DETERMINANTS OF CONTRACEPTIVE USE IN KISII DISTRICT

BY

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DECLARATION

This research work is my own work and has not been presented for a ~~degree~~ diploma in any other University

Signed _____

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This Research Project has been submitted for examination with our approval as the University supervisors

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ABSTRACT

The purpose of this study is to examine how socio-economic, socio-cultural and demographic factors determine contraceptive use in Kisii District. The objective is based on the fact that Kenya launched its family planning programme for more than two decades ago, but still contraceptive use is very low. In an attempt to determine the factors responsible for this situation, the study has selected Kisii District since it is an area with high fertility level and low contraceptive use. The study has analyzed the problem by looking at the relationship between contraceptive use and socio-economic, socio-cultural and demographic characteristics of the women covered in the survey.

From the analysis of the above relationships, the study found out that education, child and infant mortality, ideal number of children and age of the mother were major indicators of contraceptive use. Following is the summary of the findings;

(i) Contraceptive use increased with the level of education

(ii) The number of children dead was found to be inversely related with contraceptive use. In other words, as the number of children dead increased, contraceptive use decreased.

(iii) Contraceptive use was not affected by type of place of residence. Most of the women in both rural and urban areas were found not to have used any method and

at the same time were currently not using any method of contraception.

(iv) Women in 30-34 and 35-39 age-group used contraceptives more than women in the other age groups in the study.

(v) Married women used contraceptives more than unmarried women.

(vi) Ideal number of children was found to be negatively related to contraceptive use. Those women who regarded less than three children as ideal number used contraceptives more than their counterparts.

(vii) Catholic women used contraceptives less than protestants.

In an effort to raise the level of contraceptive use in Kisii district, this study has recommended that;

(i) The government should raise the educational standards of the women in the District.

(ii) Contraceptive use should be encouraged especially among the exposed group aged 15-19 years because this age group has along reproductive period compared to the other age groups in the study.

(iii) The government should expand the existing public health and nutritional programmes for both parents

and children so as to reduce child and infant mortality.

(iv) The government should extend the old age and social security schemes to parents in order to reduce economic dependence of parents on their children. This will in turn reduce the desire for more children.

ORGANIZATION OF THE STUDY

The presentation of this study is given in five chapters.Chapter one covers the presentation of the background information, problem statement, objectives of the study, scope and limitation of the study and justification of the study.

Chapter two covers literature review and conceptual framework, hypothesis of the study, definition of principle concepts of the study and organization of the study.

Chapter three covers the sources of data,quality and validity of the data, methods of data collection and methods of data analysis.

Chapter four covers the presentation of the results findings. Chapter five covers summary and conclusions, where conclusions have included recommendations for policy makers and recommendations for further research.

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CHAPTER ONE

GENERAL INTRODUCTION

1.1 INTRODUCTION

The 1962 Census revealed that Kenya had a rapid population increase problem. On this realization the government highlighted the concern about the population growth and its impact on the resources and the rate of economic development in the Sessional paper No. 10 of 1965.

In 1966 the Kenya government invited a population council advisory mission to study the demographic situation in Kenya and to make recommendations. It is on the basis of the report made by the advisory mission that the government officially launched the national family planning programme in 1967 to reduce fertility and thereby population growth rate. The use of family planning services was voluntary and individual customs and values were fully respected (Kenya Republic of 1967).

Family planning was integrated with maternal and child health (MCH). Although MCH component was in a way succeeding, the family planning component of the programme was not doing well. The specific goal of reducing fertility and therefore reducing population growth rate was not obtained by the end of 1979. The census of 1979 year indicated that instead of a decline in

population growth, there was a considerable increase as the growth was found to be 3.8% per annum. In 1982, the Government of Kenya established the National Council for Population and Development (NCPD) to coordinate activities of the ministries and the non-governmental organizations involved in population and family planning activities (Kenya republic of 1985).

Other Non-governmental organizations, for instance, National Christian Council of Kenya(NCCK), and Kenya Catholic Secretariat(KCS) have been involved in population and family planning activities. This study would therefore like to investigate the determinants of contraceptive use in Kisii District. Kisii District is one the Districts with high population growth rate and high population density. In Kisii district the general acceptance and use of contraceptives are low, despite the fact that there is almost universal awareness of family planning methods. (District development plan, 1989).

District population and family planning committee has been set up to set strategies and formulate and coordinate programmes to lower the rate of population growth in the District.

1.2 BACKGROUND TO THE AREA OF STUDY

Kisii district covers an area of 2,196 sq.km making it the smallest of the four districts in Nyanza province. It shares common administrative boundaries with three districts: Kericho to the east, Narok to the South, and South Nyanza to the west.

Kisii district has the advantage of having both fertile soils

and reliable rainfall that encourages both intensive and extensive farming that in turn contributes to high yields of food products. Initially Kisii land was mainly used for grazing/fallow, maize cultivation, bare ground hedges, woodland and tea growing. (Kenya Rangeland, ecological monitoring unit; 1983). However, due to population pressure most of the land has been used for maize cultivation so as to feed the growing population.

According to the 1969 and 1979 censuses the population of Kisii district increased from 675,041 in 1969 to 970,625 in 1979 giving an intercensal growth rate of about 4% per annum. This was a very high growth rate given that the area covered by the district is relatively small compared to the population density(i.e 612 km^2). The 1979 census also showed that most of the population consisted of below 19 years age-group; a population that is not economically active meaning that the dependency ratio was reasonably high. The census also indicated that there are more females than males in the economically productive and reproductive ages. This is possibly because most of the male population has moved out of the district to search for employment opportunities, implying that there is not enough labor force in the area especially from the middle aged men. There is a large proportion of women in the reproductive ages. This seems to encourage polygamous marriages.

The 1979 census, showed that there was a high number of female population as it was found that 42% of them were aged between 15-49 years. This suggests that the female population which exposed

to the risk of pregnancy and to whom family is relevant is quite high in Kisii District.

Considering population distribution among the divisions, Nyamira has the highest population followed by Irianyi(240,864), Marani(210,377), Bosongo(192,353), Nyamache158,042), Ogembo(154,794), Magombo(139,149), Borabu(51,437); (Kenya Development Plan, 1990, Kisii District, pp33).

The 1979 census also indicated that Kisii district is almost exclusively populated by one tribe namely the Gusii people. The Luo and Luhya in Kisii who number 7870 and 2887 respectively rank second and third numerically.

In the district Government Medical Services are offered free of charge including various methods of modern contraceptives. Modern contraceptives are mostly offered at hospitals and health centers. Only few of the Non Government organizations offer these services.Some Catholic church based organizations provide information on natural family planning. Private organizations such as the Family planning Associations of Kenya (FPAK), and a few other private organizations also offer modern contraceptives.

Since 1984 a variety of modern contraceptives were gradually distributed in FG-kits and by 1985 all hospitals and health centers have had regular and ample supplies of modern contraceptives at their disposal. Before that time, variety and availability of Family planning services were uneven. Despite all these improvements in an attempt to increase contraceptive services, use

of contraception has been relatively low (KDHS, 1989, KCPS,1984).

1.3 STATEMENT OF THE PROBLEM

The level of contraceptive use is relatively low and the level of contraceptive knowledge is high in Kisii district. The government of Kenya officially launched the programme of family planning in 1967 and since this period there has been no significant improvement in the use of contraceptives. In addition to this, most researchers have in this area found out that contraceptive use is low. For instance KCPS indicated that 92% of all Kisii women knew at least one contraceptive method yet only 18% of all women were using the family planning services available. The Kenya Demographic and Health Survey(KDHS) also indicated that 93.3% of all Kisii women know at least one contraceptive method yet only 20.2% of all women are using the family planning services available. These findings show that contraceptive use is relatively low There could be some socio-cultural, socio-economic and demographic factors responsible for the low usage.

If low contraceptive use persists, high fertility will also persist since majority of the women would not be protected from pregnancy.High fertility in turn results in high population growth rates, assuming that mortality remains constant or decreases. High population growth rates also in turn bring about population problems e.g. lack of adequate resources.

Kisii district is one of the densely populated districts in rural Kenya. Probably this is because there is high fertility and

low use of contraceptive.

1.4 OBJECTIVES OF THE STUDY

1.4.1 Broad objectives

(i) To investigate why there is low use of contraceptives when most researchers have shown that most of the Kisii reproductive women have high knowledge of contraceptive use and contraceptive services are available.

1.4.2 Specific objectives

(i) To examine the influence of socio-cultural factors on individual decision to use or not use contraceptives.

(ii) To examine the influence of demographic factors on contraceptive use.

(iii) To investigate and establish better understanding on how socio-economic factors influence contraceptive use.

(vi) To determine the most commonly used methods of contraception in Kisii.

1.5 JUSTIFICATION OF THE STUDY

1. Kisii District has been chosen because, from a demographic point of view, it is one of the most densely populated districts in rural Kenya. It has a growth rate of 4% compared to 4% at the national basis (Kenya Development Plan 1984-88). The fertility rate is 8.1 births per woman (Kenya Contraceptive Prevalence Survey, 1984). This is an indication that contraceptive use is low, hence the need to investigate some of the reasons for low contraceptive use in the area.

2. Most researchers have not come up with adequate and elaborate reasons for low contraceptive use. Therefore there is need to fill the gap in knowledge.

3. It is presumable that the findings of this study will be of great use to policy makers, implementors, and demographers in assessing and determining the levels of contraceptive use and their overall implications to the society.

4. Most researchers have concentrated on factors affecting contraceptive use in Kenya as a whole country but they have not specifically examined reasons for low contraceptive use in Kisii district.

1.6 SCOPE AND LIMITATION

1.6.1 Scope

The study intends to use the 1989 Kenya Demographic and Health Survey. Data on current marital status, age , place of residence and educational level will be extracted. At the same time information on ever use, current use, children dead and ideal number of children will be obtained and examine their influence on contraceptive use.

1.6.2 Limitation

The limitation of the study is that it includes women who are not married, infertile and those in school. This group of women is not exposed to the risk of pregnancy and as such may not need contraception. It is important to note that the study is mainly concerned with women in the reproductive age (15-49 yrs).

The other limitation is that the data to be used may be having some non-sampling errors due to mistakes made in carrying out field activities such as failure to locate and interview the correct household, errors in the way questions are asked, understanding of questions in the part of the interviewer or respondent and entry errors.

The data being used in the present study is limited in that it was collected with different objectives in mind and not of the present study. As a result certain manipulations had to make the data as reliable as possible.Thus because of relying on secondary data one can only get a general picture of the real situation.

The limitation of the data to be used includes the fact that only 331 Kisii women of reproductive age were interviewed. This sample of women was not representative of women of reproductive age in this area because this sample is not even 10% of women of reproductive age.

In addition to the limitations above, the present study is limited by time, hence it was not able to examine the influence of contraceptive use on fertility and yet it has been noted above that Kisii district has high fertility rates probably due to low contraceptive use.

CHAPTER TWO

LITERATURE REVIEW, CONCEPTUAL FRAMEWORK AND HYPOTHESES

2.1 LITERATURE REVIEW

The issues of increased contraceptive use and lower fertility in sub-saharan Africa are of great importance and the subject of considerable debate at the present time. African countries are poor and have high fertility and rapid population growth, and until recently very few have had policies or programs directed at reducing fertility. In the study, "Knowledge attitudes and practice" (KAP) surveys of 1960's most people indicated that they did not want many children but the knowledge of family planning methods was low (Mauldin 1965 p.10). Most probably many people use postpartum abstinence and lactational ammenorreah. Contraceptives were sometimes available but the availability tended to be limited to the elite who had access to private practice (Brackett 1980 p.2).

Coale (1974) argues that people will use contraceptives when they perceive advantages from reduced fertility and when they possess knowledge of effective techniques of fertility control (Coale 1974 p.65). Many scholars have argued that it is only knowledge and means of control that are needed to ensure spread of

fertility when they are informed (Mauldin and Berelson 1978 p.89-148).

Other researchers have found out that wives employment status may affect contraceptive use Caldwell (1986B) found positive relationship between wives occupational status and contraceptive use in Ghana.

Employment status may also affect contraceptive use due to the fact that working women may not want many children to help them do some work or give them old age security. The working women benefit financially from their jobs hence can support themselves and they will also be given retirement benefits (Schultz, Kangi 1978).

The educated and employed couples prefer to have fewer children whom they can give better food, clothing, education (Schultz 1979).

Husbands employment status has also been found to be related to contraceptive use. Freedman et al (1981) using a multi classification analysis found that the husbands employment status was positively related to the use of contraception among exposed women in Indonesia.

Abdullah et al (1984) found out that in Trinidad contraceptive use was greatest among women whose husbands were professionals administrators and clerks.

Wives education is one of the socio-economic variables which has been found to affect the use of contraception. Immerwahr (1981) indicated the relationship between the years of wife's schooling and the use of contraceptives among women aged 15-50 years and were

exposed to the risk of pregnancy at Sri Lanka.

Caldwell (1986A) found that in Nigeria in 1964 the practice of contraception rose steeply with the education of the wives from 5% to uneducated women ever contracepting to 71% of those with university and post secondary training.

Many studies have also indicated that the number of additional children desired may affect contraceptive use. For instance, Freedman et al (1981) found out that in Indonesia exposed women who wanted no more children used contraception more than those who wanted more children.

In knowledge, attitudes and practice survey of 1967 and 1980, it has been indicated that in Taiwan breastfeeding and contraception were negatively related. The desire for fertility regulation was one reason for breastfeeding.

