



**THE CHANGING SOCIO-CULTURAL CONTEXT  
OF THE PROXIMATE DETERMINANTS  
OF FERTILITY AMONG THE  
ISUKHA OF KAKAMEGA DISTRICT**

BY

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## DECLARATION

This research work is my own work and has not been presented for a degree in any other university.

Signed -----

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This research project has been submitted for examination with our approval as the university supervisors.

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## DEDICATION

This project is dedicated to my parents; for their love, sacrifice and encouragement throughout my life. And to Gerald; My brother and my friend.

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## ORGANIZATION OF THE STUDY

The presentation of the study is given in four chapters. Chapter one covers the presentation of the background information, general introduction, statement of the problem, objectives of the study and justification of the study.

Chapter two covers the literature review, conceptual and operational frameworks, hypotheses of the study, methodology of data collection and analysis, scope and limitation and definition of principle concepts.

Chapter three covers the analysis of the data and presentation of the findings. Chapter four covers the summary, conclusions and recommendations for policy makers and for further research.

## **ABSTRACT**

The study is an investigation into the socio-cultural supports of high fertility among the Isukha of Kakamega district. It revolves around the hypothesis that both persistent and changing socio-cultural factors (norms, values and practices) affect positively the fertility rates and levels of any given society.

The study has utilized data collected in a field survey carried out by Ocholla-Ayayo and Muganzi in 1985. The data was obtained from household interviews by use of a structured questionnaire. For the present study a sample of 250 questionnaires were selected from those questionnaires administered in Isukha.

The principal methods of analysis employed in the study are frequencies and percentages. Cross-tabulations have also been used to show the relationship between some independent variables and the dependent variable (TFR). The findings are basically presented in tabular form. Descriptive analyses has been used in writing the report of the findings, conclusions and recommendations.

Some of the major findings obtained from the data presentation and analyses are:

- A high TFR of 7.3 was found for Isukha women.
- Marriage is relatively early and most women marry between ages 18-20.
- A TFR of 2 was found for single women.

■ The normal interbirth period has declined from the traditional 3 years to an average of 20.6 months.

■ Post-partum abstinence period has declined from the traditional period of at least two years to only 6 months.

The above factors among others pertaining to persistence and changing socio-cultural practices were shown to increase and sustain high fertility rates (TFR OF 7.3) among the Isukha.

## **CHAPTER ONE: BACKGROUND INFORMATION**

### **1.0 GENERAL INTRODUCTION**

Rapid population growth rate constitutes a major challenge to Kenya's efforts to industrialize, modernize and promote socio-economic advancement. If the current population growth rate of 3.6 per cent per year continues, Kenya's population will be about 35 million by the year 2000.

Since the 1960's the urban areas have grown especially due to large influxes of rural villagers in search of better opportunities. Squatter dwellings encircle the main urban areas making it difficult for the local government to provide essential services.

Rural over-population has also become a serious problem in recent years since people have begun to cultivate marginal lands. This has led to severe soil erosion and desertification. A case in point is Nandi District where the natural forests and vegetation are being destroyed by the rapidly increasing population. Clearly it will be difficult for Kenya to maintain the current level of health education, and other services as its population expands. The problems are likely to increase with the recent massive influx of refugees competing for the scarce resources, with the natives.

The rapid population growth has been attributed to the socio-economic development in the country especially the provision of health services and better nutrition. This has



notably increased women's fecundity and also contributed to the reduction in infant and child mortality thereby adding a large number of children to the population.

High fertility rates have however also been generated by socio-cultural factors: the persistence of high fertility values and practices as well as the violation of traditional practices that regulated fertility. In most developing countries, Kenya inclusive, high fertility values have cultural explanations and particular combinations of the proximate determinants - nuptiality, abstinence, breastfeeding find their origins in specific customs and institutions rather than in socio-economic characteristics.

Modernization and related developments have led to the collapse of some of the principal mechanisms which spaced births and kept fertility within reasonable bounds. Socio-economic development is causing more and more women to abandon the traditional methods of regulating fertility without adopting family planning methods. Furthermore the sanctions which encouraged stability have undergone considerable modifications and some have completely disappeared. Well knit stable descent groups and strong family ties as well as practices like the levirate which helped to stabilize marriage in the past have been notably curtailed. A number of studies on marriage and social change confirm the above observations (Barness, 1951; Southall, 1961:316-329; Lesthaeghe et al, 1984).

The increasing high fertility in most African countries is thus partly attributed to the prevalent violation of cultural practices that regulated fertility. At the same time some cultural values which favour high fertility have persisted. One such value is the desire for many children. Traditionally, marriage was primarily for procreation and the larger the number of children the greater the prestige accorded to the couple and the more useful the family in social and economic terms for the descent groups and the wider kinship. Childlessness provoked sad and often agonizing reactions; for the value of a woman and the essence of her femininity was her childbearing capacity (Ocholla-Ayayo, 1991; Nukunya, 1969; Fortes, 1968; Mhloyi, 1987; J. Lijembe, 1967; Omideyi, 1987). The most effective insurance against it was therefore the maximum utilization of the reproductive potential within the limits of culturally defined roles (Nukunya, 1979).

The desire for children is a complex cultural value. It is explained through the socio-economic facts of the traditional setting and it is connected with traditional religious beliefs, ancestor worship and concepts of life and death. The favourable attitude towards many children has persisted as a kind of "cultural inertia". This is because "attitudes tend to persist even after the social customs to which they were once meaningfully linked have been abandoned" (Angela Molnos, 1972).

This is in line with Doob's proposition (1966) that:

"...people changing from old to new ways are likely to retain their traditional attitudes and practices towards marriage and family life during and long after many structural changes have occurred within them and their society" (ibid 1966:112).

From the above observations it is imperative that attitudes relevant to fertility and fertility change be investigated in context of cultural traditions as well as current conditions.

There is a need to investigate even those traditions that are rapidly disappearing if current problems such as implementation of population programmes are to be adequately tackled. Recent studies on African fertility point to deeply ingrained cultural characteristics as the root causes of the relative failure of family planning efforts in Africa (Caldwell and Caldwell, 1987; Angela Molnos, 1972; Ocholla-Ayayo, 1991). Confronted with this apparent resistance of fertility regimes to the onslaught of family planning programmes and other efforts of fertility reduction, we have to resort to grass root cultural studies of indigenous ethno-cultural groups.

## 1.2 BACKGROUND INFORMATION OF AREA OF STUDY

The Isukha people come from Kakamega district. They belong to the Luhya ethno-cultural group (see appendix Fig.5). The language (Lwisukha) constitutes one of the major Luhya dialects.

The Isukha constitute a substantial portion of the population in Kakamega district. According to the 1979 census results the population of Kakamega district stood at 1,030,887. Of this total, 199,138 were Isukha constituting about 20% of the total population.

### 1.2.1 KAKAMEGA DISTRICT GEOGRAPHICAL POSITION

Kakamega district is one of the three districts of Western province; the others being Busia and Bungoma. It lies within the lake Victoria basin with the equator crossing its southern tip.

In area the district is about 3520 square kilometres and its altitude falls from about 1,500m above sea level in the East to about 1,250m in the West. The temperatures vary between a mean maximum of 20°C and 32°C and a mean minimum of 14°C and 18°C.

The district has a high agricultural potential and it lies in the star grass zone. The main crops grown are maize, beans, sorghum and millet. Other crops include cassava, coffee, tea, sugarcane and horticultural crops.

### 1.2.2 POPULATION PROFILE

The population has been increasing at an alarming rate (see appendix). In 1969 the population stood at 782,586 and increased to 1.03m in 1979 - an increase of 31.7% representing a growth rate of 2.8%. The population was estimated at 1.43m

in 1988 giving an increase of 38.8% and representing a growth rate of 3.3%. The population growth rate is still on the increase. This rate of growth has remained a major obstacle in the development efforts in the district and its reduction to manageable levels remains a major challenge to planners.

### 1.2.3 MARRIAGE AMONG THE ISUKHA

Marriage is the most significant feature of the traditional Isukha society. It is seen as the pivot on which life revolves and it is a socio-cultural obligation. J. Mbiti (1969) has given a true and correct view of what an African marriage is. This explanation also applies to the Isukha. He says:

"For most Africans marriage is the focus of existence. It is the point where all members of a given community meet the departed, the living and the yet to be born....

Marriage is the drama in which everyone becomes an actor or actress, not just a spectator" (1969:133).

Marriage among the Isukha as in other African societies serves certain basic functions:

1. It is the basic institutions for procreation.
2. It serves as an alliance between different kinship groups.
3. It is important for inheritance purposes and for the continuation of the ancestral lineage.

The most basic is procreation. This is because procreation ensures personal immortality. As such marriage in

traditional Isukha is incomplete without an issue of it and it is actually consummated when the wife reports pregnancy.

Children were seen as perpetuating the claim of a people's humanity and recapturing the gift of immortality. The fact that sex was not just for pleasure but for procreation is observed in the prohibition of sex as soon as a woman got pregnant, emphasized by sleeping in separate huts of the man and wife.

The traditional Isukha viewed marriage as the ideal or ultimate relationship between man and woman and as the cornerstone of a stable society. Hence the trouble to which the society went towards preserving the marriage institution.

The Isukha had their own socio-cultural ideologies on such issues and life institutions such as marriage and the family. These ideologies are defined in terms of norms, values, beliefs, ethical prescriptions and goals.

The moral patterns of procreation are set by the marital ideologies. It is thus evident that fertility is to a large extent determined by the socio-cultural codes of any society working through the marriage types and patterns. Fertility is related or influenced by a number of factors such as number of marriages, age at marriage among others.

Ocholla-Ayayo (1991) postulates that:

"...ethics and fertility are linked together through many ethically loaded socio-cultural beliefs, norms and values of procreation" (1991:1).

This he says is in line with the anthropological proposition

Cf: Ocholla-Avayo 1991

put forward by Ohadike (1985) that:

"...although natural fertility variations are primarily determined by biological processes, they are also affected by socio-cultural ideologies and ethical prescriptions among others" (1991:1)

Marriage is infact a normative socio-cultural relationship.

Ocholla-Avayo (1991) defines it as:

"A set of customs, norms, beliefs, values, laws or a combination of all these centering around a socially recognized sexual union legitimizing procreation and operating within the family" (1991:83).

The Isukha see marriage from the above point of view. Failure to give birth may threaten an Isukha marriage although this does not necessarily invalidate it. The Isukha are strictly patrilineal and value placed on sons is so high that there are other legal methods of achieving this cultural desire other than through the normal ordinary marriage.

#### 1.2.4 ISUKHA MARRIAGE TYPES AND PATTERNS

During the earlier days an Isukha marriage had to conform to definite laid down procedures dictated by societal norms. This was according to the type of marriage a person chose to contract. In each case there were stages which had to be followed closely. Parents were deeply involved as ties between parents and children were very strong. Parental authority as well as filial obedience continued far beyond the time of the children's physical maturity.

Issues relating to prohibited degrees, reputation of both

the would be bride and parents and the relationship between the two families were closely scrutinized. The Isukha practice 3 major types of marriages: monogamous, polygamous and levirate.

### 1.2.5 MONOGAMOUS

This is a union between one man and one wife. A monogamous union could be transformed into a polygamous union upon the unilateral decision of the husband. This happened when a situation arose which necessitated the restoration of the social, religious or economic element lacking in the first union.

Second marriages are created because of the following factors:

1. Failure to have a baby by or any child for that matter.
2. The achievement of prestige and economic equilibrium.
3. Increased wealth of the husband.
4. If the first wife is cruel, wild or inhospitable a man may marry a second wife to achieve domestic equilibrium.

Today monogamous marriages are preferred not just because of cultural erosion but mainly because of economic constraints.



### 1.2.6 POLYGYNY

A polygamous marriage arose where two marriages separate and legally valid but incidentally between the same man and two or more women were contracted. Here the man's duties are more complex in relation to the distribution of wealth, emotional interests and other issues related to procreation such as coital frequency, which all influence fertility.

### 1.2.7 LEVIRATE (WIDOW INHERITANCE)

Widow inheritance (Khukalushitsa) is still common among the Isukha. It occurs when a legally married man dies leaving behind a young wife who is capable of bearing children.

The most important purpose for the levirate unions is the bearing of children and the maintenance of the family of the deceased by the levirator (appointee). The levirator is normally a brother to the deceased or a close male relative. The appointee is usually a married man with a reputation of maturity and great capacity for marital responsibility. The inheritor assumes overall the rights and duties that the deceased husband exercised in relation to the widow.

Male issue of this cohabitation are regarded as the children of the inheritor. Female children however were regarded as the children of the inheritor only if he has paid one or two heads of cattle to the widow's father. If this payment is not paid the girls will be regarded as those of the deceased husband.

### 1.2.8 VALIDITY OF AN ISUKHA MARRIAGE

Before any of the marriages can be valid there are a number of issues that have to be looked at:

First the parties must have the capacity to marry and also the capacity to marry each other. For example an uncircumcised man was not considered fit to marry. Circumcision of the male was the first and most cardinal prerequisite for the formation of an Isukha marriage.

Once capacity has been established, then the question of consent is considered next. As aforementioned the prior consent of parents was essential to the validity of an Isukha marriage. Prohibited degrees and other bars to marriage are looked at next.

### 1.2.9 PROHIBITED DEGREES CONSANGUINITY

If any one of a man's four grand parents belongs to the same clan as any one of a woman's four grand parents clans, marriage was forbidden between them. The main reason for the prohibition is that a clan (oluhia) is a patrilineal exogamous territorial unit comprising persons all of whom trace their descent in the paternal line from a common ancestor. A man may also not marry the sister of his wife whilst his wife is still living.

### 1.2.10 OTHER BARS TO MARRIAGE

1. Marriage between persons belonging to clans which have entered into a ceremonial friendship with one another is forbidden.
2. Marriage is also forbidden between persons belonging to clans which have a blood feud between them. Such feuds may arise from a case of murder or a quarrel over alleged witchcraft or sorcery.
3. A man may not marry the daughter of his circumcision friend. The prohibition is however a personal one and it does not extend to the other relatives.
4. A man is not allowed to marry the daughter of his age grade. However marriage between the son and daughter of two age mates is permissible.
5. Marriage of two full brothers to two full sisters is forbidden among the Isukha.
6. Marriage between the children of blood brothers is forbidden (esale or eshiramo).
7. Bridewealth or marriage consideration called Bukhwi is considered as central in the conclusion of an Isukha marriage. However it is the success of the marriage rather than the payment of bukhw which legalizes a marriage and among the Isukha success meant conception. Conception is the point at which an Isukha marriage is declared totally binding in law.

### 1.2.11 EVOLUTION OF ISUKHA MARRIAGE LAWS AND EFFECT ON FERTILITY

The evolution of Isukha marriage laws applicable today can only be explained in considerations of socio-economic changes experienced through history. Marriage among the Isukha is still very popular and therefore the number of women of reproductive ages exposed to the risk of conceiving is very high. In traditional Isukha premarital sex was strictly prohibited and there were heavy penalties for violaters. However with modern standards of living and excessive interaction between men and women this practice is very prevalent particularly among the youth. This has led to increased premarital fertility.

With new economic systems and religious enculturation, the Isukha practice of marriage following the order of seniority at birth has notably slackened. This has led to marriage of sometimes very young girls and a rise in unrestricted unions. The violation of this practice has also led to increase in premarital sexual relations leading to increased fertility.

The rule that regulated the Isukha exogamous marriages has now been markedly curtailed. Prohibited degrees to marriage are no longer observed. The violation of this rule has led to unions between relatives and clan members leading to increased fertility levels, single and teenage motherhood as well as unwanted pregnancies.

Parental control and traditional authority in marriage has slackened considerably meaning that people can get married when and to whom they choose. A man with a marriageable daughter was obliged to wait until approached with an offer of marriage. Today young women find mates for themselves without parental consent or guidance. A son acquired no cattle with which to provide the bridewealth until given it by his father or until he had inherited from him. Today because of increasing economic independence young people do not have to wait to be given cattle to marry because they can give money for bridewealth. In any case bridewealth has lost its cultural value to a strong materialistic ethic. These changes have had diverse effects on fertility but the net effect has been to increase fertility.

Where long periods of abstinence are observed, their duration is generally tied to on going breastfeeding. Post-partum abstinence was a landmark practice among the Isukha. Today this practice has been notably shortened or violated altogether.

For most women because of the sleeping arrangements, sex is inevitably resumed earlier after delivery. The period of observation of lactational taboo has also greatly reduced since most women breastfeed for very short periods - the Kenyan average is now 3 months.

