered include educational level, occupation, income, land size, preferred family size, age, age at first marriage, religion, old age security and sex preference.

The factors considered were important as they touch the community' demographic, social and economic characteristics. They affect the community's pattern of behaviour as specifically relates to family size preference and contraceptives use.

A total of 150 married men were selected through multi-stage random sampling technique. The key instrument for data collection was an interview schedule. Other data collection methods include simple observation and use of available records. Both descriptive and inferential statistics are used in data analysis. Computation of these statistics were through the SPSS (Statistical Package for Social Sciences) computer programme.

The study findings showed that respondents had a high level of awareness of family planning methods but the actual adoption of these methods was low. Educational level, age and occupation were significant at 95% confidence level with family preference; whereas income, religion, age at first marriage and old age security were not.

Educational level, age at first marriage, religion and income were found to be negatively related to the family size preference. Age, land size, old age security and occupation were positively related with family size preference.

The study further found educational level, income, occupation and religion to be significant at 95% level of confidence with contraceptive use. However, land size, religion age at marriage, child sex preference, old age security and family size preferred were not. The level of education, income and age at first marriage were found to be negatively related to contraceptive use. Occupation, family size preferred, age, religion, child sex preference, and old age security were found to be positively related to contraceptive use.

The study recommends promotion of family planning among men through revival of adult literacy classes and use of condoms among couples. It also recommends that family planning education should be introduced in the school curriculum and that, community based distribution of condoms should be increased. Further research is also necessary to follow-up clients who have used specific family planning methods such as vasectomy, in order to know what influenced them to use such methods. Their motivation(s) could be used to promote adoption of the relevant family planning technology by men.

CHAPTER 1

1.0   INTRODUCTION

1.1 Background to the Study

The impact of population growth has been viewed with concern in many parts of the world (UNFPA, 1984). Thus, the use of contraceptive methods for controlling population through regulated births is emphasized in most Third World countries today (Rono, 1994:1). This is especially because of the growing need for rapid economic development and which has driven most of these countries into searching for a solution to the problem. In Africa, unlike in the developed countries, contraceptive use is still low though with a sign of change. This is also true in parts of Asia (Pop. Newsletter, 1987). This is because contraceptive use as a means of population control in most Third World Countries is a recent phenomenon (Rono, 1994 : 1).

Kenya is one such Third World country that has experienced a high rate of development in terms of health and standards of living since her independence in 1963. This has led to, among others, decline in mortality rate thus resulting in rapid population growth. The high population growth has in turn put pressure on social and economic development.

According to the first Kenyan census in 1948, the population stood at 5,405,966 people ;in 1962 census, it was 8,638,265 people growing at a rate of 3.0 per cent; in 1969 it rose to 10,942,705 growing at a rate of 3.3. By 1979 it had reached 15,327,061 people (Ominde, 1988:34). The population was 21.4 million in 1989 (CBS, 1989).

Current projection estimate the population to be 39 million people by the year 2000 reaching 50 million by 2009 and 100 million by 2025 (CBS, 1984: 1), respectively. With the high rate of population growth, there is need for the government to find ways and means of reducing the population growth rate.

Kenya was the first Sub-Saharan country to adopt family planning programme in 1967. This was contained in its five year Development Plan 1966-1970 in which the government expressed its seriousness on population control by inviting an advisory group of experts to visit Kenya and make recommendations for a family planning programme (Anderson, *et. al.*, 1965). It is on the basis of this report that the government decided in 1966 to pursue policies designed to reduce the rate of population growth through voluntary means. The report observed, among others, that a family planning programme was necessary if the rapid growth that had been witnessed was to be curbed. On its part, the government adopted the recommendations and used it to launch the first family planning blueprint.

Nevertheless, it is noteworthy that by 1955 family planning associations had been formed in Nairobi and Mombasa (Otinda, 1991). These associations initiated efforts to create awareness and provide modern contraceptive services. By 1961 these associations had combined to form the Family Planning Association of Kenya (Otinda, 1991), whose main objectives were: to find ways and means of reducing fertility, child morbidity and mortality; to reduce the annual rate of increase from 3.3% in 1975 to 2.8% by the year 2000, and to increase the use of contraceptives with a view to achieving small family sizes. In spite of these efforts, the target of reducing the annual

2

rate from 3.3 per cent was not achieved. Instead, it rose to nearly 4.0% in 1979, i.e., one of the highest rates in the world (Mosley, 1980). The results of the 1979 census showed a growth rate of 3.8%, a higher rate than the projected rate of 3.0%. The government response was to establish the National Council for Population and Development (NCPD) in 1982. The council was to put emphasis on programmes aimed at changing family sizes and norms other than concentrating exclusively on family planning techniques. The activities of the Kenyan government and those of donors and those of Non Governmental Organisations (NGOs) have since then been concerned with population and family planning.

Kenya has recently recorded a decline in fertility. The country, not long ago, presented as the nation with the highest rate of population growth rate in the world is currently "one of the fore runners of a trend of fertility decline in Sub-Saharan Africa" (Egero, 1994 : 3). The decline in fertility, is especially significant in urban areas and central and eastern regions of the country (KDHS, 1993: 24). A number of districts in Western, Nyanza, Rift Valley and North Eastern provinces have remained as "corridors of high fertility" (CBS, 1996 : 40). The decline in fertility has been attributed to increased use of family planning methods. One would therefore like to know what factors facilitated this decline and use of contraceptives.

1.1.1 Statement of the Problem

As a result of the rapid population growth rate (population explosion), various measures have been employed to control population growth in Kenya. These include modern methods of family planning. However, male participation in the family

planning programme has been relatively low (Kimani, 1991; Rono, 1994). Men feel that family planning is the responsibility of women and their cooperation is not required (SRDP,1975 in Kimani, 1991:2). Male behavior towards utilisation of contraceptives has serious implications for the implementation of family planning programme since they are involved in causation of pregnancies. Therefore their failure to participate in family planning frustrates the government's effort of minimizing the population growth rate. Family sizes preferred by males as reflected in their attitudes towards family planning practices or loyalty to their culture are a major obstacle to successful family planning.

Kenyan population trends raise questions as to why family planning methods that have been adopted since independence have not been effective in controlling population growth in the country (Rono, 1994: 4). Among other reasons that have been attributed to the failure of the family planning programme in the country are: lack of relevant education; delay of donor assistance; and lack of coordination of effort of family planning agencies (Bondestan, 1972:38-45). Formal education has a significant impact on the number of children an individual desires; the higher the level of education, the fewer the number of children desired. Furthermore, educated persons as compared to illiterates not only know how to avoid pregnancies but also sources of family planning methods (Bondestain, 1972). Although these reasons are believed to explain poor performance of family planning programmes, they exclude the male factor in contraceptive use.

Most societies in Kenya are patriarchal in terms of authority structure. Men dominate the process of decision making. A man's (husband's) decision influence contraceptive use/non use and therefore the desired family size. The Abagusii community in Kisii District are one community where generally decisions are made by men.

According to the 1989 census, Kisii District is one of the most densely populated areas in the country. Generally, the fertility rate in the District has remained high (as compared to other areas) despite recording a small reduction. In 1979 the population of Kisii district was 869,512 ; in 1989 it was 1,137,054 (Central Bureau of Statistics, 1979 and 1989: 2-28), rising to 1,037,263 in 1996 (CBS, 1994). The 1996 estimate is however lower than the 1989 census as the estimation was based on 1979 census.

The fertility has also been on the decline in Kenya. According to the Kenya Demographic and Health Survey - KDHS, (1993: xix) it has declined from 8 children in 1989 to 5.35 children in 1993. However this size is still large when compared to the developed countries where the preferred family size is 2 children. The survey (KDHS, 1993) further notes that rural areas have a higher family size than urban areas (5.8 and 3.4 per woman, respectively). The World Demographic and Health Survey (1991) notes that everywhere in Sub-Saharan Africa, except Ghana, is experiencing small but significant declines in desired and actual family size. The effect of having a large family size (which implies that the population growth rate is high) include: land fragmentation, degradation, out migration, increased spread of communicable diseases, food shortages and food importation, unemployment and poor housing and generally a low standard of living (Molnos, 1968: 25; Khasian, 1988: 6). In general, the cost of

5

living and maintaining a large family are very high and hence majority of the people in

Kisii District strain in providing for their families since they have small pieces of land

(CBS, 1997: 13). This has led to poverty related problems that include failure to grow

adequate food crops to feed the family. The depency ratio in the district stands at 100:

144 implying that 145 people depend on every 100 working person.

With these problems, among other changes such as schooling, introduction of school

fees, cost-sharing in hospitals, one wonders why the family size is still high in Kisii

District. It is also not possible to understand why people in the area, especially men,

are slow in accepting the use of contraceptives. Despite the awareness rate of family

planning methods being high in Kisii i.e., 96% among women (KDHS, 1993: 36), the

contraceptive user rate in Kisii has never been beyond 40.3% (KDHS, 1993: 45).

This study therefore sought to answer the following questions:

(i)   What are the social, economic and demographic factors that are responsible for
        contraceptive approval and use by currently married men?

(ii)   How has the desired family size influenced the use of contraceptives in
        Machoge Borabu Location?

iii)   Are there any other methods of contraception in use apart from the modern
        ones?

1.2 Objectives

1. To investigate the impact of socio-cultural, economic and demographic factors on contraceptive use.

2. To find out the influence of desired family size on contraceptive use or non-use.

3. To find out other alternative methods of family planning apart from modern contraceptive methods.

1:3 Justification

Recent, studies have sought to investigate the role that African men are playing in fertility decisions (Campbell, 1986; Kimani, 1991; and Rono, 1994). Recommendations from these studies suggest that further research is necessary. Rono (1994: 156) for instance, argues that "since this is a new area of study it would be beneficial to carry out more studies of this kind in different parts of the country with different communities for the purpose of comparison and future policy making". Whereas Rono's study was carried out among the Nandi, this study was carried out among the Abagusii of Kisii District, Nyanza Province.

There is need also for more information on family size preferences and family planning practices among men in Kenya since most researches (Nkanata, 1984; KDHS, 1993; Keraka, 1991 and Onsarigo, 1997) have largely been oriented toward female involvement; and little attention has been given to the role played by the man in the final determination of family size and contraceptive use.

7

There is also need to determine men's influence on the success of family planning programmes. These programmes have always approached the issue of population control through women as its target group while ignoring men who are the main decision makers in Kenya (Rono, 1994).

It is hoped that findings of this study would assist the government in policy formulation. Thus, the information elicited would guide policy makers to design intervention methods and modify current family planning delivery services. This would encourage men to adopt use of contraceptives in family planning country wide. It is time therefore, to place the male in his proper perspective and examine his role in family planning programmes accordingly.

Several studies including those by Ikamari (1985) and Keraka (1991) have been done on the determinants of contraceptive use. However, these studies are based on secondary data like the Kenya Demographic and Health Survey (KDHS), Kenya Fertility Survey (KFS) and Kenya Contraceptive Preference Survey (KCPS). These are important secondary sources of data. However, secondary sources of data are often not reliable due to technical faults and manipulation which characterise some of them, therefore there is need for a study using primary data such as the current study in order to verify findings got from secondary data.

In her study of contraceptive use in Kisii District using secondary data from the KDHS (1989), Keraka (1991) recommends the need for a similar study using primary data. She points out that the KDHS (1989) data did not have a genuine representation of Kisii

women. Following her recommendation, Onsarigo (1997) did a study using primary data and focused on rural and urban women in Kisii District. His study left out men on whom the current study focuses.

2.0 LITERATURE REVIEW AND THEORETICAL FRAMEWORK.

2.1: Introduction

This chapter presents a review of the literature and theoretical framework. The literature reviewed shows how fertility and contraceptive use may be influenced by socio-economic, socio-cultural and demographic variables. The literature is derived mainly from studies conducted in Sub-Saharan Africa, Asia and America.

The Demographic Transition Theory (DTT) is used in this study. It considers that the factors that determine family size and use of modern contraceptives are socio-cultural as well as economic. The theory according to Monsted and Walji (1978: 26) describes the pattern of demographic transition from high fertility-high mortality situation, to a high fertility and declining mortality situation before reaching a stage of low fertility and low mortality. This transition describes the experience of advanced societies of the world, notably Europe and America.

2.1 The Importance of Male Involvement in Fertility Regulation Process

Most societies of the World were, and still are, patrilineal with men as heads, protectors and providers of families. The men make most decisions about matters affecting marital and family life and the wives are expected to abide by the decisions (Bogue, 1962; Carlos, 1984:1-8 and Kimani, 1991:14). Studies on family planning reveal that men's support or opposition to their partners

practice of family planning has a strong impact on contraceptive use in many parts of the world. In Kenya, Mburugu and Oucho (1984:45) observed that males are the household heads and they decide on all important household matters as well as household goals. One of the most important household goals is the achievement of the desired family size. Often it is the husband who decides how many children his wife has to bear and at what intervals. Nevertheless, Mbugua (1984:74) has it that since it is women who give birth, the success of family planning programmes will depend mainly on decisions taken by them. Whereas women, are important in family planning, the current study focusses on men who are said to be the major decision makers in the household.

Studies from other countries, such as Indonesia, Hong Kong, Mexico, Nigeria, South Africa, Thailand and the United States of America have shown that men's attitude influence women's decision as to whether to or not to practice family planning.(Population Report, 1986: 810-919). More specifically, studies conducted in Mexico and South Africa cite the husbands' attitude as the main reason for non-use of family planning i.e., contraceptives by women (Population Report, 1986). The quoted Report also points out that one out of every five married female students in Nigeria, who were not using a modern contraceptive method, attributed it to their husbands' objections. Similar studies in Indonesia, suggest that the husbands' influence on the use of family planning is strong, especially early in marriage. Thus, even if a woman favours family planning, she may not take the initiative to use a contraceptive without her husband's approval (Population Report, 1986).

11

Men can also influence the duration of time their partners continue to use family planning methods. The Population Report (1986) shows that in countries where men and women were involved in making family planning decisions, men's influence encouraged longer lasting use of contraceptives. In Turkey, for instance, when both husbands and wives received information, the continuation rate after two years was 92% compared to 86% when only the wives received information. When women requesting oral contraceptives in Iran went to clinics together with their husbands (and the husbands were asked to ensure that their wives took the pills), the continuation rate after six months was 93% as compared to 12% among women seen alone. In the Philippines, only half of the women whose husbands tried to discourage them were still using them after one year compared with 72% of other women who had not been discouraged by their husbands (Population Report, 1998). It is evident from the above that men play an important role in family planning by encouraging their wives. Hence all countries, Kenya included, should strive to involve men in the family planning programmes.

Available evidence indicate that male participation and/or support is a vital indicator of future practice and continued use of family planning methods. Misra (1967: 163) notes that male participation in family planning has assisted in controlling population in many parts of the world. For instance, the demographic transition that occurred in Europe during the last century was achieved basically through the use of traditional family planning methods such as coitus interruptus, post-parturm sexual abstinence and male withdrawal (IPPF, 1984; Egero and Mburugu, 1994). Egero and Mburugu (1994:57) have noted that the use of these traditional methods requires good communication between spouses and agreement between them about sexual

contact. In communities such as Kisii and Meru men are not always cooperative in such matters. The 1993 KDHS survey sample of women found that virtually all of them seemed to have a basic knowledge about modern contraception, with a third reporting that they or their wives were using such methods and one fifth reported practicing the rhythm, withdrawal, natural family planning and other traditional family planning methods (KDHS,1993:35-36;Egero and Mburugu, 1994:58).

Population growth rate in some countries has been reduced mainly through male participation in family planning. In Philippines, husbands' acceptance of contraception played a major role in wives' decision to adopt contraceptive practice (IPPF, 1984). In rural Ghana, the Danfa family project revealed that half of the fertility reduction was due to husbands' involvement in family planning (Lamptey et.al, 1978). In Bali Province of Indonesia, the family planning programme succeeded because husbands shared contraceptive responsibility with their wives (Warwick, 1986). The husbands had to report the progress of the family contraceptive practice during the village meetings .In Zimbabwe, Mbizvo and Adamchalk (1991) found that men had a major role in the decision to use Family Planning methods and in determining the number of children a couple should have.

It is for these reasons that this study focuses on the factors that influence the use and approval of contraceptives among married men in Kisii District.

2.2 Desired Number of Children, Fertility and Contraceptive Use.

There is always a tendency that the desired family size by a couple affects contraceptive use and vice-versa. Where the desired family size is high, the tendency to use contraceptives is low because use of contraceptives limits (or spaces over a long duration) the number of children one can get. Given that the female's reproduction period is between 15-49 years, use of contraceptives limits the potential of getting as many children as possible. The reverse is also true where the desired family size is low. In most cases, effective contraceptive use is ignored until the desired family size is almost achieved. Even among educated people the same contraceptive behavior is observed. However, they tend to use contraceptives as a means of spacing births (Campbell,1986).

Bogue (1967:139), in a study carried out in Pakistan, found out that the number of living children was significantly related to knowledge of family planning. Knowledge was highest among couples with 4 or 5 children.

In Taiwan and Korea, the desire for additional children was found by Freedman et al. (1975) to influence reproductive behaviour and contraceptive use than any other variable. Desire for more children was itself strongly related to demographic and socio-economic variables.

In Puerto Rico, Hill, Stycos, and Back (1959:143-4) found out that spouses tend to agree on the desired family size and this agreement was in the direction of a small family. There was relatively high agreement on the use of birth control as a means of achieving the desired family size but there

14

was relatively little agreement on which partner was primarily responsible for carrying out contraceptive measures.

A study conducted among the Black male population of Chicago by Misra, (1967:199) found out that males, like females prefer to have a family of three children. Further, the study noted that families as well as individuals tended to have differential attitudes towards family size which were directly related to the actual family size. Over one-half of the males and females who had smaller families expressed a desire not to have more children and wished to close their families at a point. Most of the males seemed to be aware that too many children would hinder their economic betterment and therefore a large family was not desired.