Access to contraception services also determines contraceptive use. This has been shown by studies carried out by Novak et al (1983) in comparative study involving 5 developing countries namely Costa Rica, Thailand, Columbia, Honduras, and Nepal. Use of contraceptive was found to be highest among women whose travel time was less than 15 minutes and one hour.

Child mortality and contraceptive use have also been found to be related. Caldwell et al (1976) indicated that among Yoruba women in Nigeria, mothers most likely to have used contraceptives had lost one child. Use of contraception was found to decrease with the number of child deaths.

The ministry of health Annual report of 1977 indicated that

the majority of the family planning programme during 1977 had primary education (51%) and almost a quarter (25%) did not have any formal education (Kenya republic 1977).

Education influences the use of contraception through its negative effect on breastfeeding. Educated and working women tend to substitute contraception for breastfeeding as a means of fertility regulation (Milman 1985).

The Kenya contraceptive Prevalence Survey (KCPS) of 1984 found that some users preferred not to use certain methods because some were not sure of which method to use and for others their husbands were against it. About 17% were not sure of which method to use and 23% were not using because their husbands were against it.

The KCPS 1984 also found that common problems by the users included pain and discharge, heavy periods and frequent periods out of every four users interviewed one complained of pain.

The reasons for non-use go beyond the husbands objection and the side effects of contraceptives. The socio-cultural reasons as indicated in the KCPS played a very important role. A good number of women did not want to use contraceptives because they desired more children and believed that the woman's fertility had to be fully utilized by the society. Lack of awareness and sexual inactivity was also the other reason for not using.

Palmore et al (1976) found out that in Thailand women who had reached or exceeded the desired family size used contraception more than those whose desired family sizes had not been attained.

Place of residence may also affect contraception as indicated

by most researchers. For instance women residing in urban areas are more exposed to contraception information and have a greater access to contraceptive services than rural women.

In terms of the duration of marriage it was found out by Weiss and Udo (1981) in Nigeria that women who had married for five or more years had higher usage of contraceptives than those who had recently married.

According to surveys conducted in 33 countries as many as 30 percent of married women of childbearing age had used contraceptives in the past (World bank, 1984).
In Nigeria Weiss and Udo (1981) found out that women aged under 21 years had the highest dropout rates. A study in Kenya by Sanghvi, however showed that oral contraceptive acceptors tended to be young with a mean age of 22-26 years. Only 10.6 percent of the sample examined by Sanghvi (1984) was found to be beyond 30 years old.

Literature on contraceptive continuation from the developing world indicates that continuation is highest for intra-uterine Device (IUD) and lowest for condom, the pill and Rhythm rates in between the two extremes. In Calaba State, Nigeria, it was found out that a year after acceptance 73 percent of the IUD acceptors retained the device while only 24% of the pill still continued using method (Weiss and Udo 1981).

The interrelationship between Human Health and Management of Natural Resources and Environment(IHHMNRE 1988) found out that children were considered a blessing by both women and men and infertility was a disaster. It was also established that to have

sons was very important because they would stay on the parental land with their wives and thus look after their parents in old age. However, it was important to have daughters; daughters would bring cattle, received as bride price, for sons to acquire wives with. Religious beliefs and practices were found to be directly related to the desire for large families and men were commemorated through his sons in the ancestor culture. The cultural association of fertility was the good, right and proper while infertility was associated with evil and wickedness.

Data collected by the KCPS indicated that the total use of family planning methods in Kisii (including breastfeeding and natural methods) is 12% compared to 17% on a national scale and with regional and ethnic variations from 5-30%. Use of modern contraception in Kisii district is estimated to 8%. Research study conducted in 1988 by the IHHMNRE indicated that there was 13.4% of ever use of all methods. This study also indicated the following characteristics of the user group. 90% of the users are married, 60% are seventhday Adventists while 30% are catholics. As to age Family Planning users are mainly from 27-40 years old with 5-8 children and with the majority having 6 children, with a tendency of more boys than girls.

The IHHMNRE (1988) also indicated that most of the users were those whose bridewealth had been paid because they felt more secure than those whose bridewealth had not been paid. In terms of Husbands about 25% of the husbands of both users and non-users were said to have an income from occupation outside farming. This means

that husbands occupation as such did not seem to have any immediate link to women's use of family planning.

IHHMNRE (1988) also indicated that in Kisii the main reason why the majority of women want to make use of contraception is the economic pressure (i.e pressure of school fees, food, costs and lack of land). The other reason for use of family planning included pregnancy burden, advice from health workers and influence from other women. Husbands pressure is explained in terms of husband taking a second wife and therefore want the first wife to stop getting children.

About 50% were estimated to use contraception secretly without their husbands knowledge or wish. Side effects were also found to be main reasons for non-use of contraceptives although researchers have found out that some of these women had problems resulting from excessive work in the farms and not contraceptive use.

In a study of oral contraceptive acceptors at Kenyatta National Hospital, Sanghvi (1984) found out that 50% of the sample consisted of currently married while the widowed only comprised of 1.4% of the sample.

In summary the literature review above has shown that the following variables at a given instance have contributed to use or non-use of contraceptives in different parts of the world:

(i) Wives employment status

(ii) Wives educational status

(iii) Knowledge of contraceptive use

(iv) Husbands employment status

(v) Number of additional children desired

(vi) Duration of breastfeeding

(vii) Accessibility to contraceptive services

(viii) Number of children dead

(ix) Side effects of modern contraceptives

(x) Place of residence

(xi) Duration of marriage

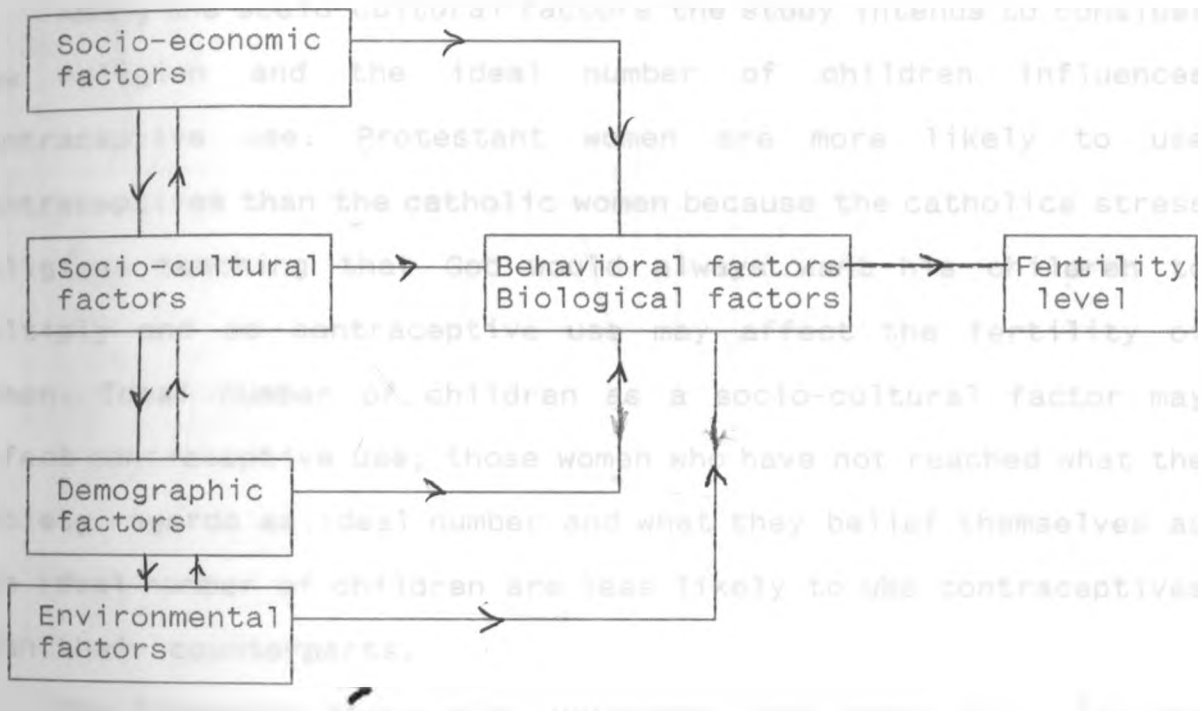
(xii) Age of the mother

In addition to the above summary of the literature review, the IUD was found to be the most commonly used method of contraception and the condom the least used.

In conclusion it is apparently clear from the literature review presented above that few studies have been carried out on contraceptive use and none has specifically dealt with Kisii district except the IHHMNRE (1988) which did not extensively examine the factors behind contraceptive use or non-use. Hence it is therefore important to fill in the gap of knowledge in contraceptive use in the district.

From the literature review above several socio-economic, socio-cultural and demographic factors have been found to affect contraceptive use. Therefore the conceptual hypothesis for this study will be as follows "Socio-economic, Socio-cultural and Demographic factors are likely to affect Contraceptive use".

2.2 CONCEPTUAL FRAMEWORK



Source: Bangaarts framework(1978)

In his model Bongaarts identified the following as the main intermediate variables; contraception, induced abortion, proportion of women married and breastfeeding. Among these the study has concetrated on contraception as a factor of fertility and how socio-economic factors, socio-cultural factors and demographic factors may influence contraceptive use.

Socio-economic factors include level of education, place of residence. Those women who are more educated are likely to use contraceptives more than their counterparts because they are more knowledgeable on contraceptive use than their counterparts. Place of residence may also affect contraceptive use in the sense that those women living in urban centers have reliable supplies of contraceptives than those in the rural areas.

Among the socio-cultural factors the study intends to consider how religion and the ideal number of children influences contraceptive use. Protestant women are more likely to use contraceptives than the catholic women because the catholics stress religious teaching that God would always want his children to multiply and so contraceptive use may affect the fertility of women. Ideal number of children as a socio-cultural factor may affect contraceptive use; those women who have not reached what the society regards as ideal number and what they belief themselves as the ideal number of children are less likely to use contraceptives than their counterparts.

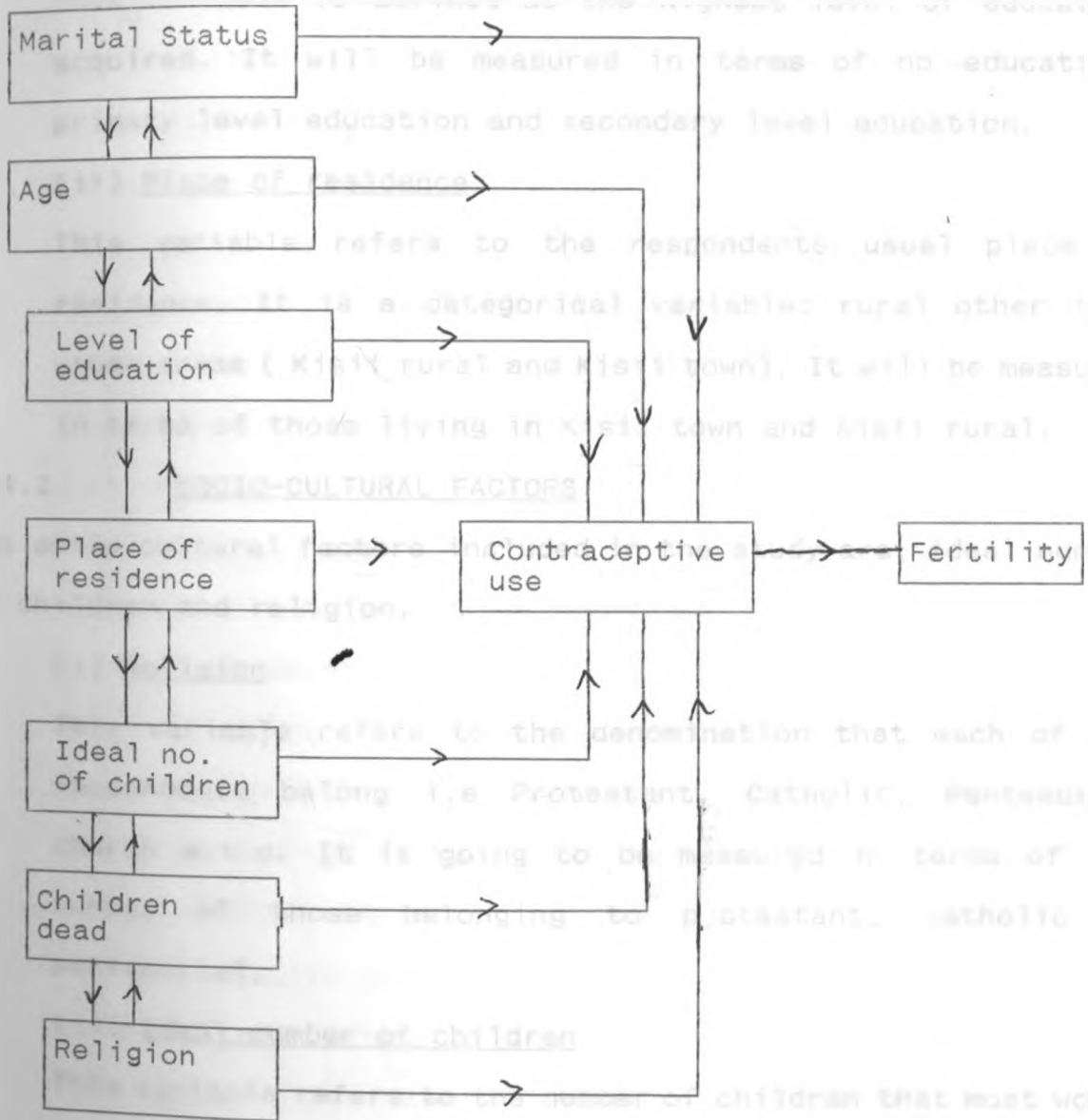
The framework above also indicates that demographic factors may influence contraceptive use. Demographic factors include 5-year age-groups, marital status, children dead. Those women who are in the 15-19 and 20-24 age groups may not use contraceptives as much as those above them. This is probably because this age groups are still in school and are therefore not exposed to the risk of pregnancy.