Polygamy constitutes the point of greatest resistance to the teachings of christianity and it is economic constraints

and not christian influences that have transformed polygynous tendencies. The restriction of the African to one wife has only led to husbands diversifying their sexual habits. At the same time those still polygynous are violating the cultural norms and practices of a polygynous life style. This has had an increasing effect on the fertility of Isukha women.

### 1.3 PROBLEM STATEMENT

The explication of the causal structure of the fertility decision as well as fertility goals and ideals is far from clear (Graff 1979:106).

This apparent confusion is attributed to the complex grid of social, psychological, economic and cultural forces that make the fertility decision making environment. This is the experience of virtually all human societies. Among the Isukha, the cultural forces play a central role in the fertility decision making process. Thus an understanding and appreciation of the deeper forces that bear on the fertility decision making process will go along way in clearing the above confusion. Among the Isukha as among other ethnic groups, socio-cultural beliefs, norms and related practices constitute the central tenet of these deeper forces.

There has been the tendency to generalize fertility behaviour from particular ethnic experiences. For example cultural uniformity can easily be assumed for all Luhya sub-tribal groups (e.g Bukusu, Isukha, Idakho etc.). Yet deeper

study of the groups may reveal different behavioural patterns with diverse effects on fertility. A clear understanding of had similar fertility levels can result from different choice and combination of social, biological and cultural reproductive options is crucial to the control or modification of fertility behaviour. Such choices are made within the range of norms in given ethnic-cultural groups. Such issues of micro level behaviours among the Isukha and other Kenyan ethnic groups must be adequately addressed by quantitative studies of fertility and their determinants.

Many schools have employed various approaches to explain the fertility behaviour of Kenyan people. Micro-economic, socio-psychological, structural. These approaches could make way for greater understanding of the context of fertility decisions if they took account of the socio-cultural and institutional settings and changes which actually constitute the decision-making environment facing individuals.

Lack of substantial in depth investigations into the socio-cultural determinants of fertility partly explains the failure of family planning in Isukha and other parts of Kenya.

Ocholla-Avayo (1991), rightly points out that:

"Kenya's socio-cultural imperative must have contributed to the failure of family planning programmes ... the planners did not give as much attention to socio-cultural factors as they gave to socio-economic factors ... Many of them thought social change had affected change in traditional beliefs and attitudes towards families or sex preferences were no longer positive" (1991:)

One of the slogans developed at the 1974 Bucharest

conference was "Development is the best contraceptive". It was not specified how the slogans were to be implemented and it is clear that the "development" implied economic improvement. Culture was never discussed. It was inferred that with economic development culture would quickly take care of itself. The point here is that economic development will not of itself quickly reduce fertility unless accompanied by often painful and unwelcome process of cultural change.

In the light of the above statement this study focuses on the socio-cultural context of fertility and related practices of the Isukha people of Kakamega district. The express purpose in this pursuit is to identify the most relevant intermediate variables affecting fertility in the Isukha cultural context and secondly identify changes in these variables and ascertain effect of these changes on fertility.

#### **1.4 OBJECTIVES**

##### **1.4.1 Primary Objectives**

1. The primary objective of this study is to demonstrate the relationship between socio cultural factors, (persistent and changing attitudes and practices) and fertility as observed among the Isukha of Kakamega district.

##### **1.4.2 Specific Objectives**

- Specific objectives include the following:
2. Explore how the social structure, beliefs and values concerning sexuality and fertility and related preserved



or violated sanctions influence actual and desired family size.

3. Throw light on socio-cultural factors affecting fertility that could promote Kenya's population policy.

### 1.5 SIGNIFICANCE AND JUSTIFICATION

"Traditional social structure and customs might radically change or seem to disappear yet still be relevant to our understanding of people's current beliefs, values and ways may disappear only on the surface, yet continue to exist in more or less disguised forms for a long time" (Angela Molnos, 1972:25).

This pertinacity only points to the need to investigate even those traditions that are rapidly disappearing if current population problems are to be tackled. This is a principle objective of the study.

As already mentioned cultural and behavioural patterns and practices have not been accorded substantial treatment due to the pre-eminence of the conventionally studied demographic and economic variables. An inter-disciplinary approach to the study of fertility is needed since the population problem is a multi-dimensional one.

Human reproduction is not just a matter of biology but also a phenomenon that is heavily influenced by culture. Ohadike (1985) in Ocholla-Avayo (1991) has put forward an anthropological proposition that:

"although natural fertility variations are primarily determined by biological processes they are also affected and modified by socio-cultural ideologies and ethical prescriptions among others" (1991:1).

In view of the above propositions, little has been done on the factors perpetuating high fertility in the traditional settings which still cover a great part of the country's population. The present study it is hoped will lead to a better understanding as it is of undoubted relevance to planning for fertility reduction. In order to induce members of the society to change beliefs that favour high fertility, it is of necessity that we do know what these beliefs and practices are and how they are related to fertility and the population problem, for the family planning programmes can only offer prescriptions for problems which have been diagnosed through prior studies.

Socio-cultural factors have in the main delayed entrance of most developing countries into the next stage of the demographic transition. This study reinforces the restatement of the demographic transition theory by Caldwell (1976), Kocher (1971), Holsinger and Kasarda (1970) and others that:

"The theory is essentially valid but in the case of fertility it operates only after countries have reached a threshold point which is high and varies with cultural grasps" (1970:366).

That is to say that, the mix of factors - decline of mortality, socio-economic changes, the emancipation of women that is claimed to have been responsible for fertility decline

in other regions has in Africa not yet reached the critical threshold at which a decrease in the demand for children will occur (F. Van de Walle, Kohinde, Omideyi, 1981). This points to the fact that "cultural inertia" is still pervasive and we must not expect dramatic changes in behaviour even among those already exposed to westernization and the modernization complex.

With the implementation of the district focus policy, the findings of this study should be able to direct planners towards better and improved service to the people. The results will also be useful for social and economic planning.

The analysis of socio-cultural factors affecting fertility will guide planners of family planning programmes to construct motivational models and communication channels that are culturally sensitive and acceptable. This will consequently facilitate the adoption of family planning methods. A subsidiary but important objective of this study is to spark off discussion on ways to substitute the disintegrating rules of procreation and whether it is possible to propose old forms of intervention.

Finally little has been done on the socio-cultural complex of the proximate determinants of fertility by ethnicity with emphasis on the degree of the breakdown of socio-cultural practices. This study could therefore be used as a basis from which other studies and researches could be carried out.

It is hoped that the study will encourage and stimulate other researchers to carry out further investigations by gathering better data using larger samples and utilising more creative theoretical and empirical analysis.

## **CHAPTER TWO: LITERATURE REVIEW**

### **2.0 INTRODUCTION**

The relationship between culture and fertility was first addressed by Frank Lorimer in 1950 in his book "Human Fertility and Culture".

Since then a number of studies on the effect on fertility of persistent and changing socio-cultural attitudes and practices have been carried out albeit generally. The principal socio-cultural factors discussed in the present study include factors pertaining to marriage, post-partum abstinence, premarital non-marital fertility, birth interval, sex preference, parental control, divorce, remarriage and contraceptive knowledge and use.

### **2.1 MARRIAGE AND PROPORTIONS MARRIED**

Abdel Rahman (1981), did a study in Sudan and attributed the high marital fertility to low incident of permanent celibacy among other factors. Another study by Kalule Sabiti (1984) revealed that the proportion of married women among the population, the level of contraceptive use and post-partum lactational infecundability account for much of the observed marital fertility differences. Both attributed high fertility to the universality of marriage. In her study of nuptiality, Nyarango (1985) found that the incidence of marriage is very high for both sexes in Kenya. Lesthaeghe (1984) observes that

marriage is for all intents and purposes universal in sub-Saharan Africa and the percentage of those who never marry very small.

### 2.1.1 AGE AT MARRIAGE

The SMAM first introduced by Hajnal (1952) provides a good summary measure of age at marriage. In his study of western European societies, J. Hajnal (1953) found that a decline in age at marriage increases the number of births when other variables are assumed constant. Hassan (1973) had similar findings in his study of Cairo. A number of studies have revealed that changes in age at first marriage have had a dramatic influence on levels of fertility. Sadiq (1965) on studies in Pakistan utilized SMAM to analyze changes in patterns of marriage. Findings revealed an upward trend in female pattern with the effect of reducing fertility. Reddy et al (1977) in his studies on ethnic differentials in marriage timing in Canada using SMAM concludes that differentials were due to specific norms derived from cultural heritage as opposed to the usual socio-economic conditions. Caldwell et al (1984) recent studies on Chinese nuptiality reveals a rise in timing from 18.2 years in 1940 to 19.8 in 1960 at a rate of 0.7 years per annum and then to 23.1 years in 1980. He attributed this to the cultural revolution in China and the minimum legal age at marriage in 1982 of 23 years.

Stycos (1983) on timing of Spanish marriage, Rindfuss et al (1983) on timing of entry into motherhood in Asia, Caldwell et al (1983) on causes of marriage changes in Southern India are recent applications of SMAM that attribute variations in nuptiality timing to cultural and tribal customs. These observations are akin to Van de Walle's (1968) earlier studies in tropical Africa. Loebner and Driver (1973) did a study of the relations between several demographic and socio-economic variables to fertility and found out that the number of children ever born to women was highly correlated with the duration of age at marriage.

Dixon (1978) shows that marriage patterns are changing away from early and universal in the non-western world as a result of a decline in arranged marriages. Baldwin (1977); Caldwell et al (1983); Durch, (1980); and Smith (1983) attribute the nuptiality reductions and increase in female age at marriage to three key modernization processes: urbanization, female education and the expansion of non-agricultural employment opportunities for young girls. Uche C Isiugo-Abanihe (1969) in a study of Igboland attributed the increasing age at marriage for males to the high bride price.

On the Kenyan scenario, estimates using SMAM from 1962 and 1979 censuses indicate that marriage is early and universal but the trend is on the increase. Other studies reveal the same (Muinde (1979), Mosley et al (1982), Ahawo (1982), UNECEA (1983)). The rise has been from 18.4 years in

1962 to 20 years in 1978 and to 20.24 in 1979. The lowest age was found among the Pokomo riverine tribe whereas the highest was found among the Gabra males and Kikuyu females.

Mwobobia (1982) in his study concluded that initial increases in age at first marriage would lead to a rise in TFR in the short-run.

It can be concluded from the foregoing that increases in female literacy and education are often followed by a change in marital behaviour such as increased ages at marriage (Casterline and Trussel 1980; McCarthy, 1982; McDonald, 1985). Effect of modernization has been to increase age at marriage. However other studies reveal that the resultant depressing effect on fertility is counterbalanced by a host of other factors such that the overall picture is increased fertility. This is the situation in most of Africa, Kenya and certainly among the Isukha.

### 2.1.2 MARRIAGE FORMS AND TYPES

In a study of the levels and trends of fertility in Haiti, Allman (1982) found that union patterns among others were the most important determinants of fertility. The average number of children ever born he found varied considerably by women's current union status (union patterns in Haiti are complex with women having several types of unions often with different partners). Nag (1967) observed that joint families exhibited lower fertility than simple ones.



Pakirasi and Nalaker (1967) basing their study on data collected in Calcutta found that the number of children ever born per couple in joint families was lower than that in simple families. Goyal (1962) from his survey in Western Uttar Pradesh found that women in nuclear families were more fertile than those in joint families. Illinikumugabo and Randriamba (1974) by means of the duration ratio show that the polygynous nature of unions, their social legitimacy have a negative impact on fertility. Polygyny has been undermined by modernization by enhancing the ascendancy of the modern nuclear family and giving rise to alternative living arrangements. This has been shown to be conducive to increased fertility, since polygyny facilitates compliance with the customs prescribing prolonged sexual abstinence during lactation (Anatole Romaniuc, 1973). Raum (1973) further observes that since among the christians, marriages are monogamous the rule that there should be no sexual intercourse during lactation cannot be maintained and pregnancies are more frequent than the polygynous ones of the past. Clignet, (1970; 1984) has also observed that there is evidence for an African adaptation to the modern world in the form of outside wives i.e., illicit unions and other development.

Other studies have shown a lower fertility among women in polygynous unions (Dorjahn, 1959; Muhsam, 1956; Page, 1975; UNECA, 1968). In such unions a husband would have sexual

access to the co-wives making it easier for a woman to maintain the traditional period of post-partum abstinence. Other studies have shown fertility to be higher in monogamous marriages (Ohadike, 1968; Olusanya, 1971). This they said could be a result of monogamous marriages being more common among urban dwellers, who have abandoned traditional child-spacing practices without adopting modern contraception.

A fertility survey carried out in Southern Togo shows that at the same age women in monogamous marriages have more children than women in polygynous marriages but at the end of their fertile years there is only a very small difference of less than 2% (Locoh, 1984). Another study among the Negev Bedouins by Muhsam (1956) and another among the mormons in North America, by Smith and Kunz (1970) confirm that polygyny does not significantly reduce family size.

Ocholla-Ayayo (1991) has pointed out the development of hypodermic polygyny. In Kenya Muinde and Mukras (1979), analyzing Kenya's ILO survey data of 1975 show that there is a strong and positive correlation between fertility and polygyny. They argued that in polygyny there is competition by co-wives for more children in order to gain respect from their husband and the community.

Anker and Knowles (1982) in their study of determinants of fertility at district level in Kenya found that polygyny was negatively related to fertility and that TFR was higher for monogamous than for polygynous unions. Henin (1979),

Mosley et al (1982) had similar findings. Ocholla-Avayo (1991) observed that the differences in TFR between monogamous and polygynous women is currently minimal. He attributes this to the violation of the cultural norms and practices of a polygynous lifestyle.

### 2.1.3 BIRTHSPACING MECHANISMS, POST-PARTUM ABSTINENCE AND BREASTFEEDING

There is evidence from studies done that mechanisms that regulated fertility (primarily by ensuring long intervals between successive births through the observances of prolonged breastfeeding and post-partum abstinence, are being eroded as a result of modernization. The factors associated with a long post-partum taboo have been largely undermined (see Saucier's test model in appendix). Allman (1982) found that in areas where breastfeeding is very short infant mortality tended to be high and the average number of children ever born was quite high. In Nigeria, Caldwell and Caldwell (1977) found that the length of post-partum abstinence has fallen from the traditional of 3 years to less than 2 years and 2-2½ in rural areas (Orubuloye, 1977). As a result birth intervals are shorter and fertility has increased.

Dow (1971) and Bledsoe (1976), Morgan (1971), had similar findings. A study of two rural settings in Zimbabwe by M. Mhloyi (1974) reveals that a dramatic erosion of traditional practices and a consequent decline of the interbirth periods

is partly responsible for the rapid increase in fertility. He found that the mean duration of abstinence has declined from 9.4 months for older generations to 1.6 months by the younger generation. Basing their study on the WFS Lesthaeghe and Eelens (1984) show that the observance of periods of over 2 years has declined. Averages of 20 months for lactation and 13 for abstinence were observed in countries participating in the World Fertility Survey (WFS).

In Mwanza lactation was observed for 12-13 months and abstinence for 3-6 months whereas before it was 2-3 years lactation and 1-2 years abstinence (Kamuzora, 1983). A shortening of breastfeeding durations has been noted in other developing countries. Evidence from Malaysia (Butz and Da Vanzo, 1981); Mexico, 1981; the Republic of Korea (Coale, Cho and Goldman, 1979) and Thai (Knodel and Desavalva, 1980) all point to declining breastfeeding durations. H. Page and Lesthaeghe (1981), Ocholla-Avayo and Muganzi (1986) attribute this decline to widespread availability of formulas for feeding infants and secondly because of increasing number of women in non-agricultural jobs which makes breast feeding difficult. In their studies Berg (1973) and Rosa (1975) reveal that upto 1974 the contraceptive protection given by breastfeeding in developing countries is estimated to be greater than that achieved through family planning. A study carried out in the Coast region of Tanzania by Kamuzora (1986) showed that the erosion of traditional prolonged breastfeeding

has had serious implications on maintaining the high increases in fertility levels.

Ferry et al (1984) in a study of Kenyan women found that the traditional practices that used to suppress fertility such as birth-spacing, breastfeeding and post-partum abstinence have become relatively short by African standards while contraception has not yet been widely accepted. The 1977 KFS reported an abstinence of only 3 months for Kenyan women. The KDHS (1989) showed that there is a sharper decline in the practice of sexual abstinence after a birth than the decline of either breastfeeding or post-partum amenorrhea. Only 5% of the women abstain for two years after birth, 17% abstain for at least 1 year whereas 51% of women are abstaining 2-3 months after birth.

