"SOCIAL CULTURAL FACTORS THAT INFLUENCE THE ADOPTION OF MODERN FAMILY PLANNING IN AMAGORO DIVISION, TESO DISTRICT,KENYA."

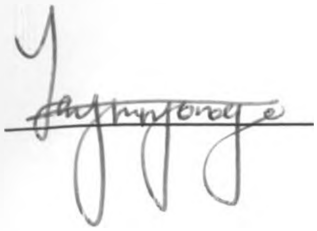
By Jane Nyokabi Njoroge

A Thesis Submitted to the Institute of African Studies in Partial Fulfillment of the Requirements for the Degree of Master of Arts in Anthropology of University of Nairobi.

2001

DECLARATION

This Thesis is my original work and has not been presented for the award of a degree in any other University



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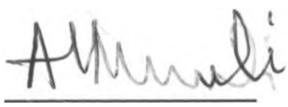

17.11.2021

Dr. Leunita Muruli **Date**

DEDICATION

To my son Louis Oteba who endured my absence but which patiently acknowledged its worth.

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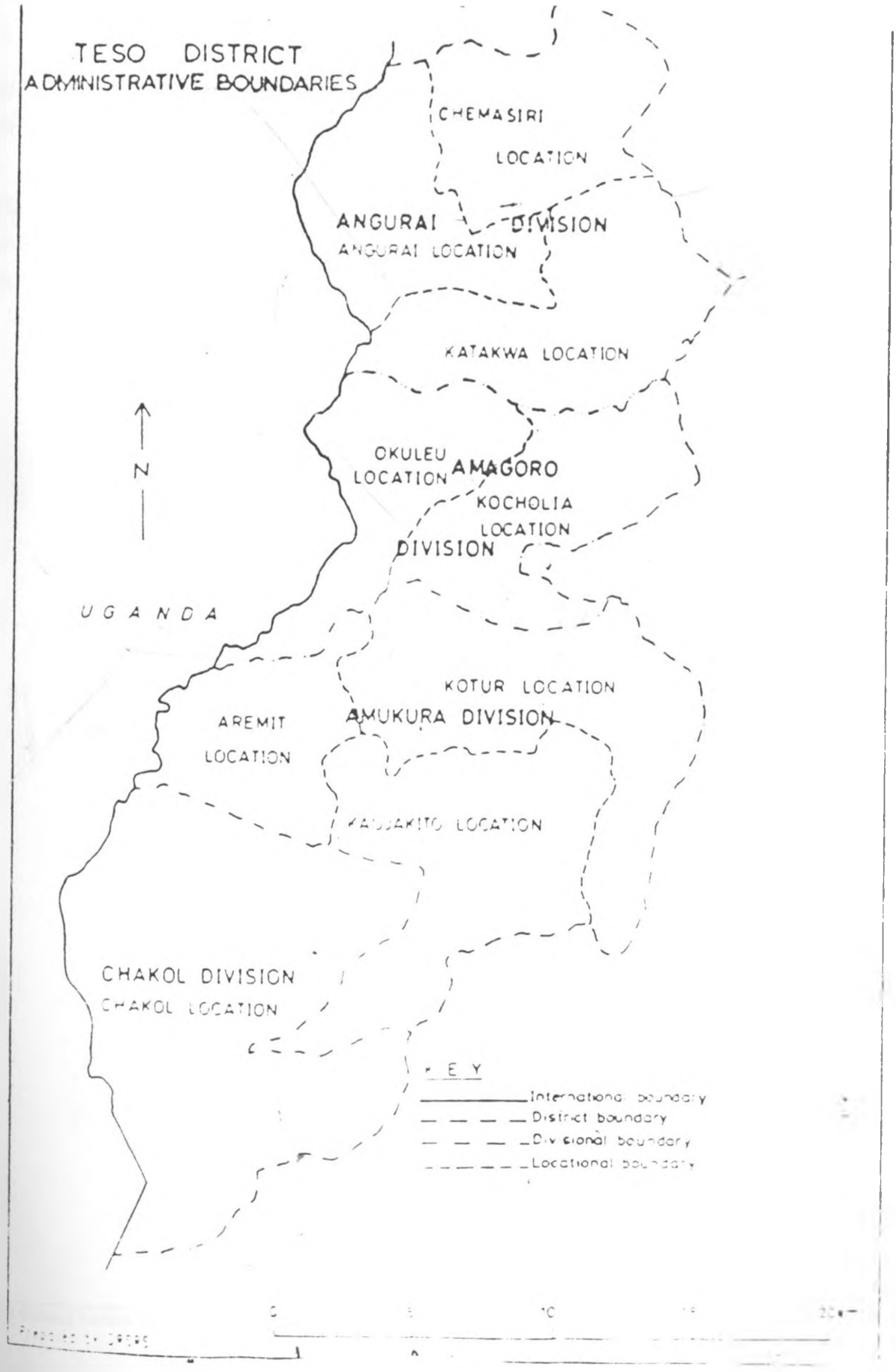

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ABBREVIATIONS

CBD	Community Based Distributor
CPR	Contraceptive Prevalence Rate
FP	Family Planning
ICPD	International Conference For Population and Development
KDHS	Kenya Demographic and Health Survey
TFR	Total Fertility Rate

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ABSTRACT

This study focused on adoption of family planning. The major objective of the study was to examine the social-cultural factors that influence the adoption of modern family planning. In particular, the study attempted to describe: how social networks promote large family size; how cultural beliefs promote large family size; how social cultural perceptions of the value of children promote large family size and the process of husband and wife communication.

A sample of 100 respondents was drawn using the cluster sampling technique. The sampling frame was a list of current residents of Amagoro who are married. Data was gathered using a structured questionnaire and an interview guide containing short statements focusing on the key issues to be investigated from the key informant and focus group discussion.

Findings suggested that Family planning is not a myth but a reality which has however, not been put into practice.100% of the respondents interviewed were aware of family planning. However, only 45% of them were practicing family planning. Most of the respondents (70%) approved of family planning, but not all of them had taken the initiative to practice family planning. The data revealed that the social-cultural environment of these people to some extent does not favor the adoption of family planning. The culture of these people for example holds high esteem on large families; there are certain taboos associated with infertility and in the cultural fabric of the Teso people, men have the ultimate say in matters concerning fertility and conception. Sons are highly valued and before a couple bears a son the marriage is not complete. The Teso's are predominantly Catholics whose principles are against adoption of modern family planning.

Based on these findings, it is recommended that an integrated health care intervention be implemented in a primary health care fashion which should be comprehensive to include reproductive health and family planning as a basic component .It is also recommended that literacy levels of the people be uplifted. Also Male involvement in family planning deserves profound consideration. Finally members of the community should be mobilized to participate in all projects aimed at improving their standard of living through indirect and direct participation.

CHAPTER ONE

Background Information.

1.1.1 Demographic Trends in the Kenyan Context

In the period 1967-1984,Keyna had one of the highest total fertility rates(TFR) and population growth rates in the world. The TFR was about 8 in the late 1970s,and the population growth rate, which had been increasing for decades as infant and child mortality declined, was estimated at 3.2 in 1990(National Development Plan 1994-1996). While the current TFR of 4.7 is still considered high, it has been declining rapidly especially in the 1989-1993 period (Population Council 1997).

The KDHS(1998) demonstrates a continuation of the fertility transition in Kenya. At current fertility levels, a Kenyan woman will bear 4.7 children in her life, down 30% from the 1989 KDHS when the Total Fertility rate was 6.7% children, and 42% since the 1977/78 Fertility Survey. However, this decline is not universal given that a rural woman can expect to have 5.2 children, around two or more than an urban woman (3.1 children (KDHS 1998).Fertility differentials by women's education is even more remarkable; women with no education will bear an average of 5.8 children, compared to 3.5 children for women with secondary education (KDHS 1998).
The table below shows the population dynamics and Tends over the period between 1997-2005. Various population indicators have been used to capture the trends.

Table 1.1.Demographic Trends 1997-2005

Indicator	1979	1984	1989	1993	1996	2000	2005
Population (millions)	16.2	18.4	23.2	24.5	27.2	28.7	34
Pop. growth rate (%)	3.8	3.7	3.0	3.4	3.3	2.5	1.7
Fertility rate (%)	7.9	7.7	6.7	5.4	5.3	4.7	4.1
Pop. Under 15 years (%)	48	48	47	47	47	46	45
Pop 15-49 years (%)	21	22	22	22	22	22	20
Crude death rate (%)	14	13	12	12	13	14	15
Crude Birth rate (%)	52	50	49	46	45	44	41
Life expectancy at birth years (yrs)	54	56	58	60	58	55	53

Source: kenya Demographic and Health Survey 1998, CBS 1994

The table below provides insights into changes that have taken place with regard to each provincial share of the total population. The provinces whose shares have increased consistently since 1969 are Nairobi and Rift valley which both benefited from considerable urban migration. Among the other provinces, Western, Eastern and Nyanza have experienced declines in their proportional share mainly because of out-migration and increased mortality. The increased mortality possibly arising from the HIV/AIDS related deaths partially explain the observed trend.

Table 1.2.Distribution of population by Province (1969-1999)

Province	**1969**	**1979**	**1989**	**1999**
Nairobi	509,286	827,775	1,324,570	2,143,254
Central	1,675,647	2,345,883	3,111,255	3,724,159
Coast	944,082	1,342,794	1,825,761	2,487,264
Eastern	1,907,301	2,719,851	3,768,689	4,631779
N/Eastern	245,757	373,787	371,391	962,143
Nyanza	2,122,045	2,643,956	3,507,160	4,392,196
Rift valley	2,210,289	3,240,402	4,917,551	6,987,036
Western	1,328,298	1,832,663	2,622,397	3,358,776
Kenya	10,942,705	15,327,061	21,488,774	28,668,607

Source: Population Census 1999

1.1.2 Population and Family Planning Policies in Kenya

The Government of Kenya adopted an explicit population policy in 1967 when the official national family planning programme was launched. Family planning was integrated into the maternal and child health division of the Ministry of health. In 1984, a set of population policy guidelines were issued to guide implementation of population programmes.

The International Conference on Population and Development (ICPD),held in Cairo in 1994,agreed upon a Programme of Action on Population and Development which changed the scope of population policy and programmme by placing more emphasis on the welfare of an individual rather than on the achievement of demographic targets. The Government updated the sessional paper No 4 of 1984 on population guidelines to address population and development issues which had emerged since that time and to have a population policy that is in line with ICPD programme of Action. This culminated in the formulation of Sessional Paper No.1 of 1997 on National Policy For Sustainable Development, which substantially widened the scope of the population policy. Based on this policy, In 1981 the Ministry of Health started a major Programme in preventive health under which use of Community Based Health Workers and community-based distribution (CBD) agents to provide health and family planning services was emphasized. It was estimated that in 1998,CBD agents employed by government and non governmental agencies to provide non clinical family planning methods had increased from slightly over 10,000 in 1992 to about 20,000 in 1998 (Kenya Demographic and Health Survey 1998).However budgetary Constraints have been a major hindrance to provision of health services in the country

1.1.3 The Kenya Family Planning Programme

The Ministry of Health's family Planning programme, implemented by the division of Family health, with overall programme and policy coordination by the National Council for Population and Development, is credited for having contributed to this recent dramatic fertility decline. Indeed, the 1998 Kenya Demographic and Health Survey found that 72% of Contraceptive users report the Government Programme as the source for their contraceptive. The Kenya family planning programme is implemented through 966 public sector Clinic health facilities, which are supported by over 380 NGO/private facilities (Division of family health 1994) According to the 1998 KDHS, government facilities provide contraceptives to 58% of users, while 33% are supplied by private medical sources, 5% through other private sources, and 4% through community based distribution. This represents a significant shift in sourcing away from

public outlets, a decline from 68% estimated in the 1993 KDHS.