The number of children one has may also make one not to use

contraceptives, for instance if they are more than 5 children.

Those women who are not married may use contraceptive less than those who are married because they are not exposed to the risk of pregnancy as their counterparts.

2.3 OPERATIONAL CONCEPTUAL FRAMEWORK



2.4 DEFINITION AND MEASUREMENT OF THE KEY CONCEPTS

2.4.1 SOCIO-ECONOMIC FACTORS

The socio-economic factors included in this study are; educational level and place of residence

(i) Educational level

This variable is defined as the highest level of education acquired. It will be measured in terms of no education, primary level education and secondary level education.

(ii) Place of residence

This variable refers to the respondents usual place of residence. It is a categorical variable: rural other than urban areas (Kisii rural and Kisii town). It will be measured in terms of those living in Kisii town and Kisii rural.

2.4.2 SOCIO-CULTURAL FACTORS

The socio-cultural factors included in the study are; ideal number of children and religion.

(i) Religion

This variable refers to the denomination that each of the respondents belong i.e Protestant, Catholic, Pentecostal church e.t.c. It is going to be measured in terms of the number of those belonging to protestant, catholic or pentecostal.

(ii) Ideal number of children

This variable refers to the number of children that most women

of reproductive age consider as reasonable and acceptable to them and the society as a whole. It will be measured in terms of the number given by the respondent as ideal.

2.4.3 DEMOGRAPHIC FACTORS

The demographic factors examined in this study are; marital status, 5-Year age group, children dead and contraceptive use.

(i) Marital status

This variable is defined as whether one is legitimately living with the husband or not. It will be measured in terms of divorced, widowed, not living together, living together never married or married.

(ii) Age

This variable refers to the seven age-groups of reproductive women, that is, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49. It will be measured in terms of which age group has contributed most to the use or non-use of contraception.

(iii) Children dead

This variable refers to the number of children the respondent had through death as at the time of the interview. It will be computed as the difference between the number of children who have died against educational level, marital status, place of residence and age group of the respondent.

2.4.4 BEHAVIORAL FACTORS

(i) Contraceptive use

Contraception refers to the prevention of conception. The means or methods used to prevent or delay conception are

called contraceptive methods or simply contraceptives. In this study six such methods are going to be examined. These are the pill, IUD, condom, female

e sterilization, injectable and periodic abstinence. It will be measured in terms of ever use and current use among reproductive age group women.

2.5 STUDY HYPOTHESIS

1. Level of education is positively related to contraceptive use. More educated women are more likely to use contraceptives than those not educated.
2. Married women are more likely to use contraception than women who have never been married.
3. Urban women are more likely to use contraception than the rural women.
4. Women in the age groups, 30-34, 35-39 are more likely to use contraception than the other age groups of women of reproductive age.
5. Women who consider less than two children as an ideal number of children are more likely to use contraceptives than their counterparts.
6. Women who have lost two or more children are less likely to use contraceptives than their counterparts.
7. Protestant women are more likely to use contraceptives than catholics.
8. Injectables and female sterilization are more likely to be

used than other methods of contraception.

9. Female sterilization is more likely to be used than the other methods of contraception in the study.

CHAPTER THREE

3.1 RESEARCH METHODOLOGY

3.1.1 Sources of data:

The study used secondary data that was mainly drawn from the Kenya Demographic and Health Survey(KDHS) conducted in 1989 by the National Council for Population and Development(NCPD) in collaboration with the Central Bureau of Statistics(CBS) and Institute of Research Development(IRD).

The KDHS was intended to serve as a source of population and health data for policy makers and for research community.The sample for the KDHS was based on the National Sample Survey and Evaluation Programme(NASSEP) Master Sample maintained by the CBS. The NASSEP Master Sample is a two-stage design; stratified by urban-rural residence and within the rural stratum by individual district. About 34 districts of Kenya were included in the KDHS sample, Kisii district being one of them.

The survey covered 7150 women aged 15-49 and a sample of 1,116 husbands of these women selected from a sample covering 95% of the population

The KDHS utilized three questionnaires to collect data. These were the household questionnaire, woman's questionnaire,and husbands's questionnaire. However,this study focuses on data collected from the woman's questionnaire which consisted of seven

sections.

The first section collected information on the respondent's background. This included age, residence, educational level,household amenities,religion,tribe,and social status. The second section collected information on the respondent's reproductive behavior. This included the number of life births, those that have died, sex composition and current pregnancy status.

The third section collected information on the respondent's knowledge and use of family planning method preference, attitude towards family planning, where the current users obtained their method and proximity of these sources.

The fourth section collected information on the respondent's breastfeeding habits and the general child health care. The fifth section collected information on the respondent's reproductive intentions and family size.The last section collected information from currently married women and the intention was to get information about the respondent's characteristics.

Apart from the KDHS from which most of the data was derived, the present study also sought data from other secondary sources in the library, government publications,population reports,magazines e.t.c.

3.1.2 Reliability and quality of data:

Due to the short period within which the current study was required to be completed, it was found not feasible to go out in the field and carry out empirical data survey for study. The KDHS that had

only been collected between December 1988 and May 1989 was found to be an even more convenient source of empirical data for the purpose. The KDHS data is a more reliable data set to be used because the sample that was selected was adequately representative of the actual population for instance 13 districts were selected and about 450 rural households were selected in each of these districts and over 1000 rural households in urban areas for a total of 10,000 households.

However the sample size of the current study is not very representative of Kisii women of reproductive age. The sample size that is 331 women do not form even 10 percent of women of reproductive age, but because of time limit it is appropriate to use this data so as to establish a base for a more reliable study.

The questionnaire was prepared in english and translated to local languages and pretests were done in order to detect errors in the questionnaire.

3.2 METHOD OF DATA ANALYSIS

The main objective of the study is to examine how socio-economic, socio-cultural and demographic factors relate to contraceptive use. Previous studies that have attempted to examine the relationship between contraceptive use and each of the selected independent variables have used various methods of analysis. one of these methods is multiple classification analysis of variance Although these methods appear appropriate, they cannot be employed in this study due to time constraint. However the study will

utilize cross tabulation method to analyze the relationship and establish the distribution of the ever use, current use, according to each category of the selected variables. Cross tabulation will be used because of its appropriateness for comparative purposes. Tables and percentages, graphs and charts will be used so as to establish the major differentials in each of the selected variable. Descriptive analysis will also be used especially in writing the report of the findings.

3.2.1 Application of the cross tabulation method

The socio-economic, socio-cultural and demographic indicators selected in this study are the respondents current urban or rural residence, wife's educational attainment, age of the mother, number of children dead, religion of the respondent, ideal number of children and marital status.

These characteristics have been selected because of their association with variations in fertility regulation and child bearing behaviors. These characteristics are also treated as independent variables in this study. The dependent variable is ever use of contraceptives and current use of contraceptives.

Fourteen tables will be used to give the following analysis:

(i) Current contraceptive use by level of education

(ii) Ever use of contraceptives by level of education

(iii)Current use of contraceptives by marital status

(iv) Ever use of contraceptives by marital status

(v) Current contraceptive use by place of residence

(vi) Ever use of contraceptive by place of residence

(vii)Current use of contraceptives by 5-year age group

(viii)Current use of contraceptives by number of children dead

(ix) Ever use of contraceptives by number of children dead

(x) Current use of contraceptives by ideal number of children

(xi)Ever use of contraceptives by ideal number of children

(xii) Current use of contraceptives by religion

(xiii) Ever use of contraceptives by religion

(xiv) However, cross tabulation as the major method of data analysis used in the study has various limitations. For one,this method only indicates the association between the dependent variable (e.g contraceptive use) and the independent variable (e.g.education), but it doesn't show the extent or by how much education influences contraceptive use.Other methods of analysis for instance,regression analysis would show this kind of relationship. Secondly, cross tabulation doesn't indicate which independent variable has a stronger influence on the dependent variable than the other, just like the chi square would show.

CHAPTER FOUR

DATA ANALYSIS AND THE INTERPRETATION OF THE FINDINGS

4.1 Introduction:

This chapter deals with the presentation and analytical interpretation of how socio-economic, socio-cultural and demographic factors relate to contraceptive use.

The socio-economic, socio-cultural and demographic factors used in examining the patterns of use of contraceptives are; place of residence, education levels, children dead, age group, ideal number of children, religion and marital status. Contraceptive use was measured in terms of ever use and current use. The definition of the variables are given in chapter two. Using cross tabulation or simple percentage the socio-economic, socio-cultural and demographic factors and contraceptive use are be examined.

4.2 Analysis and interpretation of data:

4.2.1 Level of education and ever use contraceptive.

From table 4.1, it is indicated that as the level of education increases the percentage of those who have never used any contraceptive method decreases, although women with primary level of education have the highest percentage of those who have never used any contraceptive method. This may be attributed to the fact that women with primary level of education a still strongly

attached to traditional methods of contraception and at the same time they would like to get as many children so that they may be accepted by their husbands. Another general observation that can be made from the table is that traditional methods are not as much used as the modern methods. This is probably because users of modern methods would like to be sure of using a method that can limit their births.Educated women especially those with secondary level of education prefer to have fewer children whom they can give quality food, enough clothing, education e.t.c. This finding is not unique, since Schultz(1979) had similar observations.

Finally, table 4.1 indicates that majority of the respondents have never used any method of contraceptive.This probably because as was found out by the KCPS(1984) most of these women were not sure of which method to use, others their husbands were against it.

Table 4.1 Percentage distribution of ever users and non-users of contraceptives by level of education.

Ed.	Never use	used trad	Used modern	Total	ever use
No educ	47(63%)	11(14%)	17(23%)	74(100%)	37%
prim.ed	124(66%)	30(15%)	35(19%)	189(100%)	34%
sec. ed	38(55%)	10(15%)	20(30%)	67(100%)	45%

4.2.2 Level of education and current contraceptive use

As shown in table 4.2 most women are currently not using any contraceptive method. This is probably because of the common problems for instance, pain and discharge heavy periods and frequent as was found out by KCPS(1984). The number of the users

of pill and IUD for instance was negligible among women with primary education. The reason might have been due to detrimental effects of this methods.

Generally contraceptive use tend to be increasing with level of education, that is, 14.9% for women with no education and 28.8% for women with secondary education. Cadwell (1986A) had also found similar results in a study in Nigeria in 1964 when he found out that the practice of contraceptive use rose steeply with the level of wives' education.

Table 4.2 Percentage distribution of current users and non-users of contraceptives by level of education.

Education	not using	Pill	IUD	Injection	Condom
No educ.	63 (85%)	-	1(1.2%)	4(5%)	-
prim.level	165(87%)	3(1.4%)	2(1%)	4(1.9%)	1(0.5%)
sec. level	53 (78%)	2(2.5%)	3(5.0%)	4(6.3%)	1(1.3%)

Table 4.2 (cont.)

Religion	Female ster.	Period abst.	Total	Currently using
No educ.	5 (6.1%)	2(2.7%)	74(100%)	15%
prim.level	7 (3.7%)	8(4.5%)	189(100%)	13%
sec. level	2 (3.6%)	2(3.3%)	67(100%)	22%

4.3.1 Current marital status and ever use of contraceptives

As shown in table 4.3 those women who have never been married form the majority of the women who have never used any contraceptive method. This may be attributed to the fact that most of this women are still in school (i.e 15-19 and 20-24 age groups) and therefore there is no need of using contraception since they are not exposed to the risk of pregnancy. The percentage of those who are widowed and those not living with their husbands showed that most of them have not used any method. 50% of the users are married women, although research conducted by IHHMNRE (1988) in Kisii district indicated that 90% of the users were married women. Most of the married women use contraceptives because of the economic burden, pressure of school fees, food costs and lack of land.

Finally, modern contraceptive method has been used more than the traditional method possibly because modern methods of contraception are more safer than traditional method.

Table 4.3 Percentage distribution of ever users and non-users of contraceptives by current marital status

Marital status	Never used	Used trad.	Used mod	Total	Ever use (%)
Not married	78 (86%)	5(6%)	7(8%)	90(100%)	14%
Married	101(45%)	38(22.2%)	64(34%)	203(100%)	55%
Living together	3(75%)		1(25%)	4(100%)	25%
Widowed	12(87%)	1(7%)	1(6%)	14(100%)	13%
Divorced	5(54%)	4(36%)	1(10%)	10(100%)	46%
Not livin together	9(83%)	2(17%)	-	11(100%)	17%

4.3.2 Current marital status and current contraceptive use

As the figures on table 4.4 indicate current users of contraceptive methods are very few irrespective of whether they are married or not married. For instance those not living together with their husbands and those who have never married are almost not using any contraceptive method at all possibly because these two groups are not exposed to the risk of pregnancy. It is only a few of the married and especially those living with their husbands who are using contraceptives. The possible reason why those who are

married are not using contraception is because their husbands are against it. (These were the findings of the KCPS 1984).