The KDHS findings pertaining to post-partum abstinence and related practices are presented in table A.

1-27	18.8	2.8	8.1	8.1	238
1-39	18.7	9.7	9.4	9.1	224
1-50	12.8	3.3	4.3	8.3	278
2-37	4.2	6.3	1.2	1.2	233
2-39	14.1	8.4	7.9	8.3	278
2-50	14.8	10.8	15.8	14.8	487
Total	18.4	10.8	3.8	11.8	

Journal BMC, 1989.

Robles-Sanchez (1981) observes that the violation of some traditional practices that regulated fertility have affected fertility rates among most Kenyan ethnic groups. The related traditional practices violated include marriage by

Table A: Percent Of Births Whose Mothers Are Still Breastfeeding, Post-Partum Amenorrhea Abstaining And Insusceptible By No. Of Months Since Birth, Kenya 1989

Months	Breast-feeding	Amenorrhea	Abstain	Insuscep	Births
Less than 2	96	95.6	88.6	97.3	194
2-3	94	85.7	50.8	89.2	244
4-5	91	69.8	22.2	74.7	262
6-7	92.2	64.1	21.6	69.2	252
8-9	87.2	56.2	15.4	60.3	260
10-11	91	51.4	15.2	54.5	241
12-13	81.7	42.4	17.0	46.0	246
14-15	68.3	28.9	9.1	31.0	263
16-17	63.4	19.5	5.8	22.2	257
18-19	55.9	11.4	6.0	15.7	246
20-21	42.3	10.0	10.1	17.2	211
22-23	40.9	9.2	9.9	16.8	200
24-25	21.7	6.4	5.4	9.8	256
26-27	14.6	2.0	6.1	8.1	235
28-29	15.7	0.7	5.4	6.1	234
30-31	12.5	3.5	3.3	6.4	276
32-33	4.0	0.5	1.3	1.6	233
34-35	4.1	0.4	2.9	3.3	278
Total	54.0	30.6	15.6	34.5	4387
Median	19.4	10.8	2.6	11.6	

Source: KDHS, 1989.

Ocholla-Ayayo (1991) observes that the violation of some socio-cultural practices that regulated fertility have offset high fertility rates among most Kenyan ethnic groups. The violated socio-cultural practices outlined include marriage by

seniority, exogamous taboo, polygyny and its rules of coital frequency, lactation taboo and post-partum abstinence. In his narrative of the Idakho people, Joseph Lijembe (1967) reports that in the 1930 and 40's children among the Idakho were breastfed for as long as 3 years.

From the above observations, it is evident that the shortening of child-spacing periods (breastfeeding, post-partum abstinence) shorten birth intervals leading to increased fertility.

#### 2.1.4 SEX PREFERENCE

That preference of one sex of child over another has a major influence on the family size has been well documented in various countries. In America it was found that couples with no children often desire a boy first (Westoff and Rindfuss, 1974) and measures that go beyond first preferences uncover more boy preferences (Coombs, 1977). Those couples with two children of the same sex are more likely to go on reproducing than those with one of each sex (Ben-Parath and Welch, 1972; Bernstein, 1952; Bumpass and Westoff, 1970; Wood and Bean, 1977).

Freedman and Coombs (1974) noted that in several Asian countries and the United States, couples strive for at least one child of each sex. A study on the value of children in 6 Asian and Pacific countries by Arnold et al (1917) show that family size is influenced by son preference. Sex preference

in developing countries vary widely from the desire for balanced sex composition among Filipino women (Coombs, 1977; Stinner and Mader, 1975) to very strong boy preference in North America (Elliot, 1968) in several Indian States (Bahiri, 1974) and in China (Knodel and Prachuabman, 1975). Lahiri, 1975 reports that on her wedding day the bride is given a verdict blessing that she may bear 10 sons and make her husband the eleventh. A study by Williamson (1976) shows that many couples in the developing countries prefer a family that contains more sons than daughters and may therefore deliberately surpass their desired parity unless they have one or two sons by the time they reach the most preferred family size. A study of two Kenyan rural areas by Mburugu & Rothschild (1987) found that rural women in Kenya increasingly have no preference for boys and that only traditional women who are mostly older, uneducated and have no source of income still favour boys. Other studies reveal the same (Lijembe, 1967; Oduma, 1984).

Sex preference has been shown to have marked influence on subsequent fertility behaviour. It has been shown that strong preference for sons particularly is a potential barrier to efforts to reduce fertility below certain levels.



### 2.1.5 PREMARITAL/NON-MARITAL FERTILITY

The incidence of sexual activity before marriage provides an indication of the extent of erosion in traditional practices and in family control of young women's behaviour. Several studies show the undermining and violation of traditional social controls which had previously regulated non-marital sexual activity (Van de Walle, 1962; Lesthaeghe, 1984; Oduma, 1984).

Van de Walle in his study of Congo [Zaire] (1962) found wide regional variations in pre-marital fertility ranging from 8.6 per 1,000 in Kinshasha to 104.2 per 1,000 in Katanga (Shaba) province. Lesthaeghe, 1984 using WFS data summarized the main patterns of non-marital fertility in 7 African countries, Kenya inclusive. His analysis revealed high levels of premarital fertility for Kenya, Tanzania and Cameroon. He attributes this to the liberalization of attitudes towards sexuality as societies become less traditional and more modern. Studies in Cote de Voire reveal exceptionally high fertility for single women - 311 per 1000 by age 19.

Studies also show that there are drastic changes in attitudes towards virginity (Van de Walle, (1983). Men will often marry only women who have proven their fertility.

In a survey taken in South Togo, 22% of the women were pregnant at the time of their first marriage. Locoh (1984) explains that women are obsessed by their capacity to have children and the young men want to be sure that they have a



fecund wife (Locoh, 1984). This was also found in Younde.

Studies by Lesthaeghe (1984), reveal that 5-10% of all births in sub-Saharan Africa are estimated to be contributed by unmarried women. On premarital sexuality in urban Nigeria, Adegbola (1982) points out that traditionally, strong emphasis was laid on the importance of premarital and extramarital abstinence.

Various studies show that pregnancy and childbirth outside of marriage and traditional family support systems have become serious issues (Omo et al, 1981; Nicholas et al, 1986; Oronsaye and Odiase, 1983 and Gyepi Garbrah, 1985).

Adegbola (1982) points out that the change in the norms may be a consequence of the transformation taking place in the institution of marriage itself and in particular the transition from family arranged to individual choice marriages.

Kalaule (1980) attributes increased premarital/non-marital sexual activities to the disappearing of the age where children accepted things without questioning. Statistics in Kenya show that out of 43 districts, 14 have single mothers with an average of more than 5 children per woman; 19 have single mothers with an average of more than 4 children per woman and 7 districts have single women with an average of more than 3 children per single mother.

In his study of adolescent fertility in Kenya, Omondi Ahawo (1981) concluded that the level of adolescent fertility

over the years has been more pronounced compared to the other age groups. Other studies in Kenya reveal the same (Khasiani, 1980; Magayu, 1991; Gyepi Garbrah, 1985).

The studies reveal that non-marital and premarital fertility is gradually becoming a feature of African regimes. And childbearing continues irrespective of the marital status of women. This is more so in Kenya and certainly among the Isukha.

#### 2.1.6 DIVORCE, WIDOWHOOD AND REMARRIAGE

Divorce, separation and widowhood can be considered as socio-cultural factors of fertility in that they determine marital instability which reduces duration of marriage life, and hence depress fertility levels. There is evidence that they are negatively associated with the fertility level (Alvin T. Onaka et al 1973). The effect of these three is dependent on the extent to which remarriage is allowed in a particular society and the period in which it is allowed to take place (Ocholla-Ayayo 1991; M. Mhloyi, 1984).

Das Gupta (1969) and Khrishan (1971) showed that a break away from the customary taboo of forbidden widow remarriage to increased remarriage rates has had a notable increasing effect on the fertility of Hindu women. A survey showed that a remarriage rate of 89.1% was reported for women in the Nagpur district. Studies have shown that marital dissolution in Kenya is unlikely to exert any restraining influence on the

overall levels of marital fertility because of high remarriage rates (Nyarango, 1985; Omondi C. 1982; Ayiemba, 1983). Mowobobia (1982) found that divorce or separation does not appear to contribute significantly to the variations in TFR.

### 2.1.7 PARENTAL CONTROL/AUTHORITY

Parental control and authority over children has been shown to slacken considerably. Kalaule (1980) attributed increased premarital fertility to decreased parental power over children. Judy B. (1980) in her study of changing status of the African Kenyan family observes that one of the effects of modernization is to shift parental power to the formal educational system. With more education, religious and moral sanctions are relaxed leading to unrestrained sexual activities with grave consequences for fertility.

In his study of premarital fertility in Congo, Van de Walle (1962) found an inverse relationship between decline in parental authority and increase in premarital fertility. Oduma (1984) in his study of the Nandi gave decline in parental authority as one reason for the prevalent premarital sexual activities. Similar observations have been made in various parts of the country (Lijembe, 1967; Njau, 1991; Gyepi-Garbrah, 1985).

### 2.1.8 CONTRACEPTIVE KNOWLEDGE AND USE

A number of studies on contraceptive knowledge and use have been carried out in various countries. Prior to the formation of national family planning programmes in Kenya, contraceptive use was reported to be very low (Mauldin, 1965) and modern contraceptives were only accessible to urban clients (Brackett, 1966). In a study of Kenyan women carried out by Heisel (1968), it was found that 47.1% of the rural women reported knowing no method of contraception. A similar study of African families in Nairobi by Martin (1970) showed that 60% of the younger wives with little literacy or urban experience showed almost no knowledge of family planning methods. The Kenya Fertility Survey (KFS, 1978) reported that 88% of Kenyan women knew at least one contraceptive method. This percentage decreased to 81% in 1984 (KCPS, 1984) and increased to 90% in 1989 (KDHS, 1989). For all contraceptive methods, knowledge was found to be higher among married women. The level of ever use was found to be 39% according to the KDHS (1989) report having increased from a percentage of 29% as reported by the KFS (1978) and (KCPS, 1984).

In a study of 20 developing countries, Kenya, Bangladesh, Pakistan and Nepal exhibited the lowest percentage of current contraceptive use with only 9%, 10%, 7% and 3% respectively of exposed women reporting use (Mamlock, 1980). The KFS 1977/78 and KCPS (1984) showed that the contraceptive adoption is low. prevalence is low and the rate of discontinuation very high.

The KFS gave contraceptive prevalence at 7%. In 1984 the KCPS reported a contraceptive prevalence of 17% and the KDHS 1989 reported a contraceptive prevalence of 27%. Although contraceptive prevalence is increasing, it is still generally low.

Various studies have been carried out to determine the causal factors of low contraceptive use. On reasons for non-use, UN 1979 and KDHS 1989 reports gave disapproval of birth control in general, husband's disapproval of wife's use, and inaccessibility and unavailability of family planning services as the main reasons for non-use. A KAP study in the Sais plain of Morocco (Lapham, 1970) revealed that approval of family planning was much greater in the urban areas than in the rural areas.

The population reports 1991 indicate that the extent of contraceptive varies with age, usually reaching a peak in the 30's. At age 20 most women are adding to their families and after 40 many women consider themselves infecund. Studies by Angela Molnos (1972) showed that people know the economic problems created by large families but contraceptive use is low. She attributed this to cultural values and attitudes which favour high fertility. In his study in Ghana, Caldwell (1968) found a strong correlation between family size desires and contraceptive use. Those women who had reached their desired family sizes use contraceptives more than those whose desired family sizes had not yet been attained.

A KAP survey done in Western province by health personnel found out that contracepting is believed to be a female responsibility (Khasiani, 1988) and that men are not serious about family planning both in theory and practice.

In another study contraceptive use by Korean couples was found to depend heavily on the number of sons they had (UN, 1980). A small but statistically significant association between contraceptive use and the presence of sons was observed in Kenya and Nepal (UN, 1981). Several studies in Kenya show that the main hindrances to contraceptive use are: cultural inhibitions and prevailing codes of procreation, lack of knowledge and illiteracy, inaccessibility and inavailability of family planning services and a general poor image of modern contraceptives (Ocholla-Ayayo, 1991; Keraka, 1991; Ikamari, 1985). Anker and Knowles (1980) working with Kenyan data observed contraception to be negatively but insignificantly correlated with fertility. In the case of Central Province of Kenya, Kangi (1978) found that contraception explained only 0.1% of fertility variation.

Livingstone (1975), Gachuhi (1975) and Bondestam (1972), showed high drop-out rates and low continuation rates of contraceptive users. Livingstone (1975) found that for Kakamega district, 33% of the family planning clients never revisit a clinic after the first attendance. Only 12% of the acceptors remained in the programme after 12 months. In 1975 only 2.5% of Kenyan married women of reproductive ages were

contracepting (World Bank, 1980). In 1978, the number of those contracepting increases to 5.2%. Mwobobia (1982) found a negative correlation between contraception and TFR. Sanghui (1984) in his studies showed that oral contraceptive acceptors tend to be young with a mean age of 22.6 years and only 30.6% of the sampled examined were found to be beyond 30 years old.

### 3.1 DATA COLLECTION

The project has utilized secondary data. The data was obtained from household interviews carried out by Ocholla-Ayayo and Muganzi (1985) of P.S.R.I. A structural questionnaire was used for the survey. Other secondary data has also been used such as KFS (1977/78), KCPS (1984) and KDHS (1989).

#### 3.1.1 THE QUESTIONNAIRE

The survey administered a detailed 14 paged open and close ended questionnaire based on marriage patterns as fertility generating differentials among ethnic groups in Kenya. For the current study however greater emphasis has been laid on the socio-cultural context of fertility among the Isukha of Kakamega district. The principal sources of information were adult men and women in households. For the current study the focus was on women of reproductive ages over 15 years.



### 3.1.2 SCOPE

The study as aforementioned focuses on the socio-cultural factors that affect reproduction and fertility. The study uses a sample of 250 questionnaires selected and the sample is restricted to those questionnaires administered among the Isukha people.

The questionnaires selected were those carried out in Shiswa, Birhembe, Murhanda, Shitochi and Lugose which are all in Isukha location. For purposes of the study, focus was on women household members over 15 years of age.

### 3.1.3 LIMITATIONS

The survey questionnaire did not include questions on respondents' educational levels and breastfeeding period. This was a major limitation as valuable information could have been extracted from the responses. A substantial number of the questions were left blank by the respondents. This brought about incompleteness in data collection which in turn created inconsistencies in data analysis.

The older respondents displayed memory lapses as concerns year of birth and age at first marriage. This was a major shortcoming since age at marriage is an important variable in the study.

A related problem was that of respondents not understanding the questions and giving responses that are not really applicable. Coding the data into computer sheets and



the analysis is a tedious and time consuming process. And so a larger sample which would have been more representative was not possible.

Finally cross-tabulation of many variables was not possible because of lack of information on educational level and breastfeeding period.

#### 4.1 METHOD OF ANALYSIS

The study has employed simple methods of analysis such as frequencies and percentages. Some of the percentages are derived from the frequencies run on computer while others are derived manually.

The study has also utilized cross-tabulations to ascertain the relationship between age of woman and current contraceptive use, marital status and current contraceptive use and marital status and total children ever born (TCEB)

Tables have been used to show the frequencies and percentage distributions of the various variables.

Descriptive analysis will be used in writing the report of the findings, the conclusions and recommendations.

#### 4.2 DEFINITION OF TERMS

**BIRTH INTERVAL** Normal time duration spent between subsequent births.

<b>CULTURE</b>	That complex whole which includes knowledge, belief, art, morality, law, philosophy, custom and any other capabilities and habits acquired by man as a member of society.
<b>CULTURAL FACTORS</b>	All motivational aspects of reproductive behaviour but principally the institutionalized norms and values of a society by which individuals are guided in their actions relating to the number of children they have.
<b>CULTURAL VALUES</b>	Attitudes and interests which are in part engendered by a particular social structure and which in turn motivate and direct the activities of the individuals who form a society.
<b>DEMOGRAPHIC TRANSITION</b>	The historical shift of birth and death rates from high to low levels in a population. The decline of mortality usually precedes the decline in fertility thus resulting in rapid population growth during the transition.
<b>DIVORCE</b>	A dissolution of the marriage relationship between husband and wife importing a complete severance of the tie

by which the parties were united.

**FAMILY**

Relationship which pertain to or arise from reproductive processes and which are regulated by law or custom.