In Liberia, there are indications that, with respect to fertility regulation, the dominance of the husband still exists (Campbell, 1986:41). Fertility decisions are reflective of parents' desired number of children. The desired family size is in turn a function of several intervening factors including the parent's level of education, the value attached to children, infant and child mortality, the sex of preferred children, the perceived barrenness of wives, age at first marriage, and income (Wrigely, 1969; Chambers, 1972; Adeokun,1979; Campbell, 1986).

Campbell's (1986:41-55) study found no significant statistical relationship between the husband's age at first marriage and desired family size. He also observed an inverse relationship between the husband's educational attainment and desired family size. Religion was also associated with the desired family size.

15

Mbizvo and Adamchalk (1991) in their study among men in Zimbabwe, found that there were significant differences in mean ideal family size by residence and education, but not age. Additionally the mean ideal family size of 4.6 children was lower than the total fertility rate of 5.7. The study further revealed that the respondents wanted many children for support during old age for security and because of possibility of child death; this study was carried in Zimbabwe (Central Africa). A study from East Africa is necessary for comparison purposes.

In his study of married women, Nkanata (1991:90), found a negative relationship between income and desired family size and positive relationship between religion and fertility.

Omogwa (1985: 128) in his study of fertility in Nairobi, found child mortality to be inversely related to fertility and negative correlation between education and fertility.

In Tamil Nadu, India fertility decline was observed by and was found to have an overall negative influence on Total Fertility Rate (TFR) which was in turn negatively correlated with agricultural productivity and positively with the share of agricultural labour. Female share in labour force was negatively correlated with fertility (Egero and Hammarskjold, 1994: 87).

The rising age at marriage is an important indicator of the decline in fertility. Differences in fertility by age at marriage are more evident in urban than in rural areas, and even in urban areas, they appear to be decreasing. The current study focusses on men to determine whether age at marriage has influence on fertility and contraceptive use.

16

In Punjab, India, during the 1950s, there was a general understanding that children were economically valuable and this motivated high fertility (Mamdani, 1972). Further, people in Punjab depended on having a large number of children to ensure their economic welfare, hence they saw it needless to reduce their fertility.

Fertility decline also arose out of occupational shift out of agriculture among those who continue to live in rural areas, but do not derive livelihood from farming. Parents have now to invest more in their children, by way of education and other inputs. They have to assure that their children have an economic future than they did in the past when the main concern was that they should be able to inherit an adequate amount of family property and as old age insurance.

The availability of modern contraceptives also facilitates fertility decline by removing the need to depend on fairly effective but burdensome folk methods of contraception, such as rhythm, withdrawal and abstinence (Egero and Hammaskold, 1994).

In some countries, Caldwell (1993:301) observes that the adoption of "birth control and the change to smaller families" generally took place in a climate of opposition from the establishment including the churches and the medical profession. In Latin America, for instance, the Catholic church was opposed to the use of contraceptives (Caldwell, 1993: 301).

In Asian countries, the state has, with few exceptions, been instrumental in favouring small families. According to Egero (1994:22), the state is capable of creating the basic necessary

17

conditions for fertility decline, bringing reproductive control within the realm of people's conscious choice, giving them access to effective means of birth control and making individual households see fewer children as an advantage.

In Thailand, as in other countries in South East Asia, the provision of contraceptive services was an important and timely support to people which permitted fertility decline. However, the key contribution of the state to the fertility transition was not contraceptive technology, but rather policies that changed the context in which people made decisions about family size and composition (Egero, 1994:24). With the commercial transformation of the Thai society there was increased awareness of the costs of children and this led to reduction in fertility.

In Sri Lanka, fertility decline during the late 1950s and 1960s, followed the pattern observed in many East and South-East Asian countries (Alam and Leete, 1993 : 84). It was brought about by a rising age at marriage followed by control of fertility within marriage. The government family planning programme began in response to the needs of the population after a spontaneous fertility decline had started. Not surprisingly, therefore, the pioneers family planning users relied more on traditional methods.

The experience of Sub-Saharan Africa is different from that of other countries. Many countries in the region experienced a change to higher levels of fertility in the first decade after independence. The first signs of reversal came in the late 1980s, and entailed very small reductions in fertility in

18

a few of the countries (Egero, 1994 : 25). However, there are problems in data quality and lack of relevant information on the factors that explain changes in fertility.

Rono (1994) in his study of married men in Nandi District of Kenya found out that men who had achieved their desired family size used contraceptives more as compared to those who had not. The study showed that where contraception had been adopted, male users had small families as compared to female users.

According to the Kenya Demographic and Health Survey (KDHS), almost half of the husbands studied wanted no more children while a quarter wanted to space their next child. The Survey Report noted that the proportion of those who did not want more children rose with the number of living children they had, while the proportion of those who wanted their next child within two years decreased with the number of living children (KDHS, 1989:84-85). The survey also reveals that 49% of the husbands had six or more children and 42% of the husbands aged over 50 years had more than 10 children. About 13% of the married men were less than 30 years old, one of the three was between 30 to 39 years and more than 50% husbands were 40 years or older. Since the survey provides data pertaining to the whole country, a study targeting a specific region of the country is appropriate for it can help confirm the national trend and bring out regional peculiarities.

From the above literature review, it can be noted that one of the problems in Africa, is lack of adequate data and information on fertility and its decline. This study seeks to close the gap by exploring the factors that determine the preferred family size in Kisii District.

2.3 Sex Preference and Contraceptive Use

People tend to ignore the use of contraceptives until they get the number of children of the sex preferred. All over the world the tendency is towards balancing the children's sexes. However, among Africans, due to socio-cultural values, preference is on getting more sons than daughters. Despite this, contraception is used more often by those who have achieved the desired number of children of the sexes they preferred. Thus sex preference plays a big role in determining contraception (Adeokun, 1979).

Countries with a marked preference for sons also have high and relatively stable fertility. In a recent International Union of Scientific study of population Report (1980:163-170) analysis of sex preferences for children using World Fertility Survey (WFS) data, countries were ranked according to boys and girls preferences. Three groups of countries were identified on the basis of these preferences. Countries in the first category of 'strong son preference" included those of Middle East and South Asia. In the second category of moderate son preference were South East and Sub-Saharan African countries. In the final category of equal preference were Latin America and Caribbean countries.

20

In Tamil Nadu, son preference was found to have a continuing influence on fertility (Egero and Hammarkjold, 1994). In this case reduction of fertility depended on efforts to alter the relative value of female as compared to male children .

In Kenya, Gachuhi (1971:4) indicates that in earlier years childeren's survival depended merely on chance and the will of the supernatural. The probability of death was very high by then due to absence of modern medical care. Hence it was the responsibility of the parents to have as many children as possible so as to ensure that some survived when others died. Continuity and wealth was acquired as a result of marrying off daughters hence fathers with many daughters would obtain enough bride-wealth for their sons (Gachui, 1971:4). There was social prestige in naming relatives and for a father to be named by his many children who were regarded as old age security. Fear of family extinction was deep rooted among most, if not, all societies (IPPF, 1984:1-8). Dow and Werner (1993:96), while studying a sample of male household heads in rural Kenya, found that the desired and observed fertility varied positively with the level of anticipated support. The fertility was high when the respondents expected greater economic assistance from their children and lower when they expected less assistance.

In an agricultural peasant economy, children especially sons are a major asset. With them, the belief is that there is at least a chance for prosperity (Greeley, 1977:20). The value of children is an important variable in this study as we shall find out the different values of children held by our respondents.

Mbithi (1989) argues that in Kenya there is the preference for sons as opposed to daughters in inheritance of land. People place high premium on male children because they are considered important in carrying forward the family name and operating as a flagship of the family. Given the preference for sons, a couple will continue to bear children until they have one or two sons.

In Anambra State of Nigeria, Oyeka (1989) found that women with no living sons were least likely to have practiced modern family planning.

A recent research by the Ministry of Health in Nyamira District, Kenya, shows that younger male parents see no difference between a boy and a girl (Ndege et al. 1993). However, the older generation feel that a son is desirable because he will stay with the parents while the girls will go away when they get married. Other reasons for son preference include the local values that a person without a son is not considered to be a man. A son ensures continuity of the family and that in case of problems such as land disputes and theft he will defend it. Rono (1994) found that preference of boys negatively affected contraceptive use among men in Nandi District.

The issue of sex preference of children has not been thoroughly researched in Kenya. Therefore this study will provide data to enable comparisons to be made with data from other districts such as Nandi and Nyamira where similar studies have been conducted.

The foregoing literature indicates that sons are highly preferred in many communities not only in Kenya, but other parts of the world.

2.4 Religion and Contraceptive Use

Traditional religion as well as christianity hold different notions and attitudes towards the use of contraceptives. Traditional doctrines emphasize on large family sizes as a sign of fertility and blessing from God. They do not therefore condone contraception (Maleche, 1990: 40). On the other hand, christians, especially protestants, condone the use of contraceptives while catholics cartegorically forbid its use on the basis of the biblical teaching that, God instructed man to "multiply and fill the earth" (Genesis 1 V 29).

Religious affiliation has a significant relationship with knowledge and family planning. According to Bogue (1967:178), the proportion of Muslims that practiced or were even aware of contraceptives was far less than that of Hindu counterparts. Among the Hindus, 90% of those who had even practiced family planning were still practicing it as compared with 60% of the Muslims. In Bangladesh, nearly all oral contraceptives are sold by men to men. In a society where Buddhism religion is widespread, men play a significant role in both the decision making and acquisition of contraceptive methods (Bogue, 1967).

In the U.S.A., Goldscheider and Mosher (1988:148-57), drawing on several surveys, showed that religion was a major factor in contraceptive use among couples in the 1980s. They further argue that religious differences in fertility may reflect particular norms about timing of marriage and child bearing, family size ideals and the type of contraceptives that are acceptable or preferable (Studies in Family Planning, 1988, Vol 19, 148-57).

A study among the Nandi Community showed that religious affiliation affected contraceptive use (Rono 1994). Protestant religion had a positive but moderate effect on contraceptive use among men. This is because protestant doctrines permit the use of contraceptives to avoid unwanted pregnancies. The study further found out that traditional religion had a positive but weak relationship with contraceptive use. The catholic religion strongly discouraged the use of artificial methods of birth control as was revealed by the existence of a strong negative relationship between catholic religion and contraceptive use (Rono, 1994; 155).

In Kenya, the dominant religions are christianity, followed by Islam and traditional religions. However, the study of the influence of religion on men and contraceptive use has not been well researched. Most family planning studies have mainly focussed on women The 1984 Contraceptive Preference and the 1989 KDHS surveys, for instance, based their studies almost entirely on women. The KDHS, however, gave an indication of relationship between religion and contraception among women without paying much attention to the relationship existing between religion and contraception among men either in rural or urban areas. The effect of religion on desired family size has not been fully researched and as such more research is still needed in various parts of the country with different communities for comparison and policy implementation.

2.5 Socio-Economic Status and Contraceptive Use

In general, socio-economic status factors have influenced the use of contraceptives in many parts of the world. Variables such as level of education, income and occupation, and land have been found to influence the level of contraceptive use (Campbell, 1986; Rono, 1994; Oyosi, 1996;

Machera, 1997). A number of studies confirm the presence of this relationship. A study carried in rural Bangladesh found out that men's occupation and education have a significant relationship with knowledge about family planning and contraceptive use. The highest status groups of businessmen and skilled workers with above standard of seven years of formal education were better informed and used contraceptives than the rest of the groups. However, formal education and land holding variables had no relationship with the respondents' use of contraceptives (Bogue, 1967:147). However, findings by the Asian study are likely to differ from those carried out in Africa owing to different social structure and culture.

Education is also another socio-economic factor that has been found to be a very important variable in as far as use and decision to use contraception is concerned. There is a tendency for educated people to desire a small family size and therefore continue to use contraception than the less educated who are opposed to or discourage such use. For example, Maleche (1990: 29) found out that lack of, or low education in the rural areas tended to encourage rigid traditional practices that discouraged the use of modern contraceptives.

In a study conducted among secondary and college students, Gachuhi (1972:10) found out that on average 1.45 methods were known by students with less than 8 years of education, and 2.11 methods by those with more than 11 years of education. Further, the study revealed that acceptors without formal education were less attracted by the family planning activities and had more children than the educated acceptors. In fact whereas only 20% of the non-educated acceptors had less than two children, as many as 38% and 74% of those with primary and secondary education

respectively had less than two children. It was clear that educated women frequented family planning clinics more often than those without and in most cases, used contraceptives at an earlier stage of their child-bearing period (Gachuhi, 1971).

Gachuhi (1971), however, based his study mainly on the influence education had on women contraceptive and fertility behavior, and did not include men and their behaviour. Therefore, this study would focus on men and contraceptive use with regard to their educational levels.

The KDHS (1989:77) indicates that less educated husbands are less likely to approve of family planning than their more educated counterparts. However, findings on husbands with no education, showed that over three-quarters of them approve of family planning in Kenya. Concerning family planning knowledge and use among husbands, 49% were users of modern contraceptives and 25% were using any method including abstinence and traditional ones; 24% were not using modern methods. The KDHS's finding that currently married men are contraceptive users does not agree with the prevailing rate: this is too high that one may tend to believe that it is women who are not co-operative and yet we know that women are co-operative. There is need therefore for a further study to verify these facts.

Keraka (1991:31) found that contraceptive use increased with the level of education and that as the number of deaths increased, contraceptive use decreased. This was attributed to the fact that the couples had not achieved their desired family size.

Caldwell (1980) viewed education as influencing fertility indirectly. To him, education affects fertility through restructuring of family relationship and the direction of wealth flow from the younger generation (children) to the older generation (parents) in traditional societies. He concluded that formal education is among the most important force behind fertility decline. However, perceived costs and benefits of children to parents will determine whether desired family size will take an upward or downward trend.

Employment status has an effect on contraceptive use. A number of studies indicate that it has a positive relationship with the use of contraceptives. A man with higher employment status is more likely to approve and use contraceptives. Ikamari (1985:105) showed that employment status of men was important in determining the use of contraceptives by a couple. He found that contraceptive use among currently married users rose from 3.7 per cent among women with unemployed husbands to almost 10 per cent among women with employed husbands. Furthermore a positive relationship existed between the husband's employment status and contraceptive use. However, the study did not examine the cotraceptive behaviour of men employed in different occupations.

2.6   Summary of the Literature Review

The literature reviewed above indicates that there are a number of factors which influence the preferred family size and use of contraceptives. These are the socio-economic, cultural and demographic factors. This study looks at the role of these factors in influencing fertility and contraceptive use in Kisii District. From the literature review presented above, it is clear that

27

studies on the preferred family size and contraceptive use/non-use among men is not extensive in the country. This study hopes to fill the gap of knowledge on family size preferences and contraceptive use among men.

2.7 Theoretical Framework

A theory is an hypothetical deductive system because it states deductive connections among the hypotheses. It is 'a set of constructs (concepts), definitions and propositions that presents a systematic view of phenomena by specifying relations among variables, with the purpose of predicting the phenomena' (Kerlinger 1964:9). A theoretical framework is essential to the understanding of factors that may influence or are associated with the identified problem (Khasakhala, 1994: 51). It is in recognition of this that this study adopts the Demographic Transition Theory (DTT). This is discussed below.

2.7.1 The Demographic Transition Theory (DTT)

This study utilizes the demographic transition theory (DTT) to explain the factors influencing family size preference and contraceptive use among married men. Notestein (1953) and Blackdraw (1947) have offered a classical description of the Demographic Transition Theory. The theory draws on available data. For most countries that have gone through a demographic transition; death rates decline as the standard of living improve, birth rates almost always decline a few decades later. The DTT is divided roughly into three stages (Monstead and Walji, 1978: 26). In the first stage there is high growth potential because both birth and death rates are high. In the second stage, transition from high to low birth and death rates is evident. During this stage, the

28

growth potential is realized as the death rate drops before the birth rate drops, resulting in rapid population growth. The third and last stage is a time when death rates have attained their lowest levels while fertility may continue to decline to the point where the population may eventually decline in numbers (Weeks, 1989; 74-76). The DTT theory identifies the factors that determine family size and contraceptive use to be socio-cultural as well as socio-economic.

This transition, is what took place in the currently advanced countries of the world such as those in Europe. In these countries, the condition that led to reduced family size were socio-economic changes in the expanding urban sector during the industrialization process. The reasons for the transition included increasing cost of child rearing and lack of benefits from their labour, fixed salaries and inadequate housing, among others. This made the maintenance of large families burdensome to couples and made many of them to opt for reduced family size through contraception.

The DTT theory has however been criticised on several grounds. One, the theory has no set time limit for the transition. This means that nobody knows how long a country should wait before birth rates decline. Secondly, there is no absolute level of mortality decline that will trigger declining fertility. Besides, there is no assurance that birth rates would not rise again after post transition period and finally, the theory may not be wholly applicable in developing countries as it was in the industrialized world. The developing countries have been able to lower the rates of mortality in a short span of time due to the transfer of technology from the developed countries (Weeks, 1989:75).

According to Notestein (1953:18), the decline in fertility in the Western countries can be attributed to economic and social transformation which was accompanied by industrialization, urbanization, spread of education, shift of labour from agriculture and a reduction in mortality rates. Notestain's view has been challenged even in the Western context because some historical studies show that fertility in some cases declined in populations which were largely agrarian and illiterate and where the infant mortality rates were high (Knodel and Walle, 1986). Studies in rural Punjab India, have shown that the onset of fertility decline took place in the context of an essentially subsitence agrarian society where infant mortality was high, low levels of literacy and lack of effective family planning programmes (Gupta, 1994:109).