Table 4.4 Percentage distribution of current users and non-users of contraceptives by current marital status

Marital status	not using	Pill	IUD	Injection	Condom
Never married	85 (95%)	-	2(2%)	1(1%)	-
Married	159(80%)	5(2%)	4(2%)	11(5%)	1(1%)
Living together	3 (75%)	-	-	-	-
Widowed	13 (94%)	-	-	-	-
Divorced	9 (90%)	-	-	-	-
Not livin together	11 (100%)	-	-	-	-

Table 4.4 continued

Marital status	Female ster.	Periodic abst.	Total	Current use
Never married	-	2(2%)	90(100%)	5%
Married	13(6%)	9(4%)	203(100%)	20%
Living together	1(25%)	-	4(100%)	25%
Widowed	-	1(6%)	14(100%)	6%
Divorced	-	-	10(100%)	10%
Not living together	-	-	11(100%)	0%

4.4.1 Place of residence and ever use of contraceptives

As shown on table 4.5 both in urban and rural areas the percentage of women who have never used any contraceptive method is very high, 63% and 60% respectively. This explains why there is high fertility in the district. In both areas the women who have ever used a traditional method are very few. This shows that place of residence in Kisii district doesn't influence the increase of decrease of use or non-use of contraceptives. This is probably because these women whether rural or urban have almost the same characteristics in terms of knowledge attitudes and awareness of contraception. In contrast to these findings, Palmore et al (1976) found out that women residing in urban areas are more exposed to contraceptive services than rural women, hence use contraceptives more than rural women.

Table 4.5 Percentage distribution of ever users and non-users of contraceptives by place of residence

Resid.	Never use	Used trad.	Used modern	Total	Ever use
Rural	12(61%)	1(7%)	6(32%)	20(6%)	39%
Urban	197(63%)	49(16%)	67(21%)	312(94%)	37%

4.4.2 Place of residence and current contraceptive use

As shown in table 4.6 current users of contraceptive methods tend to be relatively higher in rural areas than urban Kisii. This is possible because most of the women who migrated to the urban areas have moved with their traditional values of large family sizes hence do not see the need of using contraceptives. This is in contrast to the finding of other researchers that women in urban areas should use contraceptives more than those in rural areas because they are more exposed to the a greater access of contraceptive services.

Table 4.6 Percentage distribution of current users and non-users of contraceptives by place of residence

Resi.	Not using	Pill	IUD	Injection	Condom	Female steri.
Rural	15(74.5%)	1(6.5%)	1(3%)	1(3%)	-	1(6.5%)
Urban	266(85%)	4(1.4%)	5(2%)	11(3.5%)	2(0.6%)	13(4%)

Table 4.6 continued

Reli.	Periodic abstin	Total	Current use
Rural	1(6.5%)	20(100%)	25.5%
Urban	11(3.5%)	312(100%)	15%

4.5.1 Age and ever use of contraceptives

As can be observed from table 4.7 below, 15-19 age group forms the highest proportion of those who have never used any contraceptive method. This possibly because this age-group is still in school and therefore have low risks of pregnancy. Those who are relatively low users of contraception come from 20-24 and 45-49 age group. Age group 20-24 is still in school and most of them have not yet married; Age group 45-49 has naturally reduced it's sexual activity hence do not have high risks of pregnancy. That is why they have not been using contraceptives as much as 30-34 age-group. Similar findings were obtained by studies conducted by Weiss and Udo (1981) in Nigeria where the highest drop out rate was among women under 21 years. However, studies carried out by Sanghvi in Kenya revealed that oral contraceptive acceptors tended to be young with a mean age of 22-26 years. Only 10.6% of the sample examined by Sanghvi(1984) was found to be beyond 30 years old.

Table 4.7 Percentage distribution of ever users and non-users o contraceptives by age:

Age group	Never used	Used only.	Used modern	Total	Ever use
15-19	65(88.7%)	6(8.3%)	2(3%)	73(100%)	11.3%
20-24	37(62%)	12(21%)	10(17%)	60(100%)	38%
25-29	36(55%)	10(15%)	19(30%)	65(100%)	45%
30-34	23(49%)	5(12%)	19(39%)	48(100%)	51%
35-39	21(50%)	10(24%)	11(26%)	41(100%)	50%
40-45	11(54%)	5(21%)	5(25%)	21(100%)	46%
46-49	15(64%)	2(7%)	7(29%)	24(100%)	36%

4.5.2 Age and current contraceptive use

Except for 15-19 age group that had 2% usage of contraceptives the rest of the six age groups had almost the same characteristics that is relatively few women used contraceptives. This is possible because these are the age groups to a larger extent that are exposed to the risks of pregnancy. Studies carried out by IHHMNRE (1988) indicated almost the results that family planning users are mainly 27-40 years old with 5 to 8 children and with majority having six children. 15-19 age had minimal cases of users of contraceptives because this age group is still in school and therefore they are not exposed to the risk of pregnancy.

Table 4.8 Percentage distribution of current users and non-users of contraceptives by age

Age group	Not using	Pill	IUD	Injection	Condom	Female ste
15-19	71(97%)	-	-	-	-	-
20-24	54(90%)	-	1(2%)	2(3%)	1(2%)	-
25-29	53(80.2%)	5(8%)	2(3%)	2(3%)	1(1.4%)	2(3%)
30-34	33(72%)	-	1(2%)	5(9%)	-	6(13%)
35-39	34(83%)	-	1(2.2%)	1(2.2%)	-	3(8%)
40-44	16(75%)	-	-	2(8%)	-	1(4.0%)
45-49	20(82%)	-	2(7.5%)	1(3%)	-	2(7.5%)

Table 4.8 continued

Age group	Periodic abst.	Total	Currently using
15-19	(3%)	73(100%	3%
20-24	3 (4.5%)	60(100%)	10%
25-29	1 (1.4%)	65(100%)	19.8%
30-34	2 (4%)	48(100%)	28%
35-39	2 (4.6%)	41(100%)	17%
40-44	3 (13%)	21(100%)	25%
45-49	- -	25(100%)	18%

4.6.1 Children dead and ever use of contraceptives

The general observation that can be made from the percentages on table 4.9 is that contraceptive use doesn't decrease with the increase of the number of child deaths as has been found out by most researchers e.g Caldwell et al (1976). In this study there is an increase in use of contraception by 18% when the 1st child dies and by 30% when the 5th child dies.

Another observation that can be made is that majority of the women who have lost more than two children preferred to use traditional method and not modern, possibly because modern methods are feared due to their detrimental side effects on ones' fertility.

Table 4.9 Percentage distribution of ever users and non-users of contraceptives by number of children dead

No of child. dead	Never use	Used only trad.	Used moder method	Total	Ever use
0	163(68%)	27(11%)	49(21%)	239(100%)	32%
1	32(50%)	14(21%)	18(29%)	64%(100%)	50%
2	6(47%)	5(33%)	3 (20%)	14%(100%)	53%
3	3(37%)	3(37%)	2 (26%)	7%(100%)	63%
4	4(66%)	1(17%)	1 (17%)	5%(100%)	34%
5	2(50%)	-	-	4%(100%)	50%

4.6.1 Children dead and current contraceptive use

Generally table 4.10 indicate that most of the women are not using contraceptives even if their children have died or not. This is possible because they fear that some or all may die hence living them with none to take care of them at their old age. Child mortality creates desire to replace a child or to ensure against future child mortality (U.N study 1979). Because of desire to have more children to replace the ones who have died, the study found out that 100% of women who had lost more than two children were currently not using any contraceptive method.

Table 4.10 Percentage distribution of current users and non-users of contraceptives by number of children dead

No of children dead	Not using	Pill	Injection	Condom
0	202(86%)	3 (1.3%)	8 (3.3%)	2 (0.8%)
1	52(82%)	2 (3%)	4 (6%)	-
2	12(92.8%)	-	-	-
3	7(100%)	-	-	-
4	5(83)	-	-	-
5	4(100%)	-	-	-

Table 4.10 continued

No of children dead	Female ster.	Periodic abstine.	Total	Current use
0	10(4.6%)	9 (4%)	239(100%)	14%
1	3(5%)	3 (4%)	64%(100%)	18%
2	1(7.2%)	-	14%(100%)	7.2%
3	-	-	7%(100%)	0%
4	-	1 (17%)	5%(100%)	17%
5	-	-	4%(100%)	0%

4.7.1 Ideal number of children and ever use of contraceptives

As shown on table 4.11 none of the respondents regard one as ideal number of children, although IHHMNRE (1988) had found out that 5 to 8 children and particularly 6 were considered to be ideal number of children. This was possibly because children were considered a blessing by both men and women, and infertility was a disaster. However, it was important to have both boys and girls, therefore the ideal number is normally considered to be 3 boys and 3 girls. This study revealed that a reasonable number of women who

considered 3 as ideal number of children, had started using modern contraceptives. This is probably because most of these women are educated and therefore have already realized the advantages of a small family size.

Table 4.11 percentage distribution of ever users and non-users of contraceptives by ideal number of children

Ideal no. of child.	Never used	Used trad.	Used modern	Total	Ever use
1	1(100%)	-	-	1(100%)	0%
2	18(79%)	1(4%)	4(17%)	23(100%)	21%
3	22(57%)	2(5%)	15(38%)	39(100%)	43%
4	110(63%)	30(17%)	36(20%)	175(100%)	37%
5	22(59%)	8(22%)	7(19%)	38(100)	41%
6	36(66%)	10(17%)	10(17%)	58(100%)	34%

4.7.2 Ideal number of children and current contraceptive use

As shown on table 4.12 none of the women interviewed considered one as ideal number of children, this is possibly the reason why those women with one child were not using contraceptives.

Another general observation that can be made from table 4.0.3 is that most of the women, irrespective of what they consider as ideal number of children, are not using any contraceptive method possibly because they are still strongly attached to the societal demand for many children incase some die. At the same time many children were regarded as a blessing from God.

Table 4.12 Percentage distribution of current users and non-users of contraceptives by ideal number of children

Ideal number children	Not usin	Pill	IUD	Injection	Condom
1	1(100%)	-	-	-	-
2	21(90%)	-	1(4%)	1(3%)	-
3	30(78%)	1(1.7%)	2(6%)	1(2.3%)	-
4	148(85%	3(2%)	2(1%)	6(4%)	2(1%)
5	33(87.8%)	1(2.4%)	-	1(2.4%)	-
6	48(83%)	-	1(2%)	3(5%)	-

Table 4.12 continued

Idea numb of child	Female ster	. Periodic abst.	Total	Current use
1	-	-	1(100%	0%
2	1(3%)		23(100%)	10%
3	2(6%)	2(6%)	39(100%)	22%
4	7(4%)	6(4%)	175(100%)	15%
5	1(2.4%)	2(5%)	38(100%)	12.2%
6	3(5%)	2(5%)	58(100%)	17%

4.8.1 Religion and ever use of contraceptives

Table 4.13 depicts that most of the Catholics have not use any contraceptive method. This may be attributed to the fact that they believe in having as many children as God can give them and that God can provide for these children.They also believe that contraception is a way of terminating life, that is, killing children to be born who are considered to be a blessing from God.This finding is not unique, studies conducted by IHHMNRE(1988)

indicated that 30% of the users of contraceptives were catholics and the rest were protestants.The number representing the Muslims (one respondent)is not a good representative of the population for comparative purposes.Hence from this number the study was not able to tell whether majority of the Muslims used contraceptives or whether the population has a very small Muslim population.

Table 4.13 Percentage distribution of ever users and non-users of contraceptives by religion

Religion	Never used	Used Trad.	Used modern	Total	Ever use
Catholic	87(71%)	17(14%)	19(15%)	122(100%)	29%
Protest.	121(58%)	33(16%)	53(26%)	207(100%)	42%
Muslim	1(50%)	-	1(50%)	1(100%)	50%
No relig.	-	-	1(100%)	1(100%)	0%

4.8.2 Religion and current contraceptive use

Just as has been noted on table 4.13, table 4.14 also shows that the number represented by those with no religion and muslims is incomparable with the Catholics and Protestants. Therefore the study analyzed contraceptive use differentials among the Protestants and Catholics who form majority of the population. The final observation that can be made from the table is that most of the respondents are currently not using any contraceptive, Protestants who are not using any method are 81% and Catholics are 90%.This is probably because of the side effects associated with them and the religious believes held by these religious groups.

Table 4.14 Percentage distribution of current users and non-users of contraceptives by religion

Religion	Not usin	Pill	IUD	Inject.	Condom	Female ster.
Catholic	110(89.1%)	1(0.7%)	1(0.7%)	4(3.5%)	-	2(2%)
Protest.	169(80.8%)	4(1.9%)	5(2.5%)	7(3.5%)	2(0.9%)	11(6%)
Muslim	1(50%)	-	-	-	-	1(50%)
No relig.	1(100%)	-	-	-	-	-

Table 4.14 continued

Religion	Periodic abst.	Other	Total	Current use
Catholic	5(4%)	-	122(100%)	10.9%
Protest.	8(4%)	1(0.4%)	207(100%)	19.2%
Muslim	-	-	1(100%)	50%
No relig	-	-	1(100%)	0%

CHAPTER FIVE

SUMMARY AND CONCLUSIONS

5.1 Summary of the findings

The objective of this study is to find out why contraceptive use in Kisii district is low yet various studies have shown that contraceptive knowledge is high. The data used is from the KDHS conducted in 1989 by NCPD in collaboration with the CBS and IRD. The method of data analysis used in the study include, cross tabulations, maps, charts, and graphs. The variables used include; education, age, marital status, ideal number of children, place of residence, number of chidren dead and religion. These variables have been measured using current use and ever use of contraceptives.