**FERTILITY**

The actual level of live births in a population.

**FOLK MEDIA**

The creative dissemination of information through cultural and performance arts.

**MARRIAGE**

A culturally approved relationship of one man and one woman (monogamy), of one man and two or more women (polygyny), or one woman and two or more men (polyandry) in which there is cultural endorsement of sexual intercourse between the marital partners of opposite sex and generally the expectation that children will be born of the relationship (Nalaker, 1978 UN).

**MODERN MARRIAGE**

Modern development whereby parents and community members are not involved. Cultural practices like bridewealth may or may not be considered. Marriage is primarily regarded as a personal agreement of man and wife. A distinctive feature of modern marriages is cohabitation.

**NUPTIALITY** Refers to marriage as a population phenomenon including the rate at which it occurs, the characteristics of persons united in marriage and the dissolution of such unions through divorce, separation, widowhood, and annulment.

**PREMARITAL SEXUAL UNION** Sexual relations prior to the time a woman is socially recognized to be married.

**POST-PARTUM ABSTINENCE** Abstinence from sexual relations while a new born is breastfeeding.

**SEX PREFERENCE** The preference of a particular sex of children by couples in a society, the desire normally cushioned by societal norms, customs and practices.

**TOTAL FERTILITY RATE** The average number of children that would be born alive to a woman or group of women during her lifetime if she were to pass through her childbearing years conforming to the age specific fertility rates of a given year.

## 5.1 THEORETICAL FRAMEWORK

### 5.1.1 GENERAL POSTULATE

Socio-economic, socio-cultural, environmental and demographic factors are likely to affect either directly, indirectly, independently or jointly the fertility levels in any given society.

### 5.1.2 OPERATIONAL POSTULATE

Changes in socio-cultural factors are likely to modify the proximate determinants and effect positive or negative changes in the fertility levels in any given society.

**SOCIO-ECONOMIC FACTORS** are those factors which reflect the social and economic status of individuals within a given society. They reflect the level of living of individuals in that society. Socio-economic factors include education, employment, income, housing, health, food and nutrition, sanitation, clothing and social security.

**SOCIO-CULTURAL FACTORS** reflect the social behaviours, beliefs, practices and attitudes towards fertility in a given society. These differs from one society to another depending on ethnic differentials.

**DEMOGRAPHIC FACTORS** are those which examine the structure of human populations - their distribution by age, sex, marital status and their dynamic aspects.

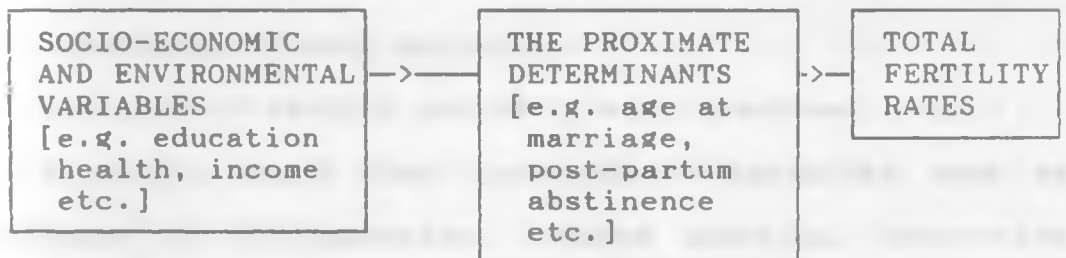
### 5.1.3 BONGAARTS FRAMEWORK OF PROXIMATE DETERMINANTS OF FERTILITY

Fertility is determined directly by a set of factors referred to as the intermediate or proximate determinants of fertility.

A classification of these factors was proposed by Davis and Blake in 1956. The Davis and Blake framework show how social structural factors may relate to fertility levels in different societies through the influence of intermediate variables.

Later Bongaarts modified the framework emphasizing more on those intermediate variables which directly affect fertility through socio-economic and cultural factors. The socio-economic variables can affect fertility only indirectly by modifying the proximate determinants. This is demonstrated in figure 1.

Figure 1: Conceptual Framework



The following is the complete list of the proximate determinants as put forward by Bongaarts.

- Proportion of women married or in sexual unions
- Frequency of intercourse

- Post-partum abstinence
- Lactational amenorrhea
- Contraception
- Induced abortion
- Spontaneous intrauterine mortality
- Natural sterility
- Pathological sterility

Bongaarts reclassified the above variables into 3 broad categories:

1. EXPOSURE FACTORS

Proportion of reproductive period spent in marriage.

2. DELIBERATE MARITAL FERTILITY CONTROL FACTORS

- Contraception
- Induced abortion

3. NATURAL MARITAL FERTILITY FACTORS

- Post-partum infecundability
- Frequency of intercourse
- Sterility related to menarche, menopause and disease
- Spontaneous foetal mortality
- Duration of fertile period in each menstrual cycle

Bongaarts found that intermediate variables such as prevalence of contraception, induced abortion, proportion married, frequency of intercourse, period of lactation do influence fertility directly. He found that marriage is a principle intermediate determinant of fertility. Marriage affects fertility through the proportions who marry,



proportions of those who stay in stable unions and the age at which they marry.

Total fertility rate is found to be high in early marriages and low in late marriages due to the differences in reproductive periods. Prolonged lactation is associated with longer periods of post-partum amenorrhea with the resultant effect of delaying conception and depressing fertility.

Bongaarts framework of the proximate determinants of fertility is employed in the study as the foundational framework due to the following reasons.

1. From these variables factors that are likely to affect fertility levels and changes significantly can be selected in accordance with the area and aim of study.
2. Secondly these variables form the central tenet of the institutional arrangements through which societies restrict their reproductive capacity.

The factors operate directly on fertility by limiting exposure to intercourse and exposure to conception and through factors affecting pregnancy outcomes and the length of the post-partum infecundable period. They explain why the level of fertility in every society falls below its maximum potential.

3. Thirdly, in a period of change, the proximate determinants respond to the same set of general factors but their responses are different and may even be in opposite directions. That is, not all the proximate

determinants shift in the direction of lower fertility in the process of modernization. On the contrary changes that occur tend to lead to an increase in fertility. In general socio-economic variables can have negative fertility effects through one set of proximate determinants and positive effects through another set (e.g. education's effect on length of breastfeeding). A study of the proximate determinants is thus likely to pick up trends in fertility behaviour before a study of the fertility levels themselves.

4. Finally and important for this study is that these variables are themselves products of socio-cultural factors and cannot be isolated from societal socio-cultural imperatives (Ocholla-Ayayo, 1991).

Socio-cultural changes brought about by socio-economic factors have been shown to modify the proximate determinants and consequently affecting fertility positively or negatively.

#### 5.1.4 CONCEPTUAL HYPOTHESIS

The basic conceptual hypotheses employed in the study is that: Changes in socio-cultural factors (and related practices) are likely to modify the proximate determinants and effect negative or positive changes in the fertility levels of any given society.

## DEPENDENT VARIABLE

In the present study the dependent variable is Total Fertility Rate (TFR).

## INDEPENDENT VARIABLE

The independent variables looked at are:

Marriage and proportions married

Age at marriage

Marriage forms and types

Post-partum abstinence

Birth interval

Premarital/non-marital fertility

Divorce

Remarriage

Sex preference

Parental control

Contraceptive knowledge and use

### 5.1.5 OPERATIONAL HYPOTHESES

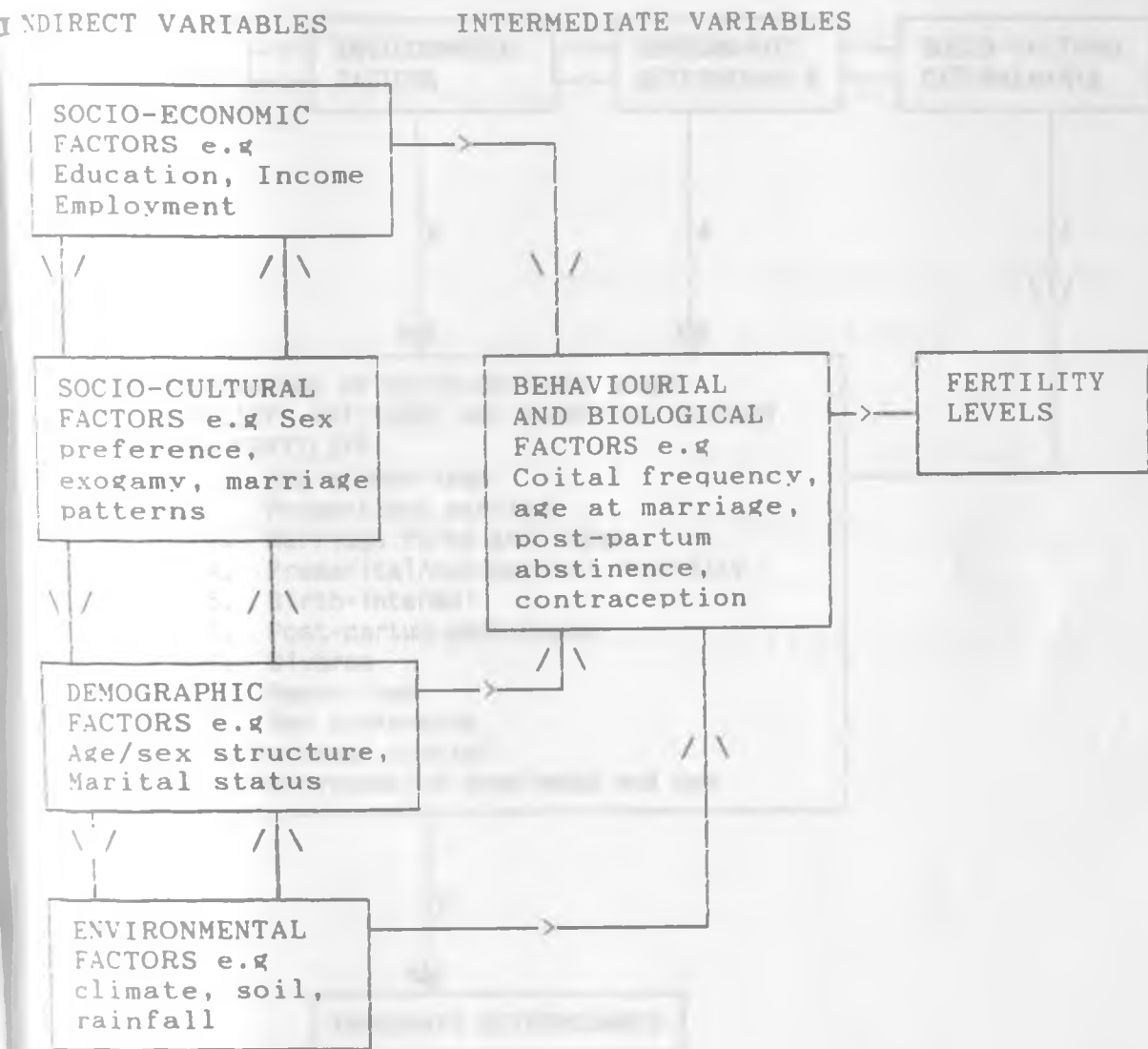
From the independent variables, the following operational hypotheses are drawn for investigation.

1. There is a positive correlation between universality of marriage (i.e. low incidence of permanent celibacy) and total fertility levels in any society.
2. A low age at marriage is likely to have a positive effect on the fertility levels of any given society.
3. Traditional type of marriage and modern type of marriages

are both likely to increase and/or sustain high fertility rates in any given society.

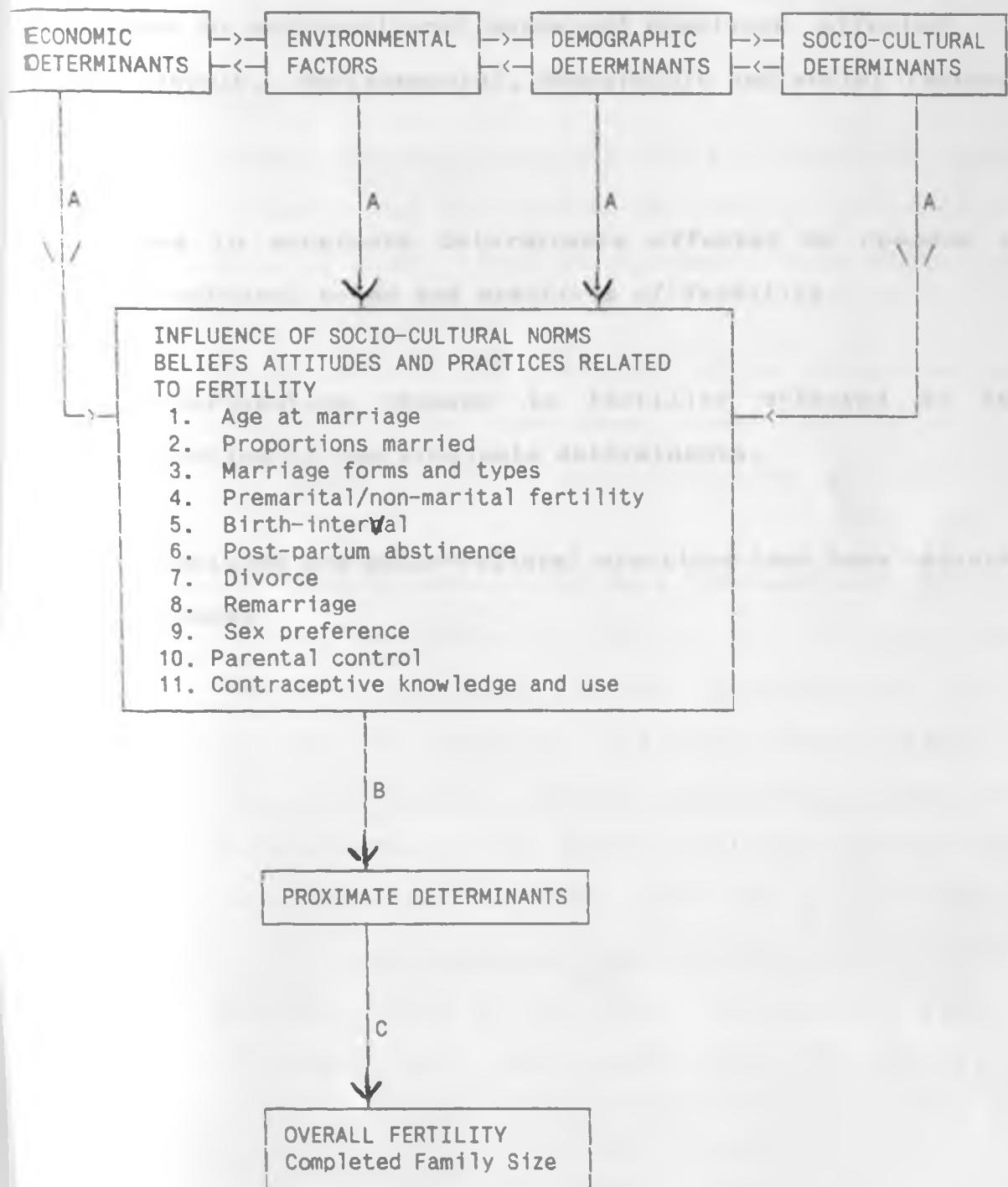
4. A decrease in the period of post-partum abstinence is likely to increase marital fertility and ultimately the total fertility rates in any society.
5. Shortening of birth interval durations is conducive to increased fertility rates in any given society.
6. There is a positive correlation between violation of premarital/non-marital and extra-marital sexual controls and fertility.
7. Increased levels of marital dissolution (divorce) with fairly high remarriage rates is likely to have minimal effect on existing fertility levels of any given society.
8. Preference for certain sex of children is likely to increase and sustain high fertility rates in any given society.
9. Decline in parental control and authority is likely to encourage early and unrestrained sexual activities leading to increased fertility rates in any society.
10. Persistence of high fertility values and practices and the violation of those practices that regulate fertility coupled with low contraceptive prevalence is likely to increase and sustain high fertility rates in any given society.

Figure 2: General Model



Source: Bongaarts Framework (1978).

Figure 3: Operational Model



Source: Adapted from Bongaarts 1982.

## IN THREE: DATA PRESENTATION AND ANALYSIS

A Changes in socio-cultural norms and practices effected by economic, environmental, demographic and social factors.

B Changes in proximate determinants effected by changes in socio-cultural norms and practices of fertility.

C Positive/negative changes in fertility effected by the modification of the proximate determinants.

Included are socio-cultural practices that have resisted change.