The Government programme ,which begun in 1967 has, until recently, been subjected to some criticism (World bank1995) , but in 1989, based on evidence from the first Situation Analysis Study, it was suggested that the programme could better be characterized as "moderate" rather than "poor" or "weak".

> "This overall "moderate" rating carries with it the appropriate implication that the Kenyan programme has made substantial progress in recent years and still has a long way to go (Miller, R. L. M. Gachara. and Fisher 1989) ".

1.1.4.Trends in Contraceptive Use in Kenya

Knowledge and use of family planning in Kenya has continued to rise over the last several years. The 1998 KDHS shows that virtually all married women (98%) and men (99%) were able to at least cite one modern method of contraception. The pill, condoms ,injectables and female sterilization were the most widely known methods.

The National contraceptive prevalence rate has reached one of the highest levels in Africa; in 1998, 32% of currently married women were using modern family planning methods, a 5% increase since 1993 (Brass William and Carol 1993).Compared with other countries in East and southern Africa where Demographic Health Surveys have been recently conducted, Kenya's level of contraceptive use is exceeded only by Zimbabwe and South Africa (Kenya Demographic Survey 1998) This is probably the principal cause of the fertility decline shown in the previous section. The 1984 Contraceptive Prevalence Survey (CPS),1989 KDHS,1993 KDHS, and 1998 KDHS have documented the increase in modern method use from 10 to 18 to 27 to, now,39%.

Contraceptive use varies widely among geographic and social-economic sub-groups
At the provincial level, modern method use is highest in Central Province (61%) and Nairobi 56%),and lowest in Coast Province (22%) and Western Province (28%) (Kenya Demographic and Health Survey 1998).Since the 1993 KDHS, contraceptive use has increased in all provinces except for Western Province where the Contraceptive Prevalence Rate remains at 1993 levels. Only 23% of women with no education use contraception versus 57% of women with at least secondary education (KDHS 1998).

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Table 1.3 Contraceptive use by Province

Province	Percent
Central Province	61%
Nairobi province	56%
Western province	28%
Urban	49.6%
Rural	36.2%
Western Province	30.2%

Source: Kenya Demographic and Health Survey 1998.

Unmet need for family planning which is a measure of married women who are not using a family planning method but want to wait for sometime before getting any more children has also declined from 34% in 1993 to 24% in 1998 (KDHS 1998).While encouraging that unmet need at the national level has declined (from 34-24%) since 1993, there are parts of the country where the need for contraception remains high (KDHS 1998).It is highest in rural areas, western province and Coast Province and lowest in urban areas i.e. Nairobi and Central Province.

Table 1.4 Unmet need by province

Province	Unmet need for spacing	Un met need for limiting births	Total
Nairobi	8.6	4.1	12.6
Central	5.4	5.7	11.1
Coast	19.6	10.2	29.7
Western	19.7	13.7	34.4
Nyanza	15.5	10.8	26.4

Source: Kenya Demographic and Health Survey 1998

1.2 Problem Statement

Family Planning Programmes have been initiated worldwide with varied rationales such as social, economic and health. The basic assumption behind all these is to solve the problem of the World's ever increasing population through the reduction of fertility. According to Pintrow et.al (1994),despite family planning success and concomitant declines in population growth in many countries, the worlds population is still growing and will continue to do so in decades with 95% of that growth in developing countries.

In 1967,Kenya was the first country in sub-Saharan Africa to implement family planning programmes (National Research Council 1993). Even as early as 1952 some small scale family planning had been initiated (Ocholla-Ayayo, 1991). However, despite this early efforts by the government to Control the population growth rate, there is an indication that adoption of family planning methods is still low especially in rural areas (Kenya Contraceptive Prevalence Survey 1993).

Although the Kenya Demographic and Health Survey of 1989,1993 and 1999 respectively show that fertility is declining in Kenya, there are pockets of persistent high fertility. The steep decline in fertility is not universal (Economic Survey 1996). A rural woman can expect to have 5.2 children, around 2 children more than an urban woman (3.1 children).Fertility differentials by women's education level are even more remarkable; women with no education will bear an average of 5.8 children, compared to 3.5 children for women with secondary education (KDHS 1998) This survey also noted that the decline has largely occurred in women aged between 20-39 and that the momentum was more pronounced in urban areas and in the Central Province.

A number of districts in North Eastern province and Western province have remained corridors of high fertility (Economic Survey 1996). For example the Total Fertility Rate of Nairobi in 1993 was 3.4 while that of Western province was 6.4 (Kenya Demographic and Health Survey 1993).Current fertility levels indicate that the TFR in the urban areas is 3.1 while in the rural areas it is 5.1(KDHS 1998).Specifically, the TFR of Nairobi Province is 2.61,Central 3.6,Coast 5.0 and 5.6 in western province(KDHS 1998).The decline is therefore more on young women, among the more educated and in urban areas. There remains a substantial unmet need for family planning services in the rural areas.

According to the Kenya Economic Survey (1997), Teso District has been noted as one of the Districts in Western Province with continued high population growth rate. It is speculated that, among other factors, social cultural factors that are inherent among the Teso are likely to promote high fertility in the district. Upon this back ground the study was an attempt to investigate the social-cultural factors that promote high fertility in Teso District.

The study aimed at answering the following questions concerning the social cultural factors that influence the adoption of modern family planning among the Iteso:

1. Do social networks promote Large Family size?
2. To what extent are cultural beliefs associated with large family size?
3. How is the process of spousal communication with regard to adoption of modern family planning?
4. Do social cultural perceptions of the value of children promote large family size?

1.3 Study Objectives

The study was guided by the following objectives:

Overall objective of the study

The overall objective of the study was to investigate the social-cultural factors that determine the adoption of modern family planning methods in Amagoro division Teso District .

Specific objectives

(1) To describe how social cultural perceptions of the value of children promote large family size.

(2) To identify cultural beliefs that are associated with large family size.

(3) To identify social networks that promote large family size.

(4) To describe the process of husband and wife communication in the adoption of family planning.

1.4.Study justification

The rapidly expanding population growth rate in Teso District and other rural areas in Kenya call for up to date and more detailed information. This is because despite the declining fertility rate in Kenya, we still have pockets of increasing fertility in certain parts of the country such as Western Kenya. In pursuing this goal, there is need to examine the social-cultural perceptions of family planning and fertility in general, so as to determine for instance whether introducing modern family planning will be a success or not. Therefore a study of internal factors or relations that determine contraceptive use is justified.

This study was an attempt to fill the gap in understanding the true determinants of fertility in an African context such as Kenya. The determinants indeed constitute the subsurface forces to which lot more attention needs to be considered (McNicoll, 1980). This study aimed it developing a framework whereby fertility behavior is seen not only as the outcome of effects of well known

intermediate and proximate determinants of fertility but also as a result of the combined role of the social cultural environment of the people. The social cultural environment provide some clues as so why fertility has remained high in some parts of the country despite the efforts that have been put by the government and other development agencies to control it.

Past studies in family planning have mainly been quantitative producing statistical figures. These studies have highly limiting or polarized terms such as adoption/no-adoption. This study was an attempt to focus on qualitative data - that is try to get the people to tell us in their own words why they have not adopted to modern methods of family planning methods.

CHAPTER TWO

2.Literature Review and Theoretical Framework

2.1.Literature Review

In this section, an attempt was made to review available literature addressed on social cultural factors that determine the adoption of family planning with the aim of pin-pointing gaps which the study aimed to fill. These factors included: social networks: process of husband and wife communication in relation to family planning: social-cultural perceptions of the value of children and cultural beliefs associated with large family size.

2.1.1 Social Networks

Much social interaction on a day to day basis occurs in the context of social networks, the building blocks of communities. In this networks, the exchange of information, ideas and their evaluation are frequent, and the approval of other members is particularly meaningful (Bongaarts and Watkins 1996).The authors distinguish analytically three aspects of social networks that are likely to be relevant in fertility change. These aspects are the exchange of information and ideas, the joint evaluation of the information and ideas in a particular context and social influence that constrains or encourages action.

In their study in Nyanza Province, Bongaarts and Watkins (1996) found that social networks in which fertility preferences and family planning are discussed consisted primarily of relatives and neighbors of the same gender(men talked with men, women with women);same ethnicity (virtually all were Luo) and with much the same levels of education. These social networks however crossed the boundaries of age, gender, ethnicity, wealth and educational levels, and some spanned large geographic areas.

Smith and Radel (1976) also acknowledged that adopting modern family planning methods often involves both individual and social influence. Among most ethnic communities in Kenya, individuals have a limited right to voluntary control of their own fertility in accordance with their own preferences (Bongaarts and Watkins 1996).Molnos (1976:66) noted that "information from the community is more and even more relevant than psychological information in the study of fertility" .Most African rural communities still subscribe to the extended kinship network; so the way members of the extended family behave towards fertility regulation influences their stand on the issue (Caldwell

and Caldwell 1991). If society holds large family in high esteem, an individual is not expected to come up and challenge such an act (Rono 1994).In the rural areas where medical consultation for side effects of modern contraception is not easily available, one bad story of side effects is enough to stop users and acceptors from coming back (Ocholla-Ayayo 1994; Mungai 1986).This study aims at confirming how relevant this is especially

Ocholla-Ayayo (1976) observes that the rights and obligations of individuals with regard to procreation are implanted by societal ideology. Gachui (1975) also states that women withdraw from family planning programmes because of pressure from parents in law, friends, relatives and peers. Rogers and Shoemaker (1971) also contend that any adoption of family planning will have to depend on whether such an idea conforms to the social norms for which the adopter is a member, and if not, how much is the deviant, ready to deviate from the given social norm.

According to Foster and Gallat (1978), mothers-in-law seem to be like obvious educational targets Foster and Gallat observed that older women in traditional families often consider themselves to be repositories of wisdom, pregnancies, fertility control, child birth and infant care among others and their role as experts. To most of them, a new health belief, such as adoption of modern family planning methods may be seen as a direct competition that threatens their status and power.

However, most of the literature that has been reviewed in this section is not current. Considering the fact that Culture is Dynamic, the study aimed at giving more current information to confirm whether the community still adheres to their social networks especially with current modernization.