In summary, the following paragraphs attempt to present together the results of the cross tabulations cited in chapter four above. The 1st and 2nd tables indicate that education level has a strong influence on contraceptive use. This information simply confirms the hypothesis that secondary level of education is more likely to influence contraceptive use. This information also fulfils the third objective of the study that socio-economic factors, where education is a factor, influences contraceptive use. Secondly, the number of children dead was found to be negatively related to contraceptive use. This information doesn't fulfil the

second objective that Demographic factors, where mortality is a factor, influence contraceptive use. Thirdly, rural women and urban women tend to have similar characteristics in the use or non-use of contraceptives. This findings don't agree with the hypothesis that urban women are more likely to use contraceptives than their rural counterparts. This finding also doesn't fulfil the objective that socio-economic factors, where place of residence is a factor, influences contraceptive use. Fourth, those women in the age-groups 30-34, 35-39 were found to be positively related to contraceptive use. This findings agrees with the hypothesis that women in the age groups 30-34 and 35-39 are more likely to use contraceptives. This information fulfils the study objective that Demographic factors where age is a factor, influences contraceptive use. Fifth, married women were found to use contraceptives more than those women who are not married. This information fulfils the study objective that Demographic factors, where marital status is a factor, influences contraceptive use. Sixth, women who regarded less than 3 as ideal number of children used contraceptives more than those who consider more than 3 as ideal number of children. Therefore, ideal number of children was found to be negatively related to contraceptive use. This fulfils the study objective that socio-cultural factors, where ideal number of children is a factor influences contraceptive use.Seventh, protestant women used contraceptives more than catholics. This information confirms the hypothesis that Protestants use contraceptives more than Catholics. This information also fulfils the study objective that socio-

cultural factors, where religion is a factor, influences contraceptive use.

Eighth, female sterilization was found to be the most commonly used method of contraception than the rest of the methods of contraception in the study. And that the condom was the least used method. This confirms the hypothesis that female sterilization is more likely to be used than the other methods of contraception. This information also fulfils the study objective, that is, to determine the most commonly used method of contraception.

Female sterilization was found to be the current most commonly used method of contraception. This was not expected as per the KDHS (1989) finding that the pill was the most commonly used method of contraception. In addition to this, female sterilization has always been associated with discontinuity of giving birth hence may not be preferred by many people. But on the other hand it might have been possible to assume that this result is genuine because it has been used by the women who have reached their ideal number of children hence may want to stop giving birth to more children.

Female sterilization is different from the pill because unlike the pill, it is not supposed to be done every day like pills which one has to take every day. Female sterilization is not also associated with more serious medical implications like the pill.

Periodic abstinence that was the major method used as per the KDHS was found to be the second major method after female sterilization for the current users of contraceptives. This method is commonly used because most of the respondents are still attached

to the traditional practices and high infant mortality. If they use the pill, for instance, they believe that they may not get more children to replace the ones who have died.

The major determinant of contraceptive use in this study was the number of children dead and the desired number of children which are both strongly related to the traditional practices and values of large family sizes.

Place of residence didn't seem to be positively related to contraceptive use as was the finding by the KDHS. This is probably because most of the women who have moved to urban Kisii have moved with their cultural values of many children.

No one determinant of contraceptive use works in isolation of the rest. All the determinants discussed above contribute to low contraceptive use. For instance ideal number of children for an individual is taken into consideration when one has given allowance for mortality. Similarly, place of residence is influenced by the level of education. Women with no education living in urban areas may use contraceptives less than women living in rural areas but who are educated. In a nutshell all these determinants of contraceptive use are important but the degree of their importance is what varies.

5.2 CONCLUSIONS

5.2.1 Recomendation for policy makers

In order to raise level of contraceptive use in Kisii district, the following measures have been suggested. In chapter four when

analyzing how contraception varies with socio-economic, demographic and socio-cultural factors it was observed that the degree of usage of contraceptives in rural areas and in urban areas is more or less the same i.e they both have low usage. Hence the study recommends that the number of field educators should be increased and there should be frequent follow-ups. Low contraceptive usage was associated with side effects, high mortality rates, cultural values of large family sizes. In this connection the number of field educators should be increased so as to make the clients understand the importance of small family sizes; and also ~~shade~~ shed more light on the benefits of the modern contraceptive methods, against the rigid traditional practices that tend to discourage use of modern contraceptive and expand existing public health and nutritional programmes for parents and children. Improved medical standards of life will in turn reduce mortality rates which on the other hand will reduce desire for more children to replace the ones who would have died.

The other recommendation is that non-married women should be motivated to use family planning especially those in the age groups 15-19, 20-24. This is because these are the age groups which contributes most to the high fertility rates in the district. Therefore population education should be introduced in schools since most of these women are in school.

Age-group 15-19 that was found to be the least users of contraceptives (presumably because they are still in school),should be encouraged to use contraceptives because, first;not all of the

respondents in this age-group are in school. Secondly; this age-group has alonger reproductive period compared to the other six age-groups in the study. Thirdly; this age-group consists of the youth at various levelsof adolescence. It may be noted that adolescence fertility is a growing concern in Kenya. Therefore, if particular attention is not focused on this younger age-group to control their fertility, the family planning programme would not be likely to achieve much in the near future.

There should be more educational facilities for women. This recommendation is made because in chapter four it was found out that education is positively related to contraceptive use. (schultz 1974).

The study also recommends that old age and social security schemes should be extended to parents in order to reduce the desire for more children. Once the desire for more children has been reinforced in the minds of people, contraceptive use would increase.

Incentives, for instance tax relief, should be introduced in the district that will raise the level of contraceptive use in the rural areas.In addition to this contraceptive services should be made readily available both in the rural and urban areas.

Every member of the community should be involved in population education ranging from community leaders, women groups, church leaders to national leaders. By so doing, Catholic church members would understand and be convinced why it is important to have small family sizes. This recommendation arises from the study

finding that Catholics did not use contraceptives as much as the protestants. Therefore Catholics who belive that using contraceptives is a way of terminating the gift of life given to them by God, should be made to understand the nature of economic burden posed by large family sizes.

Thus, if the above suggestions can be adopted by relevant authorities, family planning programme efforts are likely to bear greater fruits. As a result Kenya is likely to benefit more with a likehood of a decline in population growth resulting from increased contraceptive use.

5.2.2 Recommendation for further research

The first area of research is the influence of contraceptive use on fertility. This study was not able to establish the link between contraception and fertility because of time limit.

The second area of research is the contribution of geographical factors on contraceptive use. For instance, how accessibility and availability of contraceptives contribute to use or non-use of contraceptives. This is where such variables as hours to source will be taken into consideration.

The third area of further research should focus on the influence of breastfeeding on contraceptive use.

Finally, primary data should be collected in Kisii district

on contraceptive use because the data used by the study is from a very small sample of 331 women of reproductive age which does not form even 10 percent of the total population of reproductive women in the district. Therefore further research should be done using a larger sample of women who area adequately representative of the total population of reproductive women in the area. This suggestion has been made because the study used secondary data from the KDHS (1989), since there was no time to carry out field work.

BIBLIOGRAPHY

ABDULLAH NORMAN ET AL (1984)

"Contraceptive use and Fertility in the Commonwealth carribean countries". WFS, Scientific Report No.60, 1984

BERELSON, B et al 1976

"The record of Family Planning Programmes" Studies in Family Planning, volume 7(1) 1976, The Population Council, New York

BONGAARTS, J. (1978)

"A Framework for Analyzing the Proximate Determinants of Fertility" Working Papers 1978, New York.

BRACKETT J.W

"The role of family planning availability and accessibility in family planning use in Developing countries". Paper presented to the World fertility Survey Conference, Wembley 1980.

CALDWELL, JOHN C. et al(1975)

Population Growth and Socio- Economic Change in West Africa.

The Population Council, New York pp. 53-80.

CALDWELL, JOHN C. et al 1968(B)

The Population Growth and Family Change in Africa

The New Urban Elite in Ghana, Australian National University Press, Camberra, Australia, 1968

CALDWELL, JOHN C. et al 1968(A)

"The control of Family in Tropical Africa". Demography 5(2) 578-619

----------(1979A)

"Factors Affecting the Use Or Non-use of Contraception" : Findings from a Comparative Analysis of Selected K.A.P.Surveys, New York 1979

CENTRAL BUREAL OF STATISTICS

Kenya Contraceptive Prevalence Survey 1984. First Report Ministry of Family Planning and National Development. Government printer, Nairobi 1984.

CLELLAND J.G. ET AL, 1979

"Illustrative analysis; Socio-economic Determinants of Contraceptive use in Thailand" World Fertility Survey Scientific Report No.5 1979 pp.17-31

CORNELIUS R.M. NOVAK J.A.

"Contraceptive availability and use in five developing countries", Studies in family planning 1983. Vol.1.No.2

FREEDMAN RONALD et al (1969)

"Trends in Family Preference and Practice of Family Planning in Taiwan". Studies in Family Planning, Volume 3(12)

IKAMARI E LAWRENCE

"Determinants of Contraceptive use in Kenya" M.A. Thesis, 1985

IHHMNRE (1988)

"The Interrelationship between Human Health and Management of Natural Resources and Environment" Working Paper, 1988, Kisii District.

IMMERWAHR, GEORGE(1981)

Contraceptive use in Sri lanka; WFS Scientific Report No. 18, January, 1981

KENYA DEMOGRAPHIC AND HEALTH SURVEY (1989)

National Council for Population and Development; Ministry of Home Affairs and National Heritage.

KENYA, REPUBLIC OF, (1965)

African Socialism and Its Application to Planning in Kenya: Government Printer, Nairobi 1965

KENYA, ----------(1989)

National Development Plan 1989-93. Government Printer, 1989, Kisii.

KENYA,----------(1967)

Family Planning in Kenya Government Printer, Nairobi, 1967

KENYA,----------(1979)

Population Census. Government Printer, Nairobi

----------(1980A)

Kenya Fertility Survey 1977-1978 Volume 1, First report, Government Printer, Nairobi, 1985

KENYA,----------(1977)

Maternal Child health/Family Planning Annual report for 1977,Government Printer, Nairobi, pp25-27

KIMANI MURUNGARU(1982)

"Fertility and Family Planning in Kenya", MSC. Thesis (1982), University of Nairobi.

LAPHAM R. J. MAULIDIN W.P.

"Contraceptive Prevalence one influence of organized family planning programme", Studies in family planning (1985)

MAULDIN, W. PARKER(1975)

"Assessment of National Family Planning Programmes in Developing countries" Studies in Family Planning Volume 6(2) The Population Council, 1975, NewYork.

MILMAN,SARA(1985)

"Breastfeeding and Contraception: Why the Inverse Association" Studies in Family Planning Volume 16(2). The Population Council, New York.

NOVA JOHN A.ET AL (1983)

"Contraceptive availability and use in five developing countries; Studies in Family Planning, The population council, New York 1983

NOVA, JOHN A. et al. (1983)

"Contraceptive and Availability and use in five developing countries". Studies in Family Planning Volume 14 (12),. The Population Council, New York, 1983.

PALMORE, J. A. et al (1979)

"Desired Family Size and Contraceptive Use in Pakistan". International Family Planning Perspectives and Digest Volume 5. Planned Parenthood International.

POPULATION POLICY GUIDELINES

National council for population and development

SCHULTZ T.P.(1974)

"Fertility determinants" A Theory, Evidence and Application of Policy Evaluation. Rand corporation. Santa monica; Califonia, 1974

SHULTZ THEODORE PAUL (1969)

"An Economic Model of Family Planning and Fertility" Journal of Political Economy Vol.77 No. 2

SOERADJI BUDI ET AL (1982)

Contraceptive use in Java Bali. "A multivariate analysis of determinants of contraceptive use". World Fertility Report No.24 1982

TODARO, M.P.(1982)

Economics for a Developing World. Longman, Essex U.K.

UNITED NATIONS (1973)

The Determinants and Consequences of Population Trends Vol.1, 1973, New York.

WEISS, E and UDO, A. A.