Although the theory has its weaknesses as shown above, it can be applicable in this study, since it may help in the identification of factors that have led to the desired family size and use of contraceptives among married men in Machoge Borabu Location, Kisii District, Kenya. Due to the many socio-economic changes that have taken place in many developing countries, Kenya included, couples are being forced to consider reducing their family sizes. For instance, the introduction of Structural Adjustment Programmes (SAPs) by the World Bank and International Monetary Fund (IMF) have made the cost of living for the majority especially in rural areas difficult. The pressure has mostly been felt in the introduction of cost sharing in health and educational sectors (Egero and Mburugu, 1994). This implies that parents have been constrained and are therefore likely to make decisions that favour reduction in their family sizes. This is in line with the predictions of the Demographic Transition Theory (DTT). As the financial responsibility of raising the family falls heavily on men, they are likely to desire a small family

30

size which they will be able to take care of without difficulties. This would lead to men's approval and use of contraceptives in the family in order to attain the desired small family size.

2.7.2 Model Guiding Hypotheses

The DTT has provided a useful perspectives of organising the research variables that is, socio-cultural, social economic and demographic variables. This study has come up with a modified framework relating the behaviour of variables with desired family size and contraceptive use. Through the DTT, a perspective through which the specified variables influence family size and contraceptive use is shown in Figure 1. The socio-economic, socio-cultural and demographic variables, influence family size and contraceptive use among the Kisii community.

Further, using the DTT as a base, this study seeks to explain the influence of socio-cultural, socio-economic and demographic factors on contraceptive behaviour. Effort is made to explain how background characteristics such as age, religion, current family size and socio-economic factors of an individual work through the intervening variables such as beliefs, mens' attitudes towards contraception and preferred family size to determine the level of contraceptive use. For instance, religion works through beliefs and attitudes of men towards contraception to determine the level of its use (Rono, 1994). Further, depending on one's age, current family size and socio-economic factors, contraceptive use can be determined through a man's desired family size. Finally, the model explains that socio-economic factors such as level of income of an individual, landholding, education and occupation determine the ability of a man to feed and clothe a family and how he subsequently reacts in trying to achieve his preferred family size through contraceptive use.

31

Figure 1: Factors Influencing Family Size Preference and Contraceptive Use/Non-use in the Society

(A)
Socio-cultural Factors
- Religion
- Sex Preference
- Old Age Security and
- General Beliefs

(B)
Socio-economic Factors
- Land
- Education
- Icome and
- Occupation

(C)
Demographic Factors
- Age at Marriage
- Age and
- Desired Family

(D)
Family Size Preference

(E)
Current Family Size

(F)
Contraceptive Use/Non-use
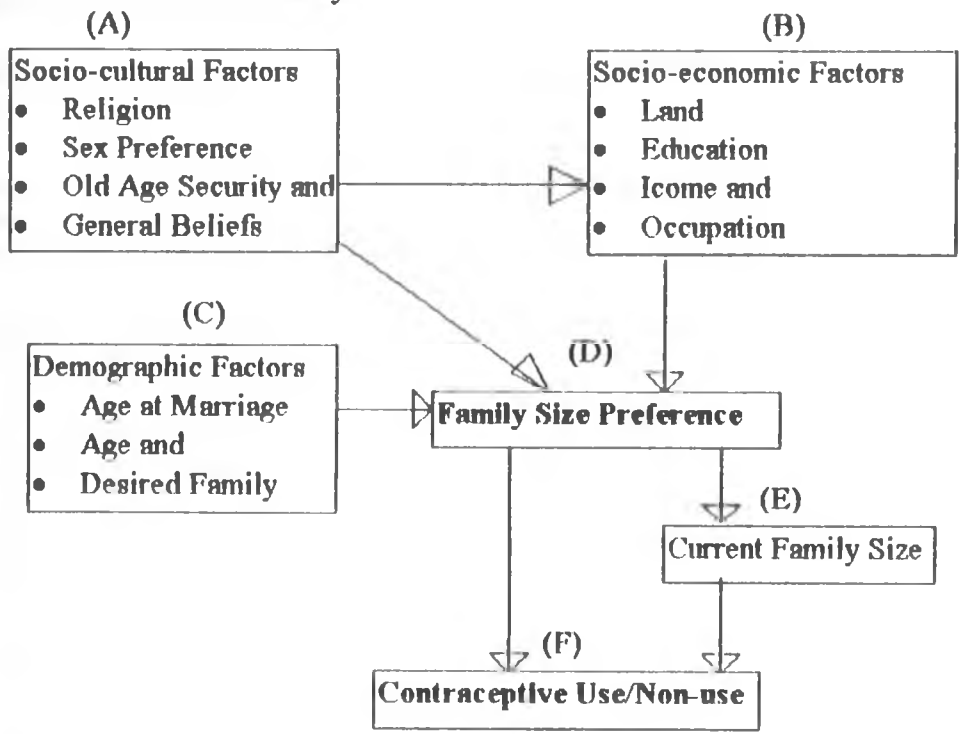
Source: Modified from Rono, 1994: 40.

Figure 1 Box A represents the socio-Cultural factors (religion, sex-preference, old age security and general beliefs). Box B represents the Socio-Economic Factors (land, education, income and occupation). Box C represents the Demographic Factors (age, age at first marriage and desired family) Box D represents the family size preference (dependent variable). Box E represents the current family size. Box F represents the contraceptive use/non-use (dependent variable). The arrows show effects the various factors have on the dependent variables

2.8 Hypotheses

The following were the hypotheses of this study:

Ho : Socio-economic factors do not infuence preferred family size.
HA : Socio-economic factors influence preferred family size.

Ho : There is no significant relationship between socio-cultural factors and preferred family size,
HA : There is significant relatioship between socio-cultural factor and preferred family size.

Ho: There is no significant relationship between demographic factors and preferred family size
HA : There is a significant relationship between demographic factors and preferred family size

Ho: Socio-economic factors do not influence contraceptive use
HA: Socio-economic factors influence contraceptive use

Ho: Socio-cultural factors do not influence contraceptive use
HA: Socio-cultural factors influence contraceptive behaviour

Ho: There is no significant relationship between demographic factors and contraceptive use
HA: There is a significant relationship between demographic factors and contraceptive use

CHAPTER 3

3.0 METHODOLOGY

3.1 Introduction

This chapter focuses on the background to the study area, sampling design and methods of data collection, data analysis and the difficulties encountered in the field.

3.1.0 Research Site

This study was conducted in Machoge Borabu Location of Kenyenya Division in Kisii District, Nyanza Province. Kisii occupies an area of 1302.1 Km^2 of land and is the second smallest district in the Province. It is bordered by Nyamira District to the North and East, Trans Mara District to the South, and Homa Bay and Migori Districts to the West. The District lies between latitude 0^0 30' and 1^0 00' South and Longitude 34^0 38' East.

Kisii District has eleven divisions namely; Kenyenya, Nyamache, Nyacheki, Sameta, Nyamarambe, Keumbu, Suneka, Ogembo, Masaba, Marani and Mosocho. Machoge Borabu, specific study area, is one of the locations of Kenyenya Division. It is situated to the South of Kisii Town along Kisii-Kilgoris road and Kisii-Kenyenya Nyabitunwa road. The location is divided into four (4) sub-locations namely: Igorera, Kiango, Emesa and Ritembu.

The selection of the study area was purposive due to the following reasons: first, Machoge Borabu location is not very much developed and should therefore provide a clear picture of the rural population's utilization of contraceptives. Second, due to time factor and the costs involved, it was not possible to conduct the study throughout the entire district. However, information obtained from the location was assumed to be representative of the characteristics

34

of the district. Besides, the location is characterized by land fragmentation, soil degradation, out migration, increased spread of communicable diseases, unemployment and but is easily accessible by use of Kisii-Kilgoris road.

Kisii District has a high population growth rate of 3.5% per annum (CBS, 1994). The growth rate is attributed to low use of family planning methods. During the 1979 census, Kisii district had a population of 568,556 persons. This population was however projected to have increased to 932,846 persons by 1993. The annual rate of population growth between 1979 and 1993 was 3.6%. Thus using the 3.6% rate, the population of Kisii District was projected to increase to 966,428 in 1994, rising to 1,037,263 by 1996 (CBS, 1994). However, the population growth rate has declined from 3.6% in the early 1980s, 2.72% in the 1990s due to the awareness of the importance of a small family and the existing pressure on land in the district.

Machoge Borabu speads over an area of 61 Km^2. According to 1989 population census, the population of Machoge Borabu was 35,159 persons and a sex distribution of 16,864 males and 18,295 females; the number of households was 6,241 with a density of 576 persons/km^2. The research area is therefore characterised by a high population growth rate which is attributed to high fertility in the area.

The location is endowed with fertile soils and well distributed reliable rainfall, which are appropriate conditions for farming. Indeed, farming is the main economic activity undertaken in the location. Some of the crops grown include tea, coffee, pyrethrum, maize, potatoes, bananas and beans among others. Livestock production, particularly dairy farming is also practiced in

35

the area. Despite being a significant producer of tea leaves, there is no factory in the location. Trade in farm products and second hand clothes is widespread in the location.

3.2.0 Sampling Design

In this study the sampling frame was constituted of married men in the location aged between 20 and 55 years. These were the people who were considered as productive members of society and generated income and were active in reproduction. The study initially sought to reach the entire population of all married men in order to give more weight to our findings, but due to lack of enough time and cost involved, a sample was drawn from the population. It is generally much more economical in time, effort and money to get the desired information from a small part than from the whole population (Bailey, 1987).

3.2.1 Sample Selection

Sampling is taking part of, or a portion of the population as a representative of the population or universe (Kerlinger, 1964: 52). Sampling serves the main purpose of avoiding biases in the selection of the sample and to help achieve a maximum precision for a given outlay of resources (Bailey, 1987).

The sample consisted of one hundred and fifty (150) respondents and was drawn as explained below. The researcher visited the locational chiefs and assistant chiefs' offices and requested them to provide from their registers the names of the villages in the sublocations and also names of the household heads in each individual village. The exercise was time consuming but they were able to do it with the help of the village elders. The information was used to make sampling frames for villages and for the households that were covered in this study.

36

Multi-stage sampling was used including simple random sampling. When selecting a sample using multi-stage sampling all the sub-locations in Machoge Borabu location were listed down. These were; Emesa, Kiango, Ritembu and Igorera. The four sublocations have homogeneous characteristics. The study respondents were drawn from three of the four sublocations selected through the lottery technique. The three sub-locations namely, Kiango, Ritembu and Emesa. The lottery technique involve pieces of paper with names of sub-locations written on them, to represent the four sub-locations. They were carefully folded and rolled into balls of the same size and then placed into a container. The papers were thoroughly mixed and one piece was picked at a time. In the second stage, all the villages in each of the selected sub-locations were listed and ten (10) were randomly selected.

The third step was to prepare a list of households from each of the ten selected villages with the assistance of the village elders. The names of households were allocated numbers in the list. From each village five households were randomly selected by use of simple random sampling where the household head (married man) was the respondent. Table 3.1 shows the distribution of the households in the sublocations and villages where the data was collected.

Bailey (1987) argues that simple random sampling is that method of drawing a potion of a population or universe so that each subject has an equal chance of being selected. In other words random sampling is extremely important because the purpose of research is to draw conclusions about a sample.

Although the propability techniques like the lottery method have some limitations such as: It is difficult to achieve a satisfactory mixing of the pieces of paper (Moser and Kalton 1979:82)

They recommend use of rondom numbers generated by a rondom procedure. In addition, the practicability of the procedure depends in the first instance on the size of the population. The work of selecting from a large population would be laborious. Hence it is time consuming.

Table 3.1 Distribution of respondents as per sublocation, villages, households in Machoge Borabu Location.

Sublocation	Village	Households	Sample
Kiango	1. Kiango I	59	5
	2. Kiango II	56	5
	3. Rianyanchabera	57	5
	4. Endereti	55	5
	5. Riobonyo	60	5
	6. Orosiaga	56	5
	7. Eyenya	57	5
	8. Mote'bwomera	56	5
	9. Magena Marabu	59	5
	10. Gesabakwa	58	5
	TOTAL	573	50 = 33.3%
Ritembu	1. Keera	56	5
	2. Nyabara Inye	59	5
	3. Nyagitari	55	5
	4. Itibo	60	5
	5. Matibe	56	5
	6. Getare	57	5
	7. Nyabongo	55	5
	8. Icnuni II	54	5
	9. Bogeta	58	5
	10. Endereti	59	5
	TOTAL	569	50 = 33.3%
Emesa	1. Egetongo	58	5
	2. Nyambunwa	56	5
	3. Nyambunwa Masaku	55	5
	4. Bw'Omanga	58	5
	5. Nyabiosi	57	5
	6. Mosensema I	54	5
	7. Nyamisaro I	56	5
	8. Nyamesocho I	58	5
	9. Gesinga	59	5
	10. Emesa II	60	5
	TOTAL	571	50 = 33.3%
	GRAND TOTAL	1654	150 = 100%

Source: Based on Field Survey, 1997

According to statistics available at the chief's office, Kiango sub-location had a total population of 8,406 people and 1,065 households, Ritembu sub-location had a total population of 10,235 people and 1,071 households while Emesa had a total population of 14,573 people with 1,069 households. The 18 villages in each sub-location had between 50 - 60 households and from each 5 households were selected for research.

3.3.0 Data Collection

The household head (married man) was the unit of analysis and was interviewed in order to obtain data for analysis.

The major instrument for collecting data was a structured questionnaire (see Appendix 1). The collection of data was carried out by the researcher over a period of three months from March to early June 1997. Since the researcher hailed from the area and is conversant with the culture and Ekegusii language, he was able to get responses to most questions which needed a lot of probing. Interviews were carried out in the local language, Ekegusii or English as appropriate.

The interview schedule consisted of questions covering respondent's background in relation to social economic status, participation in family planning programmes and the family size desired. During the interview the researcher had to explain the purpose of the research. Both open and close ended questions were used. The data obtained using the interview schedule was duly analysed and interpreted.

39

In addition to the interview schedule, other methods used were, secondary data, unstructructured interview and observation. Secondary data was acquired from the District Development Plan, Kenya Demographic & Health Survey, several magazines and other relevant documents. The documents were obtained from the offices of family planning organizations, for example, Marie Stopes Clinic in Nairobi, Family Planning Clinics, Population Services International at Westlands and the Family Planning Private Sector.

Other secondary data were obtained from the University of Nairobi, i.e., Jomo Kenyatta Memorial library, IDS library and The Institute for Population Studies library.

The study also employed unstructured interviews. During the study period the researcher identified a number of informants who gave a lot of relevant information about family planning. However, informants were not included in the sample. Simple observation was also used. Through this method, the researcher learnt some of the characteristics of the respondents that had not been obtained through any of the above methods e.g., the questionnaire. The researcher observed the crops, livestock, family size, the size of the land and other forms of capital that provided an indicator of the respondents' general standard of living.

3.4 Scope and Limitations of the Study

This study encountered a number of problems. One of the problems was that throughout the study, it was not easy to convince the respondents that the purpose of the study was not a family planning campaign but a fact finding research. At first some of the respondents thought that the researcher was interviewing them so that they could pay more taxes to the government.

40

The problem was however overcome by explaining the exact purpose of the study and its benefits to the respondents.

Another problem was that of maintaining confidentiality during the interview. The researcher had to interview some of the respondents in their shambas, i.e., cultivated fields where they were working with other family members. Interviews were conducted while the respondents were working or performing other farm activities. Isolating them was almost impossible as this meant stopping the work, thus affecting their expected day's work out-put. The researcher had also to interview respondents involved in group activities in low voices inorder to avoid the other person from hearing. It was very hard to separate husbands from their wives in a bid to ensure confidentiality.

Accessing the various sub-locations was also problematic due to the area's uneven topography. It was therefore quite difficult sometimes to reach the respondents. In order to do so, the researcher had to criss-cross over valleys and hills. Another constraint was the heavy rains in the area at the time of study which made travelling difficult. This limited the number of respondents that could be interviewed daily.

Finance was also a problem. The researcher had limited finance to conduct the research. Since the available monetary resources could only allow the researcher to gather data in person, only few respondents could thus be covered. This was the main reason why the study covered a sample of 150 respondents from one location. With adequate finance the study could have covered the whole of Kisii District.

3.5 Operational Definitions of Concepts and Variables

Family size preference:

This has been used as the dependent variable and it refers to the total number of children (boys and girls) a man would want (wish) to have assuming that he continues to stay with his current wife up to the end of her reproduction period.

Contraception

This refers to all the methods including traditional techniques adopted in order to prevent pregnancies. In this study, we have current users and non-users of contraceptives. Current users were those who were using family planning methods during the time of study. Non-users were those respondents who were not using any of the methods at the time of interview.

Socio-economic factors

Refer to education, occupation, income and land.

Level of education

This refers to the number of years spent acquiring education in an educational institution by the respondent. Formal education was used in this study to indicate the highest level a respondent has attained through a modern education system. In this study, respondents were categorised according to their educational levels. Three categories were obtained; Primary (Starndard 1-8), Secondary (Form One to Four or Form six), Post-secondary (those with tertially training, university education and other training after form four).

Occupation

In this study, occupation is used to refer to the economic activities in which the respondents involved for purposes of generating income. The respondents were categorised into formal employment (e.g.,teachers and clerks), informal employment (e.g. lumbering, tailoring or business) and agricultural sector.

Income

This refers to the total cash earned monthly in the respondent's family. It is taken as the sum total of the income of the wife and husband. There was lack of documentation concerning sale of crops and livestock products. Besides, the respondents were not well informed about the income of their spouses. This made it difficult to obtain accurate information on monthly income. An attempt was however made to assess the household income by examining different economic activities and assets of the respondents. Therefore, what respondents gave as their income should be taken only as estimates. Income has been categorised into five classes (500 - 2,000, 2,001-3,500, 3,501 - 5,000, 5,001-6,500 and 6,501 +).