## CHAPTER THREE: DATA PRESENTATION AND ANALYSIS

### 3.0 INTRODUCTION

The preliminary chapters have dealt with the background issues of the study. Chapter one has covered the general introduction, background to area of study. Problem statement, study objectives and justification of the study.

Chapter two has covered the literature review, conceptual and operational framework, study hypotheses, scope and limitation, definition of concepts, method of data collection and method of analysis.

The present chapter presents the data findings and analysis. First the findings pertaining to parity and fertility are presented. Thereafter the data findings pertaining to socio-cultural factors will be presented. This will be an attempt to demonstrate that socio-cultural factors (attitudes, values, and practices): the persistence of some and the violation of others can generate and/or sustain high fertility rates in a given society.

The data will be presented and analyzed concurrently. Descriptive analysis based on the data findings and general observations of area of study will be employed in the analysis.

### 3.1 DEFINITION OF CODES USED

The following codes have been used to define age, parity and marital status variables.

1. TCEB\$01                      Total children Ever Born by WOMAN1



- 2. WMS\$01 Marital status of WOMAN1
- 3. WMS\$02 Marital status of WOMAN2
- 4. WAGE\$01 Age of WOMAN1

3.1.1 TOTAL FERTILITY RATE (TFR)

On the questionnaire section pertaining to fertility information the questionnaire gave an allowance of 9 women in each household. However during data entry it was noted that in most households there were only two women over 15 years of age. As such it was found convenient to consider only WOMAN1 and WOMAN2 in each questionnaire.

Most of those women categorized as WOMAN1 were married as shown in table 1.1. These women were found to have high parities. Only 25.7% of the women had parities of less than 4 as indicated in table 1.2.

Table 1.1 Marital Status of WOMAN1

Marital Status	Value	No. of Women	Percent	Valid Percent
Married	1	236	94.4	94.8
Single	2	12	4.8	4.8
Widowed	3	1	0.4	0.4
Divorced	4	0	0.0	0.0
Missing		1	0.4	Missing
Total		250	100.0	100.0

Table 1.2 TCEB\$01: Total Children Born by Woman1

No. of Children	No. of Women	Percentage	Valid Percent
0	6	2.4	2.4
1	7	2.8	2.8
2	16	6.4	6.5
3	9	3.6	3.6
4	26	10.4	10.5
5	18	7.2	7.3
6	20	8.0	8.1
7	19	7.6	7.7
8	30	12.0	12.1
9	23	9.2	9.3
10	36	14.4	14.5
11	8	3.2	3.2
12	12	4.8	4.8
13	9	3.6	3.6
14	3	1.2	1.2
15	2	0.8	0.8
16	4	1.6	1.6
Missing	2	0.8	Missing
Total	250	100.0	100.0

The highest frequency of parity was found to be 10 children as indicated in table 1.2. The statistics reveal that the mean number of children is 7.3. In other words, the average number of children per woman was found to be 7.3.

In the present study this will be taken as the Total Fertility Rate (TFR). From the above, it is evident that Isukha women have high parities and from the table, it is found that over 30% of the

women have high parities of 10 and above.

A cross-tabulation of marital status and total children ever born show that high parities are basically among married women.

Table 1.3: Cross-tabulation of Marital Status of WOMAN1 (WMS\$01) by Total Children Ever Born (TCEB\$01)

Total Children Ever Born (TCEB\$01)	Married	Single	Widowed
0	1 (0.4)	5 (45.5)	
1	4 (1.7)	3 (27.3)	
2	16 (6.8)		
3	19 (3.8)		
4	26 (11.0)		
5	17 (7.2)	1 (9.1)	
6	20 (8.5)		
7	8 (7.6)	1 (9.1)	
8	29 (12.3)	1 (1.9)	
9	23 (9.7)		
10	36 (15.3)		
11	8 (3.4)		
12	12 (5.1)		
13	8 (3.4)		1 (100)
14	3 (1.3)		
15	2 (0.8)		
16	4 (1.7)		
Total	100.0	11 (100.0)	100.0

Most of those women categorized as WOMAN2 were single as indicated in table 1.4.

Table 1.4: Marital Status of WOMAN2

Marital Status	Value	No. of Women	Percent	Value Percent
Married	1	14	5.6	19.4
Single	2	57	22.8	79.2
Divorced	3	1	14.0	1.4
Widowed	4	0	0	0.0
Missing	-	178	71.2	Missing
Total		250	100.0	100.0

As expected the parities here are not as high as in WOMAN1. This in view of the fact that over half the women are single. The parity distribution of WOMAN1 is presented in table 1.5.

Table 1.5: Total Children Born by WOMANII (TCEB\$02)

No. of Children	No. of Women	Percent	Valid Percent
0	29	11.6	39.7
1	13	5.2	17.8
2	9	3.6	12.3
3	5	2.0	6.8
4	3	1.2	4.1
5	5	2.0	6.8
6	4	1.6	5.5
7	3	1.2	4.1
9	1	0.4	1.4
15	1	0.4	1.4
-	177	70.8	Missing
Total	250	100.0	100.0

Mean = 2.08

The mean number of children was found to be 2. That is to say

that on average every single woman had two children. In traditional Isukha, zero parity was expected for every single or unmarried women. As such an average parity of 2 children per single woman indicates to a considerable degree erosion of societal cultural norms pertaining to sexuality and reproduction. Recent studies show TFR of 2.36 and 2.41 respectively for Isukha and Idakho single women. A TFR of 7.3 indicates that family size desires are high for the Isukha. Isukha couples are motivated to have many children to strengthen their family line or their own status in the household. Thus the high TFR of 7.3 is associated with cultural beliefs and practices. This finding is in line with findings by other scholars that most Kenyans desire 7.8 children because of old age support and to keep the family line (Angela Molnos 1973, World Bank Report, 1980).

### 3.2 SOCIO-CULTURAL FACTORS RELATING TO THE FERTILITY OF ISUKHA WOMEN

#### 3.2.1 INTRODUCTION

As aforementioned the express purpose of this section is to demonstrate that the persistent and changing or violated socio-cultural attitudes and practices have a positive effect on the fertility of Isukha women. The changing socio-cultural context of the proximate determinants of fertility has been shown to effect positive changes in fertility. The changes are effected by background factors such as formal education, formal employment and urbanization. All these are processes of modernization.

In the traditional setting, there existed factors that were

conducive to high fertility such as demand for many children and early age at marriage for women. However the effect of such practices on fertility were counterbalanced by others like prolonged breastfeeding and post-partum abstinence for the latter regulated and kept fertility within reasonable bounds. Fertility was also reduced by high infant and child mortality. Long drawn out rituals and rites de passage marked the life of community members, marital dissolution through divorce was minimal and parental power over children very strong. This ensured stable families.

Modernization and related processes have disrupted the stable traditional family life. Marriages are later because of formal education but pre-marital (non-marital) fertility has increased. Breastfeeding and post-partum abstinence have been disregarded and parental control and authority over children has been notably curtailed. Marital dissolution through divorce is increasing but remarriages are soon. Use of modern contraceptives is increasing but not on any significant demographic level. Amidst these changes, some of the traditional socio-cultural norms and practices that favour high fertility have persisted. Thus in most ethnic groups the effect of the changes that depress fertility has been counterbalanced by the effect of a host of other factors such that the overall picture is increased fertility.

What is the position as concerns the Isukha? What is the balance between the fertility generating changes and the fertility inhibiting changes? What about the persistent attitudes, norms and

practices? What are the socio-cultural supports for the prevailing high fertility rates (TFR OF 7.3) among the Isukha? Without assuming ethnic uniformity, the present section addresses itself to the above crucial issues.

### 3.3 ON MARRIAGE AND PROPORTIONS MARRIED

Marriage is for all intents and purposes universal in Isukha. It is popular and the proportions of those who never marry is very small. A cross-tabulation of age and marital status indicated that out of 250 women only 2 (0.8%) were not married by age 35. Marriage among the Isukha is still very popular and it is the desire or ultimate goal of most girls. Asked if marriage was still considered the ultimate goal, 73.2% of the respondents replied in the affirmative. 24.4% said no and 2.4% said somehow as shown in table 2.0.

Table 2.0: Marriage still Considered Ultimate Goal

Response	Value	No. of Women	Percent	Valid Percent
Yes	1	183	73.2	73.2
No	2	61	24.4	24.4
Somehow	3	6	2.4	2.4
Total		250	100.0	100.0

The negative response by 24.4% of the respondents indicate the extent of changes pertaining to marriage such as marriage delays due to factors like formal education.

Asked if marriage still sanctions cohabitation of couples,

78.4% of the respondents replied in the affirmative. This is presented in table 2.1.

Table 2.1: Marriage Still Sanction Cohabitation of Couples

Response	No. of Women	Percent	Valid Percent
Yes	196	78.4	78.4
No	53	21.2	21.2
Don't Know	1	0.4	0.4
Total	250	100.0	100.0

This response infers that even if many changes have taken place in the socio-cultural institution of marriage, at least most people who cohabit as man and wife are married. As table 2.1 indicates, 21.2% of the respondents indicated that marriage does not still sanction cohabitation of couples. This response is no doubt influenced by current changes in sexual behaviours. A good example is the increasing fertility by unmarried women. Another is the modern development whereby couples just move in together as man and wife without any formal ceremony (cohabitation).

However the responses indicate that marriage is still a respected social institution. The conclusion from the foregoing is that marriage is still the ultimate goal in Isukha and the incidence of marriage is high. This implies that the degree to which women of reproductive age are exposed to the risk of conceiving is very high. The demographic implication is to increase or sustain high fertility levels.



### 3.4 AGE AT MARRIAGE

Of the variables relating to nuptiality age at marriage and the proportions of persons in a population who never marry are the two believed to be the most significant in accounting for observed variations in fertility levels (UN, 1973). In the present study, age at marriage is particularly important as it more or less indicates age at which women start child production.

Table 3.0: Age at First Marriage

Age	No. of Women	Percent	Valid Percent
9	1	0.4	0.4
12	3	1.2	1.2
13	3	1.2	1.2
14	6	2.4	2.4
15	6	2.4	2.4
16	12	4.8	4.8
17	16	6.4	6.5
18	22	8.8	8.9
19	20	8.0	8.1
20	22	8.8	8.9
21	16	6.4	6.5
22	13	5.2	5.2
23	18	7.2	7.3
24	15	6.0	6.0
25	10	4.0	4.0
26	14	5.6	5.6
27	11	4.4	4.4

Table 3.0 Cont'd:

22	8	3.2	3.2
23	6	2.4	2.4
24	5	2.0	2.0
25	1	0.4	0.4
32	2	0.8	0.8
33	2	0.8	0.8
34	2	0.8	0.8
35	1	0.4	0.4
37	1	0.4	0.4
38	4	1.6	1.6
46	1	0.4	0.4
48	1	0.4	0.4
59	6	2.4	2.4
	2	0.8	Missing
Total	250	100.0	100.0

The mean age at marriage was found to be 23.88 approximated at 24. However the highest frequencies were recorded for ages 18 and 20 as shown in table 3.0.

From table 3.0, it is clear that most of the women marry between ages 17-23 which is relatively early. That production follows marriage almost immediately is indicated by the fact that the mean age at which women start child production was found to be 17.56. By any standards, this is quite an early age and the effect on marital and ultimate fertility is clear. Most women in Isukha start child production between ages 15-20 as shown in table 3.1.

Table 3.1: Age At Which Women Start Child Production by Community

Age	No. of Women	Percent	Valid Percent
9	1	0.4	0.4
10	2	0.8	0.8
12	21	8.4	8.5
13	3	1.2	1.2
14	23	9.2	9.3
15	41	16.4	16.6
16	12	4.8	4.9
17	7	2.8	2.8
18	58	23.2	23.5
19	5	2.0	2.0
20	44	17.6	17.8
21	1	0.4	0.4
22	4	1.6	1.6
24	2	0.8	0.8
25	16	6.4	6.5
26	1	0.4	0.4
29	5	2.0	2.0
30	1	0.4	0.4
-	3	1.2	Missing
Total	250	100.0	100.0

Mean = 17.567 Std Dev. = 3.837 Minimum = 8.00 Maximum = 30.0

Present Isukha still favour early marriage for girls. The traditional stigma attached to girls who marry late still exists. Asked whether late marriage was approved by the community, 52.0% of the respondents replied in the negative as demonstrated in table 3.2 below.

**Table 3.2: Approval of Late Marriage by Community**

Response	No. of Women	Percent	Valid Percent
Yes	119	47.6	47.8
No	130	52.0	52.2
-	1	0.4	Missing
Total	250	100.0	100.0

The number of those who answered in the affirmative is however quite substantial (47.8%). This response could have been influenced by the increasing number of women who marry late due to formal education and related processes. When asked specifically about late marriage for girls, the percentage of those who disapproved was quite high at 71.2% as indicated in table 3.3.

**Table 3.3: Late Marriage For Girls**

Response	No. of Women	Percent	Valid Percent
Normal	62	24.8	24.8
Bad	178	71.2	71.2
Don't Know	10	4.0	4.0
Total	250	100.0	100.0

Asked if they got married too early, 22.8% of the respondents replied in the affirmative while 64.8% said they got married at the normal age. It must be pointed out that the normal age referred to by the respondents refers to normal societal age which is actually early. This is shown in table 3.4.

Table 3.4: Married Too Early

Response	No. of Women	Percent	Valid Percent
Yes	57	22.8	22.8
Too late	31	12.4	12.4
Normal	162	64.8	64.8
Total	250	100.0	100.0

The table statistics also indicate that the number of those who get married too early is quite substantial (22.8%). This leaves the inference that 87.6% (i.e. 64.8%+22.8%) of the respondents married below age 23.

That society dictates age at marriage which is early as seen is also demonstrated by the fact that 75.6% of the respondents affirmed that there was tradition that restricted age at marriage.

Table 3.5: Tradition Restricting Age at Marriage

Response	No. of Women	Percent	Valid Percent
Yes	189	75.6	75.6
No	58	23.2	23.2
Don't Know	3	1.2	1.2
Total	250	100.0	100.0

It can be concluded from the foregoing that marriage timing is early and marriage incidence is high among the Isukha. Most women are married by age 23. This is in line with the KFS 1980 report that SMAM for the Luhya ethnic group is 19 years. These findings qualify the study hypothesis that a low age at marriage is likely to increase marital fertility and ultimate fertility in any

society. Undoubtedly this low age at marriage contributes considerably to the established high TFR of 7.3.

### 3.5 MARRIAGE FORMS AND TYPES

On marriage types contracted in Isukha, 7 tables in all were drawn. On merging the tables, customary marriage, modern marriage and elopement emerged as the most common marriage forms contracted in Isukha. This is presented in table 4.0.

Table 4.0: Marriage Forms Contracted

Marriage Form	No. of Women	Percent	Valid Percent
Customary (Traditional)	75	30.0	30.0
Monogamy	12	4.8	4.8
Widow Remarriage	10	4.0	4.0
Christian	5	2.0	2.0
Modern	57	22.8	22.8
Forced	15	6.0	6.0
Eloping	70	28.0	28.0
Other/N.A.	6	2.4	2.4
Total	250	100.0	100.0

These three most common marriage forms are in different ways conducive to increased fertility.

#### 3.5.1 Customary (Traditional)

As table 4.0 shows, 30% of the respondents had contracted customary marriages. Customary marriages have been found to be

generally early. As aforementioned they are associated with high fertility values and desires. It is in traditional marriages that sex preference is strongest especially if the preference is for boys. Isukha being a patrilineal society, preference is for boys. Sex preference is conducive to increased fertility since most couples will continue reproducing until they get the desired sex. There is also the desire to reproduce more of the preferred sex. In most cases missing desired sex in the first marriage leads to the formation of second marriages in the hope of getting the desired sex.

### 3.5.2 Modern Marriages

Table 4.0 indicates that 22.8% of the respondents contracted modern marriages when they first got married. Modern marriages refer to modern developments whereby parents and community members are not involved. Cultural practices like bridewealth may or may not be considered. Marriage is primarily regarded as a personal agreement of the man and woman. More often than not, there is no formal marriage ceremony. The said couple just move in together (cohabitation) and no social mechanisms guard their sexual behaviour. As observed earlier, such unrestricted relationships are conducive to increased fertility.

### 3.5.3 Elopement

Elopement is becoming increasingly prevalent in present Isukha. After customary marriage, it is the next most common marriage form contracted in Isukha. As shown in table 4.0, 28% of the respondents indicated that they eloped when they first got married. There are a number of reasons that lead people to elope. Some of those reasons are outlined as follows:

**Poverty of the suitor:** Bridewealth has today lost its cultural cushions to a strong materialistic ethic. Most times it is so high that the man cannot afford. In such circumstances, elopement proves the only solution.