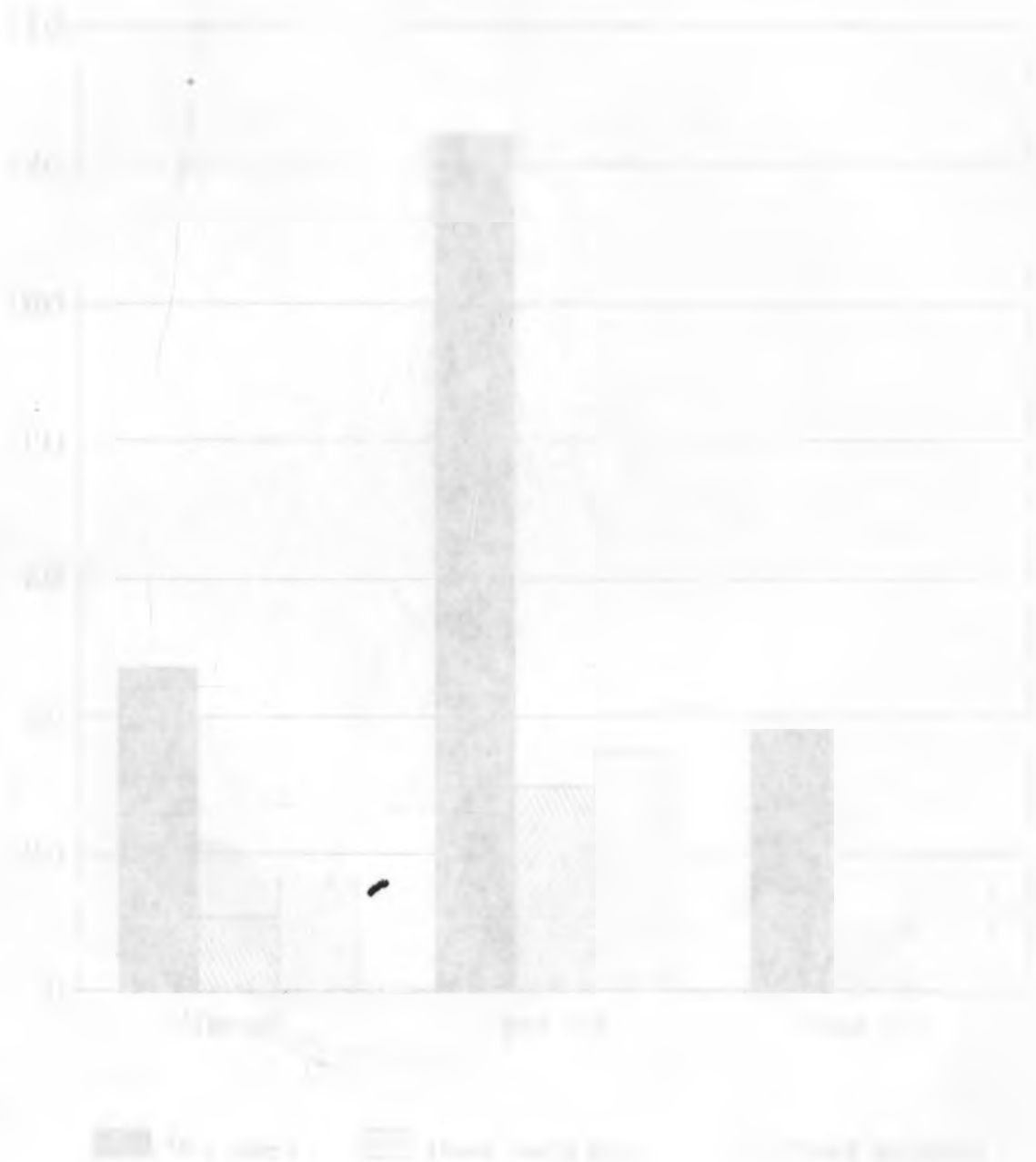
"The Calaba Rural Maternal and Child Health /Family Planning Project". Studies in Family Planning Vol.12.No.2

WORLD BANK(1984)

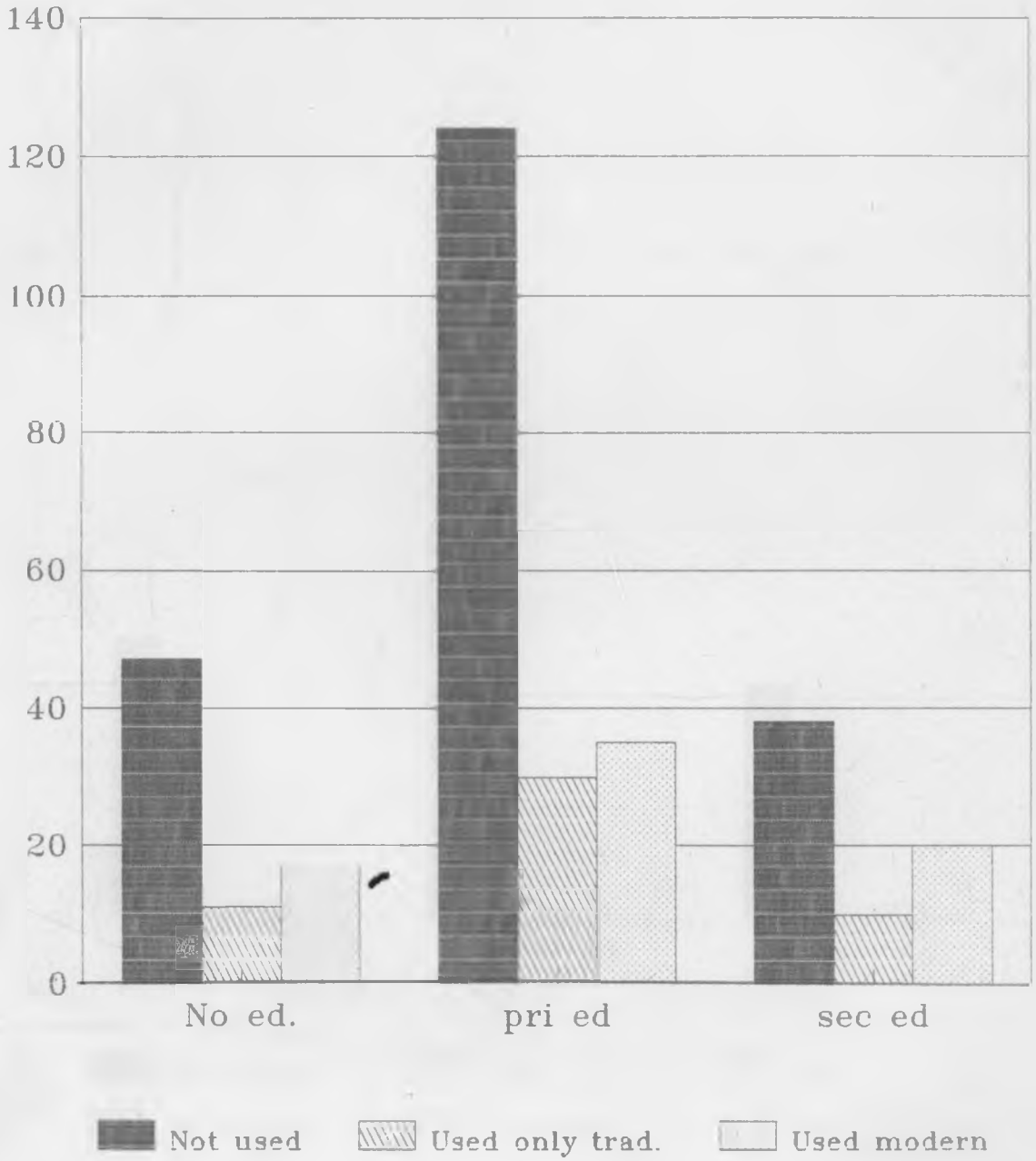
"World development report". Exford university press.