Land

This variable considers the sizes of the farms in acres. The respondents were categorised according to the sizes of the farms. Four categories were obtained; Those with 0.5-1.1 acres, those with1.1-3.0acres; those with 3.1-5 acres; and those with more than 5 acres of land.

Cultural factors

Mainly refer to religion, sex preference and old age security.

Religion

This refers to the denomination of the respondents. This variable was used to find out whether religion of the respondents influenced their desire for children and contraceptive use. The respondents belonged to different demoninations namely (catholics, protestantism and African traditional religions).

Sex Preference

Respondents were asked to name the sex preference of the next child. Some respondents did not need an extra child of any kind; others preferred a boy or a girl while others did not mind the sex of the next child.

Old age security

Refers to the perceived assistance that can be offered by the respondent's children during old age.

Number of respondents' wives

This refers to women married to the respondent staying with him at the time of the study. The study assumes that those respondents with more than one wife hold strong cultural beliefs as opposed to those with fewer wives. Three categories were obtained: Those who had one wife: those with two wives; and those with three wives.

Demographic factors

Mainly refer to age of respondent, age at marriage and desired family size.

44

Age at first marriage

Refers to the age of the respondents since birth when they entered their first marital unions. Four categories of age at marriage were obtained. These were: <20 years, 20-24, 25-29 and 29+.

Age

Refers to the duration in years of the respondents' past existence up to the time of study For purposes of analysis, the respondents' age was divided into four four categories; 20-29, 30-39, 40-49 and 50+ representing; young, middle, earlier old age and older respondents.

Sources of contraceptives

These refer to where the respondents obtained the contraceptives they used. Three main sources were obtained. These were, the shop, the family planning clinic and community based distributor.

Knowlege of Contraception

This refers to the respondents' awareness and knowledge of family planning methods and services. The respondents were aware of various methods such as, the diaphragm, condom, female sterlization, injection, male sterization and the pill.

Decision Regarding Family Size

This refers to the main person who decides on the number of children a family should have. Four categories were found. those who made a joint decision, those who said it was God's decition, those who said it was their own decision, and those who did not know.

3.6 Method of Data Analysis

The study used means, standard deviation, range, percentage, frequency, Chi-square, cross tabulation and Pearson's correlation coefficient.

3.6.1.1 Mean

This is a measure of central tendency as it tells a researcher about the main central characteristics of a distribution of scores. The arithmetic of a sample mean is obtained by summing all the observation and dividing by the total number of observations in the sample (N)

$$\overline{X} = \Sigma x/N$$

3.6.1.2 Standard Deviation

This is a measure of dispersion. The deviations are recorded from the mean. It shows how much an individual score is greater than or less than the mean of a set of scores. The standard deviation is calculated by getting the square root of the mean of squares of the deviations of individual items from the arithmetic mean.

$$\delta = \frac{\sqrt{\Sigma(x-x)^2}}{N}$$

For grouped data (continuos variables), the standard deviation is calculated as under;

$$\delta = \frac{\sqrt{\Sigma f(mf-\overline{x})^2}}{\Sigma f}$$

3.6.1.3 Range

Is the difference between the highest and the lowest values in one series. In a frequency distribution the range is taken to be the difference between the lower and upper limits of a

46

distribution. Thus Range equals maximum score minus minimum score. It indicates the spread of data.

3.6.1.4 Percentage.

Percentages are normally obtained from proportions by simply multiplying by 100. Percentages are used to standardize size by calculating the number of individuals who would be in a given category if the total number of cases were 100 and if the proportion in each category remained unchanged (Blalock, 1972:33). Percentages must always add up to 100.

3.6.1.5 Frequency Distribution

Frequency distribution is a tabular arrangement of data by classes together with corresponding class frequencies (Hagood, 1969:27). Such tables summarize group data to facilitate further analysis. When summarizing large masses of raw data it is often useful to distribute the data into classes or categories and to determine the number of individuals belonging to each class, called the class frequency. Most data discussed in this study have been presented in tabular form.

3.6.2 Inferential Statistics

These statistics were used in testing of hypotheses. Inferential statistics are essentially statistical tools for drawing conclusions or making decisions about a population on the basis of samples. They thus allow inference. The inferential statistical tools that have been used in this study are:-

(a) Chi-square

(b) Cross-tabulations

(c) Measures of association.

47

3.6.2.1 Chi-square

Chi-square is a measure of statistical significance that helps to draw conclusions on the existence or non-existence of a systematic relationship between two variables. It measures whether the observed values differ significantly with the expected ones. It is calculated using the following formula;

$$\chi^2 = \frac{\Sigma(O-E)^2}{E}$$

where

O   = Observed frequencies

E   = Expected frequencies

The calculated value of χ^2 is compared to the tabulated value to find out its significance. If the calculated value of χ^2 (at certain level of significance) is less than the table value the null hypothesis is maintained. Otherwise its rejected when the χ^2 calculated value is more than the table value and the conclusion is drawn that there is a significant association between the variables (Gupta, 1987:664). In this study 0.05 is the margin of error thus the risk of getting a chance of 5% level of significance.

3.6.2.2 Cross Tabulations

These tables are a numerical tabular presentation of data usually in frequency or percentage form in which variables are cross-tabulated in order to study the relations between them (Kerlinger, 1964:159)

48

These tables give a joint frequency distribution of cases according to two or more classification variables (Nie et al, 1970:218). They match the dependent and independent variables. They enable the researcher to see any possible inter-relationship between the variables (Kerlinger, 1964: 160). The tables are summarized in this study by the measure of chi-square test of significance and Pearson's correlation co-efficient.

3.6.2.3 Measures of Association

The Pearson's product moment co-efficient (R) and the co-efficient of determination (R^2) are the two measures of association used in this research. It was possible to show the existence of any relationship between the independent and dependent variables and how much of the change in the dependent variable is explained by the independent variable. Pearson's

correlation co-efficient (r) was also used in determining the direction (whether positive or negative). The values of r=-1 and r=+1 show a perfect relationship though the direction of relationship is negative in the first case and positive in the latter (Aggarwal, 1990:151).

3.7 Conclusion

In conclusion, this chapter has highlighted methods that were used in data collection and analysis. It has described the research site, sampling design and selection, scope and limitations of the study. Statistics used in data analysis included means, standard deviation, percentage, frequencies, chi-square and Pearson's correlation coefficient (r).

49

4.0 DATA PRESENTATION

4.1 Introduction.

In this chapter a detailed description of the distribution of the respondents on the variables is offered. Basically descriptive statistics such as measures of central tendency which include; mean, mode, median, contongency tables and percentages are used to make the study more elaborate.

4.2 Contraceptive Behaviour

In this study contraceptive behaviour (use/non-use) is treated as the main dependent variable which is considered against other independent variables.

Table 4.1: Percentage Distribution of Respondents according to Contraceptive Behaviour.

Contraception	Number	Percentage
Users	47	31.3
Non users	103	68.7
Total	150	100

Source: Survey data, 1997

The contraceptive prevalence rate in Machoge Borabu Location was 31.3%. Of the 150 respondents, 103 (69%) were non-users of contraceptives. The length of contraceptive use

averaged 56.6 months with a mode of 3.00 and a standard deviation of 47.03 and a range of 189 months. This shows that household heads favoured the use of contraceptives by themselves and their wives.

4.3 Major Sources of Income and Income Levels

Farming, informal and formal employment were found to be the major sources of income of the total sample. About 75% relied on farm sales, 16% relied on informal employment, while 9.3% relied on formal employment as their major sources of income.

Monthly income ranged from Ksh. 680 to Ksh. 27,000 with a mean of Ksh 5083.73. However, the modal income was Ksh. 2000. This shows that the majority of the males earned Ksh.2 000 per month. It is expected that the income of a person with other factors such as educational level of respondents would influence use of contraceptives.

The monthly income of the respondents in this study was categorized into four based on the percentage value as shown in Table 4.2.

Of the total sample 17.3% earned less than Ksh 2000, 28.7% earned Ksh.2501 - 3500, 16.7% earned between Ksh.3501 -5000, 14.0% earned Ksh.5001 -6500 while 23.3% earned above Ksh.6500 per month. This clearly show that the majority of the respondents are low income earners.

Table 4.2 : Distribution of the Respondents as per Monthly Income (Ksh.)

Monthly Income (Ksh.)	Number	Percentage
500 - 2000	26	17.3
2001 -3 500	43	28.7
3 501 - 5 000	25	16.7
5 001 -6 500	21	14
6 501 +	35	23.3
Total	150	100

Source: Survey Data, 1997

4.4 Educational Level.

Education plays an important role in society.   It provides knowledge and enables one to manipulate his/her environment.   Consequently, the higher the level of education, the higher the level of exposure and adoption of new technology for instance use of modern contraceptives.

In this study, 56.0% of the sample had attained primary level of education, 38.0% had attained secondary level of education while 6.0% had attained post secondary education (see Table 4.3). This implies that the level of education may not have an impact on contraceptive use as the majority of the respondents had primary education.

52

Table 4.3 : Distribution of Respondents as per Level of Education

Educational level	Number	Percentage
Primary	84	56.0
Secondary	57	38.0
Post secondary	9	6.0
Total	150	100

Source: Survey Data, 1997

4.5 Age

In traditional societies age played a crucial role in providing status to an individual. An older person was seen as wise and was consulted for advice as an elder. The older the person was, the more reason for him/her to adopt the cultural/traditional beliefs and stick to them without changing. This implies that he/she would oppose the use of new methods of family planning:

In this study, the mean age ranged from 23 to 55 years (Table 4.4). The mean age was 37.13 years and modal age was 33 years and range of 32 years. The youngest respondent was 23 years and the oldest respondent interviewed was 55 years as they were considered as the productive members of society who generated income and were active in reproduction. Therefore they were the people more likely to adopt use of contraceptives.

53

Table 4.4 : Distribution of Respondents as per Age Group

Age Group	Number	Percentage
20-24	5	3.3
25-29	26	17
30-34	39	26.0
35-39	28	18.7
40-44	20	13.3
45-49	15	10.0
50-54	11	7.3
55-60	6	4,0
Total	150	100

Source: Survey Data, 1997

4.6 Age at First Marriage.

The study attempted to find out the age at first mariage of the respondents. It was found that 9.3% of them had married when they were less than 20 years, 46.0% when aged 20-24 years, 39.3% when aged 25-29 years while 5.3% had married when they were aged more than 29 years. From Table 4.5 it can be concluded that the majority of the males in Machoge Borabu married when they were aged 20-29 years. Table 4.3 shows the respondents within these ages had at least primary school education and could therefore adopt the use of modern contraceptives to prevent pregnancy. Having been to school, they had been exposed to modern life styles which made them less rigid to the use of modern contraceptives.

Table 4.5 : Distribution of Respondents as per Age Group at First Marriage

Age at first marriage (years)	Nummber	Percent	Cum percent
< 20 years	14	9.3	9.3
20-24	69	46.0	55.3
25-29	59	39.3	94.7
>29	8	5.3	100
Total	150	100	

Source: Survey Data, 1997

The mean age at the respondents' first marriage was 24.09 while the modal age was 22 years. This meant that majority of the respondents had married when they were aged over 20 years. The minimum age of their first marriage was 14 years while the maximum was 40 years.

4.7 Current Family Size;

In this study the number of children ranged from none to 14 (Table 4.6). Of the total sample, 2.7% had no child at the time of study. About 62% had 1-4 children, 28% had 5-8 children while the remaining 7.3% had more than 8 children.

55

Table 4.6 : Distribution of Respondents as per Current Family Size

Current Family size	Number	Percent
None (0)	4	2.7
1-4	93	62
5-8	42	28
> 8	11	7.3
Total	150	100

Source : Survey Data, 1997

The average number of children per family was 4.207. However, there is a possibility that this number would increase as the respondents said they would like to have additional children in future.

4.8 Additional Number of Children Desired.

Desired additional number of children would determine whether a person would continue using modern contraceptives, or stop using them. On average the desired additional number of children by men in Machoge Borabu Location beside their current family size were 1.44.

The study found that 32.7% did not want more children, 49.3% wanted to add 1-2 children, 16.0% wanted to add 3-4 children while 2.0% wanted to add more than 4 children. This was because some of the respondents had recently been married and they had not achieved the size of the family

they would have preferred. This implied that they would not use contraceptives until the size of the family desired was achieved.

Given that the average current family size was 4.2 it can be concluded that the average total family size preferred is 5.64 (current family size plus desired additional number of children). The average preference is relatively high and is likely to cause many couples to postpone contraception and therefore may have not only a negative effect on attitudes towards it but also on the number of users.

Table 4.7 : Distribution of Respondents as per Desired Additional Number of Children

Desired Additional Children	Number	Percent
None (0)	49	32.7
1-2	74	49.3
3-4	24	16.0
> 4	3	2.0 ⁄
Total	150	100

Source: Survey data, 1997

4.9 Occupation of the Respondents

The majority of the respondents (56.0%) were farmers, 26.7% had occupations outside farming which included carpentry, masonry, lumbering and which were classified as informal employment. The remaining 17.3% were included in the formal employment as Table 4.8 illustrates.

Table 4.8: Distribution of Respondents as per Occupation.

Occupation	Number	Percent
Formal employment	26	17.3
Informal employment	40	26.7
Agriculture(farming)	84	56.0
Total	150	100

Source : Survey Data, 1997

The nature of occupation exposes one to new ideas which in turn raise the likelihood of one adopting modern family planning methods. Occupations such as formal employment for examples teaching and clerical work could expose respondents to new ideas such as family planning.

4.10 Occupation of Female Spouses

The majority of the respondents (92.7%) reported having wives who were engaged in farming while, 4% said their wives were involved in informal employment and 3.3% in formal employment as shown in Table 4.9.

Table 4.9: Distribution of Respondents as per Spouses' Occupation

Occupation	Number	Percent
Farming	139	92.7
Informal employment	6	4.0
Formal employment	5	3.3
Total	150	100

Source : Survey Data, 1997

4.11 Number of Respondents' Wives

A majority of the respondents (90%) had only one wife, 8% had two wives while 2% had three wives (Table 4.10). This study therefore is in line with that of Mburugu (1994:2) who explains that polygamy is on the decline as it has become unattractive for men to invest in women through polygamy so as to exploit labour of women and children where family plots are getting smaller and smaller. In this study the respondents attributed this to high cost of living, declining land acreage and wealth which have drastically reduced the popularity of polygamy: a previously popular socio-cultural practice among the Abagusii.

Table 4.10 : Distribution of Respondents as per Number of Wives

Number of Wives	Number	Percent
One	135	90.0
Two	12	8.0
Three	3	2.0
Total	150	100

Source; Survey data, 1997

The respondents were also asked to state the number of times they had married. Their responses are shown in Table 4.11.

Table 4.11 : Number of Times Respondents had Married

Number of Times	Number	Percentage
1	119	79.3
2	18	12.0
3	8	5.3
4	4	2.7
5	1	0.7
Total	150	100

Source: Survey Data, 1997

It was found that 79.3% had only married once, 12% had married twice, 5.3% had married thrice, 2.7% had married 4 times and only 0.7% had married five times. However, 13.3% said they had lost their partners through divorce, separation or death while the majority of the respondents (86.7%) lived with their partners.

4.12 Size of Land.

The respondents owned small pieces of land around their homesteads. In this study, 20% had less than 1.0 acre, 62.2% owned 1.1 to 3 acres, 13.3% owned 3.1 to 5 acres and only 4.0% owned more than 5 acres (see Table 4.12). The small pieces of land owned by the researched, indicates

the scarcity of land in the area of study. The land was subdivided among sons and has diminished to the point that it has led to others migrating to other areas to look for land and employment for their survival. Land ownership is a vital factor in that it guarantees food and a place for shelter (Rono 1994). It is expected that the size of land that an individual owns would determine his acceptance of contraception. Those with large acres of land are thought to desire more children thus leading to a negative relationship with use of contraceptives.

Table 4.12 : Distribution of Respondents as per Land size

Acres of Land	Number	Percent
0.5 to 1	30	20.0
1.1 to 3	94	62.7
3.1 to 5	20	13.3
>5	6	4.0
Total	150	100

Source : Survey Data, 1997

4.13 Respondents' Religious Affiliations

Majority of the respondents were protestants. These constituted 60% of the sample, catholics formed 32.7% and those who uphold traditional believes comprised the remaining 7.3% of the sample. The respondents's distribution by religious affiliation was as shown in Table 4.13.

61

Table 4.13 : Distribution of Respondents as per Religious Affiliations

Religion	Number	Percent
Protestants	90	60.0
Catholics	32.7	32.7
Traditionalists	11	7.3
Total	150	100

Source; Survey data, 1997

Religious opinions are likely to influene people's behaviour towards use of contraceptives (Machera, 1997). It is expected that the various doctrines would encourage respondents to behave positively or negatively towards use of modern contraceptives.

4.14 Child Sex Preference

Desire for a particular sex is a vital factor in that it determines contraceptive use by couples. In this study men seemed to prefer/desire having a boy than a girl. Of the total respondents, 79.3% were in favour of a boy for their next child, 18% preferred to have a girl and 2.7% did not mind having a child of any sex (Table 4.14).

Preference of a boy is likely to have a negative relationship with contraception than would the other sex preferences. Couples with only girls, are not likely to positively accept contraception.

62

Table 4.14 : Distribution of Respondents as per the Sex of their Preferred Child.

Child sex preference	Number	Percent
A boy	119	79.3
A girl	27	18.0
Any sex	4	2.7
Total	150	100

Source : Survey Data, 1997

A study conducted by Development and Research Sercices (1989) in western and central province found out that the Luhya people had a higher son preference than the Kikuyu community. Upto 74% of the Luhya men considered marriage incomplete until a son is born to them compared with 56% of the Kikuyu community (Rono 1994:70). Similarly, Rono (Rono, 1994), in a study among the Nandi found out that 48.7% of the men preferred a son as the next child.