Another common reason for resorting to elopement is rejection of the suitors' proposal by the girls' father. Cases whereby parents of either the girl or boy object to the marriage are common.

Existence of a distant relationship between the boy and the girl may lead to elopement since parents and community may not approve. A recent development is that a couple does not need to elope because of such an existing relationship since exogamy rules are violated so much. Such that it is becoming normal.

However today most elopement cases arise because of the impatience of the couple and the unwillingness to wait until the long drawn out proceedings of an elaborate wedding have taken place. A cross-tabulation of marriage forms and children ever born confirmed that the highest number of children were found in the three discussed marriage forms.



Thus the conclusion is that these three marriage forms, customary, modern and elopement are conducive to increased fertility because they make room for :

- early marriages
- high fertility values
- uncontrolled sexual behaviour and activity.

### 3.6 PREMARITAL/NON-MARITAL/EXTRA-MARITAL FERTILITY

A Total Fertility Rate of 2 for single women is the most cardinal proof of increased premarital and non-marital sexual activities.

Asked if premarital sexual union was approved by the community, 70.4% of the respondents said No while 28.8% responded in the affirmative. This is shown in table 5.0.

Table 5.0: Approval of Premarital Sexual Union by Community

Response	Value	Frequency	Percent	Valid Percent
Yes	1	72	28.8	28.8
No	2	176	70.4	70.4
Don't Know	3	2	0.8	0.8
Total	Total	250	100.0	100.0

From the historical background of the Isukha, it was gathered that premarital sexual union was strictly forbidden. Thus the response by 22.8% of the respondents that it is allowed shows that premarital sexual sanctions have been notably curtailed.

On attitudes towards extramarital sexual union, again 28.8% of

the respondents indicate that there were no norms restricting extramarital sexual union. This is presented in table 5.1.

Table 5.1: Norms Restricting Extramarital Sexual Union

Response	Value	Frequency	Percent	Valid Percent
Yes	1	177	70.8	70.8
No	2	72	28.8	28.8
Don't Know	3	1	0.4	0.4
	Total	250	100.0	100.0

On norms that restricted premarital sexual unions, 52.8% of the respondents said that there were no such norms. Again the implication here is that the norms existed but they have been violated so much such that they cease to exist to some people especially people belonging to the younger generations. 84.4% of the respondents indicated that the existing norms are no longer respected. As shown in table 5.2, only 14.1% of the respondents said the norms are still respected.

Table 5.2: Adherence to Existing Premarital Norms

Response	Value	Frequency	Percent	Valid Percent
Yes	1	35	14.0	14.1
No	2	211	84.4	99.2
Don't Know	3	2	0.8	0.8
	-	2	0.8	Missing
Total		250	100.0	100.0

The Malthusian assumption that fertility is confined within marriage is invalid in present isukha. 79.6% of all respondents indicated that births are not achieved within marriage only, as the table below shows.

Table 5.3: Births Still Achieved Within Marriage Only

Response	Value	Frequency	Percent	Valid Percent
Yes	1	46	18.4	18.5
No	2	199	79.6	80.2
Don't Know	3	3	1.2	1.2
		2	0.8	Missing
Total		250	100.0	100.0

The disparity between the mean age at marriage (23.8) and the mean age at which women start child production (17.5) (see table 3.0 and 3.1) leaves the already confirmed inference that child production does not have to commence at or within marriage in present Isukha. Although illegitimacy of children was not approved of in traditional isukha, it was tolerated when it occurred. Illegitimate children were accepted and cared for. 60.4% of the respondents indicated that they were accepted in traditional the setting as shown in table 5.4.

Table 5.4: Position of Illegitimate Children

Response	Value	Frequency	Percent	Valid percent
Accepted	1	151	60.4	60.5
Not accepted	2	97	38.8	38.9
Don't Know	3	1	0.4	0.4
	-	1	0.4	Missing
Total		250	100.0	100.0

The 38.8% who said they were not accepted probably meant that illegitimacy was not approved of. There is evidence that at present, attitude towards illegitimate children is more relaxed and illegitimacy is more accepted than before. 73.6% of the respondents indicated that illegitimate children are now more accepted while only 18.0% said they are not accepted. This is presented in table 5.5.

Table 5.5: Position of Illegitimate Children Now

Response	Value	Frequency	Percent	Valid Percent
Accepted	1	184	73.6	76.34
Not accepted	2	45	18.0	18.67
Don't Know	3	12	4.8	5.0
	-	9	3.6	Missing
Total		250	100.0	100.0

The stigma that was usually attached to a girl who got

pregnant before marriage is no longer there. This demonstrates the erosion of an important social control mechanism. Asked if premarital pregnancy is still a stigma, 70.4% of the respondents though it is no longer a stigma. This is presented in the table below.

Table 5.6: Premarital Pregnancy Still a Stigma

Response	Value	Frequency	Percent	Valid Percent
Yes	1	73	29.2	29.2
No	2	176	70.4	70.4
Don't Know	3	1	0.4	0.4
Total		250	100.0	100.0

Table 5.7 below shows the relaxed attitudes towards norms pertaining to exogamy and other bars to sexual union. This has greatly contributed to increased non-marital fertility. Asked if they approved of the exogamy rule, a substantial proportion (22.8%) indicated that they did not.

Table 5.7: Approval of Exogamy Role

Response	Value	Frequency	Percent	Valid Percent
Yes	1	182	72.8	72.8
No	2	57	22.8	22.8
Don't Know	3	11	4.4	4.4
Total		250	100.0	100.0

The implication here is that if they don't approve of it then

they are more likely to willingly violate it.

From the foregoing it can be concluded that premarital /non-marital sexual activity is appreciable in present Isukha. Norms restricting premarital/non-marital sexual unions are no longer respected and premarital fertility is gradually becoming a prominent feature of the incumbent fertility regime. The breakdown of these socio-cultural norms and sanctions that regulated fertility partly explains the prevailing high fertility rates in Isukha.

### 3.7 BIRTH INTERVAL

The effect of shortening of birth interval periods on fertility is well documented. Traditional Isukha women observed an interbirth period of at least two years (Lijembe 1967). The long birth intervals were inevitable since breastfeeding and post-partum abstinence periods were long. Close births were considered detrimental to both the child and mother's health. Negative beliefs relating to close births existed. These acted as social control mechanisms which spaced births.

Table 6.0: Beliefs Relating to Close Births

Response	Value	Frequency	Percent	Valid Percent
Yes	1	180	72.0	72.3
No	2	69	27.6	27.7
	-	1	0.4	Missing
Total		250	100.0	100.0

As table 6.0 indicates, 27.6% of the respondents said there were no beliefs relating to close birth. This further points to the fact that the reigns of socio-cultural control mechanisms have been notably curtailed.

Data findings from the present study reveal a mean interbirth period of 20.58 months, which is less than the traditional minimum of two years. A substantial proportion of the respondents (26.8%) gave 12 months (1 Year) as the normal interbirth period. 41.2% of the respondents gave 24 months as the normal interbirth period. However, only 14.4% of the respondents gave a normal interbirth period of over two years. This is represented in table 6.1.

1	3.1	3.1
2	5.8	5.8
3	2.2	2.2
4	1.0	1.0
5	0.4	0.4
6	1.2	1.2
7	0.8	0.8
8	0.4	0.4
9	0.4	0.4
10	41.2	41.2
11	0.4	0.4
12	12.4	12.4
13	0.4	0.4
14	1.0	1.0
15	14.4	14.4
16	100.0	100.0

It is noted that the respondents have adopted a more liberal attitude towards the birth interval. The results revealed that only 14.4% of the respondents considered a normal interbirth period of over two years.

Table 6.1: Normal Interbirth Period

Birth Interval (Months)	Frequency	Percent	Valid Percent
2	1	0.4	0.4
3	5	2.0	2.0
4	3	1.2	1.2
5	1	0.4	0.4
6	6	2.4	2.4
7	1	0.4	0.4
8	3	1.2	1.2
9	3	1.2	1.2
12	67	26.8	26.8
15	1	0.4	0.4
16	2	0.8	0.8
17	1	0.4	0.4
18	10	4.0	4.0
19	1	0.4	0.4
20	3	1.2	1.2
21	1	0.4	0.4
22	1	0.4	0.4
24	103	41.2	41.2
30	1	0.4	0.4
36	31	12.4	12.4
38	1	0.4	0.4
48	4	1.6	1.6
	250	100.0	100.0

23 of the respondents gave interbirth periods of between 2-9 months which is humanly impossible. The invalid responses can only be attributed to misunderstanding of the questionnaire by the said



respondents. The above presentations confirm the hypothesis that shortening of birth interval has partly contributed to the high fertility rates of Isukha women.

### 3.8 POST-PARTUM ABSTINENCE

Post-partum abstinence was emphasized in the traditional setting. It was believed that the suckling child suffered if the mother had intercourse because spermatozoa would poison the mother's milk. This beliefs reinforced behaviour and post-partum abstinence was normally as long as the breastfeeding period.

In the present study post-partum abstinence was found to be short at an average of 6.4 months. This means that on average, women resume sexual intercourse about 6 months after delivery. This period is so much shorter than the traditional period of over two years. The highest frequency was found for 3 months by 30% of the respondents as shown in table 7.0.

Table 7.0: Post-partum Abstinence Period

Post-partum Abstinence Period	No. of Women	Percent	Valid Percent
1	19	7.6	7.7
2	34	13.6	13.8
3	77	30.0	31.2
4	13	5.2	5.3
5	9	3.2	3.2
6	49	19.6	19.8
7	4	1.6	1.6
8	1	0.4	0.4
9	2	0.8	0.8
12	14	5.6	5.7
14	2	0.8	0.8
15	2	0.8	0.8
23	1	0.4	0.4
24	15	6.0	6.1
32	1	0.4	0.4
36	4	1.6	1.6
45	1	0.4	0.4
	3	1.2	Missing
Total	250	100.0	100.0

This is in line with Kenya's documented average of 3 months (KDHS 1989).

The shortened post-partum abstinence period can be explained by a host of factors. However the predominant causal factors are formal education, female employment, urbanization and related processes. In general, the modernization complex has brought a change in those practices that were conducive to long periods of abstinence. A good example is that of living arrangements after birth. Asked if they were living with their husbands in the same bedrooms, same beds after delivery, most of the respondents (67.2%)

replied in the affirmative as shown in table 7.1.

Table 7.1: Living Arrangement After Delivery

Response	Value	No. of Women	Percent	Valid Percent
Yes	1	168	67.2	68.01
No	2	79	31.6	31.98
	-	3	1.2	Missing
Total		250	100.0	100.0

It can be deduced that the close living arrangements of the couple after wife's delivery encourages resumption of sex earlier than if they were living separately. It is also shown that breastfeeding is no longer regarded as a deterrence to sexual intercourse. 83.2% of the respondents indicated that a breastfeeding mother is allowed sexual intercourse as shown in table 7.2.

Table 7.2: Sexual Intercourse by Breastfeeding Mother

Response	Value	Frequency	Percent	Valid Percent
Yes	1	208	83.2	83.2
No	2	37	14.8	14.8
Don't Know	3	5	2.0	2.0
Total		250	100.0	100.0

The data also shows that a sizeable proportion of the respondents (28.4%) indicated that they had no knowledge of beliefs that restricted a man sexual intercourse with the wife. This implies that according to them, a man can have sexual intercourse

with his wife whenever he feels to do so. Such mentality has serious demographic implications.

66.4% of the respondents also indicated that there were no rules that regulated coital frequency between wife and husband. The rules no doubt existed but they have been curtailed considerably such that they cease existing. For example in polygamous households, coital frequency was regulated by the prior visiting arrangement of the husband to his wife's huts.

In conclusion it can be said that, birth spacing mechanisms particularly post-partum abstinence have been markedly curtailed among the Isukha. Sexual activity is no longer regulated. The resultant demographic implication is increased fertility.

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### 3.9 DIVORCE WIDOWHOOD AND REMARRIAGE

In the WOMAN1 category there was no reported divorce case. In WOMANII out of 72 women, there was only 1 divorce case. On merging WOMANI and WOMANII, it was found that out of 321 women only 1 was divorced and 1 was widowed as shown below in table 8.0.

Table 8.0: Marital Status of WOMANI And WOMANII

Marital Status	Value	Frequency	Percent	Valid Percent
Married	1	250	77.88	77.88
Single	2	69	21.49	21.49
Divorced	3	1	0.31	0.31
Widowed	4	1	0.31	0.31
Total		321	100.0	100.0

The table below shows 80.4% of the respondents agreed that divorce rate has increased in Isukha.

**Table 8.1: Divorce Rate**

Response	Value	No. of Women	Percent	Valid Percent
Yes	1	201	80.4	80.4
Not increased	2	33	13.2	13.2
Decreased	3	14	5.6	5.6
Don't Know	4	2	0.8	0.8
Total		250	100.0	100.0

Given the above statistics, the likely explanations for the extremely few divorce and widow cases is that remarriage rate is high. This is confirmed by 84.8% of the respondents affirming that remarriage is allowed. This is presented in the table below.

**Table 8.2: Remarriage of Widows**

Response	Value	Frequency	Percent	Valid Percent
Yes	1	212	84.8	84.8
No	2	37	14.8	14.8
No opinion/ Don't Know	3	1	0.4	0.4
Total		250	100.0	100.0

This is not surprising since widow remarriage is an important marriage type among the Isukha. However, of more important

Demographic implication is the period allowed for remarriage after the husband's death or after divorce. This is presented in table 8.3.

**Table 8.3: Period Allowed for Remarriage of Widows after Husband's Death or After Divorce**

Period/ Months	No. of Women	Percent	Valid Percent
1	3	1.2	1.3
2	8	3.2	3.5
3	5	2.0	2.2
4	4	1.6	1.7
5	2	0.8	0.9
6	6	2.4	2.6
8	1	0.4	0.4
9	1	0.4	0.4
10	1	0.4	0.4
12	79	31.6	34.5
14	1	0.4	0.4
15	1	0.4	0.4
18	4	1.6	1.7
24	79	31.6	34.5
36	21	8.4	9.2
49	5	2.0	2.2
99	8	3.2	3.5
	21	8.4	Missing
<b>Total</b>	<b>250</b>	<b>100.0</b>	<b>100.0</b>

99=No response

A mean of approximately 21 months was found, meaning that on average widows are allowed a period of 21 months before they

remarry. From the table it is shown that the highest frequencies were recorded for 12 months (1 year) and 24 months (2 years). As a point of interest, the author notes that from general observation of present Isukha, more often than not widows remarry after 1 year. In other words given the two figures, 12 months and 24, 12 is the most representative of the actual situation. It can therefore be concluded that the period accepted for remarriage of widows after husband's death in present Isukha is not so long as to have a depressing effect on marital fertility and ultimately total fertility.

### 3.10 SEX PREFERENCE

Sex preference is an aspect of the reproductive behaviour that is closely related to ideal family size and which influences fertility.

As aforementioned, the Isukha are strictly patrilineal and the preferred sex is male. Asked which sex is preferred by society, 70.8% of the respondents indicated male, 6% said female while 22% said no sex was preferred to the other. This is presented in table 9.0 below.

**Table 9.0: Preferred Sex By Society**

Value Label	Value	Frequency	Percent	Valid Percent
Male	1	177	70.8	71.1
Female	2	15	6.0	6.0
No preference	3	55	22.0	22.1
Both	4	1	0.4	0.4
.	.	2	0.8	MISSING
Total		250	100.0	100.0

Table 9.1 below shows that the desire, for boys is so high that men marry further wives if the desired sex is missing. 92% of the respondents indicated that men marry further wives if they miss the desired sex by the first wife as shown in table 9.1.