APPENDIX

Graphs

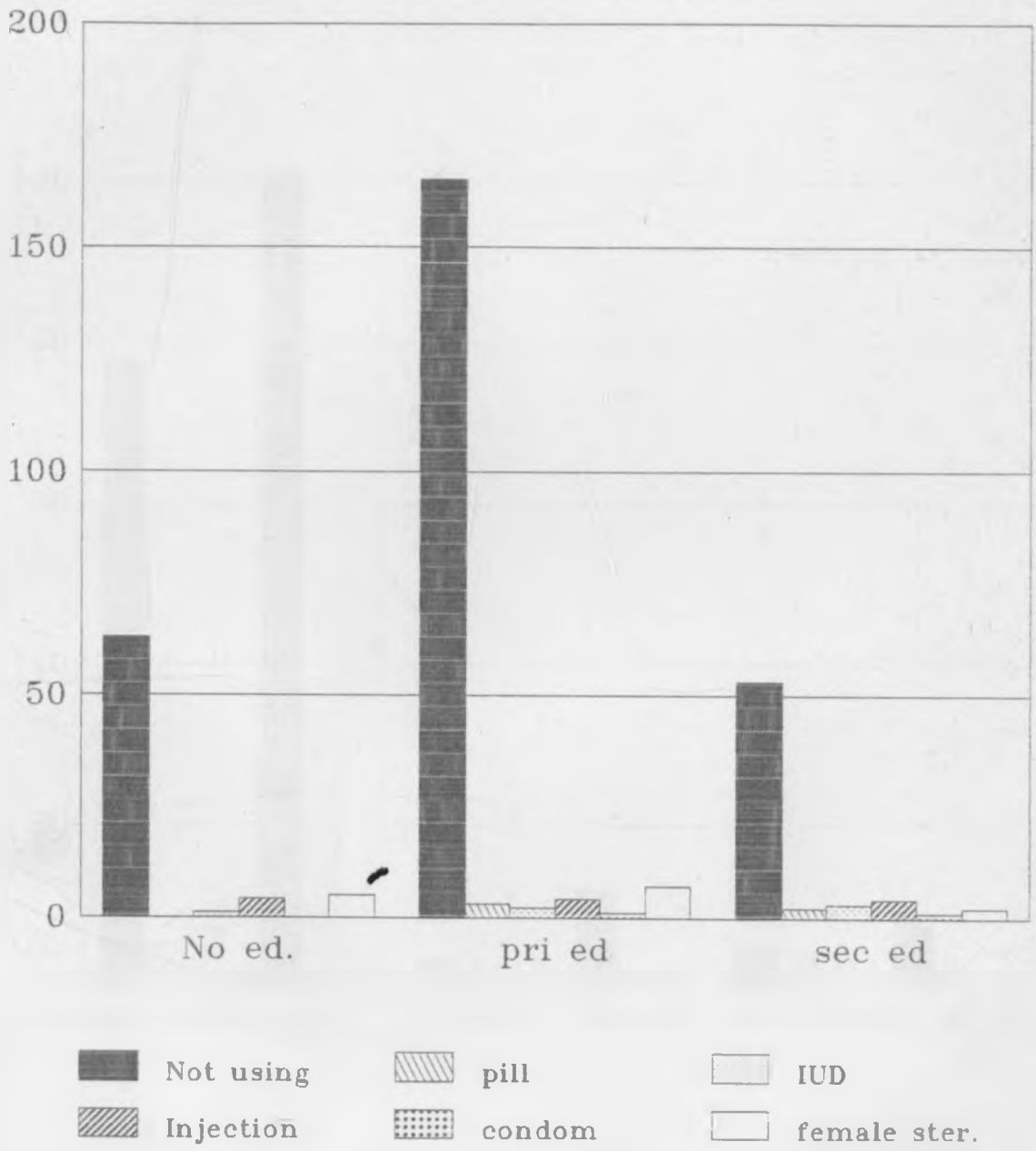


Level of education by use of any contraceptive method



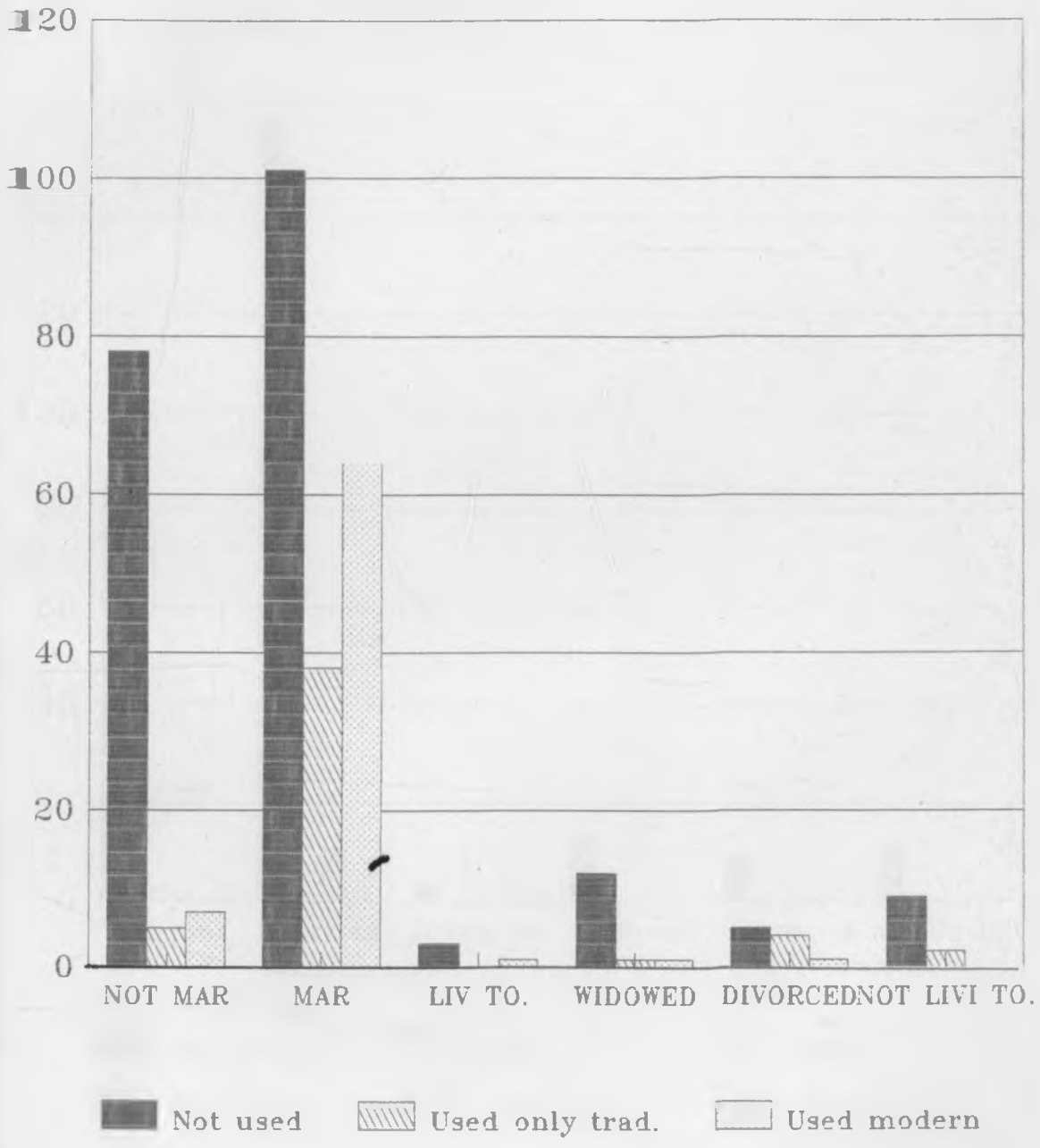
Graph1

Level of aducation by current contraceptive use



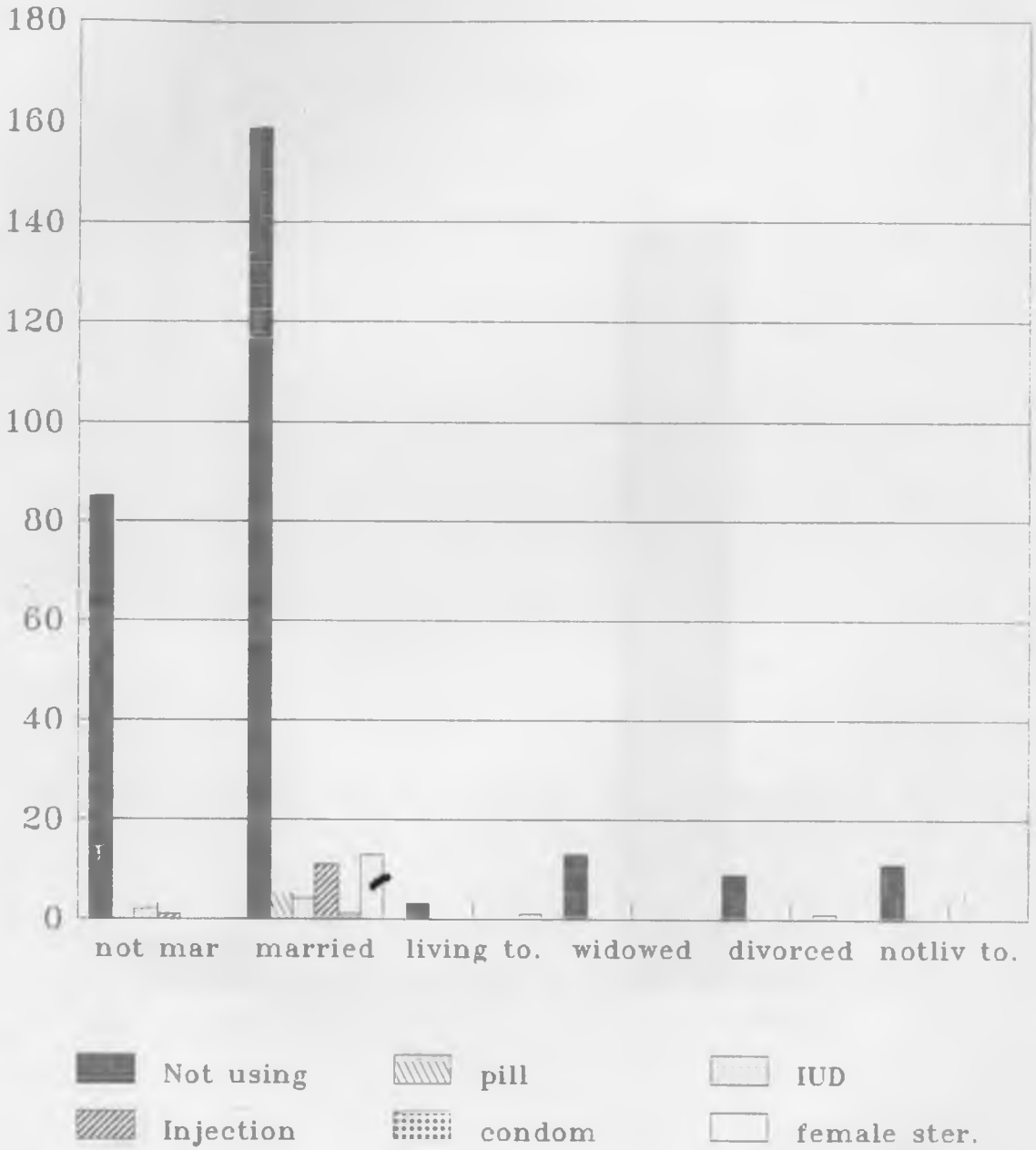
Graph2

Current marital status by ever use of contraceptives



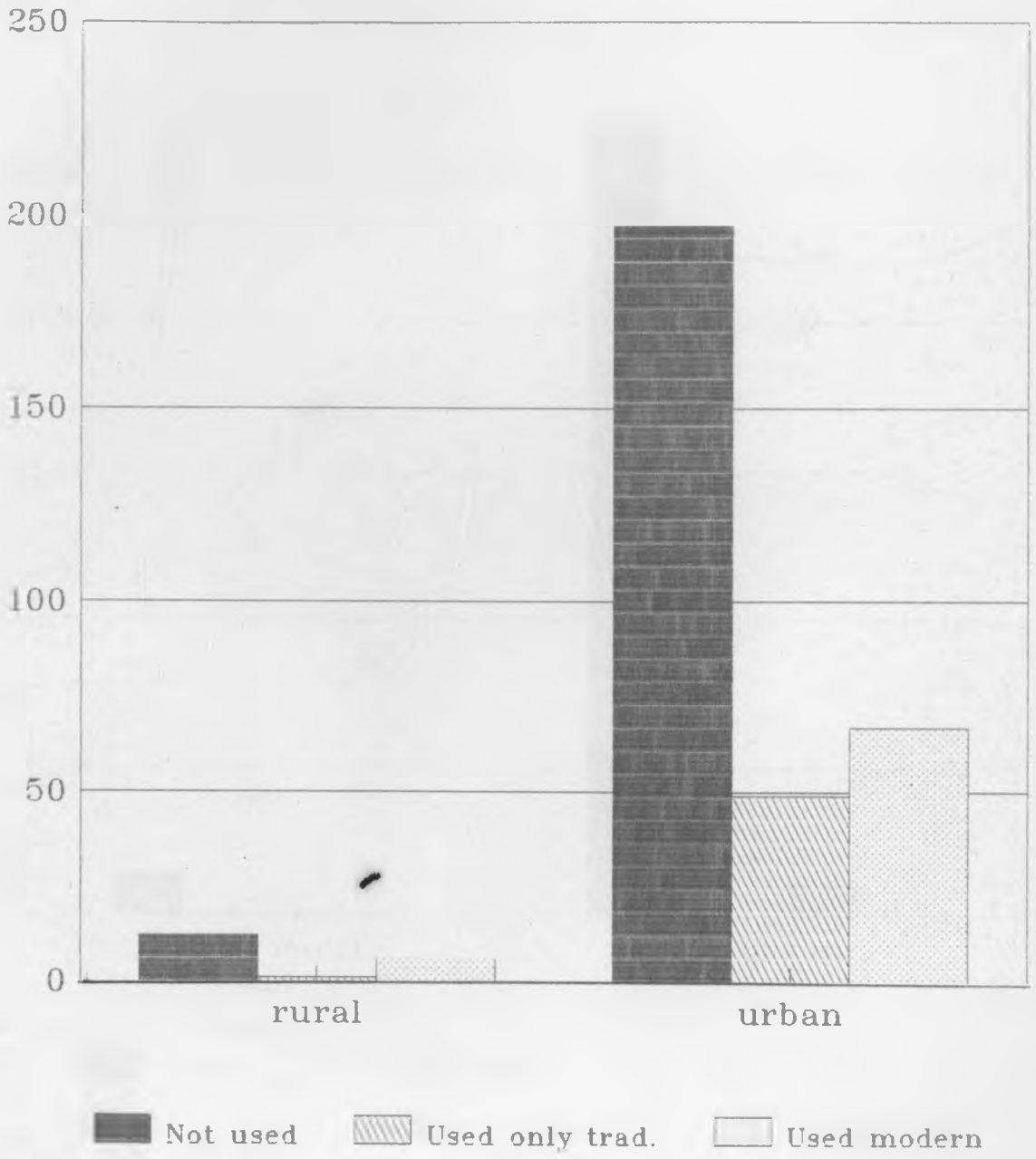
gra ph3

Carrent marital status by current current contraceptive use



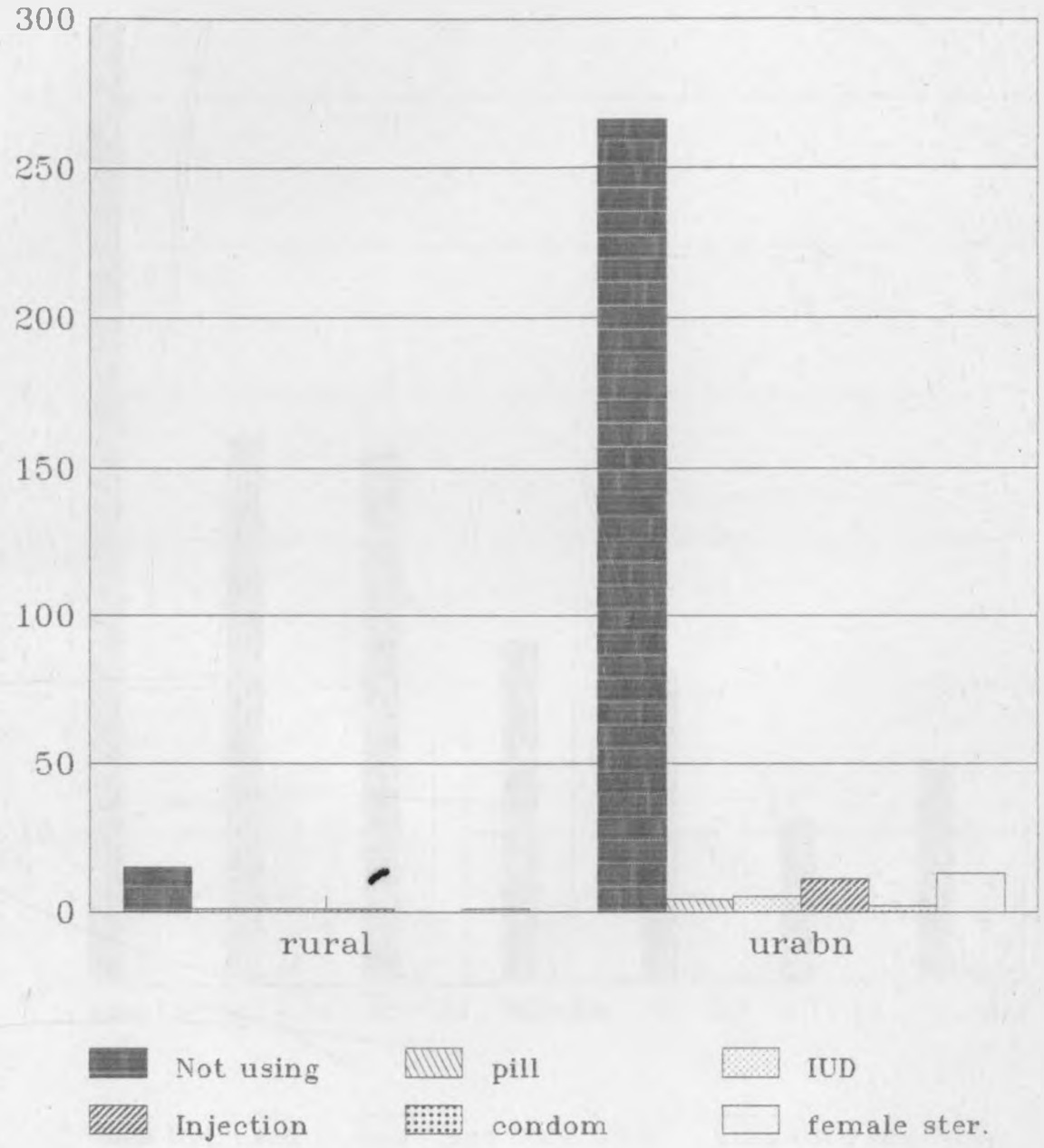