2.1.2 Process of husband and wife communication

Family relations involve both congruence and conflict, and the benefits and costs of children and child bearing are not distributed equally between men and women (Salway 1994).Thus neither the husband nor the wife should be ignored in an attempt to understand fertility behavior since communication between partners may be vital to successful family planning (Salway 1994).Rasen and Simon (1971) found out that in Brazil small family size was associated with greater equality in family decision making between husband and wife. Similarly studies in Egypt by Nawar (1984) revealed that current use of contraceptives was highest among women who participated jointly with their husbands in decision making concerning family size. According to Beckman (1982) more egalitarian decision making process or reduced male dominance within the family is associated with

lower demand for children, higher effective contraceptive prevalence and lower fertility.

Some studies have shown that patrilineal male dominated societies such as Kenya, put women in disadvantaged positions which push them away from decision making (Molnos 1986, Maleche 1990, National Research Council 1993).Perhaps this could be one of the reasons for low contraceptive prevalence in most African communities which are patrilineal. Most studies on family planning mainly focus on women, ignoring their partners role and the interaction between them in fertility behavior. Such studies ignore men's knowledge, attitudes and practices regarding family planning, assuming that the women's views can serve as proxy for those of the couple or that the woman plays the most important role in the couples behavior (Salway 1994).This study aimed at feeling this gap by taking into consideration the views of both men and women.

2.1.3 Social cultural perceptions of the value of children.

It is often assumed that Africans have always wanted to have as many children as they were physically able to produce and that the realization of this ideal was only impeded by high mortality rates (Molnos 1973). In nearly all African societies, there was a pervasive sentiment to have a numerous progeny (Haub and Yanagishita 1993). The general and diffuse motives accompanying this sentiment were that many children meant wealth, prestige and the blessing of God and the ancestors. The ideal of a large family size was firmly impressed into the traditional images of the proper man and proper woman (Ocholla Ayayo 1988). Barrenness, sterility or limited fertility were considered humiliating conditions of limited fertility (Molnos 1973). Conversely, a large family size constituted the most important visible sign of success and achievement (Bongaarts and Watkins 1996).

Ocholla-Ayayo (1988) observes that the value of children in Africa is not in the few whom you can take care of but the absolute value of children is their number. Many children provide a beautiful sight, comforting feeling and love. Thus a person with one child is considered to be like a person with one 'eye'.

Caldwell (1991) argues that at first glance, a child as a human being has a value beyond any value in exchange or in use. A child is however, valued at different levels (Ibid 1991). For example the fact that a girl is exchanged for bride-wealth means that she is first valued as a human being and second for her reproduction capacity. Another study by Caldwell in West Africa (1988) has made

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useful contributions to our understanding of the value and cost of children. In his Ghanaian and Nigerian studies he found an overwhelming preference for children who were themselves equated with wealth. 54% of his respondents actually argued that children are wealth. Similarly a study carried out in Western Kenya by Ocholla-Ayayo (1985) proved the same. The main reasons behind having many children were "happiness, economic support, social security and companionship".

Hoffman and Hoffman (1973) stated five dimensions of social cultural perceptions of the value of children. These dimensions of the value of children are: a feeling of social identity on the side of the parents; family coercion and community solidarity sustained by bearing children; a feeling of achievement and accomplishment; a source of power, influence and affection, and a sign of prestige and wealth.

Another study carried out by Oppong (1987) demonstrates the association between perceptions of the value of children and the preference of child labor in a range of countries, including Africa at different levels of economic development Oppong classified two broad categories of child household economy amongst most African communities. These categories are: the involvement of children in direct productive activities such as agriculture and the involvement of children in indirect productive activities such as household activities. Her conclusion was that "It would appear like most parents in traditional societies expect economic help from their children". However, she argued that if labor force is collective, parents must therefore need many children to cover both productive and non-productive economic activities. This perspective puts family planners with an intention of controlling births in a very difficult position.

Fawecet (1983) argues that the precise social cultural reasons for having children in the African context are; to continue the lineage and commemorate the ancestral spirits; to acquire social power; as labor force; for physical protection of property; as security in old age and also the need to achieve a definite sex ratio among the children. These reasons strengthen
the desire for more offspring's.

Family planning as a policy looks at the economic cost of children from the national point of view, which parents do not usually see (Repetto, 1976). However this differs from the way Africans perceive the value of children. It is important to note that most of the literature reviewed here, shows that Africans place a high value on children due to various social, psychological and economic

reasons. This study aims at confirming how relevant these perceptions are in current times especially with the new economic era and the effects of modernization and education.

2.1.4 Cultural beliefs that are associated with large family size.

Cultural beliefs generate prejudices, customs, habits and loyalties that drastically affect efforts to control high population growth rates in Africa (Ocholla-Ayayo 1991). Ocholla-Ayayo observes that some of these cultural beliefs have negative effects on fertility control while others could be utilized effectively to implement fertility control in Africa. Ohadike (1971) observes that fertility variations as being affected and modified by social, cultural and behavioral factors which relate to family formation process. Therefore, every cultural group has its own social-cultural ideology that ensures biological and social continuity.

Cultural beliefs come in varied forms. In this review, three cultural beliefs that are associated with large family were looked at. These are: beliefs concerning marriage and child bearing; beliefs concerning childlessness and religious beliefs. In Africa, there is a strong social pressure on married couples to produce children to extend kinship networks (Faruquee 1980; Caldwell and Caldwell; 1987; Ocholla-Ayayo, 1991).Individual couples have a right to marry and an obligation to have children to keep their own lineage and that of the group alive. Cain (1985) argues that having many children is sort of an insurance against divorce .It is not easy to divorce a woman with many children for fear of the children going with their mother or being mistreated by their step-mother (Hokansson 1988).

Another cultural belief that is associated with large family size is that of childlessness. Africans do not take the state of childlessness the way Europeans take it. In Europe, childless couples may go for adoption or decide to stay without a child and their love will continue, and people will look at them as if everything is all right. On the other hand in Africa, childlessness is associated with a lot of stigma (Molnos, 1973). Among the Teso community, for example, childlessness is a life long stigma which co-wives always pointed at during a dispute. Similarly when a childless woman died among the Iteso community, a cat was tied on her neck before she was buried. Swartz (1969) has also reported that several groups in East Africa identified childlessness with offenses against fathers and mothers before death.

reasons. This study aims at confirming how relevant these perceptions are in current times especially with the new economic era and the effects of modernization and education.

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2.1.5.Conclusion

As indicated in the literature review, cultural beliefs are part and parcel of a community, and hence need to be taken into consideration during interventions. Culture is dynamic and therefore undergoes change that is mainly dictated by the cultural environment. It is for these reason that it is necessary for researchers, implementers and policy makers to update themselves on new happenings and the changes that are taking place and adopt the necessary changes .It is on this basis that this study was carried out.

2.2.Theoretical Frame Work

The purpose of any theory is to describe, explain and predict relationships between variables affecting a given phenomena. The phenomena that was considered in this study was adoption of family planning and the social cultural factors that determine it.

2.2.1 Reference Group Theory

The theory postulates that the influence a group has on its members can be seen in the benefits which each individual derives from being a member of the group. According to Siegel (1969), the more benefits a group has to its members, the more influential it is to group members. Siegel and Siegel (1968), see a group as playing various roles for the members .The group serves as an agency through which members can obtain and appraise information about their surrounding. The group can also create some aspects of reality which are relevant to the individual, and may control some aspects of the physical and social environment which have consequences on individual members. The group may create a need for affiliation and affection.

They continue to argue that an individual's membership to a group has an important influence on the values and attitudes he or she holds. On that note, the theory can be used to better our understanding of processes affecting attitude formation and change What individuals do conforms with the norms of their group. Thus human behavior is an actualization process. Behavior is influenced by the social environment, that is, the community or society in which one lives or regards as important.

2.2.2 Relevance of the theory to the study

Following the tenents of the group reference theory, it follows that in order to understand how and why individuals do not adopt family planning or why some individuals adopt family planning, some

knowledge of their socialization, how their attitudes have formed and have come to stay and their group dynamics which are important in the process of behavior change are important. The theory considers the individual and his or her social-cultural environment as two factors which are relevant to the adoption off family planning. By targeting at the social cultural environment of family planning, the group reference theory indicates the variables that can be translated into pragmatic initiatives which suggest appropriate strategies for intervention. These variables which include aspects such as culture and social networks are mainly the building blocks of attitude formation and adoption of change. Upon this background, the reference group theory would be an appropriate reference point in explaining the social cultural environment that influences adoption of modern family planning

2.3.Hypotheses:

The study was guided by the following hypotheses:

(1) Social networks promote large family size.

(2) Large family size is associated with cultural beliefs.

(3) Social-cultural perceptions of the value of children promote large family size.

(4) Adoption of modern contraceptive use depends on the process of husband and wife communication.

2.4 Operationalization of key variables

1. Independent Variables

These are variables which are not controlled or influenced by other factors but can influence or change other variables. In this study the independent variable influence the adoption of family planning.

Social networks.

According to Cockerham (1992), social networks in medical care refer to parochial groups of individuals who prefer to subscribe to popular beliefs about medicine instead of scientific views. These parochial groups consist of non professionals, family members, friends or neighbors who assist an individual in interpreting and adopting various health care services.

In this study, social networks referred to social influence. By social influence, it is assumed that individuals prefer the approval of others, particularly of relevant others (for example their peers, relatives, friends, colleagues, neighbors or those in positions of power over them), and that they modify their behavior and perhaps even their preferences to this end. Thus social influence

determines whether one adopts modern family planning methods or not.

Cultural beliefs

This study adopted Tylor's definition of culture. Tylor defines culture as "that complex whole which includes knowledge, religion, beliefs, art, morals, laws, customs and any other capabilities and habits acquired by man as a member of society" (Tylor 1971:30).

In this study, the cultural beliefs that determine the adoption of family planning referred to cultural beliefs about religion, cultural beliefs about marriage and child bearing and cultural beliefs about childlessness.

Social cultural perceptions of the value of children

In this study, folk perceptions of the value of children referred to the symbolic, economic, psychological and social importance of children in society and how these determine the adoption of family planning.

Process of husband and wife communication

Salway (1994) defines this process "as one in which both husband and wife share their different ideologies about family issues" (Salway 1994:20).

In this study, the process of communication between husband and wives referred to whether the couples have an equal say in matters concerning family size and fertility regulations, how often they discuss these issues, whether they discuss these issues and who among the couples has a greater influence on the adoption of family planning methods.

2. Dependent variable

These are variables which are affected or influenced by change.

Adoption of family planning:

In this study, this referred to the acceptance of modern family planning methods by married couples. Adoption of family planning is mainly measured through the contraceptive prevalence rate (CPR) which is a measure of percentage of currently married women who are using any method of family planning. In this study, current users of modern family planning methods were considered to be adopters of family planning. Examples of modern family planning methods are: Sterilization, the pill, coil, implants and norplants, Vasectomy and injectables among others.