**Table 9.1: Marrying Further Wife Because of Missing Desired Sex**

Value Label	Value	Frequency	Percent	Valid Percent
Yes	1	230	92.0	92.4
No	2	19	7.6	7.6
.	.	1	.5	MISSING
Total		100.0	100.0	100.0

Asked about the choice of child, 84.8% of the respondents naturally said male as indicated in table 9.2



**Table 9.2: Choice of Child**

Response	VALUE	Frequency	Percent	Valid Percent
BOY	1	212	84.8	92.2
DAUGHTER	2	15	6.0	6.5
ANY	3	3	1.2	1.3
.	.	20	8.0	MISSING
Total		250	100.0	100.0

In polygynous households co-wives compete for more children. This is because a woman who has many children is respected by her husband and by the community. The centre of competition as expected is males. 82.8% of the respondents affirmed that the centre of competition by co-wives is male children as shown in table 9.3

**Table 9.3: Centre of Competition**

Response	Value	Frequency	Percent	Valid Percent
Male Children	1	207	82.8	96.3
Female Children	2	8	3.2	3.7
.	.	35	14.0	MISSING
Total		250	100.0	100.0

Girls among the Isukha are also valued as all children are seen as a gift from God. 22% of the respondents indicated that there was no preference, that is both sexes are valued. Children are generally valued among the Isukha and there has always been a

desire for large numbers. Large numbers represent a sense of ownership and security. Competition between lineages for more children (of both sexes is still common as indicated in table 9.4.

Table 9.4: Competition Between Lineages For More Children

Value	Frequency	Percent	Valid Percent
1	166	66.4	66.9
2	70	28.0	28.2
3	12	4.8	4.8
.	2	0.8	Missing
Total	250	100.0	100.0

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Asked if lineages still compete for male children, 66.4% of the respondents replied in the affirmative while 28% said there was no competition while 4.8% said they didn't know. There is also a strong desire to be born in large lineages. This is presented in table 9.5

Table 9.5: Preference of Size of Lineage

Value Label	Value	Frequency	Percent	Valid Percent
Small	1	29	11.6	11.9
Large	2	182	72.8	74.9
Don't Know	3	31	12.4	12.8
Any	4	1	0.4	0.4
Missing	.	7	2.8	Missing
Total		250	100.0	100.0

However even though large numbers of children of both sexes are desired, sons are preferred for some socio-economic and cultural reasons. Modernization has not in any notable form altered the strong motivation for sons. Although educated parents may no longer require financial and physical contributions, sons are needed to perpetuate the family name. After all the girls will get married and their obligation will shift to their husbands and children. At death sons are needed to perform the funeral rites for their dead parents.

From the foregoing, it is evident that sex preference is conducive to increased fertility. Its effect on fertility is strong because it is a cultural desire backed by cultural institutions (values norms and practices). Sex preference has also been shown to be a barrier to efforts to reduce fertility below the desired levels. Studies have also shown that in areas where sex preference especially for male children is strong, contraceptive use is very low (Angela Molnos 1973, Williamson 1976, World Bank 1980).

### 3.11 PARENTAL CONTROL

Increasing modernization and especially economic independence of the youth has markedly curtailed parental control and authority over children. Parents are no longer considered ultimate authority as it was in the traditional setting. An important consequence of this is early and unrestrained sexual relations. This has undoubtedly led to increased fertility.

Table 10.0 shows that parental control over children has markedly slackened and is not as strong as it was in the traditional setting. The respondents were asked if parental control was stronger, in the past than it is today. 79.2% of the respondents affirmed that parental control had declined, while 19.7% said parental control was still as strong as it was in the past. However, from general observation, it is evident that parental control has indeed declined.

Table 10.0: Parental Control

Response	Value	Frequency	Percent	Valid Percent
Yes	1	198	79.2	79.5
No	2	49	19.6	19.6
Don't know	3	2	0.8	0.8
	.	1	0.4	Missing
Total		250	100.0	100.0

Therefore parental control as a social control mechanism for regulating fertility and related behaviours is no longer effective. The demographic implications of this is demonstrated in the high and sustained fertility levels.

### 3.12 CONTRACEPTIVE KNOWLEDGE AND USE

The persistence of high fertility values and practices and violation of those practices that regulated fertility coupled with low contraceptive use basically explains the high fertility rates

in Isukha.

The data show that 69.6% of the respondents indicated that they had some knowledge of contraceptives. An alarmingly substantial percentage of the respondents (30.4%) had no knowledge of modern contraceptives. This is presented in table 11.0

Table 11.0: Knowledge of Modern Contraceptives

Response	Value	Frequency	Percent	Valid Percent
Yes	1	174	69.6	69.6
No	2	76	30.4	30.4
Total		250	100.0	100.0

Only 32.8% of the respondents indicated that they had ever used any method of contraception as shown in the table 11.1

Table 11.1: Ever use of Any Method

Response	Value	Frequency	Percent	Valid percent
Ever	1	82	32.8	35.2
Never	2	151	60.4	64.8
	.	17	6.8	Missing
Total		250	100.0	100.0

Current contraceptive use was also found to be low. 30.8% of the respondents were found to be currently using modern contraceptive methods. This is shown in table 11.2 below.

Table 11.2: Current Contraceptive Use

Response	Value	Frequency	Percent	Valid Percent
Current Use	1	77	30.8	33.3
Non user	2	154	61.6	66.7
	.	19	7.6	Missing
Total		250	100.0	100.0

The disparity between knowledge and actual use of contraceptives is similar to that found in most developing countries whereby knowledge is fairly high and actual contraceptive use very low. A cross tabulation between marital status and current contraceptive use showed that contraceptive use is low regardless of marital status. This is similar to M. Keraka's 1991 findings in her study of the determinants of contraceptive use in Kisii district.

Table 11.3: Cross-tabulation of Marital Status and Current Contraceptive Use

F5-->Count		Yes	No	Row Total
Row pct.				
col.pct.		1	2	
Tot.pct.				
Married	1	71 32.7	146 67.3	217 94.3
Single	2	4 33.3	8 66.7	12 5.2
Divorced	3	1		1 0.4
Column Total		76 33	154 67.0	230 100.0

Table 11.4 Cross-tabulation of Marital Status of Women II By Contraceptive Use (F5).

F5-->	Yes	No	Row Total
Married 1	5 35.7	9 64.3	14 20.3
Single 2	19 35.2	35 64.8	54 78.3
Divorced 3	1 100.0		1 0.4
Column Total	25 36.7	44 63.8	69 100.0

As aforementioned most of these women categorized as WOMAN II, were single (54 out of 69). From the table it is evident that current contraceptive use is the same for married women and single women. This is contrary to the normal expectation that contraceptive use is more prevalent among single than married women. A cross-tabulation of age of the women and current contraceptive use indicated that contraceptive use was slightly higher among women aged 20-24, with 46.7% of them contracepting and among those women aged 25-29 with 37.5% of them contracepting. This could be attributed to the fact that they are more likely to be educated and more receptive to new ideas and innovations as opposed to the older folk. Surprisingly the cross-tabulation showed that, of the women over 50 years of age (115), 38% of them were using contraceptive. This is surprising since women over 50 years are supposed to have attained menopause. The cross-tabulation findings are presented in table 11.5

**Table 11.5 Cross-tabulation of Age of Woman By Current Contraceptive Use**

F5-->	Age Group	YES 1	NO 2	ROW TOTAL
1	15-19	2 33.3	4 66.7	6 2.6
2	20-24	7 46.7	8 53.3	15 6.5
3	25-29	3 37.5	5 62.5	8 3.5
4	30-34	5 29.4	12 70.6	17 7.4
5	35-39	7 33.3	14 66.7	21 9.1
6	40-44	7 35.0	13 65.0	20 8.7
7	45-49	7 25.0	21 75.0	28 12.2
8	50+	38 33.0	77 67.0	115 50.0
		76 33.0	154 67.0	230 100.0

A cross-tabulation of the preferred sex in society and current contraceptive use indicated that there is an inverse relationship between preference for boys and current contraceptive use.

Table shows that most of those who said the preferred sex is male were not contracepting. Of a total of 168 respondents who gave boys as preferred sex, 110 (65.5%) were not contracepting as shown in table 11.6



Table 11.6: Cross-tabulation of (V43) Preferred Sex in Community by (F5) Current Contraceptive Use

F5 -->	Yes	No	Row Total
1	58 34.5	110 65.6	168 73.0
2	4 28.6	10 71.4	14 6.1
3	13 27.7	34 72.3	47 20.4
4	1 100.0		1 0.4
Column Total	76 33.0	154 67.0	230 100.0

There are several factors that contribute to the low contraceptive prevalence among the Isukha:

1. Most people have a poor image of contraceptives. Family Planning methods are seen as a foreign import and out of tune with the societal cultural values, of doubtful relevance to the immediate needs of the people and possibly injurious to the health of the individual as well as society in general. A study by Dow and Weiner (1982) reported that 55% of women who knew about the pill believed it would make them ill.

The use of contraceptives as a demographic tool to reduce fertility and control population growth contradicts the traditional high values placed on large family sizes and the view that fertility is a virtue and a blessing from God.

Children are seen as an investment as they provide old age security for parents. Sex preferences is another factor inhibiting contraceptive use. When couples have children of the same sex they feel obliged to continue until they get the desired sex.

2. Another major factor which contributes to low contraceptive use is lack of knowledge about contraceptives and how they are used. This leads to fear of side effects. Low levels of education and illiteracy hinders proper knowledge and understanding of contraceptives.
3. Another problem is connected with the accessibility of the contraceptive services. Most of the women are not within easy reach of family planning services, such that the cost in terms of time and distance is too high.
4. Another major but often ignored factor affecting contraceptive use is husbands' approval. In most cases especially in the rural areas, women may want to use contraceptives but their husbands do not approve.

From the foregoing observations it can be concluded that the main hindrances sources to contraceptive use in Isukha are:-

- The socio-cultural mechanism

- Inaccessibility of family planning services
- Lack of knowledge and proper information on contraceptive use

- Disapproval of husband to wife's use.

Special attention must be given to the socio-cultural inhibitions. This is because the others can easily be rectified but socio-cultural values are difficult to change since they involve the personality. Ocholla-Avayo 1991 rightly postulates that

"The socio-cultural factors affecting use of contraceptives are rooted in the traditional norms, beliefs and values about the family as a sacred institution of procreation unless the programmes can penetrate these imperatives, it will be difficult for any of the programmes to achieve much" (1991:164-165).

## CHAPTER FOUR: SUMMARY AND GENERAL CONCLUSIONS

### 4.1 SUMMARY AND CONCLUSIONS

The main objective of the study was to demonstrate that both the persistent and changing socio-cultural attitudes and practices are responsible for the high fertility rates among the Isukha. The dependent variable in the study is Total Fertility Rate (TFR).

The independent variables examined are :

Age at marriage

Marriage and proportions married

Premarital/non-marital/extra-marital fertility

Marriage forms and types

Birth interval

Post-partum abstinence

Divorce/widowhood/remarriage

Sex preference

Parental Control

Contraceptive knowledge and use

The interplay of the dependent variable and independent variables was examined by use of simple methods such as frequencies and percentages and cross-tabulations. The findings are primarily presented in tables.

The Total Fertility rate for Isukha women was found to be high averaging 7.3 children. The main reasons for the high parities were found to be cultural demand for many children and preference for male children. Children are desired to carry on the family

line and as a source of security for parents in old age. A Total Fertility Rate of 2 was found for Isukha single women. That is, on average, single women had two children. This high TFR for single women was found to be strongly related to the weakening of traditional authority structures and codes. Findings pertaining to persistent and changing socio-cultural factors are summarized below.

The incidence of marriage among the Isukha is very high. It is still a universal cultural institution and is still important in regulating and sanctioning the cohabitation of couples and their subsequent fertility performance. Marriage is still considered the ultimate goal and ideal relationship between a man and a woman. 13.2% of the respondents agreed that marriage is the ultimate goal while 78.4% of the respondents indicated that it still sanctions cohabitation of couples. Even with increasing premarital/non-marital fertility, the bulk of the births occur to married women. A cross-tabulation of children born by marital status confirmed this. The incidence of permanent celibacy is very low and only 0.8% of the women were unmarried by age 35. With such a high incidence of marriage, the degree to which women of reproductive age are exposed to the risk of conceiving is very high. These findings on marriage are similar to those by Nyarango (1985), Ayiemba (1983) in their studies of nuptiality in Kenya.

The data findings indicate that Isukha women marry relatively early. Most adhere to the traditional norm that expected early marriage for girls. The stigma that was attached to girls who

marry late still exists. 71.2% of the respondents indicated that late marriage is bad. The findings of the cross-tabulation of age at marriage and total children ever born showed that the earlier the age at marriage, the higher the number of children ever born. These findings are similar to those by Nvarango (1985), the KCPS (1984), KDHS (1989) and observations on age at marriage by Ocholla-Ayayo (1991), Omagwa (1985) and others.

A common phenomenon among Isukha women is the early marriage of primary school leavers. This is attributed to their economic dependence. At the same time improved health care has reduced foetal wastage, such that more babies are surviving than before. Improved nutrition has also increased their fecundity. Age at marriage of the Isukha has definitely risen when compared to the traditional pattern. This is due to delays because of schooling. This could not unfortunately be tested because of lack of information on the educational level of the respondents.

Traditional marriage, modern marriage and elopement as the most common marriage forms contracted are all conducive to increased fertility rates. Prevalence of traditional marriages implies that the high fertility norms inherent in it are still promoted. The inference is also that marriage is early. Preference for male children is high and marital dissolution minimal. These factors are conducive to high fertility. On the other hand the development and prevalence of modern marriages means that there is minimal parental control and involvement and the relaxation of traditional norms and practices that control sexual

behaviour and regulate fertility. These developments are accompanied by a negative perception of women's sexuality in marital relations. For a good number of Isukha women today, sexual relations are no longer just a means of child bearing but more a lubricating element to ensure the smooth running and success of marriage. However such natural enjoyment of sex has been shown to increase exposure to pregnancy. A breakaway from the traditional practice of couples living separately after wife's delivery has meant that sex is resumed early, inevitably so because of the close living arrangement of man and wife. 67.2% of the respondents indicated that they were living with their husbands after delivery. Elopement is increasingly becoming common in Isukha. This development is associated with the adoption of the attitude embraced by non-traditional societies that individual freedom of choice should have primacy over certain ethical issues. Elopement in Isukha is also because of the high bridewealth, parental disapproval and refusal of mate selected and impatience of the couple to wait for a formal marriage ceremony. Elopement also has to do with decreased parental power over children.

In traditional Isukha, prolonged breastfeeding and post-partum abstinence ensured that there was a reasonable degree of spacing between births. The mother of a new born baby was expected to abstain from sexual relations while she breastfed it. During this time, the wife could stay away from the husband. Another factor underlying the institution of prolonged lactation and post-partum abstinence was the preservation of the health of the mother and

child. The data findings indicate that these child-spacing practices have been notably curtailed in present Isukha. There is a decrease in the breastfeeding period and there is less regard for post-partum abstinence, particularly among younger women without a compensating adoption of contraceptive practices. In the present study, post-partum abstinence was found to be 6 months. This decline in traditional forms of child-spacing has led to a shortening of the birth intervals. The mean interbirth period was found to be 20 months. The consequence of these declining practices has been to push up fertility. The above finding on birth spacing mechanisms are similar to other findings in Kenya (Ominde et al, 1983; KCPS, 1984; Ocholla-Ayayo and Makoteku, 1986); that a dramatic erosion of traditional practices and a consequent decline of the interbirth period is partly responsible for the increased and sustained fertility rates.

The findings on premarital and non-marital fertility are similar to findings by Lesthaeghe (1984); Khasiani (1988); Locoh (1984); Ocholla-Ayayo (1991); Gyepi-Garbrah (1985), that fertility contributed by unmarried girls is appreciable and is becoming a common feature of the African fertility regimes. The obtained TFR of 2 for Isukha single women has serious demographic implications. The increased premarital and non-marital fertility is attributed to the erosion of traditional social controls governing sexual behaviour. The stigma that used to be attached to premarital pregnancy no longer exists. 70.4% of the respondents indicated that premarital pregnancy is no longer a stigma.



The degree to which exogamous marriages are permitted is narrowing. The clan exogamy rule in Isukha is increasingly violated and the number of offsprings between clan members who are not permitted to marry is increasing. In the present study, 22.8% of the respondents indicated that they did not approve of the exogamy rule. Ocholla-Ayayo and Makoteku (1986), made similar observations on the violation of exogamy rules in many Kenyan ethnic groups.

The data findings on divorce, widowhood and remarriage indicate that divorce rate has increased and it is more prevalent than in the traditional setting. 80.4% of the respondents agreed that divorce rate has increased in Isukha. However, the depressant effect of divorce and widowhood (marital dissolution) on fertility is minimal since remarriage rate is high. The study found that divorcees and widows are allowed an average period of 21 months. However, a considerable number of widows remarry after only 1 year. These findings confirm other findings that marital dissolution in Kenya does not depress fertility because of a high incidence of remarriage (Nyarango, 1985; Omondi C. 1989). Mhloyi (1984) also had similar findings in his studies on Nigerian nuptiality.