4.15 Family Size Preference

Family size preference in Machoge Borabu Location ranged from 1 to 12 children. Majority of the respondents preferred a family of less than 9 children (Table 4.15). Of the researched 50.7% preferred a family of between 1-4 children and 43.3% desired to have between 5-8 children and only 6% desired to have 9 children and more. The average family size preference of men in Machoge Borabu Location was 4.49 children. Family size preference is likely to have an impact on contraception either positively or negatively.

63

Table 4.15 : Distribution of Respondents as per Family Size Preference.

Desired family size	Number	Percent
1-4	76	50.7
5-8	65	43.3
>8	9	6.0
Total	150	100

Source: Survey Data, 1997

4.17 Other Contraceptive Methods Used

Majority of the respondents knew traditional methods used to prevent pregnancy. The methods that they had heard about were, abstinence, withdrawal and herbs. Of the total respondents, 70.7% had heard of the abstainance method. 4.7% of them did not know the method. It was not applicable to 24.7%.

In withdrawal method, 9.3% had heard of the method, 66% had not heard of the method; it was not applicable to 24.4% of the cases. Those that had heard of herbs used to avoid pregnancy were 25.3% while 50% had not heard and it was not applicable to 24.7% (Table 4.16).

Table 4.16 Distribution of the Respondents according to the Traditional Methods   They Used to Prevent Pregnancy.

Method	Yes (%)	No (%)	N/A	Total
Abstainance	70.7	4.7	24.6	100
Withdrawal	9.3	66.0	24.7	100
Herbs	25.3	50.7	24.0	100

N/A = Not applicable Source :Survey Data, 1997

4.17 Knowledge of Female and Male Family Planning Methods.

Respondents were asked if they were aware of the various methods used to prevent pregnancy. It was noted that the knowledge rate was quite high among the respondents. Indeed over 90% of the respondents were aware of family planning methods as the Table 4.17 illustrates:-

Table 4:17 Distribution of the Respondents as per their Knowledge of of Family Planning Methods

Method	Heard (yes) %	Not heard(No) %	Total N=150 (%)
1 Diaphragm	91.3	8.7	100
2 Condom	97.3	2.7	100
Female sterization	93.3	6.7	100
Injection	94.7	5.3	100
Male sterization	93.3	6.7	100
Pill	96.7	3.3	100

Source : Survey Data, 1997

These findings compares well with those of Kimani (1991:103) and Oyosi (1996:121) who reported that 83% males in Central Province and Vihiga respectively had reported that they were aware of family planning methods.

4.18 Decision as Regards Family Size

When asked to indicate who decides on the number of children to have, a majority 78.7% of the respondents said it was a joint decision, 18.7% said it was God's decision, 2% said it was their own decision, while 0.7% did not know who makes the decision as Table 4.18 illustrates.

Table 4.18 Distribution of the Respondents as per Decision Making Regarding Family Size.

Decision Making	Number	Percent
A joint decision	118	78.7
God's decision	28	18.7
Own decision	3	2.0
I don't know	1	0.7
Total	150	100

Source: Survey Data, 1997

The study noted that family size decision has become a joint decision where both the husband and wife are involved. The notion that the man is the decision maker as far as family size is concerned has greatly reduced as majority (78.7%) claimed it was a joint decision.

4.19 Old Age Security

In Machoge Borabu location children were regarded as old age security. A majority of the respondents said that their children would act as old age security. These constituted 62.7% while the rest 37.7% did not anticipate children to assist them in future. Table 4.19 summarizes this information.

66

Table 4.19 : Perception of Children as Old Age Security by Respondents

Perception	Number	Percent
Children seen as old age security	94	62.7
Children not seen as old age security	56	37.3
Total	150	100

Source: Survey Data, 1997

4.21 Importance of Children

When respondents were asked about the importance of children at the moment and in future, various responses were obtained and their distribution was as in Table 4.20 below.

From the table it can be observed that the respondents considered their children as house helpers and these constituted 23.3% of the responses. Those who said that their children would inherit family property, constituted 22.2% while 18.3% considered children as identifying them with society. About 14.2% saw them as a source of wealth and lastly 17.6% considered them as old age security.

67

Table 4.20: Respondents Distribution as per Children's Importance

Importance	Frequency	Percent
Assist in household work	107	23.3
Security and assistance during old age	81	17.6
Replace old generation	13	2.8
Inherit family property	102	22.2
Source of wealth	65	14.2
Identity with society	84	18.3
Provide company	7	1.5
Total	479	100

Source : Survey Data, 1997

4.21 Sources of Contraceptives

Asked where they obtained the contraceptives they used, 6% said they bought them from the shop, 29.3% said they obtained them from the family planning clinics, while 2% said they obtained them from the community based distributors; the rest (62.7%) were not using them (Table 4.21). The number could be less as some said that they used condoms outside the family with other partners because of fear of AIDS or Venerial Diseases.

Table 4.21 : Source of Contraceptives Used by the Respondents

Source	Number	Percent
Shop	9	6.0
Family planning clinic	44	29.3
Community based distribution	3	2.0
Not applicable	94	62.7
Total	150	100

Source : Survey Data, 1997

4.22 Reasons for not Using Contraceptives

On being asked to indicate why they did not intend to use contraceptives in future, 2.7% said they were uncomfortable and inconvenient, 6.7% feared their side effects, 2.7% said they were not using them because they needed more children, 2.0% said it was due to religious/cultural reasons, 2.7% did not know a method, 2.0% said their wives were using, 5.3% said they already had enough children and were old, 4.0% said they did not have extra marital affairs and 72% were using and/or were intending to use the contraceptives in future (Table 4.22).

Table 4.22 : Reasons Provided by the Respondents for not Using Contraceptives.

Reason	Frequency	Percent
Uncomfortable/inconvenient	4	2.7
Fear of side effects	10	6.7
Need for more children	4	2.7
Religious/cultural reason	3	2.0
Don't know methods	4	2.7
Wife uses	3	2.0
Have enough children	8	5.3
Does not have extra marital affairs	6	4.0
Uses and intends to use in future	108	72
Total	150	100%

Source : Survey Data, 1997

69

4.23 Main Methods used by the Respondents

Of the current users of contraceptives, 10% reported to have used the condom as the main method of birth control, 14.7% used the injection, 3.7% used the pill, 2.7% used female sterilization while only 0.7% used the IUD(inter uterine device). A majority of the respondents were non-users of modern contraceptives and among them, 49.5% were users of traditional methods such as herbs, abstinence and withdrawal.

4.3 Conclusion

In this chapter, the economic, cultural and demographic characteristics of the respondents have been presented. Descriptive statistics have been used in analysing the data. The study found out that family size decision has become a joint decision. Furthermore, a majority of the respondents had attained primary level of education. Marriage age was at an average of 24 years in the study area.

The study found out that the average number of children per family was 4.2 and the total family size preferred was 5.6 which implies that it is still higher than that of the KDHS (1993) which was 5.35. Majority of the respondents were protestants followed by catholics. Most of the respondents favoured a boy as their next child.

Fourty nine percent (49.3%) of the respondents were using traditional methods of preventing contraception such as herbs, abstinence and withdrawal. The study also noted that the knowledge of contraceptives was very high as over 90% of the respondents were aware. The main source of contraceptives was found to be family planning clinics. Majority of the respondents considered their children as providing old age security.

70

CHAPTER 5

5.0 DATA ANALYSIS

5.1 Introduction.

This study sought to find out the factors influencing family size preference and contraceptive behaviour among married men. This chapter is divided into two parts. The first part deals with factors influencing family size preference while the second part deals with factors influencing contraceptive behaviour.

In the first part statistical analysis of data is undertaken with a view to testing the hypotheses identified in Chapter two. As indicated in Chapter Three, Chi-square and Pearson's correlation coefficients were used in the analysis of data. Chi-square tests the significance of relationships and the study's hypotheses while the Pearson's correlation coefficient determines the direction of the relationship between the dependent and various independent variables. The coefficient shows the percentage variance of the independent variables in explaining family size preference and contraceptive behaviour, respectively. This chapter also attempts to compare these data with findings of other studies conducted elsewhere in the country.

5.2 Factors Influencing Family Size Preference.

The desired family size by a couple was found to affect contraceptive use hence the two variables were closely related. Use or non-use of contraceptives to avoid pregnancy depends on the desired number of children an individual would like to have by the end of the reproductive period. A person who wishes to have a small family size is more likely to use contraceptives to avoid

unwanted pregnancy, than a person who wishes to have many children. It is vital to understand that contraceptive use is indirectly affected by several variables through family size preference. This section therefore analyses factors influencing family size preferences.

Family size preference is the dependent variable while the socio-cultural, economic and demographic variables are the independent variables. In this section, the following three hypotheses were tested.

Ho : Socio-economic factors do not infuence preferred family size.
HA : Socio-economic factors influence preferred family size.

Ho :There is a no significant relationship between socio-cultural factors and preferred family size,
HA : There is significant relatioship between socio-cultural factor and preferred family size.

Ho: There is no significant relationship between demographic factors and preferred family size
HA : There is is significant relationship between demographic factors and preferred family size

5.2.1 Socio-economic Factors

Socio-economic factors considered were; education, income, occupation and land. The factors are explained as under:

(a)   Education

Slightly over half of all respondents (56.0%) had attained primary level of education. Of these, 41.7% preferred 1-4 children, 50% preferred 5-8 children and 8.3% preferred 9 or more children. Of the 38.0% respondents who had attained secondary level of education, 59.6% preferred 1-4 children, 38.6% preferred 5-8 children while only 1.8% preferred 9 children or more. For the

72

respondents who had attained post secondary level of education, 77.8% preferred to have 1-4 children, 11.1% preferred 5-8 children while 11.1% preferred 9 or more children.

The relationship between educational level and family size preference was tested using the chi-square statistic. The calculated chi-square was 9.736 with 4 degrees of freedom and significance level of 0.045. The contingency coefficient of 0.247 indicates that the association between the variables was present but slight. The Pearson's correlation of -0.208 and significant at 0.011 indicates that the relationship was negative. The negative relationship could be attributed to the fact that a majority of the researched had attained primary level of education. Therefore they could not favour small families. One concludes that large family size preference decreases with the rise in education due to the fact that the individuals concerned are affected socially and economically by the new ideas acquired through formal education. Keraka (1991 : 31) using 1989 KDHS, confirms this finding in a study on women in Kisii by showing that women with lower education tend to prefer large family sizes compared to their educated counterparts. Similar results were also found by Maleche (1990: 29) and Rono (1994: 85). Table 5.11 shows cross tabulation of family size preferred and educational level.

The emerging conclusion is that there is a negative significant relationship between education level and preferred family size in Machoge Borabu. Education as a socio-economic factor was found to influence family size preference hence rejecting the null hypothesis.

73

Table 5.1: Family Size Preferrence and Educational Level

Family Size Preferrence	Educational Level			Total
	Primary	Secondary	Post Secondary	
1-4	35(41.7)	34(59.6)	7(77.8)	76(50.7)
5-8	42(50)	22(38.6)	1(11.1)	65(43.3)
>8	7(8.3)	1 (1.8)	1(11.1)	9(6.0)
Total	84	57	9	150
Percent	56	38	6	100

$x^2 = 9.736$ df = 4, P>0.05
C = 0.247
r = -0.208

(b)   Income.

Majority of the respondents in this study earned between Ksh 680 and Ksh 5,000 per month and these constituted 62.7%, 14% earned Ksh 5,001 to Ksh 6,500 while 23.3% earned above Ksh 6501 to Ksh 27,000 (Table 5.2).

When cross tabulation was conducted, the calculated chi-square was 5.210 with 8 degrees of freedom and 0.735 level of significance. The contingency coefficient was 0.18322 which shows that there is a negligible relationship between income and family size preference of men. The tabulated chi-square was 15.507 and this shows that the relationship was not significant at 95% confidence level. Pearson's correlation coefficient (r) indicates that the relationship is negative with a correlation of -0.037 and a significance of 0.655. Similar findings have also been reported by Nkanata (1991:90) and Rono (1994:88) who found a negative relationship between income and desired family size among women. This implies that as the income of men increases it leads to decrease in family size preferred. Therefore this would lead to adoption and rise in contraceptive use.

Table 5.2 Family Size Preference by Income

Family Size Preference	Level of Income					Total
	<2000	2001-3500	3501-5000	5001-6500	>6500	
1-4	14	19	11	14	18	76
5-8	10	22	12	7	14	65
>8	2	2	2	6	3	9
Total	26	43	25	21	35	150
Percent	17.3	28.7	16.7	14	23.3	100

$\chi^2 = 5.210$ df = 8, P<0.05
C = 0.18322
r = -0.037

Though income was found to influence family size preference, it was not significant at 95 confidence level, hence the null hypothesis was accepted alternative hypothesis rejected.

(c)   Occupation

The study aimed at finding out whether the occupation of a man had significant relationship with family size preference. Table 5.3 shows the distribution of family size preference by occupations.

75

Table 5.3 : Preferred Family Size by Occupation

Family Size Preferred	Occupation			Total
	Formal Employment	Informal Employment	Farming	
1-4	18(69.2)	16 (40)	42 (50)	76
5-8	7(26.9)	22 (55)	36 (42.9)	65
>8	1(3.9)	2 (5.0)	6 (7.1)	9
Total	26	40	84	150
Percent	17.3	26.7	56.0	100

$\chi^2 = 6.001$ df: 4, P<0.05
C = 0.19614
r = 0.099

The respondents' occupations were categorized into three, formal employment, informal employment and farming. Of the 17.3% respondents who were in formal employment, 69.2% preferred 1-4 children, 26.9% preferred 5-8 children, while the rest 3.9% preferred more than 9 children. Of the respondents who were in informal employment, 40% preferred between 1-4 children, 55% preferred 5-8 children while 5% preferred more than 9 children. Out of 56% respondents who were in farming, 50% preferred between 1-4 children, 42.9% preferred 5-8 children, while 7.1% preferred more than 9 children.

A calculated chi-square of 6.001 with 4 degrees of freedom and contingency coefficient of 0.19614 shows that the relationship is negligible and is insignificant at 95% confidence level. The Pearson's correlation coefficient of 0.099 shows that the association between occupation and family size preference is positive. These findings slightly differ from those of Rono's and Nkanata who conclude that there exists a negative association and correlation between occupation and

family size preference among men and women (Rono:1994:92, Nkanata 1984). The table also shows that men opt for reduced family sizes depending on their occupation. For instance, formal employment gives men more exposure to contraceptives use than farming or informal employment.

Though occupation was found to influence preferred family size, it was not significant at 95% level of confidence. Therefore, the hypothesis that socio-economic factors did not influence family size, was accepted against the alternative hypothesis.

(d)   Land

This variable was included in this study with the assumption that land is associated with the provision of food, water and shelter in the Abagusii community. Hence one who has a large piece of land is considered as able to provide for the family and therefore would be tempted to have a larger family. In Table 5.4 the amount of land owned was cross tabulated with preferred family size.

Table 5.4 Preferred Family Size by Size of Land.

Family Size Preferred	Land Size in Acres				
	0.1-1	1.1-3	3.1-5	>5	Total
1-4	21(70)	47(50)	6(30)	2(33.3)	76
5-8	8(26.7)	42(44.7)	13(65)	2(33.3)	65
>8	1(1.3)	5(5.3)	1(5)	2(33.3)	9
Total	30 (20)	94(62.7)	20(13.3)	6(4)	150(100)

χ^2 = 16.46338   df=6, P>0.05
C=0.31449
r=0.24900

77

The majority (70%) of the respondents who owned 0.1-1 acres of land preferred less than 5 children, 26.7% preferred 5-8 children while 3.3% preferred more than 9 children. Amongst the respondents who owned 1.1-3 acres of land majority (50%) preferred 1-4 children, 44.7% preferred 5-8 children while 5.3% preferred to have 9 children or more.

Amongst the respondents who owned 3.1 to 5 acres of land, 30% preferred 1-4 children, the majority 65% preferred 5-8 children while only 5.0% preferred to have 9 children. For those who owned 5.1 acres and above the distribution of respondents according to family size preference was 33.3% in each category.

The chi-square test found a significant relationship at 95% level of confidence between the amount of land owned and family size preference. The calculated chi-square was 16.403 with 6 degrees of freedom and the contingency coefficient was 0.314 which was interpreted as indicating a strong association between land and preferred family size. Pearson's correlation coeffecient of 0.24900 indicates that the relationship is positive. Therefore, land is a vital factor in as far as family size preference is concerned. It is thus likely to determine family size preferrence. The emerging conclusion is that there is a positive significant relationship between land and family size preference hence rejecting the null hypothesis and accepting the alternative one.

In a conclusion therefore, education and land were the significant factors that influenced family size preference while income and occupation were not significant.

5.2.2   Socio-cultural Factors

(a)   Religion

An individual's religious affiliation is likely to affect his/her decision making on various issues. One such issue is that regarding the preferred family size by men. In this study the majority (60%) of the respondents were protestants, 32.7% were catholics and 7.3% were traditionalists. Family size preference differed among the various religious affiliations as Table 5.5 shows.

Table 5.5 : Family Size Preferred by Religious Affiliation.

Family Size preferred	Religious Affiliation			Total
	Catholics	Protestants	Traditionists	
1-4	20(40.8)	51(56.7)	5(45.5)	76
5-8	27(55.1)	33(36.7)	5(45.5)	65
>8	2(4.1)	6(6.7)	1(9.1)	9
Total Percentage	49 (32.7)	90 (60)	11 (7.3)	150 (100)

$\chi^2 = 4.680$ df=4, P<0.05
C=0.17394
r= -0.05645

Majority of protestants (56.7%) preferred between 1-4 children. Catholics (55.1%) wanted 5 or more children. There were equal proportions (45.5%) of interviewees who wanted 1-4 children and 5-8 children among traditionalists. This shows that the catholics strongly support the idea of having large families. The traditional beliefs supporting a large family are also reducing perhaps because of economic hardships which they are experiencing.