CHAPTER THREE

3.Methodology:

3.1 Research Site

Amagoro division of Teso district was the selected study site. Teso district is one of the six districts that make up Western province. The district is bordered by Bungoma District to the north and to the east, Busia District to the south and the Republic of Uganda to the West. The District lies between latitudes O°29' and 0°34' North and longitudes 34°01' and 34°07' east. It has an approximate area of 527 sq. km.(Teso District Development Plan 1997-2001) Amukura Division is the largest with 186 sq. km. while Amagoro is the smallest Division with 66 sq. km. Chakol and Angurai Division are almost the same size.

3.1.1.Topography and climate

The District altitude ranges from 1300m above sea level in the south to an average of 1500m in the central and northern parts. The northern and central parts of the District feature granite out crops which are part of the peneplain. The peneplain is characterized by the presence of large granite hills such as Amukura and chelelemuk. These granite rocks have high potential for the exploitation of building stones and ballast. Most parts of Test District receive between 1,270mm and 1,790mm mean annual rainfall. Some parts of the District may receive an evenly distributed rainfall of up to 2000mm. Rainfall reliability supports the growing of sugarcane, maize, millet, Sorghum and various livestock activities. Crop production for subsistence purposes has been quite adequate over the years due to favorable environment. The people have been quite comfortable as far as food production is concerned. This fact may also have contributed to their favor of a large family size.

Subsistence farming is the main occupation of the people. Labor force is mainly provided by family members especially the women and children. A large family size therefore means an adequate source of labor. These factor has influenced the continued need for a large family size among the Teso.

3.1.2.Administrative and political units

Teso District is divided into 4 administrative divisions namely Amagoro, Angurai, Amukura and Chakol. The district is further divided into nine locations and 28 sub-locations. Amagoro Division has 2 locations and 6 sub-locations, Amukura has 3 locations and 6 sub-locations, Angurai has 3 locations and 10 sub-locations while Chakol has 1 location and 6 sub-locations.

3.1.3 Population Size

The population of Teso District as given in the 1999 population census is 181,491; 87,926 Males and 93,565 Females.(1999Census). Owing to the elevation of Teso to a fully fledged district, it is expected that rapid growth rates are likely to occur in future as more people from outside the District will settle to work or carry out business ventures. This increase in population will require a corresponding increase in the provision of basic services in the District. At present, there is an imbalance between population growth and the ability to generate employment, development resources and maintain reasonable standards of services in the social sector.

3.1.4.Population Structure

More than half of the District's population is below the age of 15. For instance in 1999, population of those aged 0-14 years was 88,651 which is 50.2% of the total population (Population Census 1999). This shows that the District is predominantly composed of a youthful population which requires enough schools and health facilities among others. An increase in population therefore means an increase in the above facilities which is not always the case.

3.1.5.Education Facilities

According to the District Development plan (1997-2001), Teso District has a literacy level of 40%.There are more boys attending school than girls. For instance, in 1996, 2530 boys were attending high school as compared to 1256 girls (District Development plan 1997-2001).This explains the high illiteracy levels in the District. This has a big effect in attitude change and adoption of new ideas such as adoption of modern family planning.

The district is fairly covered by educational facilities; there are 60 primary schools and 18 secondary schools in the entire District (District Development plan 1997-2001) .The dropout rate in schools in the district is much higher at the primary level than at Secondary level. Pregnancy, lack of school fees and business influences are some of the causes of pupils dropping out of school.

3.1.6.Health Facilities

There are 11 health facilities in the district comprising of 2 hospitals (1 Government and 1 private), 4 health centers (3 Government and 1 NGO), and 5 dispensaries (3 Government and 2 NGO).Most of the in-patient services are under-utilized due to lack of transport, inadequate qualified personnel, equipment and lab services. All the health services provide family planning services. Permanent family planning methods, implants and norplants are only offered in the 3 Government hospitals

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and 1 NGO hospital. It is also important to note that there is no CBHC (Community Based Health Care) unit in place in the whole of Teso. This has hampered the distribution, knowledge and accessibility of modern family planning services in the District.

3.2.Study Population

This study focused on house hold heads (i.e. married couples) as the unit of analysis. This was in recognition of the fact that the household is the basic unit where decisions are deliberated, made or disputed and particular courses of action adopted. At every household, the researcher interviewed either husband or wife depending on their availability. In case both of them were available, one of them was asked to volunteer for the interview and in case this proved to be difficult, then one of them was selected randomly.

The women who were interviewed were between the age bracket of 15-49 while the men interviewed were between the age bracket of 20-58. The choice of these ages was based on the assumption that most women are fecund during the ages of 15-49 while most men marry at the age of 20 and can continue marrying till the age of 58 depending on their economic potential.

The study also interviewed key informants who included village elders, women group leaders, administrators (Chiefs and headmen) and health personnel. Focused group discussions of different age-groups for both men and women were also held. Those age-groups provided intergenerational ideologies about the adoption of family planning.

3.3.Study design

The study was designed to investigate the social-cultural factors that determine the adoption of family planning. Data was collected in four categories. The first category involved household heads, the second involved key informants, the third one focused group discussions and the fourth involved documentary sources.

The household was the unit of analysis. A household in this study refers to a person or group of related and unrelated persons who live together in the same dwelling unit(s),who acknowledge one male or female as the head of the household, and who share the same house keeping arrangements, and are considered as one unit.

Household heads were important since they are the prime or supreme decision makers in the

household, hence have to veto any steps that are to be taken in the adoption of family planning. Key informants and focused group discussions were important in that the research was able to probe further the information obtained from the interview schedule.

3.4.Sampling

3.4.1.Sample Size

100 people were interviewed from the 100 selected households. Another 14 persons were interviewed as key informants and 36 more people in focus group discussions.

3.4.2.Sampling procedure

Because of limited time and money, this study only interviewed a sample of the population as a representative of the entire population. The study employed both probabilistic and non-probabilistic sampling techniques. These techniques were cluster random sampling to obtain household respondents and purposive sampling to obtain key informants and members of the focused group discussions.

A cluster sample is a simple random sample in which each sampling unit is a collection or cluster of elements (Menden Hall etal 1971). Cluster sampling also referred to as area sampling samples among clusters or areas. Using the list of current residents of Amagoro Division which was availed by village cluster areas, the researcher drew clusters from the 6 administrative sub-locations of Amagoro division. These sub-locations were Kotur, Kaliwa, Kaujakor, Kamolo and Kwangamo.

The second step in the cluster sampling technique was to cluster sample within the sub-location. The number of households falling under each village headman were clustered. From each sub-location, one headman was sampled randomly. Houses falling under the sampled headman were listed and number.

The third step was to select a sample of 20 households from the cluster of households falling under each headman (that is 5 headmen each representing one sub-location). The lottery method was used and a sample size of 100 households was obtained.

Purposive sampling was used to obtain key informants as well as members of the focused group discussions who were stratified by gender and sex. The researcher employed this technique as it enabled her to evaluate and pick only those respondents capable of meeting the objectives of the

study. Purposively the researcher selected 2 community health workers, 2 village elders, 2 elderly women, 1 youth group leader, 1 hospital matron, 1 traditional birth attendant, 1 women group leader, 1 priest, 1 traditionalist religious group) and 2 chiefs. 6 focused group discussions of 6 members each were organized 3 for men and 3 for women. Each group had people of different ages. For women, one group had women of between the ages of 15-24, the second group had women of between the ages of 25-35 and the final group had women who were over 35 years of age. For men the groups comprised one of men between the ages of 20-30, another of ages between 31-40 and the third had men who were over 40 years of age. These age groups were important in highlighting the intergenerational ideologies of family planning.

3.5.Methods of data collection

Interview was the main method of collecting primary data. Three techniques namely, interview schedule, key informant interviews and focused group discussions were utilized.

3.5.1.Key informant interview

This technique was used to provide additional information to that obtained through the interview schedule key informants provided in depth information on the peoples cultures, their social cultural perceptions of the value of children, the process of husband and wife communication in the adoption of family planning and the role of social networks in the adoption of family planning. A key informant interview guide was used to guide the interview. This helped the researcher to probe further the information provided by respondents in the interview schedule.

3.5.2.Focused group discussions

These were organized in the form of a mini-symposium where the group to be interviewed sat together to discuss among themselves the specific topics of interest to the research. A focus group guide was used to facilitate the discussion. For each group discussion, there was a moderator who used the guide to facilitate the discussion by asking questions and probing. There was also a note taker who recorded all the questions and responses.

3.5.3.Secondary data

Ethnographic and secondary literature review was conducted to provide the researcher with Pertinent information on social-cultural and situational factors, influencing the adoption of family planning.

3.5.4.Questionnaire

A set of open ended and closed questions was administered to 100 respondents. These

questions covered a wide range of issues regarding the social cultural environment of the respondent.

3.6.Data Analysis

The data was compiled and analyzed using both quantitative and qualitative techniques. Descriptive statistics such as simple percentages and frequencies and analytical tables were also drawn for comparison and presentation of the data. Verbatim, was also used to present qualitative data such as information gathered from focus group discussions and Key informants.

3.7.Limitations of the study

Family planning is actually a very important issue that virtually everyone should be expected to be interested in addressing. However, there is limitation of free expression of attitude especially in an African setting where issues relating to sex are sensitive.

This was a major limitation that was encountered in the study. Men for example found it hard to reveal their views on family planning to a young researcher who was a lady to encounter this limitation, the researcher assured the respondents that their responses would be treated with a lot of confidentiality.

Age difference between the researcher and the respondents meant spending a lot of time with the respondents before the researcher and the respondent could accede to a free interview. The researcher countered this by establishing a mutual talking relationship with the respondents to facilitate a free discussion.

Another limitation was finding a precise time schedule to interview the respondents. In cases where the researcher had to interview the men, they were very had to get. This was also the case with key informants and members of focused group discussions The researcher countered this by making prior appointments with the people concerned and also by asserting her readiness to have audience with them on any day that was convenient for them.

Another limitation of the study was that the research site had very poor communication.
The area has a very poor road network and the prevailing Elnino rainfalls made some areas totally inaccessible. The researcher countered this by using a bicycle on narrow foot paths.

Another limitation of the study was that during the time when the study was being carried out, the political situation in the country was not very favorable. It was a time when the country was going for its general elections. At this time presidential and parliamentary campaigns were going on. Thus most of the people thought that the research was political and they wanted to be paid to provide the researcher with the necessary information. The researcher had to involve the administration, that is, the chief and the headmen to convince the people the necessity of the study and the benefits the study would have to them.

It is also imperative to say that the constrain of finance could not be down played or forgotten. With more finance the study would have covered a larger area and even involved a bigger number of participants. More factors and determinants such as socio-economic factors would have also been considered with the availability of more funds and resources.

CHAPTER 4

4.Research Findings and Discussion

Several observations were made in the literature review on various social-cultural factors which could determine the adoption of family planning. In this chapter, an attempt is made to interpret the data and explain the findings as revealed by the study. The following hypotheses were used as a guide for this study in order to give a clearer picture of the focus of the study:

(1) Social networks promote adoption of family planning.