The findings of the present study demonstrate a positive correlation between sex preference and fertility. Preference of sons by the Isukha is conducive to increased fertility. 70.8% of the respondents indicated that preference is given for male children. Male children in Isukha are valued to preserve and carry on the family name and as security for parents in old age. This is

similar to observations made by Ocholla-Ayayo (1991) that the rule of conduct governing sex preference looks into the future social security. That boys are valued by parents more because girls get married and their duties and obligations shift to their husbands and children.

Implications of sex preference are important for demographic change. Differences in expectations regarding sons and daughters are likely to continue to influence the reproductive behaviour of the Isukha society. It has been noted that couples produce many children before getting the desired sex. The attempts sometimes fail altogether whereby the man is forced to marry a second wife. The second wife may also not get the desired sex of child until she has given birth to so many of the "undesired sex". This vicious cycle explains the extremely large sizes of some families. It can thus be concluded that perceptions about the inequalities and differences between male and female has served to perpetuate high fertility values and practices.

Parental control over children has been notably curtailed. The loss of power of parents over children is effected by the modernization process: the increase in formal education whereby power shifts to the teacher, economic independence of young people and the relaxation of traditional religious moral codes. 79.2% of the respondents in the present study affirmed that parents had more power and control over children in the traditional society than they have now. This has been shown to facilitate excessive personal freedom and unrestricted sexual activities which are both

conducive to increased fertility.

Contraceptive prevalence in Isukha is generally low. 69.6% of the respondents had some knowledge of modern contraceptives. 30.4% of them did not have any knowledge of modern contraceptives. 32.8% of the respondents had ever used any method while 30.8% were currently contracepting. Contraceptive use was found to be low regardless of marital status. Those aged 20-29 were found to be contracepting more than the other age groups. The primary factors contributing to low contraceptive use are: cultural desire for many children, fear of side effects, lack of contraceptive information and inaccessibility to family planning services. These findings are similar to findings by other studies carried out in Kenya (Ikamari, 1985; Mungai, 1986; KFS 1977/78; KCPS 1984; KDHS 1989; Keraka 1991; Sanghui et al 1984).

#### 4.2 THE LINK BETWEEN OBJECTIVES AND FINDINGS

From the foregoing, the behavioural pattern of present Isukha is drawn up as follows:

- The incidence of marriage is high and the women virtually all marry by the peak of their child bearing years.
- Marriage is early and for most women age at marriage occurs between ages 18-20.
- Customary marriage, modern marriages and elopement are the most common marriage forms.
- Normal interbirth period has declined from the traditional 3 years to an average of 20 months.

- Post-partum abstinence period has declined from the traditional period of at least 2 years to only 6 months.
- Premarital/non-marital/extra-marital sexuality has increased. Child bearing is not restricted to unions and an appreciable proportion of all births occur to unmarried women. A TFR of 2 was found for single women.
- The incidence of divorce is on the increase but remarriage (of either widows or divorcees) is soon enough such that most women are in some form of conjugal union throughout their child bearing years.
- Both sexes of children are valued but preference for male children is strong.
- Parental power and authority over children has markedly declined.
- Isukha society can generally be described as non-contracepting since even though knowledge of contraceptives is fairly high, recorded levels of actual practice of contraception are very low. The above behavioural pattern has been shown to be conducive to high fertility rates. This in effect is primarily responsible for the obtained high total fertility rate of 7.3. The set primary objective at the beginning of this study was to ascertain the effect of persistent and changing socio-cultural attitudes on the fertility of Isukha women. The factors responsible for the changing socio-cultural practices have been outlined in the summary and conclusion section. The existing Isukha social structure,

beliefs and values concerning sexuality and fertility and related preserved and/or violated sanctions influence actual and desired family size which has been shown to be high. Thus it has been established that, indeed the persistence of socio-cultural practices and the violation of others has increased and/or sustained high fertility rates in Isukha.

However, it must be pointed out that the existing values, attitudes, beliefs and practices only strongly infer that they are responsible for the high TFR of 7.3. The actual socio-cultural changes and actual effect on fertility could not be ascertained. This is a clear ground for further research.

Another important set objective of the study was to throw light on socio-cultural factors affecting fertility that could promote Kenya's population policy. The following findings are of specific relevance to the population policy:

- There is a strong cultural desire for many children.
- The incidence of marriage is high.
- Age at marriage is early.
- Premarital/non-marital fertility is increasing.
- Persistent preference for male children.
- Socio-cultural barriers to contraceptive use are strong.

Guided by the above findings, recommendations relevant to Kenya's population policy have been made in the final section of this study.

#### 4.3 RECOMMENDATIONS FOR FURTHER RESEARCH

This section presents the recommendations, first for further research, and thereafter recommendations for policy makers.

■ The present study has focused on persistent and changing socio-cultural attitudes and practices supporting high fertility rates among the Isukha. It must be pointed out that, in view of the nature of the questionnaire used, it was not possible to measure the actual socio-cultural changes that have taken place and their effect on fertility. I therefore strongly recommend that more research be carried out and more qualitative data obtained to measure the actual socio-cultural changes that have taken place and ensuing effect on fertility.

■ Even with increasing modernization, most rural women still embrace high fertility values. More social research on the socio-cultural supports for high fertility needs to be carried out. Ethnic uniformity in cultural practices relating to marital fertility should not be assumed. It is recommended that intensive cultural studies of all Kenyan ethnic groups (see appendix) be carried out. In this way those deeply ingrained socio-cultural norms and practices that generate fertility can be identified and appropriate policy measures taken.

■ The present study confirms findings by numerous studies that most rural women have negative attitudes towards modern contraceptives. A lot more research is therefore needed in the area of beliefs which women hold as concerns

contraception. This is important because there seems to be a general apprehension about the idea of using modern methods of contraception. Apart from social research, more research should be carried out towards improved contraceptive technology. In this way more appropriate contraceptive methods with minimal side effects can be manufactured.

Little has been done on male motivation in the adoption of family planning. The role of the African husband in decisions pertaining to use or non-use of contraceptives and the perceived ideal family size is crucial. The KDHS (1989) gave one obstacle to wife's adoption and use of modern contraceptives as husbands' disapproval. In most Kenyan societies it is the men who control most of the activities in the home, including sexual activities. For example in the present study, 87.6% of the respondents indicated that it is the husbands who initiate sexual intercourse (see appendix). As such male motivation to the adoption of family planning and the effect of their decisions on use or non-use of contraceptives needs to be urgently investigated.

Folk media as a new development lacks critical analysis and collective action. It has been shown that as a culturally acceptable media, it is effecting changes in behaviour pertaining to fertility (Family Planning Private Sector, FPPS, 1988). The effect of folk media on the adoption of family planning methods therefore needs to be investigated.

#### 4.4 RECOMMENDATIONS FOR POLICY MAKERS

Recommendations are here made in accordance with the findings of the present study and other related studies.

Tribal affiliation is a good proxy for many of the observed differences in culture which in turn affect fertility. It is recommended that policy makers must study fertility norms by ethnical groups. They must take into account the culture of the different groups and understand the rationale behind certain actions. For example they must recognize the demographic importance of the child spacing patterns and of their modifications and set them in their societal context. Policy makers must come to terms with what Keyfitz (1980:63) describes as the "deeper layers" of reality - those all important subsurface forces that bear on the fertility decision making process. It is only then that motivational models can be set up towards effecting decreased fertility rates. In view of the still strong influence of socio-cultural practices on fertility, it is recommended that policy makers work closely together with social research scientists. That prior to the formulation of any policy, social research scientists specialized in the issues of interest be consulted. This will ensure the formulation of realistic policies.

Education has been shown to increase age at marriage and to delay marriage (Muinde 1979; Mosley et al 1982, Anker and Knowles 1982; Ahawo 1982; Casterline and Trussell 1980). In view of the high incidence of nuptiality (low age at marriage



and high proportions married) in Isukha and other Kenyan ethnic groups, it is recommended that more educational opportunities for girls be created. Serious efforts should be taken to make secondary education for girls compulsory. Female employment has also been shown to be correlated with lower parities (Goat et al, 1976). More employment opportunities and greater roles for women through education and the process of self-realization must be created. Women must be encouraged to be involved in the building of viable projects through co-operatives. Tomorrow's mothers must be educated and encouraged to seek careers other than multiple motherhood. For example in some parts of the country, village women are being trained to prescribe and distribute medicines for those who need them. This and other activities such as the training of traditional birth attendants (TBA's) needs to be promoted, financially and morally.

The laws of Kenya CAP 150 only discourage women under 16 years and men under 18 years to marry. These are relatively early ages and thus conducive to increased fertility. It is recommended that a legal age at marriage of 20 for girls and 25 for men be set with legal enforcements. Legal enforcements could take the form of denial of marriage certificates to those under the legal age or the denial of church ceremonies by church ministers to those under the legal age.

Parents who marry off their daughters to old men should be severely apprehended. The suitors should also be apprehended.

This will ensure that the young girls finish their education and marry much later.

In view of the cultural obstacles to family planning, there is a need to adopt experiences and processes in using community based communication techniques. This will involve community members to inform, motivate and mobilize their people to understand and accept family health and family planning practices. Steps need to be taken to use locally available abilities and talents to build communication models. This will facilitate and enable small communities to look at their own situations, analyze their problems and formulate relevant message that will stimulate selected audience groups to adopt desired practices. It is thus recommended that folk media activities and programmes be launched in schools and out of school institutions. Folk media is the creative dissemination of information through cultural and performance arts. It is an alternative to the paternalistic elitist urban based media sources which are alien and difficult for most people. Folk media as a culturally acceptable media should be promoted. Moreover it has the following advantages:

- It overcomes barriers of illiteracy as it does not depend on the printed word;
- It involves the people;
- It uses a familiar medium;
- It exploits local creativity and enthusiasm;
- It is cheaper than print or electronic media;

■ It addresses itself to local issues, needs and problems and it is entertaining. Greater efforts are therefore needed to promote folk media activities throughout the country.

■ To curb the prevalence of premarital and non-marital fertility; Population Education for in school and out of school youths must be intensified. I recommend a breakaway from the conventional mode of integrating Population Education content in existing subjects. Population Education should be made an independent subject like any other. This will give teachers enough time to pass crucial population related information to the students. Inaugural lectures, films, drama troupes on indiscriminate sexual behaviour should be presented in schools and colleges and other non-school institutions. Consequences of such behaviours such as termination of education, infection of STD's, AIDS should be emphasized.

■ Information groups which encourage and promote old forms of fertility intervention should be formed. A good example is the breastfeeding information group in Kenya which had its first meeting on 8th september this year. The benefits of breastfeeding are emphasized and the dangers of bottlefeeding clearly spelled out. Other groups that could bear names such as the Post-partum Abstinence Information Group (PPAIG), the Family Planning Information Group (FPIG) and so on could be formed.

■ The current work done by Undugu Society towards rehabilitation

of street children must be encouraged. By giving the children education and care, premarital sexual activities and fertility are being averted.

#### 4.5 FINAL NOTE

From a critical and keen analysis of the recommendations put forward both in and prior to the present study, formal education stands out as the most important. There is evidence that the developed nations have achieved fertility reduction through improvement in their formal education. The educational policy should therefore be adopted as the most important means of reducing the population growth rate. Education facilitates the erosion of traditional high fertility values. First of all, the child's potential for work in the home is reduced as most of the time is spent in school. The child therefore loses contact with traditional work at home. It has been shown that education facilitates cultural change and creates new cultures and it helps men and women to change attitudes about family size desires (Westoff et al 1955 and 1960; Freedman 1965, Bongaarts 1980; Caldwell and Cochrane 1981). Several studies done in Kenya have shown that women with higher levels of formal education in any given age group have lower fertility (Hiesel 1962; Anker and Knowles 1982; Henin and Mwobobia 1981; Muinde and Mukras 1979). Caldwell postulates that "... it is possible to reduce substantially fertility in the contemporary Third World through delay in marriage rather than by any desire to control ultimate

family size". Formal education is the most important tool that can be employed to delay marriage.

"Family planning is unlikely to be widely adopted in any country until there has been enough social and economic development to lessen dependence on local and familial institutions and make smaller families more rewarding than larger families (Freedman 1965). Formal education is the most cardinal prerequisite for the said social and economic development which in turn facilitates changes in family size desires and values.

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# APPENDIX

Figure 4: Saucier's Test Model Of Factors Associated With A Long Post-Partum Taboo

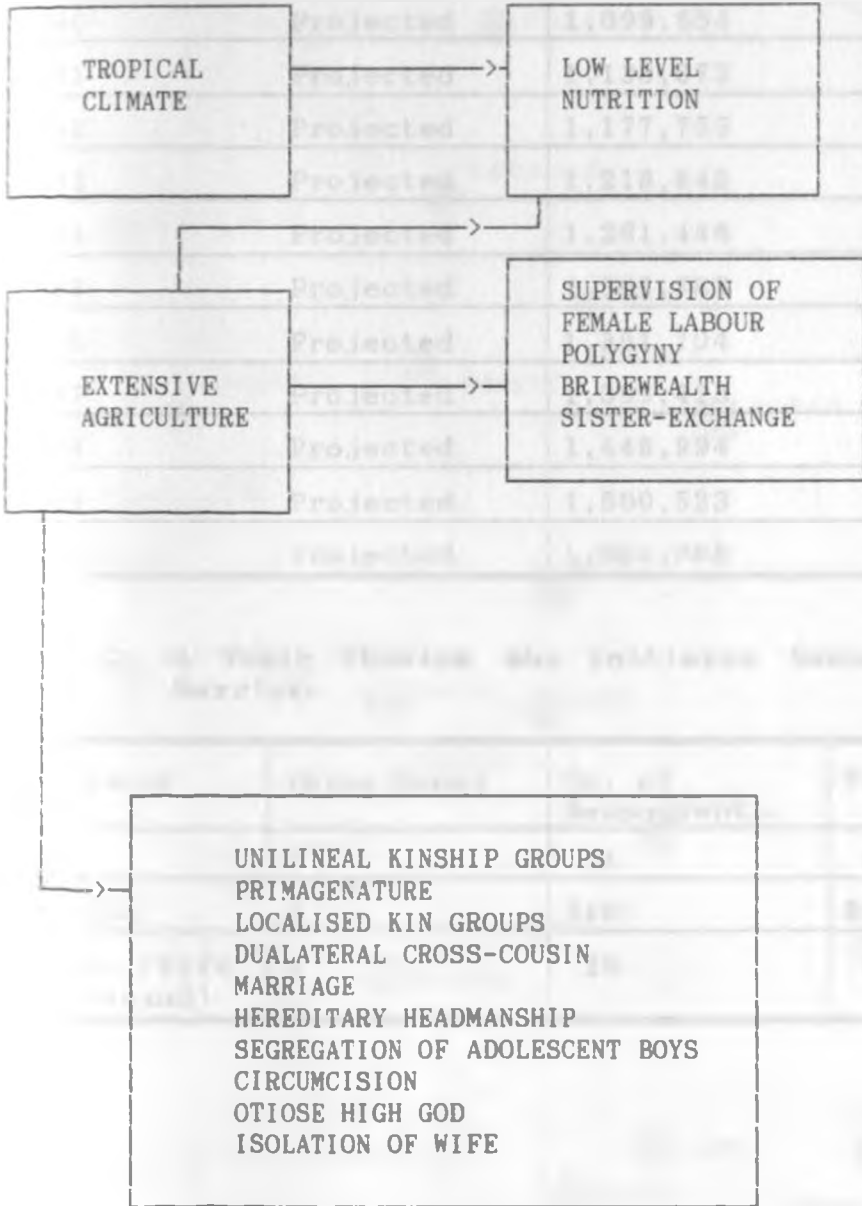


Table B: Population Projections For Kenya 1980-2000 CBS, March 1983 Kakamega District

Assuming Constant Levels Of Fertility And Mortality

Year		Population Size
1980	Projected	1,099,654
1981	Projected	1,138,073
1982	Projected	1,177,759
1983	Projected	1,218,848
1984	Projected	1,261,446
1985	Projected	1,305,787
1986	Projected	1,351,704
1987	Projected	1,399,413
1988	Projected	1,448,994
1989	Projected	1,500,523
1990	Projected	1,554,088

Table C: A Table Showing who Initiates Sexual Intercourse in Marriage

Initiator	Value Label	No. of Respondents	Percent
Wife	1	11	4.4
Husband	2	219	87.6
Either (Wife of Husband)	3	20	8.0

Fig. 5: DISTRIBUTION OF ETHNO - CULTURAL GROUPS IN KENYA