When the relationship between religion and preferred family size was tested using chi-square statistic, the calculated chi-square was 4.67983 with 4 degrees of freedom and significant level of 0.32175. A contingency coefficient of 0.17394 indicate that the association is negligible and insignificant at 95% level of confidence. The Pearson's correlation coefficient of -0.05645 with significance level of 0.49262 indicates that religious affiliation and family size preferences have a negative association. This means that the religious affiliations of men do influence their family size preferences. This finding differs with those of Rono (1994: 95) who found a positive association between religion and family size preference among men in Nandi that was significant at 95% confidence level. However, Rono's analysis by use of multiple regression indicates that protestant and traditional religions had a negative relationship while catholic religion had a moderately strong positive relationship with men's family size preference. Therefore, catholics are likely not to use contraceptives unless they have achieved their desired family sizes as encouraged by their beliefs.

The emerging conclusion is that there is an insignificant inverse relationship between religion and family size preference.

(b)   Old Age Security

When parents anticipate that their children would provide financial assistance they tend to avoid use of contraceptives until the desired number of children is achieved. About 63% of all the respondents anticipated their children to provide security during old age. Of these, majority(53.2%) preferred to have upto 4 children, 43.6% preferred a family size of 5-8 children

and only 3.2% preferred 9 children or more. Those who did not anticipate children's assistance in future constituted 37.3% of the interviewees, and of these, 46.4% preferred a family size of 1-4 children, 42.9% preferred a family size of between 5-8 children while 10.7% preferred 9 children or more as indicated in Table 5.6. This finding shows that the majority of interviewees still support the notion that "the more children you have the better for old age security" (Machera, 1997:30).

Table 5.6 : Old Age Security and Preferred Family Size.

Preferred Family Size	Children provide old age security		Total
	Yes	No	
1-4	50 (53.2)	26(46.4)	76
5-8	41 (43.6)	24(42.9)	65
>8	3 (3.2)	6(10.7)	9
Total	94	56	150
Percentage	62.7	37.3	100

$\chi^2 = 3.632$ df=2, P<0.05
C= 0.154
r= 0.114

The computed chi-square was 3.632 with 2 degrees of freedom and a significance of 0.16272 and contingency coefficient of 0.154 which indicates there is a moderate association between old age security and family size preferences. However, the relationship is insignificant at 95% confidence level as the tabulated chi-square was 5.991. The Pearson's correlation coefficient of 0.114 and significance of 0.1648 indicates that the association is positive. This shows that old age security notion still exists among the people of Machoge Borabu location although it is reducing. Therefore, there are other factors which explain why people desire a higher number of children.

81

Nevertheless, it is evident that there is a positive, though insignificant, relationship between old age security and family size preference.

The hypothesis that there is no significant relationship between socio-cultural factors and preferred family size was accepted against the alternative hypothesis.

5.2.3 The Demographic Factors

Demographic factors considered in relation to the third hypothesis were age and age at first marriage.

(a)   Age

For purpose of analysis the respondents' age was divided into four categories, 20-29 years, 30-39, 40-49 and 50+ representing: young, middle, earlier old age and old respondents.   When cross-tabulation was conducted between age and preferred family size, the data gave a calculated chi-square of 20.973 with 6 degree of freedom and 0.00186 level of significance. The contigency coefficient of 0.35024 shows that there is an association between age and family size preference and is significant at 95% confidence level. The Pearson's correlation coefficient of 0.304 confirms this association to be there and is positive. This finding agrees with those of Rono (1994:86) who concludes that age and men's family size preferences have a strong positive association.

However, the findings do not agree with those of Nkanata (1984: 101) on women's family size preferences in Meru, who found that age and women's family size preference have a negative

82

relationship. In Machoge Borabu Location it was found that as the age of men increased, the preferred family size also increased. This would be attributed to the fact that the majority of the men marry while they are young (20-24 years). Table 5.7 shows family size preference according to age.

Table 5.7 : Family Size Preference according to Age

Preferred Family Size	Age				Total
	20-29	30-39	40-49	50+	
1-4	21(72.4)	37(53.6)	12(34.3)	6(35.3)	76
5-8	7(24.1)	32(46.4)	18(51.4)	8(47.1)	65
>8	1(3.4)	0	5(14.5)	3(17.6)	9
Total	29	69	35	17	150
Percent	19.3	46.0	23.3	11.3	100

$\chi^2 = 20.973$, df = 6, P>0.05
C = 0.35024
r = 0.304

The table shows that early old age and old parents have a higher family size preference than the young and middle aged parents in Machoge Borabu Location. The table further shows that those who have less than 5 children decrease in number from 72.4% of all respondents in age group 20-29 down to 53.6% of all respondents in age group 30-39 and further down to 35.3% of all respondents in the 50+ age group. Those who prefer more than 8 children increase in percent from

83

3.4% of respondents in age group 20-29, to 17.6% of all respondents in the 50+ age group. This, therefore, implies that family size preference increases with the age of respondents. This may be attributed to the fact that the aged have been socialized differently and therefore are less likely to see the necessity of reducing preferred family size. Some respondents said they had already got that number when contraceptives were introduced.

The emerging conclusion is that there is a significant relationship between age and preferred family size.

(b) Age at first Marriage

This study sought to find out how age at marriage influences the desired family size. The study found out that 9.3% of all the respondents married while they were less than 20 years and out of these, 42.9% preferred to have between 1 and 4 children or more, 35.7% preferred to have upto 8 children, while the remaining 21.4% preferred to have 9 children or more. 46% of all the respondents married when they were between 20-24 years. Out of these, a slight majority (50.7%) preferred to have at least 5 children or less, 42% preferred to have 5-8 children while only 7.2% preferred to have 9 children or more. Those who married when they were 25-29 years represented 39.3% of all the respondents and out of these 49.2% preferred to have 1-4 and 5-8 children respectively. Only 1.7% (i.e., 1 respondent) preferred to have 9 children or more. About (8 respondents) 5.3% of all respondents represented those who married when they were more than 29 years and above. Out of these, 75% preferred to have 1-4 children while only 25% preferred to have

84

5-8 children. This shows that the higher the age at marriage, the smalller the family size preferred. This is shown in Table 5.8.

Table 5.8 : Desired Family Size and Age at Marriage.

Family Size preferred	Age at Marriage				Total
	<20	20-24	25-29	>29	
1-4	6(42.9)	35(50.7)	29(49.2)	6(75)	76
5-8	5(35.7)	29(42)	29(49.2)	2(25)	65
>8	3(21.4)	5(7.2)	1(1.7)	0	9
Total	14	69	59	8	150
Percentage	9.3	46	39	5.3	100

$\chi^2 = 10.462$ df: 6, P<0.05
C = 0.25534
r = -0.16256

The calculated chi-square was 10.46180 with 6 degrees of freedom and significance level of 0.10650. A contingency coefficient of 0.25534 shows the presence of an association which is, however, a slight one. The tabulated chi-square was 12.592 at 0.05 level of significance. This shows that the association is insignificant at 95% confidence level. Further, Pearson's correlation coefficient of -0.14676 which is significant at 0.07311 indicates that the association/correlation between the two variables is negative. This means that when a person marries early the desired family size is achieved early and he is more likely to use contraceptives while late marriage is likely to influence a person to postpone use of contraceptives until the desired family size is achieved.

The emerging conclusion is that there is a negative insignificant relationship between age at first marriage and family size preferred.

Among the demographic variables considered, age was significant while age at first marriage was not.

Each of the factors considered in this study explained some degree of variance as shown in Table 5.9. The table shows the coefficient of determination and percentage variance of the various factors considered in this study.

Table 5.9: Coefficient of Determination and Variance

Variable	r	r^2	Variance (%)
Age	0.30420	0.0925376	9.25
Land size	0.24900	0.062001	6.20
Educational level	-0.20801	0.0432631	4.33
Age at first marriage	-0.16256	0.0264257	2.64
Old age security	0.11404	0.0130051	1.30
Occupation	0.09945	0.0098903	0.99
Religion	-0.05645	0.0031866	0.32
Income	-0.03676	0.0013572	0.12

Source : Survey Data.

Age of the respondents was found to be the most important factor explaining family size preference in Machoge Borabu Location. Age explained 9.25% variance of family size preferrence. The second important factor was land size acreage owned by the respondents. This factor explained 6.20% variance of family size preference.

The least important determinant was the income of the respondents' family. It explained 0.12% variance of family size preference in Machoge Borabu location. This could be attributed to the fact that, majority of the respondents were farmers and, most of their incomes which were meagre were got from the farming.

5.3 Factors Influencing Contraceptive Behaviour

In the first part, the study tried to analyse the factors that influence family size preferences which indirectly affect the use of contraceptives. This second part tries to analyse factors influencing contraceptive behaviour among married men in Kisii District.

The purpose here was to test the nature of the relationship that exists between contraceptive behaviour and socio-cultural (religion, sex preference, old age), socio-economic (education, income, occupation and land) and demographic (age, age at first marriage and preferred family size). The hypotheses hereunder, derive from objective one of the research study which aimed at investigating the impact of these variables on the prevailing contraceptive behaviour in Kisii District.

The following hypotheses were tested.

Ho: Socio-economic factors do not influence contraceptive use
HA: Socio-economic factors influence contraceptive use

Ho: Socio-cultural factors do not influence contraceptive use
HA: Socio-cultural factors influence contraceptive behaviour

Ho: There is a no significant relationship between demographic factors and contraceptive use

HA: There is significant relationship between demographic factors and contraceptive use

87

The dependent variable is contraceptive use and the independent variables were education, income, occupation, land size, religion, sex preference, old age security, age and the age at first marriage and preferred family size.

5.3.1 Socio-economic Factors

(a)   The Effect of Respondent's Education on Contraceptive Behaviour.

The majority (56%) of the respondents had primary level of education, 38% had secondary education while only 6% of all the respondents had post-secondary education. There were 18 current users with primary education, 23 users with secondary and 6 with post secondary education and these represented 38.3%, 48.9% and 12.8%, respectively. There were 9 respondents with post secondary education and this could be the reason that explains why the number was smaller than expected as Table 5.10 shows. Amongst those who had primary education, 21.4% were users while 78.6% were non-users. Amongst those with secondary education,40.4% were users while 59.6% were non-users. Among those with post-secondary education, the majority 66.7% were users while 33.3% were non-users.

This shows that as the education level increases there is increase in contraceptive use (Table 10). Similar findings were reported by Rono (1994: 123) Keraka (1991: 31) and Nkanata(1984: 101).

Table 5.10 Education Level and Contraceptive Use

Contraception	Educational Level			Total
	Primary	Secondary	Post secondary	
Current users	18(21.4)	23(40.4)	6(66.7)	47
Non users	66(78.6)	34(59.6)	3(33.3)	103
Total	84	57	9	150
Percent	56	38	6	100

$\chi^2 = 11.20667$ df =2, P>0.05

C = 0.263667

R = -027172.

The study was to establish whether or not education influences contraceptive behaviour. Thus the cross tabulation analysis carried out (Table 5.10) indicate a chi-square statistics of 11.207 with 2 degrees of freedom to be significant at 0.05 level of significance. The contingency coefficient 0.264 show that association was present but slight. Pearson's correlation coefficient of -0.271 indicates that the association is negative. This means that education negatively affected the respondents' contraceptive use. This could be attributed to the fact that a majority of the respondents had primary level of education and majority of them were non-users. Indeed, if majority of respondents had higher education, it would have possibly led to an increase in the number of contraceptive users. However, some of them claimed to have used traditional methods such as abstinence and herbs.

It can therefore be concluded that, there is a significant inverse relationship between education and contraceptive use. This finding differs with that of Keraka (1991: 31), Rono (1994: 123), Oyosi (1996) and Gachuhi (1972) who found out that contraceptive use rose with increase in education level of men and women.

(b)   The Effect of Respondent's Income on Contraceptive Behaviour.

The current users are almost fairly distributed between the five categories of monthly income namely less than Ksh. 2,000, 2,001-3,500, 3,501-5,000, 5,001-6,500 and greater than 6500. Users constituted 31.3% of the respondents and of these, 12.8% earned less than Ksh 2,000 per month, 14.9% earned between Ksh 2,001-3,500, 23.4% earned between Ksh 3,501-5,000, 17% earn between Ksh 5,001-6,500 while 31.9% earned above Ksh 6,500.

The calculated chi-square of 9.82393 with 4 degrees of freedom shows that this association has a significance level of 0.04350 and contingency coefficient of 0.24793. The association between income and contraceptive use is significant at 95% confidence level as the tabulated chi-square was 9.488 at 0.05 level of significance. The Pearson's correlation coefficient of -020318 and significance level of 0.01264 show that the relationship is negative. Thus showing that as a man's income increases, there is a corresponding decrease in contraceptive use. This negative effect of income on contraceptive use could be because the majority of the researched were farmers and had plenty of food and income from their farms. This means they could adequately feed their children. The researcher noted that some respondents also argued that " family planning is to give birth to the number of children which one is able to feed" and since they had enough food they did not see the need to use contraceptives.

90

Table 5.11 Distribution of Respondents' Contraceptive Use as per their Income Level

Family Size	Level of Income (Kshs.)					Total
	<2000	2001-3500	3501-5000	5001-6500	>6500	
Users	6(23.1)	7(16.3)	11(44)	8(38.1)	15(42.9)	47
Non-Users	20(76.9)	36(83.7)	14(56)	13(61.9)	20(57.1)	103
Total	26	43	25	21	35	150
Percent	17.3	28.7	16.7	14	23.3	100

$\chi^2 = 9.824$ df =4, P>0.05
C = 0.24793
r = -0.20318

The emerging conclusion is that there is a significant inverse relationship between income and contraceptive behaviour.

(c)   Effect of Respondents' Occupation on Contraceptive Behaviour.

The majority (56%) of all respondents pursued farming as their main occupation, 26.7% were in informal employment while 17.3% were in formal employment. Current users in each category were 20, 14, and 13, respectively. Amongst those who were in agriculture, 23.8% were users while 76.2% were non users. Amongst those in informal employment 35% were users while 65.0% were non users. In formal employment the users and non users were equally distributed with proportions 50% in each category. Table 5.12 cross tabulates occupation and contraceptive use.

Table 5.12. Occupation by Contraceptive Use

Contraception	Occupation			Total
	Agric. Farming	Formal Employment	Formal Employment	
Users	20(23.8)	14(35.0)	13(50)	47
Non users	64(76.2)	26(65.0)	13(50)	103
Total	84	57	9	150
Percent	56	38	6	100

$\chi^2 = 6.671$ df = 2, P>0.05

C = 0.20634

r = 0.21017

A calculated chi-square of 6.67070 with 2 degrees of freedom, at a significant at of 0.0450 level and a contingency coefficient of 0.20634 show that the association between men's occupation and contraception is moderate.

The Pearson's correlation coefficient of 0.21017 with significance level of 0.00984 indicates that the association is positive. It is clear that in this study, farming had the lowest percentage of men who had ever used contraceptives. This could be attributed to the fact that majority of them got their food from their farms incurring little or no cost. They had no pain of supporting big family sizes in terms of buying food. Therefore they did not see the need to reduce their families.

It can therefore be concluded that, a significant positive relationship exist between occupation and contraceptive use.

(d) The Effect of Land Size on Respondents' Contraceptive Behaviour

The ownership of land had a negligible association with contraceptive use. The study found that majority respondents (82.7%) had less than 3 acres of land and only 17.3% had over 3.1 acres of land. Amongst the users, 25.5% had 0.1 to 1 acres of land, 55.3% had 1.1 to 3 and 14.9% had 3.1 to 5 acres while only 4.3% had above 5 acres.

When cross tabulation was done, the calculated chi-square of 1.77309 with 3 degrees of freedom was significant at 0.62081 and contingency coefficient was 0.10809 showing that the association is negligible and insignificant at 95% confidence level.

The Pearson's correlation coefficient of 0.03329 indicated that the association between the two variables was positive. It is therefore likely that men tend to use contraceptives when they do not have enough land so that they can have a family that they can be able to feed and clothe. Table 5.13 shows that as the size of land increase, the number of contraceptive users decrease. **Table 5:13 Contraception and Landuse.**

Family Size preferred	Land size (acres)				Total
	<1	1.1 to 3	3.1 to 5	>5	
Users	12	26	7	2	47
Non-users	18	68	13	4	103
Total	30	94	20	6	150
Percentage	20	62.7	13.7	4	100

$\chi^2 = 1.773$ df = 3, P<0.05
C = 0.108
r = 0.03329

The emerging conclusion is that there is a positive though insignificant relationship between land and contraceptive use.

Occupation, education and income were the socio-economic factors which significantly related to contraceptive use. Land was however insignificant.

5.3.2. Socio-cultural Factors

(a) The Effect of Respondents' Religion on Contraceptive Use

The study was to establish whether or not religion influences contraceptive use among married men. Amongst the catholics 18.4% were current users while 81.6% were non-users. The protestants were the majority (60%) of the respondents and 40% of them were users. Of the traditionists who constituted 7.3% of all the respondents, 18.2% of them were users while 81.8 were non-users. From the percentages it can be concluded that more protestants use contraceptives.

The relationship between religion and contraceptive use was tested using chi-square statistic. The calculated chi-square was 7.85493 with 2 degrees of freedom and significance of 0.1379. The contingency coefficient was 0.22307 which indicated that the association between the two

Table 5.14 Religion and Contraception

Contraception	Religion			Total
	Catholic	Protestants	Traditionists	
Users	9 (18.4)	36 (40)	2 (18.2)	47
Non-users	40 (81.6)	54 (60)	9(81.8)	103
Total	49 (32.7)	90 (60)	11 (7.3)	150 (100)

$\chi^2 = 7.855$ df = 2, P>0.05

C = 0.22307

r = - 0.12169.

variables was present but slight. The Pearson correlation coefficient of -0.12169 and a significant level of 0.13795 indicates that the relationship is negative. Catholics and traditional believers were against use of contraceptives as do protestants. This could be the reason why majority of the protestants were not current users. It was also that during the study, the catholic believers strongly opposed the use of artificial methods of birth control. Thus, the emerging conclusion is that there is a negative significant relationship between religion and contraceptive use in Machoge Borabu Location.