(2) large family size is associated with cultural beliefs.

(3) Social-cultural perceptions of the value of children promote large family size.

(4) Adoption of modern Contraceptive use depends on the process of Husband and Wife Communication.

4.1.Sociodemographic background of the respondents

4.1.1.Age of the respondents

The survey questionnaire was administered to both men and women.35% of the respondents were in the age bracket of 22-28.Another 33% fell in the age category of aled29-35 while 15% were in the age bracket of 36-42 (Table 4.1).The age gaps presented intergenerational ideologies on issues related to family planning. The study revealed that the younger respondents (15-35) had different ideologies from those of the slightly older respondents (43 and above).The older respondents tended to conform to their culture and social networks while the latter had been assimilated to modernization and therefore their attitudes and ideologies were flexible.

Table 4.1.Distribution of Respondents by age

Age Bracket	Number of respondents	Percentage
15-21	5	5
22-28	35	35
29-35	33	33
36-42	15	15
43-49 (And above)	12	12
Total	100	100

Source: Compiled by the researcher

4.1.2.Marital Status

All the respondents interviewed were currently married.41% had been married for 6-11 years. Another 26% had been married for 18-23 years. The research analysis showed that those respondents who had been married for over 18 years had attained their intended family size and had a more positive attitude to family planning. The younger in marriage on the other side were yet to attain the intended family size and hence had not made a decision on whether to adopt or not to adopt family planning as yet.

Table 4.2 Distribution of Respondents by years of marriage

Years of marriage	Number of respondents	Percentage
0-5	26	26
6-11	41	41
12-17	23	23
18-23	9	9
24 and above	1	1
Total	100	100

Source: Compiled by the researcher

4.1.3.Number of Children

Majority of respondents (62%) had an average of 1-5 children a fact that can partly explain the relative high population growth rate in the area. The analysis showed that number of children was a major factor on whether to adopt or not to adopt family planning. It also determined ones attitude towards family planning. During the focused group discussions, discussants who had few children(less than 4) did not talk highly of family planing. It was even more difficult for

respondents who had 1-2 children to talk positively about family planning. It Is therefore concluded that attainment of the required number of children determines whether one should adopt or not adopt family planning. It also indicates that most people prefer to wait until they have attained their family intended family size before they opt to adopt family planning. These contributes to increased cases of untimed, mistimed and unwanted pregnancies which in turn increases the population growth rate.

Table 4.3 Distribution of respondents by the number of children.

Number of children	Number of Respondents	Percentage
1-5 children	62	62
5-7 children	28	28
8 and above	10	10
Total	100	100

Source: Compiled by the researcher

4.1.4.Occupation of the respondents

Over half of the respondents (80%) were peasants and housewives, some of whom also supplemented their means of livelihood with small scale hawking activities. A mere 5% were working in offices and schools as teachers. The remaining 15% make their living by working in other peoples farms as casual laborers when they are not occupied. Given the fact that in Teso there is no cash crop farming to provide a cash economy there is urgent need to check the population growth rate as a measure for economic growth.

4.1.5.Education level of the respondents

Among the respondents interviewed ,the majority (74%) had attained formal primary education, while only a mere 8% had no formal education. Another 18 % had attained secondary education and above. Generally, educational attainment was higher for males than females although this also varied substantially by age. About 70% of the males interviewed had attained secondary school education and above as compared to 20% for the females. As reported by the respondents during the focused group discussions, there was a sharp attitudinal contrast between those respondents who had attained primary school education and those who had attained secondary level and above. This finding suggests that educational attainment is closely linked to fertility preferences.

Table 4.4.Distribution of respondents by level of education

Education level	Number of respondents	Percentage distribution
No formal education	8	8
Primary education	74	74
Secondary education and above	18	18
Total	100	100

Source: Compiled by the researcher

4.1.6 Religion of the Respondents

Among the respondents interviewed, majority(85%) were Catholics while only 15% were Protestants. The researcher used religion as one of the cultural beliefs that promote large family size. It however turned to be that some respondents are not committed to their religion and hence might not necessarily adhere to their religious beliefs.

4.1.7.Adoption of family planning

All the respondents interviewed were aware of family planning and could cite at least a method. However, only 45% had adopted family planning and were currently using a method. This analysis was important to the study in determining the contraceptive prevalence rate of the respondents. The implication of the statistics was that their is a gap between knowledge of contraceptive and actual use. The study tried to look at some of the factors that could explain the gap.

4.2 Discussion on the major findings

4.2 1.Role of social networks in the adoption of family planning.

The alternative hypotheses that adoption of family planning depends on whether the community or the people around the given person support the idea was based on the assumption that friends, relatives, colleagues and neighbors influence each others opinion on many issues including family planning. It was also assumed that the African extended family system tends to weaken the motivation of adopting family planning by decreasing the individuals responsibility for children. Children are thus spread over a large number of adults. It was also assumed that among most ethnic communities in Kenya, individuals have a limited right to voluntarily control their fertility in accordance to their personal preferences and convictions.

Having friends and relatives practicing family planning was used as a measure of the community's support for the individual. Most family planning adopters were found to have friends and relatives who were also adopters. Out of the 65% respondents who practiced family planning, 80% of them had friends and relatives practicing family planning while only 20% of them had friends and relatives who were non-practitioners. Out of the 35% who did not practice family planning, 72% of their friends and relatives were themselves not practicing. The trend that emerged showed that those respondents who did not adopt family planning had no friends and relatives doing so, in contrast to those practicing it

An association was therefore found to exist between adopters of family planning and their having friends and relatives doing the same. The data shows that whereas most of the respondents who had many friends and relatives practicing family planing thought positively about family planning, those with no friends and relatives practicing family planning had a negative attitude about it. It could be that respondents with many friends and relatives practicing family planning have a good opinion about it due to influence from their friends and relatives. However, those not practicing family planning do not seem to feel being isolated as very few or none of their friends and relatives are practicing it.

These findings were also supported by the fact that out of the 30% men who indicated that their wife's don't practice family planning, 68% of them attributed their wives inability to practice family planning to their (husbands) disapproval. As it was gathered from some women respondents and discussants from women focused group discussions, some men (husbands) explicitly opposed their wife's' initiatives of adopting family planning. For example, one respondent in the women focused group discussions in response to the question whether the husband knows that she practices family planning replied:

> "That is my secret. Before I adopted family planning I consulted my husband. He told me that I should not attempt to use any family planning methods since my duty is to fulfill his needs and give birth to the number of children he wants. However, according to my own judgment, the six children we have are already a burden for us to educate and we are already too old to get more children. Thus I decided to family plan secretly."

One key informant who was a matron at Amukura health center said:

> "Some cases of women dropping out of the programme can be attributed to pressure from their husbands. For example, last month a woman was beaten up by her husband after he found a family planning clinic card in their bedroom. The man came to the clinic furious and threatened to take me to the chief for interfering with his domestic issues and making his wife disobedient. The woman had no choice but to stop taking the pill".

Other studies (Gachui 1975, Ocholla-Ayayo 1985) also found out that some women withdraw from the family planning programmes because of pressure against contraceptive use from their parents in -law and their relatives. All these strengthened our argument on the influence of friends and relatives in adopting family planning.

As revealed from focused group discussions, those discussants who were between the ages of 35 and above tended to conform more to what their friends and relatives were doing. Traces of such attitudes were seen very clearly through sentiments such as:

> "It is against our tradition to do what our elders consider bad. For example, if my mother in-law does not want me to family plan, then there is no way I can go ahead and family plan"

However, the discussants who were between the ages of 20-35 years who were also more educated made their decisions independently and did not bother about what their friends and relatives thought about them. On this note, it seems that education and modernization tend to dilute community pressure on an individuals way of thinking and doing things. For example one male discussant who was 30 years old and had attained University education said:

> "Nowadays, everybody should live his or her own life. Our elders life does not bother us. It is better to plan your life according to what you can afford. You can not have five children because your mother, neighbor or friends want you to do so. It is you to take care of the needs of those children".

When the respondents were asked whether they would adopt family planing with or without the support of their friends and relatives, an overwhelming majority of 76% said they would not. Another question was asked to the respondents whom they would consult in case they wanted to adopt a method ;58% said they would consult their spouse,32% would consult friends while 10% would consult a health care provider.

The findings suggest that most of the people who did not practice family planning had no friends and relatives practicing it. It was thought that these respondents would feel unsupported if they went ahead and adopted it. A village elder confirmed this when he said that the neighborhood was a very important component in the Teso community. Most of the Teso strive to please the neighbors and hence most of them would go by what their neighbors are doing in order to conform to the standards of the neighborhood.

4.2.2 Large family size is associated with cultural beliefs.

The alternative hypotheses that large family size is associated with cultural beliefs was based on the assumption that African people have always had a pervasive sentiment to have a numerous progeny. The general and diffuse motives accompanying this sentiment were that many children meant wealth, prestige and a source of blessing from God and the ancestors. It also assumed that the need for a large family size was supported by various cultural beliefs which made an individual support the idea of having a large family size.

In this study, cultural beliefs that were considered as supporting large family size were religious beliefs ,beliefs about childlessness and beliefs about marriage and procreation.
It was argued that since religion did actually influence peoples behaviors especially when they explain things like population growth rate, drought and mans relation with God, it was possible that it also influences the way people view and interpret the whole idea of family planning. This was also based on the assumption that since religion views the primary purpose of sexual intercourse as procreation and considers as secondary such ends as fostering the mutual love of the spouse, it could have a negative influence on the adoption of family planning. It was also assumed that the biblical quotation in the book of Genesis, "Go ye into the world and multiply" (Genesis, 1: 3-8) could negatively influence Christians against the adoption of family planning. Further, it was assumed from the traditional religious point of view that lack of children meant physical and spiritual extinction since the ancestral spirits depended on resemblance in their minds for survival. This could be a

limiting factor against the adoption of family planning.

100% of the respondents interviewed were predominantly Christians, with the majority, that is 65% being Catholics and 35% being Protestants. The study area did not have a strong Muslim tradition. We however came across a group of people who were traditionalist and were interviewed as key informants and in the focused group discussions.

Although all the respondents acknowledged belonging to various religious denominations, the data showed that, unlike their female counterparts, most of the men rarely attended religious services. As explained by the church leaders, most men viewed religious matters as being a women's domain. This view was supported by the women in focused group discussions, who said that men who went to church more regularly were interested in leadership roles and if such roles were not forthcoming, their attendance became irregular. One church elder said;

> "some men go to church occasionally for their presence to be noted, so that when they died, they could be accorded a religious burial".

The data showed that, 55% of the men rarely attended religious services - only 25% attended religious services on a regular basis and the remaining 20% never attended religious services. As for the women, over 80% regularly attended religious services, 15% attended rarely while only 5% never attended religious services.
Attendance to religious activities was taken as an indication of ones' commitment to religion. Those who attended such activities a few times were assumed to be less committed to the teachings of their respective religions and presumably even their religious teachings on family planning ideas.

Different religious groups had mixed and varied attitudes towards family planning. There were those religions which actually disapproved of it and on the another hand, there were those religions that remained quite on the issue of family planning. To them, family planning was not a concern of the church but of individuals who were left on their own to decide whether to practice it or not. One church leader said:

" Our work as church leaders is only to advise the flock on whether or not to adopt family planning. The final decision on whether or not to adopt family planning lays on the individual".

80% of the Catholics interviewed said that their religion disapprove of family planning. On the other hand,73.3% of the Protestants interviewed said that their religion approved of family planning (Table 4.5).

Tale 4.5 Religions approval of family planning.

Religion	Attitude of family planning		Total
	Approve	Disapprove	
Catholic	80(68)	20(17)	85
Protestant	67(4)	73.3(11)	15
Total	72(72)	28(28)	100

Source: Compiled by the researcher

It should be noted that some women discussants from focused group discussions stated explicitly that their disapproval to family planning was as a result of their religious opposition to it. One woman said:

"My religion is against modern family planning methods. According to the catholic denomination, fertility is God's wish for mankind and it is sin for human being to go against his wish. Thus since I have faith in my religion, if I adopt modern family planning methods I will have gone against the teachings of my religion".

When talking to one key informant who was a traditionalist, it became clear that although many people belonged to modern religions, they still succumbed to pressures of the traditional belief system on matters of fertility. This key informant reported:

"The traditional religion of the Iteso consists of a cult where fertility centers around a number of domestic ceremonies in which the role of a woman as an agent of fertility is the dominant symbolic theme. The cult defines her role as being responsible for the well being of the home through the production of children and food".

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The focused group discussions expounded on these by saying that most people in this community still succumbed to these traditional beliefs even though they were devout Christians. The discussants echoed that according to the traditional belief system of the Iteso, bareness was explained as a curse from the gods. Likewise, having many children was seen as a blessing from the gods. In such a case, many couples would want to have many children, reminiscent of the blessings from the gods. Once people have internalized such a belief, it becomes very difficult for one to convince them to space and limit the number of births lest they are looked upon as lacking gods' blessings. Such a belief can be detrimental to the adoption of family planning. In the focused group discussions, one old man said:

> "A situation could arise whereby a dead man would appear in a dream to any community member and claim that he is not peaceful in death because he has not been named after. Such a situation necessitated bearing another child to fulfill this requirement."

These observations are reflected in Ocholla-Ayayo's (1987, 1991) and Molnos' (1967) observations that in African traditional beliefs, a child is God's gift. It is therefore, beyond human power to control or try to control fertility. This is tantamount to saying that God does not know what he is doing. As such, conception, the number of births, and the survival of children are the sole concerns of nature or forces beyond the reach of human will power.
However, it was apparent that not all people conform to their religious expectations on matters related to family planning. After cross tabulation, the data revealed that out of the 80% Catholics who said that there religion approve of family planning,50%(32) of them were among the 45 who had adopted and were still practicing family planning. Likewise ,there were some Protestants who were reluctant to adopt family planning even though they admitted that their religion approves of family planning. During the focus group discussions a middle aged lady who had dropped out of school at class 2 had these to say:

"Me and my husband are Protestants, our religion unlike Catholic is not against family planning but I still don't adopt .I also have friends in my church who have not adopted. My reason for not adopting is that we have not attained the number of children we want .I also fear what my friends say about the side effects".

These differences could be due to two factors; either there are differences in the respondents' commitment to the religious teachings or it all depends on an individuals right of self determination. The individual thus judges for him or herself what is right or wrong and does not subscribe to his/her religious teachings blindly. Therefore such a difference can be attributed to conflict between group norms and an individuals values.

Religious influence was found to be two-sided in that some religions encourage family planning while others preached against it. The evidence from the above discussion leads us to conclude that there is no association between religion and the adoption of family planning. since not all people support their religions approval or disapproval of family planning.

Another cultural belief that was considered in this study was that of childlessness. It was assumed that in most African communities, being childless was a taboo. To gauge the societal beliefs about childlessness, the respondents were asked how their community regarded a woman who was married but could not bear children. An overwhelming majority of 98% said that such a woman was lowly regarded (Table 4.6).

Table 4.6 The image of a married woman who is childless

Response	Percent	Frequency
Lowly regarded	98	98
Averagely regarded	-	-
Highly regarded	2	2
Total	100	100

Source: Compiled by the researcher

This was further supported by the respondents themselves when they gave their personal views about a marriage that is childless. When they were asked how they would feel if their

marriages were childless, an overwhelming 94% said that they would feel very bad. None of the respondents said they would feel good and only 6% said they would feel neither good or bad. A key informant who was a community health worker said:

> "I would feel very bad about being childless- I do not want to talk about it. There are no two ways about such a situation."

A good number of those who said they would feel neither good no bad if their marriages were childless tended to be fatalistic about the idea. Thus taking sides would be questioning this ability of God. One key informant who was a village elder said:

> "Childlessness in the Teso community was explained by the following causes: friction between the wife and her-in laws, friction between the husband and his parents, omission of an obligation towards senior Kinsmen of the couple, the woman committed adultery or that she was a prostitute before marriage, that she was born without a placenta and was therefore unable to conceive and finally childlessness was a reminder from a neglected ancestor. Appropriate measures of propitiation were therefore taken. To complement these, the couple was advised to visit a Teso medicine man who performed certain rites, prescribed drugs and a regimen of taboos, and added advice of physiological nature (technique of intercourse). Another technique of remedying childlessness was reshuffling of marriage partners. If these failed, the husband could proceed and divorce the woman".

The women discussants in the focused group discussions further reported that a childless woman deserved to be divorced by the husband since this was a sign of bad luck. One old woman who was 50 years old said:

> "After the death of a childless woman she would be completely forgotten; a childless woman could not claim property and in case she divorced, no help from the community was forthcoming".

One male discussant from the focused group discussions said:

"Such a woman would automatically be divorced. Such is the social pressure that is placed on a woman in this community to bear children".

A matron at the district hospital was asked whether people still carry on these beliefs today. She concurred:

"most couples believe that childlessness or having few children (that is between 1-3) is a taboo. She said that most couples maintain that, before they have 3 children they cannot adopt any family planning methods".

Another cultural belief that was considered in this study was that of marriage and its role in procreation. It was assumed that in the African Society, marriage is meant for procreation. It was also assumed that a marriage in the African society is only recognized after the birth of children. The research findings showed that the main reason why people get married is to have children.84% of the respondents said that having children is the most important reason why people marry (Table 4.7).

Table 4.7 Percentage distribution of respondents by cultural beliefs on marriage

Response	Percent	Frequency
To have children	84	84
The community expects them to marry	12	12
For companionship	4	4
Total	100	100

Source: Compiled by the researcher

The focused group discussants supported these by saying that a marriage without children is not a marriage. One male discussant said:

"Bride wealth meant that the parties involved recognized the fact that once the woman is married she would henceforth bear children who would belong to the community where she was married. The parties involved also understood that if the woman could not bear children she would be returned back to her parents who would in turn return the dowry that was paid by her husband"

One key informant who was a traditional birth attendant said: "

"to have children is a duty of the wife towards her husband and a duty of the husband towards his whole clan".

All in all, available data indicates that most people even after passing through various stages of education still cling on to their cultural beliefs. They still respect and follow what their people believed in. Thus if their culture believed in having a numerous progeny, they would also consider having the same and this would probably slow the adoption of family planning.

4.2.3.Social-Cultural perceptions of the Value of Children

In most African patrilineal exogamous societies, it was important for each family to have children, especially sons to keep the lineage alive. This could inevitably result to a higher demand for children especially sons. It was hypothesized that social cultural perceptions of the value of children delay the adoption of family planning. Consistent with this hypotheses, research findings showed that among the Iteso, sons are more preferred than daughters. For instance, 95% of the respondents who said that their community had sex preference, indicated that boys were more preferred. On finding out from the respondents their actual sex preference, it also became apparent that boys were more preferred (Tab 4.8)

Tab 4.8 Child preference

Sex Preferred	percent	frequency
Male	76	76
Female	10	10
Any	14	14
Total	100	100

Source: Compiled by the researcher

As the table indicates, most respondents when asked which child they would prefer said they would prefer a boy. This constituted 76% of the respondents. Only 10% of the respondents said they would prefer girls and 14% said they would prefer any child.
The bias towards preference of male children is further proven when 80% of the respondents indicated that male children would continue the lineage and help their parents in old age. Results from the focused group discussions and key informants, indicated that sons were preferred because they performed certain key roles in society. One key informant who was a women group leader cited these roles as:

> "taking care of parents in old age which girls could not perform adequately since they would get married and belong to another family, sons were seen as inheritors, they offer help and security in old-age, are a source of pride, Keep the lineage alive, help their mothers in case of divorce, are hardworking, need to be independent and self reliant, can defend the community and that they hold the family together".

The reasons give insight into the importance of sons to a family and the whole community. The community mostly prefers sons for lineage purposes. 80% of the respondents said that sons are preferred because they continue the lineage. Even the community elders concurred with this when one of them said:

> "If a man died without a son, it was very unfortunate for him because he would be completely forgotten".

It is particularly noteworthy of one man who indicated that a son would hold the family together. Such a feeling was echoed by men in the focused group discussions who saw sons as better than daughters in settling conflicts in the family. It was also revealed from the

study that respondents with few or no sons were less positively responsive to family planning than those with at least one or more sons. To determine the influence of desire for a son on adoption of family planning, the respondents were asked the number of sons they had in their respective families. The answers were cross-tabulated with weather one approved of family planning or not.

Table 4.9.Percentage distribution of perception of family planning by number of boys.

No of Sons	Perceptions of family planning	
	Approve	Disapprove
0	6	8
1	8	10
2	18	6
3	14	4
4	24	2
Total	70	30

Source: Compiled by the researcher

The data showed that most of the respondents who talked positively about family planning were those who already had one or more sons. Most of those who disapproved of family planning had very few sons. It was therefore concluded that respondents approved of family planning because they at least had sons. Had they not had any sons, it is most likely that most of them wouldn't talk favorably of family planning. These findings got support from medical personnel who indicated that most of the women who sought information about family planning information and joined the programme had at least one or more sons. A matron from Amukura Health Center said:

> "My friend, One of our biggest problem is the idea of couples wanting sons. Couples with no son at all are known for not adopting family planning or thinking positively about it. To them, the fact that they have no son means that they automatically need more children despite the number of daughters they have. They keep on trying until they get a son."

Some of the women in the focused group discussions revealed that their husbands could allow them to adopt family planning after they had got what their (husbands) considered the

right number of sons. One woman from the focused group discussion said"

> "Let me narrate my story. I have nine daughters and one son who is my last born. It was very difficult for me. I tried to convince my husband that we should plan our family, but he said that before I have given birth to a son, I should not consider myself as having given birth".

As shown by the data, respondents with more sons showed consistent approval of family planning. Though some of the respondents with more than one son were not practicing family planning, they were generally fewer compared to those who were practicing it. The conclusion to be drawn from these findings is that sons are highly valued in this community and their presence in a family can facilitate the adoption of family planning.