(b)   Child Sex Preference

The majority (79.3%) of the respondents preferred a boy as their next child while 18% preferred a girl and 2.7% preferred any of the two sexes. Amongst those who preferred a boy, as their next child, 28.6% were users of modern contraceptives while 55.6% were non-users. Among those who preferred any sex only one respondent was a user while 3 respondents were non-users.

Majority of those who prefer a boy are non-users of contraceptives and these represent 71.4% of all those who prefer a boy. Cross tabulation results in Table 5.15 give a calculated chi-square of 2.65367 with two degree of freedom and a level of significance of 0.26532. A contingency coefficient of 0.13185 indicates that the association between the two variables is negligible.

The Pearson correlation coefficient of -0.09047 is significant at 0.27089. This shows that the association is negative. From these findings, one can argue that the need for a baby boy seems to determine the use or non-use of contraceptives by the respondents among the Abagusii Community. Therefore, a man can use contraceptives if only he has achieved a family size with the desired boys' ratio.

Table 5.15 : Contraceptive Users according to Child Sex Preference

Contraception	Child Sex Preference			Total
	Boy	Girl	Any Sex	
Users	34(28.6)	12(44.4)	1(25)	47
Non-users	85(71.4)	15(55.6)	3(75)	103
Total	119	27	4	150
Percentage	79.3	18	2.7	100

χ^2 = 2.654   df = 2, P<0.05

C = 0.132

r = - 0.09047

96

(c) Old Age Security

The study sought to find out whether old age security plays a role in contraceptive use. The majority (62.7%) of the respondents said that children could provide old age security, and of this, 30.9% were users of contraceptives while 69.1% were non-users. About 37.3% of all the respondents said they did not agree that children can provide security during old age. Out of these, 32.1% were users of contraceptives and 67.9% were non-users.

The relationship between old age security and contraceptive use was tested using chi-square statistic. The calculated chi-square was 0.02722 with one degree of freedom and significance level of 0.86896. The contingency coefficient was 0.01347 and indicated that the association was negligible. Therefore, the relationship between old age security and contraceptive is insignificant at 95% confidence level. The Pearson correlation was -0.01347 and was significant at 0.87004 level and showed that the association was negative. This implies that old age security notion of children does not encourage men to use modern contraceptives because they would like to have children who would take care of them during old age. The respondents also perceive that the more the number of children, the better the quality of old age care. Table 5.16 shows the cross tabulation between children as old age security and contraception.

Table 5.16 : Old Age Security by Contraceptive Use

Contraception	Children provide old age security		Total
	Yes	No	
Users	29 (30.9)	18(32.1)	47
Non-users	65 (69.1)	35(67.9)	103
Total	94	56	150
Percentage	62.7	37.3	100

χ^2 = 0.027 df=1, P<0.05

C = 0.01347

r = - 0.01347

The emerging conclusion is that there is an insignificant inverse relationship between old age security and contraceptive use. The null hypothesis is therefore accpted while the alternative hypothesis is rejected.

Among the socio-cultural variables considered, religion was significant while child sex preference and old age security were insignificant.

5.3.3 Demographic Factors

(a) Effect of Age at First Marriage on Contraceptive Use

Age at first marriage of the respondent and contraceptive use have a negligible association between them. Cross-tabulation analysis on Table 5.17 shows a chi-square of 2.68617 with 3 degree of freedom and a significant level of 0.44258; the contingent coefficient is 0.13264. Pearson's correlation coefficient of 0.0764 reveals that the association between them is negative. (Table 5.17).

Table 5.17 Contraceptive Users according to their First Age at Marriage

Contraception	Age at First Marriage				Total
	<20	20-24	25-29	>29	
Users	12	26	7	2	47
Non users	18	68	13	4	103
Total	30	94	20	6	150
Percentage	20	62.7	13.7	4	100

χ^2 = 2.686   df:3, P<0.05
C = 0.133
r = - 0.07640

From Table 5.17 it can be observed that when people marry late, they do not prefer the use of contraceptives. This is attributed to the fact that they want to get the number of children they would prefer during their remaining productive years. This finding agrees with that on men and contraceptive use (Rono, 1994).   The study concludes that, there is a negative insignificant relationship between age at marriage and contraceptive use.

99

(b)   Age

Age was categorized into; 20-29, 30-39, 40-49 and 50+ years representing young, middle, early

old age and old parents, respectively.

Amongst the users, 23.4% were young parents aged 20-29 years old, majority (46.8%) were aged

29-39 years old, 27.7% were aged 40-49 and one exceptional respondent (i.e., 2.1%) aged over

50 years was using contraceptives. As shown in Table 5.18 it is clear that as the age of the

respondent increases, there is a decrease in contraceptive use.

Table 5.18 Ditribution of Contraceptive Use by Respondents' Ages (N=150).

Contraception	Age of respondent				Total
	20-29	30-39	40-49	50+	
Users	11(38)	22(32)	13(37)	1(6)	47
Non-users	18(62)	47(68)	22(63)	16(94)	103
Total	29	69	35	17	150
Percentage	19.3	46.0	23.7	11.3	100

χ^2 = 6.264 df = 3, P<0.05

C = 0.20021

r = 0.13637

The calculated value of the chi-square was 6.263554 with 3 degrees of freedom. The contingency

coefficient is 0.2002 which indicates that the association is present but slight. The chi-square thus

showed an insignificant relationship at 95% confidence level between the respondent's age and

contraceptive use. The Pearson's correlation coefficient of 0.09612 shows that the association

is positive. The high proportions of non-users among the early old age and old age groups could be attributed to the fact that they had married recently and they wanted more children. Indeed during the study it was found that some respondents were of the view that contraceptive use "is a recent phenomenon". The study concludes that there is a positive though insignificant relationship between respondents' age and contraceptive use.

(c)   The Effect of Family Size Preference on Contraceptive Use

Family size preference was found to be positively related to contraceptive use.

The dependent variable is contraceptive use and the independent variable is preferred family size (Table 5.19).

Table 5.19 :   Contraceptive Use by Preferred Family Size

Contraception	Preferred family size			Total
	1-4	5-8	>8	
Users Non-users	30(39.5) 46(60.5)	14(21.5) 51(78.5)	3(33) 6(67)	47 103
Total Percentage	76 50.7	65 43.3	9 6	150 100

χ^2 = 5.25584   df 2, P<0.05
C = 0.18399
r = 0.14298

Most of the respondents who were current users of contraceptives have eight or less children. Of the 47 users 30 had between 1 and 4 children, 14 had between 5 and 8 children. This represented 63.8%, 14% and 6.4% of the respondents who were users, respectively. This could be an indication that the use of contraceptives leads to reduced family sizes.

101

The calculated chi-square was 5.25584 with two degrees of freedom. A contingency coefficient of 0.18399 and indicated that the association was negligible. The Pearson correlation coefficient shows that the relationship is positive and the value is 0.14248 and is significant at 0.08199 level. This means that family size preference positively affects contraceptive use among the respondents. They have started using contraceptives due to preference for small family size perhaps owing to economic hardship. This is because it is easy to feed and take care of a small family.

The foregoing finding agree with those of Ikamari (1985), Mungai (1986: 86) and Rono (1994) which show the relationship between desired family size and contraceptive use to be positive among men and women, respectively.

The emerging conclusion is that there is a positive though insignificant relationship between family size preferred and contraceptive use.

The hypothesis that there is no significant relationship between demographic factors and contraceptive use was accepted while the alternative hypothesis was rejected as all the three variables considered were insignificant.

5.4 Summary of the Correlation Results

Each of the factors considered in this study, explained some degree of variance. None of them explained contracptive use (100%). This implies that there are other factors apart from the studied ones which are important in explaining contraceptive use among married men in Machoge Borabu Location in Kisii District.

Educational level was found to be the most important factor in explaining contraceptive use; it explained 7.38% variance of contraceptive use. The second important factor was occupation which explained 4.42% of contraceptive use. Income was the third most important explaining factor, it explained 4.13% variance in contraceptive use. The other factor was occupation of the respondent which explained 4.42% variance of contraceptive use.

The least important factor among those considered was old age security which explained 0.02% variance of contraceptive use. This implies that the tendency to see children as old age security is dying among the respondents. Table 5.20 shows the relationship between each independent and the dependent variable (i.e., contraceptive use).

Table 5.20 : Coefficient of Determination and Percentage Variance

Variable	r	r^2	Variance (%)
1. Educartional level	-0.27172	0.0738317	7.38
2. Occupation	0.21017	0.044171	4.41
3. Income	-0.20318	0.041282	4.13
4. Family	0.14248	0.020300	2.03
5. Age	0-0.13637	0.0185967	1.86
6. Religion	0.12169	0.0148084	1.48
7. Child sex preference	0.09047	0.008184	0.8
8. Age at marriage	-0.07640	0.0058369	0.58
9. Land	0.03329	0.011082	0.11
10. Old age security	0.013474	0.0001814	0.02

5.5 Conclusion

The analysis of the influence of socio-economic, socio-cultural and demographic variables was done with family size preference and contraceptive use being the dependent variables.

This showed that educational level and preferred family size have a negative association. However, the relationship was rather weak because the majority (56%) of the respondents had primary school education. This group was still inclined to traditional attitudes of preferring large family sizes. Nonetheless, the general observation was that family size preference decreased with the rise in the level of education. Hence the hypothesis that there is a significant relationship between education and family size preference was accepted.

The study found that as the income of men increased, there was a subsequent decrease in family size preference. The majority of the respondents were farmers with plenty of food. They had no problem in feeding their families. Most of the respondents did not mind about having many children. What is more important though is the insignificant relationship between income and preferred family size.

Occupation was found to have a positive insignificant relationship with preferred family size. Majority of the respondents were farmers. Men's occupation was apparently not an important factor regulating family size.

The relationship between land and preferred family size was strong and positive. The study found a significant relationship between land and preferred family size. Men with big pieces of land preferred more children. Land was therefore an important factor guiding fertility decisions as it was perceived to be a source of livelihood. Those with small pieces of land preferred small family sizes.

104

The socio-cultural factors analysed were religion and old age security. Their relationship with preferred family size were examined. Religion was found to be negatively correlated with preferred family size. The relationship was however negligible and insignificant. Catholics were found to prefer larger family sizes than protestants and traditionists. Traditional beliefs of supporting large families were found to have declined. This could be attributed to among other factors, changing socio-economic conditions. Religion was thus found to have an influence on family size.

Old age security was found to have a weak positive association with preferred family size. The study found out that the notion that children are old age security has reduced. Hence, old age security did not significantly affect the number of children a man would prefer to have.

The study further revealed that the respondents' age was positively related to family size preference. Age at first marriage was negatively related to family size preference.

Socio-economic variables and their influence on contraceptive use were evaluated. The variables considered were educational level, income, land and occupation.

Educational level was found to have a significant inverse relationship with contraceptive use. This could be attributed to the fact that majority of the respondents had attained primary level of education and therefore they were not exposed to modern ideas.

105

Income was also found to have a significant inverse relationship with contraceptive use. This implied that as the income of a man increased, there was a corresponding decrease in the use of contraceptives. This is because they had enough food and did not see the need for contraceptive use.

Occupation was found to have a significant positive relationship with contraceptive use. Farming had the lowest percentage of men who had ever used contraceptives. This could be attributed to the fact that farmers, who are basically rural people have less exposure to new ideas.

Land holding was found to have a negligible association with contraceptive use. Men were found to use contraceptives when their size of land was small since this could not provide enough food to feed the family.

Religion was found to have a negative significant relationship with contraceptive use. The catholics strongly opposed the use of artificial methods of birth control while the protestants favoured their use.

The preference for boys was found to be more prevalent than that of girls. The need for a son was found to affect the use of contraceptives. Those without a son continued giving birth until they get a son. Therefore sex preferences significantly influence the use of contraceptives and men are not likely to use modern contraceptives until they get their targeted number of sons.

Old age security was found to have a negative relationship with contraceptives. This is because men in the study area would not use contraceptives until they have got the targeted number of children who would take care of them during old age.

Contraceptive use was also found to be affected by age of the respondent. Age had a negative insignificant relationship with contraceptive use. The use of contraceptives was found to increase with the advancement of age.

Age at first marriage was found to be negatively related to contraceptive use. Pearson's correlation coefficient was found to be -0.076.

Family size preferred was positively related to contraceptive use. This was due to the need for small family size preference. This had emerged due to socio-economic changes in the location.

CHAPTER 6

6.0 SUMMARY OF FINDINGS AND RECOMMENATIONDS

6.1 Summary of Findings

This chapter concludes the major findings of the study. The study sought to explore the factors influencing family size preferences and contraceptive behaviour among married men in Kisii District. The social-cultural, economic and demographic factors considered in the study were; educational level, income, age, age at first marriage, land size, occupation, religion, old age security, sex preference and desired family size.

There was a significant relationship between some of the socio-cultural economic, and demographic factors and family size preferences, and contaraceptive behaviour, respectively.

Data was collected using the survey method. The interview schedule was the tool of data collection. This was supplemented by observation and informal interviews. This was necessary as the researcher wanted to avoid the errors that occur when a single data gathering technique is used.

Information was collected from 150 respondents who were randomly selected from 3 sublocations (Emesa, Kiango and Ritembu) of Machoge Borabu Location. The data was collected and analysed by use of both descriptive and inferential statistics. All the computations were done using the Statistical Package for Social Sciences (SPSS) computer programme.

108

All the 150 respondents were married and majority (92.7%) were in monogamous marital unions. Most of them were in their thirties with a mean age of 37.13 years. The respondents' age was found to be significantly related to the family size preference. The Pearson's correlation coefficient was 0.30420 and the age of the respondent was found to explain 9.25 percent variance in family size preference in Machoge Borabu Location.

Age was also found to be positively, though insignificantly, related to contraceptive use. The Pearson' correlation coefficient was 0.13637 and age explained 1.86% variance of contraceptive behaviour in the location.

Educational level of respondents was found to have a significant inverse relationship with family size preference. The Pearson's correlation coefficient was -0.20801 and the respondents' level of education explained 4.33% variance of family size preference in Machoge Borabu.

The responsdents' education was also found to have a significant inverse relationship with contraceptive use. The Pearson's correlation coefficient of -0.27172 and educationa level explained 7.38% variance of contraceptive use in the location.

Monthly income ranged from Ksh. 680-27,000 and mean income was Ksh. 5,083.73 per month. Modal income was Ksh. 2,000. The study found income to have an insignificant relationship with family size preference. Pearson's correlation coefficient was -0.03676 and income explained 0.12% variance in family size preference.

109

Income was also found to have a significant inverse relationship with contraceptive use. The Pearson's correlation coefficient was -0.20318 and respondent's income explained 4.13% variance of contraceptive use.

Occupation of the respondent was found to have a positive though insignificant relationship to the family size preference. The Pearson's correlation coefficient was 0.09945 and the respondent's occupation was found to explain 0.99% variance in family size preference.

Occupation was also found to have a significant positive relationship with contraceptive use. The Pearson's correlation coefficient was 0.21017 and occupation explained 4.42% variance in contraceptive use.

The respondent's land size was found to have a positive significant relationship with family size preferences. The Pearson's correlation coefficient was 0.24900 and land size explained 6.20% variance in child preference.

Land was also found to have a positive though insignificant ralationship with contraceptive use. The Pearson's correlation coefficient was 0.03329 and land explained 11% variance in contraceptive use.

Religion was found to have a negative insignificant relationship with family size preference. The Pearson's correlation coefficient was -0.32175 and religion explained 0.32% variance in family size preference.

Religion was also found to have a significant inverse relationship with contraceptive use. The Pearson' correlation coefficient was -0.12169 and religion was found to explain 1.48% variance in contraceptive use in the location.

The study found that 46% of the respondents married when they were aged 20-24 years, and 39.3% married when they were 25-29 years. The age at first marriage was found to have a negative insignificant relationship with contraceptive use. Pearson's correlation coefficient was -0.07640 and age at first marriage explained 0.58% variance in contraceptive use.

Age at first marriage was also found to have a negative insignificant relationship with familiy size preference. The Pearson's correlation coefficient was -0.16256 and age at first marriage explained 2.64 variance in family size preference.

Old age security was found to have a positive though insignificant relationship with family size preference. The Pearson's correlation coefficient was 0.11404 and old age security explained 1.3% of family size preference in the location.

111

Old age security was also found to have a negative insignificant relationship with contraceptive use. The Pearson's correlation coefficient was -0.01347 and old age security was found to explain 0.02% variance in contraceptive use.

On the strength of the findings, the researcher concludes that there is a high contraceptive knowledge but low contraceptive use among married men in Machoge Borabu Location.

A subsquent decrease of family size prefence was noticed as the income of men increased. This would be due to desire for better life styles by high income earners.

Educational level was found to have a significant inverse relationship with contraceptive use. This would be attributed to the fact that majority of the respondents had attained primary level of education and therefore not exposed to modern ideas.

Occupation was found to have a significant positive relationship with contraceptive use for instance farming had the lowest percentage of men who had ever used contraceptives. This could be attributted to the fact that in the rural areas there is less exposure to new ideas.

There was negligible association between land holding and contraceptive use such that men use contraceptives when their size of land was small. Such land would not provide enough food to feed the family.

6.2 Recommendations

1. .In this study, it was observed that the degree of usage of contraceptives by men in Machoge Borabu Location was low. Hence, the study recommends that the number of field educators should be increased in order to promote family planning methods among men. Family planning educators should strive to broaden people's knowledge about male and female contraceptives; how they work and their side effects. This would encourage increased contraceptive use among men and women.