However, though the community highly values sons, some key informants revealed that the status of having sons counted. One chief said:

> "If the sons had nothing that the community could look upon with pride, then according to me, I would rather have daughters than sons who would bring disgrace to me".

Some of the discussants said that they preferred any child. The older discussants supported this by indicating that some of them educated their sons at the expense of daughters and yet the sons have taken individualistic attitudes and are not bothered about them (elders).In fact some women discussants said that their daughters who are working help them more than the sons. Such thinking could lead to non-preference of a particular child, that is the boy.

The respondents gave various reasons as to why their community highly valued children. Some of the reasons were cited as: social status, prestige, economic value, security in old age and inheriting of the family's property. The more precise reasons for wanting children as detailed by members of the focused group discussions were: to continue the lineage and commemorate ancestral spirits; to acquire social power, as labor force, for physical protection of property as security in old age and the need to achieve a definite sex ratio among children. These reasons strengthened the desire for more off springs and hence

non-adoption of family planning.

4.2.4 Sharing in decision making between husband and wife in relation to adoption of family planning

Given that procreation is as a result of a conscious, deliberate and planned effort between a man and a woman, a decision on whether to adopt or not to adopt family planing depends on the couples concerned. They could either agree or not agree to adopt family planning. They could decide on the number of children to have and when to have them or not to have them at all. Of importance in this study, was how much such a decision was made and how much it influenced adoption or non-adoption of family planning.

It was thus hypothesized that adoption of family planning depends on husband and wife communication, especially on topics such as family size preference and sexual relations. Discussions between the husband and wife about family planning were taken as a measure of decision making.

The research findings indicated that 100% of the respondents were aware of family planning and out of these,70% approved of family planning while 45% of the respondents were practicing family planning. Most of them, that is, 80% of those who practiced family planning reached such a decision with their spouse (Tab. 4.10).

Tab 4.1.0 Percentage Distribution of Respondents by decision to adopt family planning.

Response	Frequency	Percent
Me alone	5	7.6
My husband	4	6.2
Me and my Husband	32	80
Friends and relatives	4	6.2
Total	45	100

Source: Compiled by the researcher

This trend indicates that in a situation where the husband and wife jointly discuss family size and fertility regulation, adoption rates are likely to be higher. Indeed when the 55% respondent who don't practice family planning were asked whom they would involve in

making a decision on whether to adopt family planning 60% of them indicated that they would involve their spouse.

40% of the women interviewed practiced family planning. However, 25% of them decided to practice family planning without their husbands' consent. As it emerged from the focused group discussion, the women decided to practice family planning without their husbands consent because their husbands stay away for long in urban areas and as such, the women decided to take such measures alone to pre-empt any possible pregnancy resulting from the husbands abrupt arrival from the urban area or wherever they reside. One woman in the focused group discussion of women between ages of 30 years to 35 years said:

> "My husband works in Nairobi and he comes home after one or two months. He therefore does not see the need of me adopting any family planning methods. However, I use the pill secretly without his knowledge because I am aware of the danger of not taking them especially when my husband comes home abruptly without my knowledge".

Also it emerged from focused group discussions, that some women were weary of bringing up children alone. So under such conditions the woman had no option but to secretly adopt family planning without the husbands knowledge. One of the key informants who was a hospital matron indicated that majority of those women who never discussed with their husbands about family planning felt that matters concerning family size and fertility regulation rested upon the husbands realm and were not topics of discussion between wife's and husband's.

But it was also discovered from one key informant who was a community health worker, that some women were advised against further conception on medical grounds. In such a situation, the women in Focused group discussions revealed that the husbands of such women had no option but to abide by the doctors recommendation unless they wanted to risk the wife's' health. Perhaps the percentage of respondents who indicted that they would consult a health care provider on whether to adopt family planning knew that if the doctors allowed them to adopt family planning, their spouse's opinion would not carry much weight. Information gathered from key informants and in women's focused group discussions

revealed that even if women genuinely saw the need to adopt family planning, they were fearful of doing so unless they got their husbands' consent. This was echoed by male discussants in the men focused group discussions. One man said:

> "If I come to know that my wife is practicing family planning secretly without my approval then divorce or separation would be the most likely solution".

This was because the men thought that such women would have had some ulterior motives by not consulting their husbands first.

Though most of the women reached the decision to adopt family planning jointly with their husbands, the influence of the wives in the matter cannot be underestimated. This was well reflected when the women were asked what they would do in reaction to husbands inability to pay attention to their views on family size and fertility regulation. Although majority of the women, that is 60% said they would go by their own decision if their husbands refused to pay attention to their views on family size preferences and fertility regulation, 30% said they would respect their husbands decision while only 10% said they would leave the situation as it was.

It sounds surprising that 60% of the women said they would go by their own decision if their husbands failed to pay attention to their views on fertility regulation and family size. This sounds like wishful thinking on the part of the women given the fact that among the Teso, men are traditionally the heads of the families and no decision would be arrived at without their consent. It was expected that women would respect whatever decision their husbands made. This finding perhaps has its roots in education which has enlightened the women and is liberating them more from male dominion, thus they are increasingly becoming able to determine their own destiny.

During the focused group discussions, the young female discussants revealed that more years of schooling made them aware of their rights in so far as child bearing is concerned. One female discussant who was 27 years old and had attained University education said:

"I can not follow my husband's decision not to regulate fertility especially if such a move is in his own interests"

Most young men in the focused group discussions agreed that nowadays it is no longer the case that what a man says in the house is the rule. They argued that women who are economically independent can afford to disregard their husbands decision for them to either regulate or not to regulate fertility. Such women can easily move out and establish their own homes to avoid dictatorial tendencies of their husbands. It was also the view of the discussants that women's views should be accommodated as much as possible especially if they touch on family planning since they are directly involved in its implementation. These observation further supports the idea that to some extent sharing in decision making between husband and wife could lead to the adoption of family planning.

60% of the men interviewed had their wife's practice family planning. Of these 60%,70% of them supported their wife's idea of adopting family planning. Of the 40% men who did not have their wife's practicing family planning, 80% of them said that it was against their (husbands) idea. This is an example of male domination. In fact some key informants were of the opinion that some men were a hindrance to their wife's determination to adopt family planning. One key informant who was a women group leader said:

"Most women are for the idea of family planning. They attend all the meetings organized for the group by the health personnel. They buy the idea of family planning and a good number visit the clinics wanting to know more about family planning and choose a method which is good for them. However, some come back to us with a different view after having discussed the issue with their husbands. They say that they are threatened with divorce if they go ahead and adopt any of the methods. Some of the women are also forced to withdraw from the group. Their husbands argue that if such are the things the group teaches them, then it is not worth attending".

Quite a number of men were opposed to the idea of including women in decision making in the household. The reasons the men gave reflected the egoism among Teso men, where they are considered superior to women in all aspects. The men in the focused group

discussions said that women make unwise decisions, are unreliable and brag outside that they own the household especially since their place is in the kitchen and considering that men are the heads of the households who need not consult women before making a decision. A good reflection of the men's feelings came from the focused group discussions where regardless of age and sex, the discussants said that most men feared including women in decision making in the family because they thought such a move was a weakness which could greatly undermine their power and status. If such thinking has to be extended to include how they perceive family planning, it would mean that the men are not likely to listen to women's views on family planning. In such cases, the man would want his decision to work regardless of what the woman feels. Such a scenario leads to antagonism between the two parties and could easily spell doom for the family planning programme.

Sharing in decision making between the couple can be seen as an important determinant in the adoption of family planning. Inability to discuss family planning by the couples can be seen as being detrimental to the adoption of family planning because neither the party gets the forum to influence the other on the importance of family planning which could lead to its adoption.

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

However, a situation could arise whereby a husband and wife consulted each other and agreed not to adopt family planning, this could be attributed to other factors such as religion, cultural beliefs and peer influence among others. But generally, in a situation where the husband and wife consulted each other on matters of family planning most of them ended up adopting it.

CHAPTER FIVE

5. Summary of Research Findings, Conclusion and Recommendations

5.1 Summary of Research findings

The results of the study consistently supported the hypothesis that couples who share in decision making processes at the household level are more likely to make favorable decisions over adoption of family planning. Most of the couples practicing family planning were those who frequently discussed it. Therefore, sharing in decision making on issues like the appropriate family size, regulation of fertility and other sexually related matters were found to facilitate the adoption of family planning. But, as the study revealed, increased sharing in decision making in the household could have little, impact on adoption of family planning if both the couples have intentions of not adopting family planning. If the couples jointly agree not to adopt family planning, that could mean that though they have arrived at such a decision jointly, it doesn't facilitate the adoption of family planning.

The majority of respondents showed an overwhelming desire for children. Though the majority of respondents had a strong desire for male children, it was evident that some couples could still be comfortable without sons. As it was revealed, sons were only valued if they could be looked upon by the community with pride. In fact some couples were unanimous in that sons take on an individualistic attitude after they marry, and this doesn't augur well for the general welfare of the family. A transformation of some significance was noted, where some couples thought that daughters are more helpful than sons.

Although the study showed that, generally, the adoption of family planning could be delayed due to the absence of sons, there were indications that the situation is likely to change in the near future. This is due to the fact that girls, just like boys are increasingly being useful to the parents. They are able to look after their welfare and offer them security in old age just like boys can or even better. These are indications that over reliance on boys is slowly but surely diagnosing. All in all, the study showed that children are highly valued in this community.

cultural beliefs were seen as a powerful force in swaying peoples opinion on whether or not to adopt family planning. The religious factor was exceptionally important, since it has a direct effect on values which influence the fertility rate While some religions explicitly

advocated the adoption of family planning, others were opposed to it. The results showed that most women obliged to their religious demands, unlike the men. There was a tendency for women more than men, to follow the position of the religions to which they adhered on family planning. However, there are those respondents who do not adhere to their religious beliefs.

The study also revealed that friends and relatives played a vital role in influencing the individual on whether or not to adopt family planning. It was found that most of the respondents' who had friends and relatives practicing family planning were doing likewise. This showed that in a situation where an individual was practicing family planning alone, she faced a hostile environment and felt demoralized because she was unsupported. Such a feeling of being in an island could lead one to abandon the practice and do what the wider group appreciated. In fact, one of the factors leading to non-adoption of family planning was relatives, opposition and also rumors on side effects from friends. This goes a long way to showing how the hostility shown by the local community could lead to the non-adoption of family planning.

5.2.Conclusion

It is evident from the foregoing that, Family planning in Teso District is not a myth but a reality which however, has not been put into practice. Most of the people are aware of family planning but only a handful of them are practicing it. Social-cultural factors are a big hindrance to behavior change as far as adoption of family planning is concerned. People are still stigmatized on issues pertaining to the social cultural environment.

5.3 Recommendations

Whereas most of the respondents indicated their approval of family planning, quite a number of them were not practicing it. There is therefore a gap that needs to be filled. Based on the study, the following recommendations would go along way in improving the family planning programme in the District:

1. The programme should strive to involve the community bearing in mind that in Teso District there is no community based family planning programme which is mainly implemented by the community. The programme should be implemented in a primary health care fashion so as to have wide coverage and also to ensure community

participation. Such a program should be comprehensive to include Reproductive Health Education and Maternal and Child Health and Family Planning as a basic component. They must go hand in hand with appropriate health education for the sake of sustainability .Moreover, such education would create awareness in the community and would gradually extricate the community from the web of harmful cultural traditions and ignorance.

2. There is need for the Government and other development agencies to focus their attention on uplifting the literacy levels of the people. In essence, education is the key to improving all spheres of community life including health behavior. When the education level of the community is uplifted ,it would become receptive to new ideas which would gradually change their perceptions and attitudes. Enlightened people are "liberated" people who would also realize that children irrespective of their sexes require equal opportunities an all aspects of life. Increased access of girls to education would mean delayed marriage and future mothers who adopt appropriate health behavior. Informal education such as Adult learning and Vocational training should also be encouraged.
3. The issue of male involvement in family planning deserves profound consideration. The use of male oriented methods:-condoms, vasectomy and spousal discussion about matters related to sex and family planning should be enhanced given the fact that in the cultural fabric of the Teso people, men have the ultimate say in what happens in their households. Specifically, "Male Only Clinics" which have been introduced in many parts of the country by the Family Planning Association of Kenya should be introduced in Teso in order to increase awareness and change the attitudes and behaviors of men.
4. There is also need to intensify operations research to broaden understanding of how to improve family planning services in Teso District. The following issues should be taken into consideration:
    - increase access to a full range of family planning services and methods;
    - developing service delivery strategies that are client oriented and acceptable to the community.
    - improve the quality of services;
    - strengthen the capabilities of family planning program managers to use operations research to diagnose and solve service delivery problems:

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Appendix 1

Questionnaire for households

Instructions: We are carrying out a study to determine factors that enhance or hinder the adoption of family planning in the area. Your inclusion in this study is purely through a random sample selected from the area. We would like you to answer this questionnaire to the best of your knowledge. All your responses will be treated in confidence and no further reference will be made to you as a person.

Personal information

Name.....
Sex.....
Date of interview.....
Location.....
Sub-location.....

1. How old are you (in years)
   a) 15-21
   b) 22-28
   c) 29-35
   d) 36-42
   e) 43-49
2. How long have you been married (in years)
   a) 0-5
   b) 6-11
   c) 12-17
   d) 18-23
   e) 24 and above
3. How old is your spouse (in years)
   a) 17-22
   b) 23-28
   c) 29-34
   d) 35-40
   e) 41 and above.
4. (i)How many children do you have (living)
   a) Girls.....
   b) Boys.....
   c) Total.....
   (ii)How many are dead
   a) Girls.....
   b) Boys.....
   c) Total.....
5. (i)What is the ideal number of children you would like to have.....

(ii)How should be:
a) Boys.....
b) Girls.....
(iii)Why do you have these preference .....
.....
.....
.....
.....

6. Have you ever had about family planning
   a) Yes.....
   b) No.....
7. What was your source of information
   a) Electronic media
   b) Print Media
   c) School
   d) Clinic
   e) Friends and Relatives
   f) Others(Specify)
8. Do you approve of family planning
   a) Approve
   b) Disapprove
   c) Uncertain
9. (i)If you approve of family planning, among the following reasons for approval which ones are the most important to you:
   a) Improved health care for each child
   b) Family happiness
   c) Desirable number of children achieved
   d) Family economic situation
   e) Improved health of the mother

   (ii)If you disapprove of family planning, among the following reasons for disapproval, which ones are the most important to you
   a) Family planning is against my cultural beliefs
   b) Large families are highly valued by my culture
   c) Our society highly values children
   d) My relatives, friends, peers and spouse disapproves
   e) Family planning weakens morality

   (iii)Which other reason do you consider important either in approving or disapproving.....
   .....
   .....
   .....

Process of husband and wife communication

10. (I)Do you discuss with your spouse about family size and family planning
    a) Yes.....
    b) No.....

(ii)If yes, how often

.....

.....

.....

.....

(iii)Who initiates the subject of family planning.....

.....

.....

11. (i)What is your spouses stand on family planning
    a) Approves
    b) Strongly approves
    c) Disapproves
    d) Strongly disapproves
    e) Others.....

    .....

    .....

    .....

    (ii)If your spouse approves of family planning ,what are his or her reasons for approving

    .....

    .....

    .....

    .....

    (iii)If your spouse disapproves of family planning what are his or her reasons for disapproving

    .....

    .....

    .....

    .....

12. Do you speak up and express your opinion whenever you disagree with your spouse on the following issues
    a) Family size Yes/No
    b) Adoption of Family planning Yes/No
13. Do you consult your spouse n the following issues
    a) Family size Yes/No
    b) Adoption of family planning Yes/No
14. What would you do if your spouse doesn't pay attention to your views on fertility regulation
    a) Nothing
    b) Go by his/her wishes
    c) Go by my own decision
15. (i)For women; do you practice family planning? Yes/No
    (ii)If yes, does your husband know about it (Explain).....

    .....

    .....

    .....

.....
.....
(iii)If no why do you keep it a secret from him.....
.....
.....
.....

16. (I)For men; do you know whether your wife practices family planning ?Yes/No
(ii)If yes do you support her? Yes/No
(iii)If no is it against her wishes or your wishes.....
.....
.....
.....

Role of Social Networks in the Adoption of family planning

17. (i)Do you practice family planning Yes/NO
(ii)If yes, who decides that you family plan
a) Me alone
b) Spouse
c) Jointly as husband and wife
d) Friends/peers
e) Relatives
f) Neighbours
g) Colleagues
18. For those who do not practice family planning, whom would you consult if you wanted to adopt
a) Health care provider
b) Spouse
c) Friends/peers/Neighbours/colleagues
d) Relatives
19. (i)Do you have friends and relatives practising family planning? Yes/No
(ii)If Yes, would you say that they are many? Yes/NO
20. (i)If you were to adopt family planning, do you think your close friends, relatives and people around your daily life would support you? Yes/No
(ii)If yes why do you think they would support you?.....
.....
.....
.....
(iii)If no why do you think they would not support you?.....
.....
.....
.....
(iv)Would you adopt family planning with or without their support? Yes/No

Folk Perceptions of the value of Children

21. What is the social. psychological, material. religious and symbolic significance of children?
    a) If they mean social status, in what way
    .....
    .....
    .....
    b) Do they have any economic value; are they expected to work for economic gain? Yes/No
    .....
    .....
    .....
    c) Are children expected to help their parents in old age
    .....
    .....
    .....
    d) Do they mean the continuation of the lineage? Yes/No
22. What other reasons does your community have for having children?.....
    .....
    .....
    .....
    .....
23. (i)Do they have any sex preference? Yes/No
    (ii)If yes what preference do they have
    .....
    .....
    .....
    .....

Cultural Beliefs that are associated with large family size

24. (i)What is your religion?
    a) Christian
    b) Muslim
    c) Traditionalism
    d) Others
    (ii)If Christian what is your denomination
    a) Catholic
    b) Protestant
    c) Others
25. How often do you attend religious services?
    a) Once a week
    b) Twice a week
    c) Others
26. Does your religion/denomination approve of the use of modern family planning methods?
    a) Approves

b) Approves strongly
c) Nothing
d) Disapproves
e) Strongly Disapproves

27. (I)Do you strongly adhere to the teachings of your religion? Yes/No
(ii)Do you support its views on family planing? Yes/No
(iii)If yes why ?
.....
.....
.....
.....
(iv)If no why?
.....
.....
.....
.....

28. (i)Why do you think most people in your community marry?
a) To have children
b) The community expect them to marry
c) For companionship
d) Happiness
e) Others.....
.....
.....
.....
(ii)Is having children the most important reason why people marry? Yes/No
(iii)If yes why.....
.....
.....
.....

29. What is your view about why people marry?.....
.....
.....
.....
.....

30. How would you feel if your marriage was childless?
a) Bad
b) Very bad
c) Nothing
d) Good
e) Very Good

31. (i)What is your community's image of a married woman who is childless?
a) Lowly regarded
b) Averagly regarded
c) Highly regarded

(ii)Why does it have this perception?.....
.....
.....
.....
.....
.....

32. What would happen if you were childless?
    a) My husband would marry another woman
    b) My husband would divorce me
    c) Others.....
    .....
    .....
    .....
    .....

Appendix 2

Key informant guide

1) Name of the respondent.....
2) Position/Occupation of the Respondent.....
3) Location.....
4) What is your general view about family size and adoption of fertility regulation.....
   .....
   .....
   .....
5) What is your community's view about family size and adoption of fertility regulation.....
   .....
   .....
   .....
6) In your opinion, would you say that a big number of people in your community have adopted modern methods of family planning
   .....
   .....
   .....
   .....
7) What role does the community, that is, the neighbourhood, parents in law and other members of the community play in influencing an individual on whether to adopt or not to adopt modern methods of family planning
   .....
   .....
   .....
   .....
   .....
8) (i)In your community, how are roles shared and distributed between husbands and wives
   .....
   .....
   .....
   (ii)How does this distribution of roles influence the amount of input each one has in the decision making process at the household level
   .....
   .....
   .....
9) (i)Would you say that couples in your community discuss freely among themselves on matters pertaining to family size and fertility regulation?.....
   .....
   .....
   .....

(ii)Would you say that they have an equal say?

.....

.....

.....

.....

.....

10) (i)In your opinion, does your community, place a high value on children?

.....

.....

.....

(ii)Are boys preferred more than girls?

.....

.....

.....

(iii)Why that Preference

.....

.....

.....

11) About how many children is a couple expected to have?

.....

.....

.....

12). Do people in your community adhere strongly to cultural beliefs.....

.....

.....

13).(i)Are their cultural beliefs in your community that support large family size?

.....

.....

(ii)Give examples of some cultural beliefs in your community that support large family size. For example:

a) Religious beliefs
b) Beliefs about marriage and childbearing
c) Beliefs about the state of being childless

.....

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.....

.....

Appendix 3

Focus group guide

1) What is your community's view about family size and adoption of fertility regulation?
2) Would you say that a big number of people in your community have adopted modern methods of family planning
3) (i)Those who have adopted modern methods of family planning fall in what age bracket?
   (ii)Is there an intergenerational difference among those who have adopted modern methods of family planning?
4) What role does the community, that s the neighbourhood, parents in law and other members of the community in the adoption of modern methods of family planning?
5) (i)In your community, how are roles distributed husbands and wives?
   (ii)How does this distribution influence the amount of input each has in the decision making processes at the household level?
6) (i)Would you say that married couples in your community have an equal say in matters pertaining to family size and adoption of modern methods of family planning?
   (ii)Do they discuss the issues freely?
7) (i)How does your community perceive the value of children?
   (ii)About how many children, boys and girls is a couple expected to have?
   (iii)Why that preference
8) Are there cultural beliefs in your community that support