2. Adult literacy classes should be activated so as to, among others, encourage adult people in the rural areas to join literacy classes as their level of education was found to be low (primary education). In these classes, the adults would be taught family planning methods and the importance of a small family size.

3. Active use of condoms in marriage unions should be encouraged in cases where side effects are seen as a barrier to family planning.

4. Family life education should be introduced earlier in schools as the study found that majority of people with primary level of education were non-users of contraceptives.

5. Community based distribution of condoms should be increased by the government and Non-Governmental Organizations (NGOs) as this will enable every willing user to obtain contraceptives with ease.

6.3 Areas of further research

Since the study was based on socio-cultural, economic and demographic factors and how they influence contraceptive use, there is need for researchers to go further and follow clients who have used specific methods such as vasectomy so that the information got would be used to dispel adverse rumours in the society.

113

REFERENCES

Adeokun, L. A. (1979)."Male Attitude to Birth Control and Family Planning" 1971-75, National survey of Fertility, Family and Planning Phase I, S. W. Nigeria, **Demographic Social Survey Monograph, No. 1**, University of Ife, pp. 105-125.

Aggarwal, Y. D. (1990). **Statistical Methods, Concepts, Applications and Computations,** Second Revised Edition. Sterling Publishers PVT Ltd. New Delhi.

Anderson, R. (1965). **Report of the Ministry of Economic Planning and Development,** Republic of Kenya on Population Growth and Family Planning in Kenya, New York, Population Council.

Bailey, K.D.1987). **Methods of Social Science Research:** The Free Press, New York

Blacker, C. P. (1977). "Stages in Population Growth" **Eugenics Review** 39(3), October, pp. 88-102.

Blalock, H. M. (1972). **Social Statistics,** McGraw Hill Book Company. New York.

Bogue, D. J. (1962). "Some Tentative Recommendations for a Sociologically Correct Family Planning Communication and Motivation Programme in India". In : Kiser, C. V. (ed.) **Research in Family Planning**: Princeton New Jersey, Princeton University Press, pp. 503-508.

_____ (1967). **Sociological Contributions to FamilyPlanning Research Two is plenty** Community and family study centre, University of Chicago.

Bondestan, L.(1972). **Population Growth In Kenya.** Institute of African studies, Research Report No. 12 Scandinavian.

Caldwell, J.C. (1980) Mass Education as a Determinant of the Timing of Fertility Decline in **Population and Development Review; Vol.6(2)** June; pp 28-255.

Campbell, E.K. (1986). Male Role in Fertility Decisions in Roberts Port. Liberia. An Experimental Exercise for Policy Formulation. In :**JAN ASAMKHYA Vol.2 No.1** June 1986.

Carlos, A. C. (1984). "Male Involvement in Family Planning : Trends and Directions". In ; **Male Involvement in Family Planning Initiatives,** International Planned Parenthood Federation (IPPF). London, pp. 1-8.

Central Bureau of Statistics(1969) **Kenya Population Census,** Ministry of Planning and National Development, Nairobi, Government Printer.

_____ (1979). **Kenya Population Census**, Ministry of Planning and National Development, Nairobi, Government Printer.

_____ (1984).**Kenya Contraceptive Prevalence Survey**. Ministry of Planning and National Development, Nairobi, Government Printer.

_____ (1989).. **Kenya Population Census**. Ministry of Economic Planning and National Development, Nairobi, Government Printer.

_____ (1994). **Kisii Development Plan 1994-1996**. Minisrty of Economic Planning and National Development Nairobi, Government Printer

_____ (1989). **Kenya Demographic and Health Survey**, Ministry of Home Affairs and National Heritage, NCPD 1989, DHS program, IRD/Macro Systems inc. 8850 Stard Ford Blud. suite 4060 Colombia MD.

_____ NCPD, (1993) **Kenya Demographic and Health Survey Preliminary Report**, DHS program IRD/Macro Systems, Inc. 8850 Stardford Building; Suite 4000 Columbia, MD-21045, USA

_____ (1996) **Economic Survey**. Ministry of Planning and National Development, Government Printer, Nairobi.

Chambers, J. D. (1972). **Population Economy and Society in Pre-industrial England** Oxford University Press, London, p. 162.

Development and Research Services (1989). **Male Motivation in Family Planning Acceptance in Kenya** : National Council for Population and Development, Ministry of Home Affairs and National Heritage, Government Printers, Nairobi.

Egero, B. (1994). "Reproductive Change is a Social Process". in Egero, B. and Hammarskjold, M.(eds) **Understanding Reproductive Change: Kenya, Tamil Nadu, Punjab, Costa Rica**; Lund University Press, Upsala.

Egero, B. and Mburugu E.K. (1994). "Kenya:Reproductive Change Strain" , In : Egero, B. and Hammarskjold, M. (eds); **Understanding Reproductive Change: Kenya, Tamil Nadu, Punjab, Costa Rica**; Lund university Press.

Freeman R., Albert, H. and Ming C. (1975). Do Statements about Desired Family Size Predict Fertility? The Case of Taiwan. 1967-1970 **Demography Vol. 12 No.3**: 407-   416.

_____ (1972). "Population Education for our Schools" **Working Paper No. 27** IDS, University of Nairobi.

115

_____ (1971). "Socio-cultural Factors Related to Family Planning" **A Paper Presented to The Seminar on Population and Family Planning for Provincial Planning Officers,** Nairobi.

Greenley, E.H. (1977). "Men and Fertility Regulation in Southern Meru - A case Study from the Kenyan Highlands" unpublished Ph.D Thesis. The Catholic University of America, Washington, DC..

Gupta, C. B. (1987). **An Introduction to Statistical Methods,** New Delhi, PVT Ltd.

Gupta, M. O. (1994). "What Motivated Fertility Decline? A Case Study of Punjab, India" in Egero, B. and Hammarskjold, M. (eds); **Understanding Reproductive Change: Kenya. Tamil Nadu, Punjab. Costa Rica;** Lund university Press.

Hagood, M. J. (1969). Statistics for Sociologists, Holt, Mich University Microfilms, New York.

Greenhalgh S. (1985). "Sexual Stratification, the Other Side of Growth with Equity" in East Asia; **Population and Development Review 11(2).**

International Union of Scientific Study of Population, (1988). "Conference on Women's position and Demographic Change in the Course of Development," Oslo 1988 **Solicited Papers;** Rue de Augustines, 344,000 Liege Belgium pp. 163-251.

International Planned Parenthood Federation (1984). **Male Involvement in Family Planning Programme Activities,** Papers Prepared for IPPF, London. .

Keraka, M.N. (1991). "Determinants of contraceptive use in Kisii District". Post Graduate Diploma thesis. PSRI, Nairobi University.

Khasiani, S. A. (1991) "Population and Human Resource Development in Kenya" Nairobi, Ministry of Manpower Development.

Kimani, J.W. (1991). "An evaluation of Male participation in Family Planning Activities : A Case Study of Karambaini Sub-location of Limuru Division, Kiambu District-Kenya" M.A. Thesis. University of Nairobi.

Lamptey, P. (1978). "An Evaluation of Male Contraceptive Acceptance in Rural Ghana" **Studies in Family Planning. Vol. 9 No 8.**

Leete, Richard, and Iqbal Alam (eds), (1993) **The Revolution in Asian Fertility:Dimensions, Causes, and Implications,** Claredon press.

Machera, E. M. (1997). "Social, Economic and Cultural Barriers to Family Planning among Rural Women in Kenya" **Study Report No. 25,** 1997., Union for African Population Studies, Dakar.

Maleche, R. (1990). "Accessibility and Contraceptive Use in Kenya" Post Grad. Dip. in Population Studies. Thesis. University of Nairobi.

Mbithi P.M. (1989). "Implications of Socio-economic and cultural Factors on Population and Development", A Paper Presented during the National Leaders Conference 1990.

Mbizvo, T. M. and Adamchak, D.(1991). "Family Planning, Knowledge, Attitudes and Practices of Men in Zimbabwe", **Studies in Family Planning, Vol. 22**:31-38.

Mbugua J.W. (1984). "Research Paper on Family Planning : A Case Study of Family Planning Adoption in Kiambu District in Kenya". B.A. Dissertation, University of Nairobi.

Mburugu, E. and Oucho J.O. (1984). "Baseline survey of Fertility Related Factors and Family Planning Practices in Selected Private Sector Institutions in Kenya. An executive Summary". Report for Family Planning Private Sector (F.P.P.S.).

Mburugu, E. K.(1994). "Kenya Recent Fertility Decline in A Gender Perspective" Paper Presented in the PAK 1st Annual Conference Sponsored by UNFPA 7-9Th November, 1994.

Misra, B.D. (1967). Correlates of Males attitudes towards family planning in Bogue (ed) 1967, **Sociological Contributions to Family Planning. Research**. Community and Family study Centre, University of Chicago U.S.A.

Molnos, A. (1968). **Attitudes Towards Family Planning in East Africa**, London, C. Hurst Co.

Monsted, M. and Walch, P. (1978) **A Demographic Analysis of East Africa: A Sociological Interpretation Scandinavian Institute of African Studies, Uppsala, Brussels Inter-University Programme in Demography.**

Moser, C.A. and Kalton,G. (1979) **Survey Methods in Social Investigation** Heinmann Educational Books, London

Mosley (1980). **Population Growth and Social Economic Change in West Africa**. The Population Council, New York, pp. 53-80.

Ndege, K. Ongwae, K. and Fergwon, A, (1993). **Male IEC Needs in Family Planning, Some Evidence from Nyamira District,** GTZ FP Project Ministry of Health.Report.

Nkanata, F. M. (1991). "Fertility Preferences among the Currently Married Women; A Study of Abogeta Location in Meru District", PSR, University of Nairobi.

Notestein, F. (1953). "Economic Problems of Population Change" in **Proceedings of the Eight International Conference of Agricultural Economics**, Oxford University Press, London

Ominde, S.H. (1988). **Kenya's Population on Growth and Development to the Year   2000.** Heineman Kenya 1988.

Onsarigo, E. N. (1997). "The Determinants of Contraceptive Use among Exposed and Married Women in Abagusii Community". M.A. Thesis, University of Nairobi.

Otinda P.A. (1991). "Contraceptive Knowledge, Attitudes and Practice among University Students in Kenya : A Case Study of University of Nairobi", PSRI. University of Nairobi.

Oyosi, S. G. (1996). "The Influence of Socio-Economic Factors on Male Involvement in Family Planning : A Case of Vihiga, Kenya", Unpublished M.A. Thesis, University of Nairobi.

Population Reports Series. No.35 Nov.-Dec. (1986). **Population Information Program**. The John Hopkins University, Hampton U.S.A.

Rono, P.K. (1994). "Factors Influencing Contraceptive Use among Men: A case of Kabui Location Nandi District", . M.A. Thesis 1994, University of Nairobi.

SRDP (1975). in Greeley, E. H. (1977) "Men and Fertility Regulation in Southern Meru: A Case Study from Kenyan Highlands" Unpublished Ph. D Thesis, University of Nairobi.

Stycos, J.M. and Black K.W. (1959). ; **The Control of Human Fertility in Jamaica.**   (Ihaca New York Cornel University Press 1959).

United Nations Fund for Population Activities (1984) **Population Perspectives**: Statement Presented by World. Bank, New York.

Warwick, D. P. (1986) "Husbands' Approval of Contraceptives in Metropolitant Indonesia; Programme Implications" In : Baughman, L. and Mohammad, R. (1988) ; **Studies in Family Planning, Vol. 19., No. 3.**

Weeks, J.C. (1989), **Population : An Introduction to Concepts and Issues**; Wadsworth Publishing Company, Belmont.

World Conference. (1991): **World Demographic and Health Survey**, Washington D.c. IRD/Macro International Inc. August 5-8, Vol. Columbia Maryland U.S.A Vol.3.

Wrigely, E. A. (1969) "Population and History", New York, p. 54

CONFIDENTIAL; FOR RESEARCH ONLY

QUESTIONNAIRE No. _____

UNIVERSITY OF NAIROBI
DEPARTMENT OF SOCIOLOGY
RESEARCH ON FAMILY PLANNING

Good day. I am a student from the University of Nairobi. I am carrying out a research on family planning. I am visiting married men and asking them questions about the issue. The information given will help the government later in formulating policies that can help advance men involvement in the programme.

IDENTIFICATION

DISTRICT: KISII   DIVISION: KENYENYA

LOCATION: MACHOGE BORABU   SUBLOCATION: _____

VILLAGE NUMBER AND NAME _____

HOUSEHOLD HEAD MR._____

NUMBER OF VISITS: _____

DATES: _____   _____

LANGUAGE OF QUESTIONNAIRE: ENGLISH

LANGUAGE OF INTERVIEWING: 1. ENGLISH 2. KISWAHILI 3. EKEGUSII

RESPONDENTS BACKGROUND.

I would be very grateful if you provided me with information about you and your household:

1.   It is good to know your exact age, in which month and year were you born? _____ month.

2.   State your age _____ year

119

3. What is your religious affiliation?1. Catholic 2. Protestant and other Christian sects 3. Muslim 4. No religion

   5.Others(specify)------------

4. Have you been married only once or more than once? _____

5. How many wives/partners do you have? _____

6. Would you like to have additional wife in the future? Yes_____ No _____

7. Have you ever lost a partner through death, divorce (i.e. she is not coming back). separation (i.e. she might come back)? Yes _____ No_____

8. In what month and year did you start living with your first wife?_____ month _____ year.

9. How old were you by then? _____ years

10. And what of your second and third wives or partners? _____

SOCIO-ECONOMIC STATUS

11. Have you ever attended school? Yes _____ No. _____

12. What was the highest level of school you attended.

    1. Primary 2. Secondary 3. University or college.

13. If primary have you ever attended an adult literacy class? Yes _____ No._____

14. How many times do you listen to a radio per day _____week

15. What kind of work do you mainly do? _____

16. Whether in agriculture, Yes _____ No. _____(Tick where appropriate)
    If he does not work in agriculture;
    Do you work for someone else or   yourself?_____

17. Do you earn a regular wage or salary?
    Income from salary Kshs._____
    Income from other sources i) Ksh. _____
       ii) Ksh. _____iii) Ksh. _____
       iv) Ksh. _____

120

18. Does your wife work? Yes_____No._____(tick where correct).
    If yes state the monthly income in Ksh ._____.

19. Do you work mainly on your own or family land or someone else's
    land?_____

20. If own land, what is its size in acres?   _____

21. What other possessions do you have? A vehicle_____
    shop _____
    Bicycle _____ plough _____ Tractor _____
    Livestock: Cows _____Sheep_____Goats _____(Tick where appropriate and give
    figures.) Any other (specify _____

22. How much income do these possessions offer you per month? KShs._____

23. Do you hold any position of leadership in your community?   Yes _____
    No._____.If yes you act as what? _____

CONTRACEPTION

Now let us talk about a different topic.

There are a number of ways or methods that a couple can use to delay or avoid pregnancy.
24.   Which of these ways or methods have you heard about? Examples are:

Pill _____IUD _____ Injections_____

Diaphragm/Foam/Jelly _____condom_____ Female

sterilization_____ withdrawal_____ Any other Methods _____specify.

25. Have you ever used a method with any partner?_____ If you have used, when did
    you start using and when did you   stop (a) month_____ year _____ (b) month_____
    year_____

26. Are you currently using a method with a partner(s)? Yes _____No ____
    If yes which one? _____

    In which month and year did you start using? Month_____ Year ____

27. How many children, if any did you have already when you started using a method to avoid
    having a child _____

121

28. Where do you go to obtain a method if you wanted to use it? _____

29. How many times does the CBD (Community Based Distribution) visit you or your wife/wives. A month_____a year _____

30. If you are not using a method now, are you intending to use one to avoid pregnancy at any time in the future?Yes___No __

31. If no why not

32. Do you find it acceptable to you to provide Family Planning information on radio or television? Yes_____ No. _____

33. Do you think that your partner approves or disapproves the use of family planning methods by couples to avoid pregnancy?
Yes ____No.____

34. In general do you approve or disapprove of couples using a method to avoid pregnancy?

35. How many times have you (or did you) talks to your wife/wives/partner(s) about family planning in the past six months? _____

36. In your own opinion what is the main problem (if any) with using family planning methods?

37. Does your wife(s) use any method of birth control?
Yes _____ No. _____

    If No, why not ? _____

38. Have you ever heard of any traditional methods, women or men use to avoid pregnancy? 1. Yes_____ 2. No._____

39. What methods have you ever heard of?_____
    _____

40. Have you (and your wife) ever used this method?
Yes _____ No. _____

41. How many own sons and daughters do you have?
sons _____ daughters _____

42. How many children were born to you but died? _____

43. Now I would like to ask you a few questions about the future. Would you like to have another/other children in future?_____

   If yes, how many? _____

44. If you could choose exactly the number of children to have your whole life, how many would that be? _____ and how many would be girls _____ boys ____

45. And do you prefer your next first child to be a boy or girl _____

46. For how long do you wait before you resume sexual intercourse after the birth of a baby by your wife/wives? Months ___ Years ____

47. Should a couple(s) resume sexual relations when breast feeding is over or it does not matter?

48. If you could go back to the time you did not have children and choose exactly the number of children to have in your whole life how many would that be? _____ and how many would be boys?_____ girls _____

49. As far as family size issue is concerned do you believe it is
   i)   a joint decision? _____
   ii)   God's decision? _____
   iii)   Your own decision? _____
   iv)   you don't know?_____
   v)   Wive's decision?_____

Tick where appropriate

50. What number of children would you suggest (or think) is good for couples in this area? _____ For what reasons do you suggest this number?
   i)
   ii)
   ii)
51. In what ways do you think your children are useful at the moment and in the future?
   i)
   ii)
   iii)
52. Do you think children will assist you in future?
   1. Yes ( )
   2. No ( )
Thank you for cooperating and participating in this research.