graph4

Type of place of residence by ever use of contraceptives



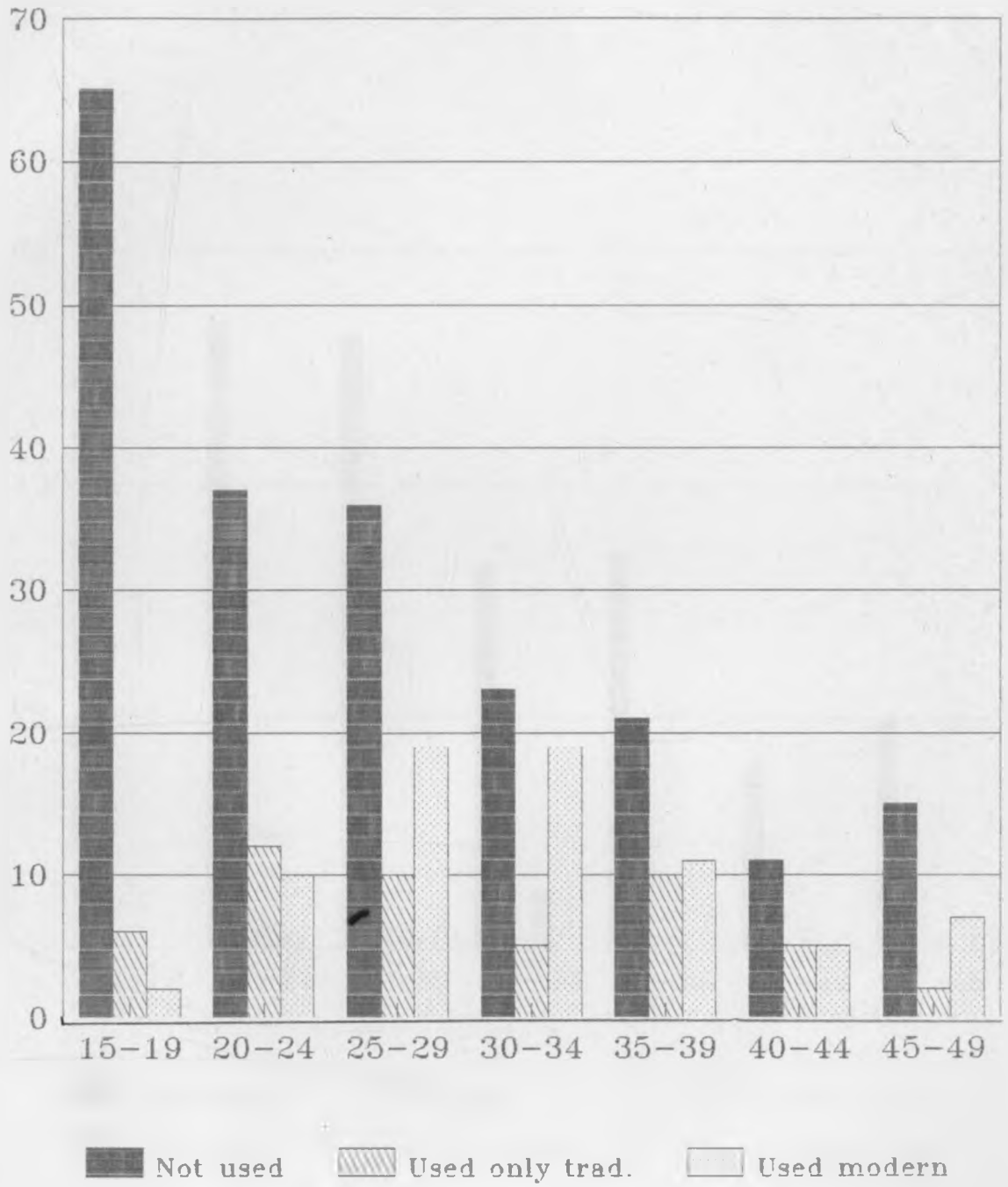
graph5

Type of place of residence by current contracetive use



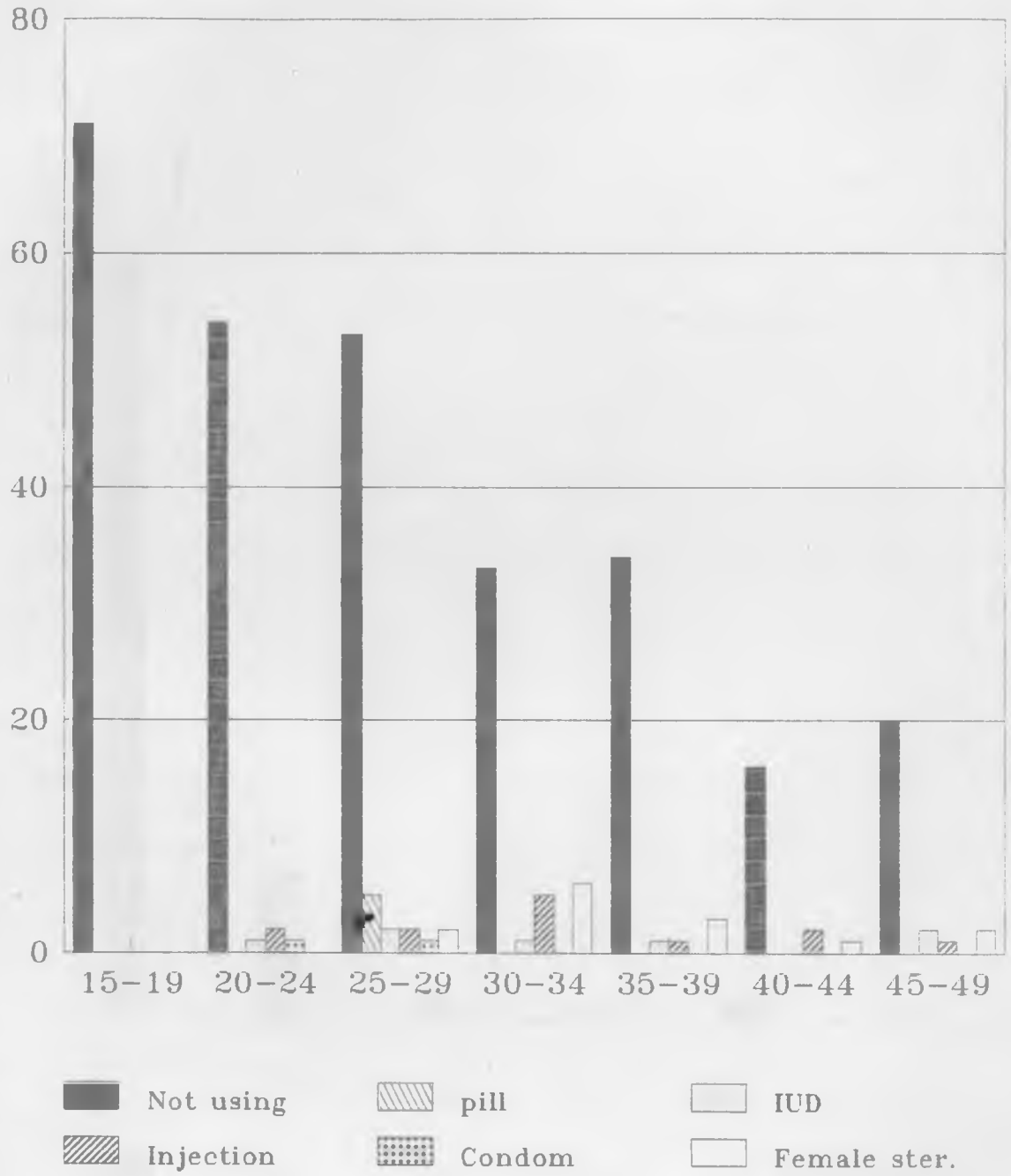
Graph6

Age by ever use of contraceptives



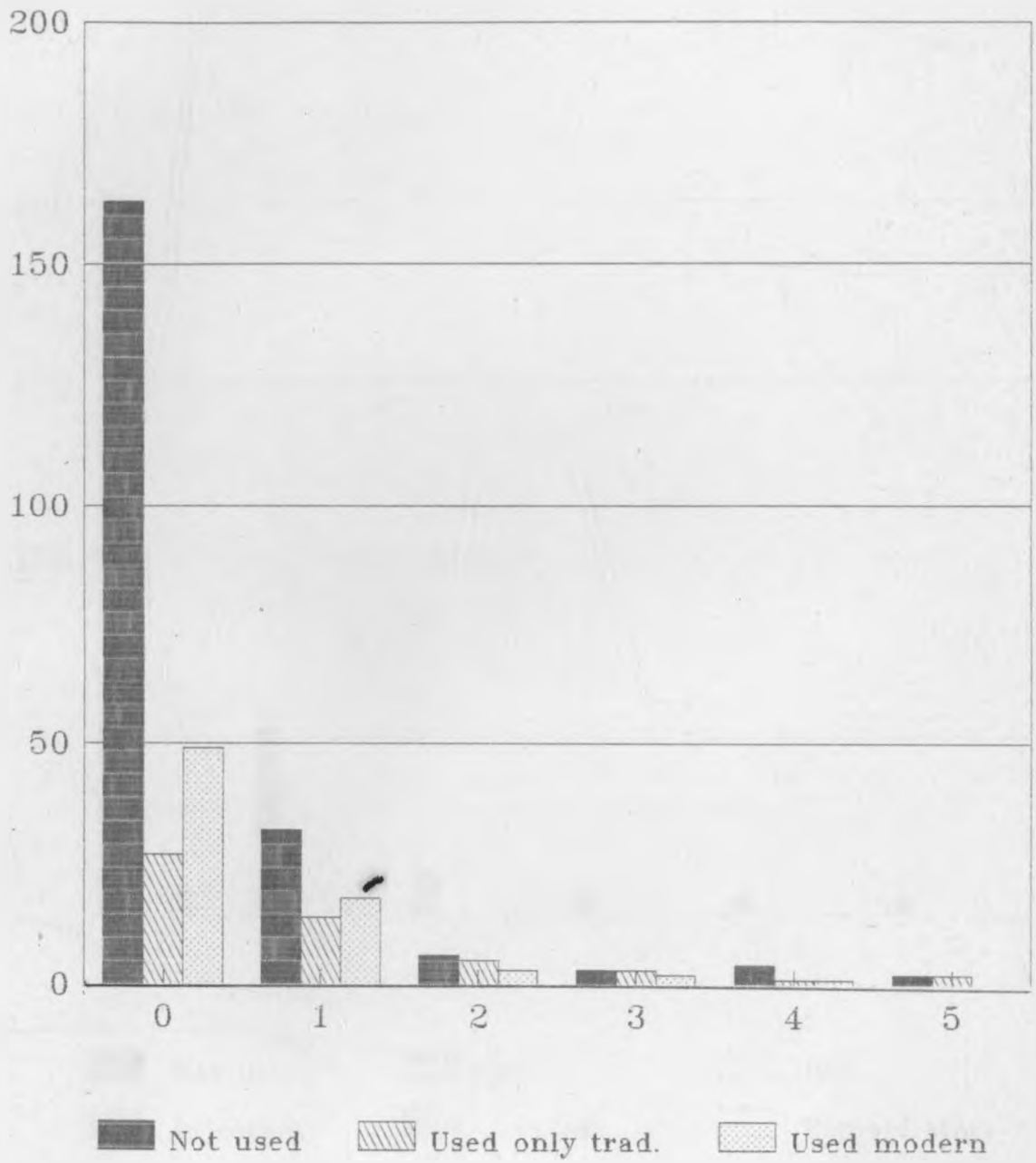
Graph7

Age by current contraceptive use



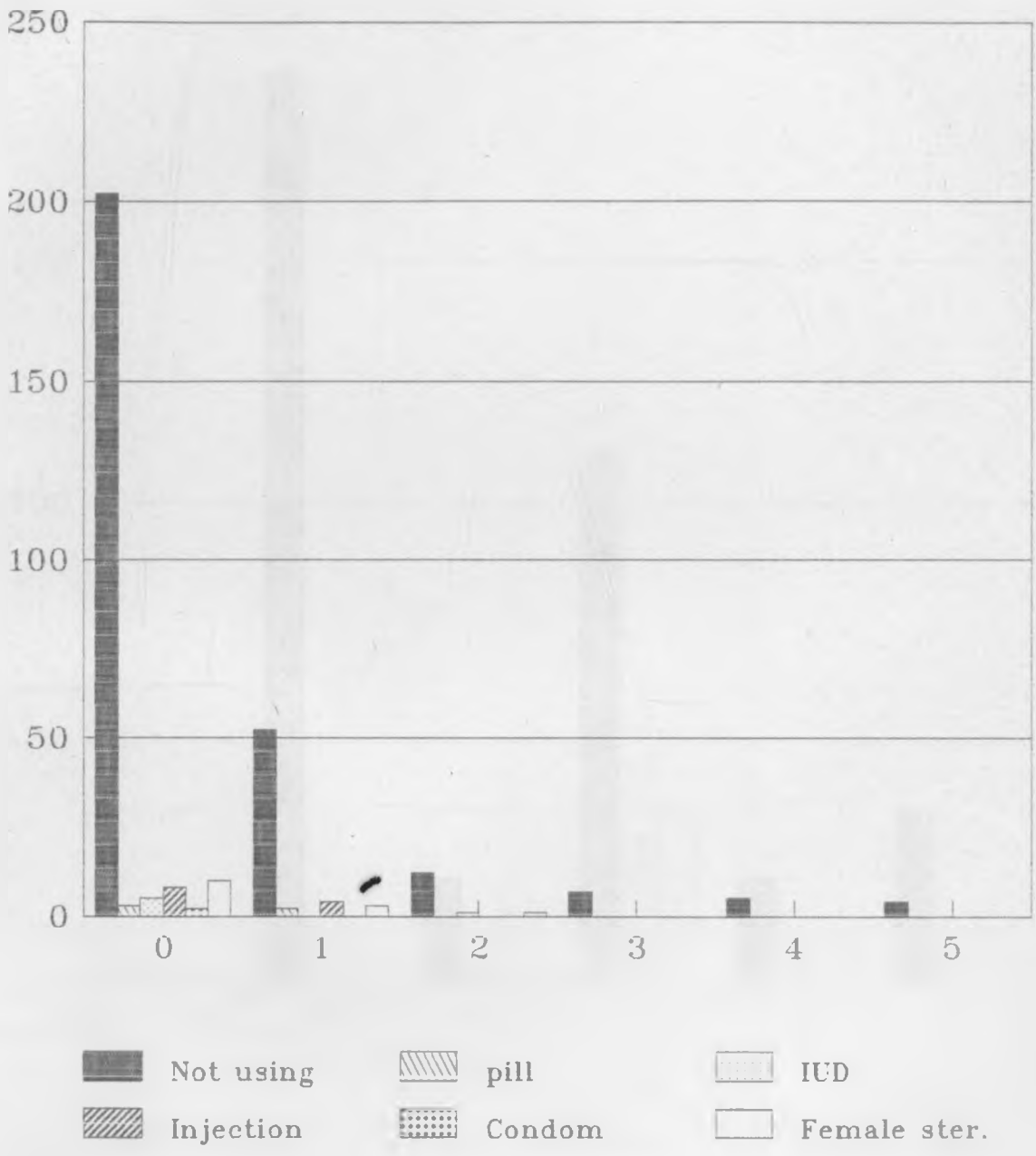
Graph8

Children dead by ever use of contraceptives



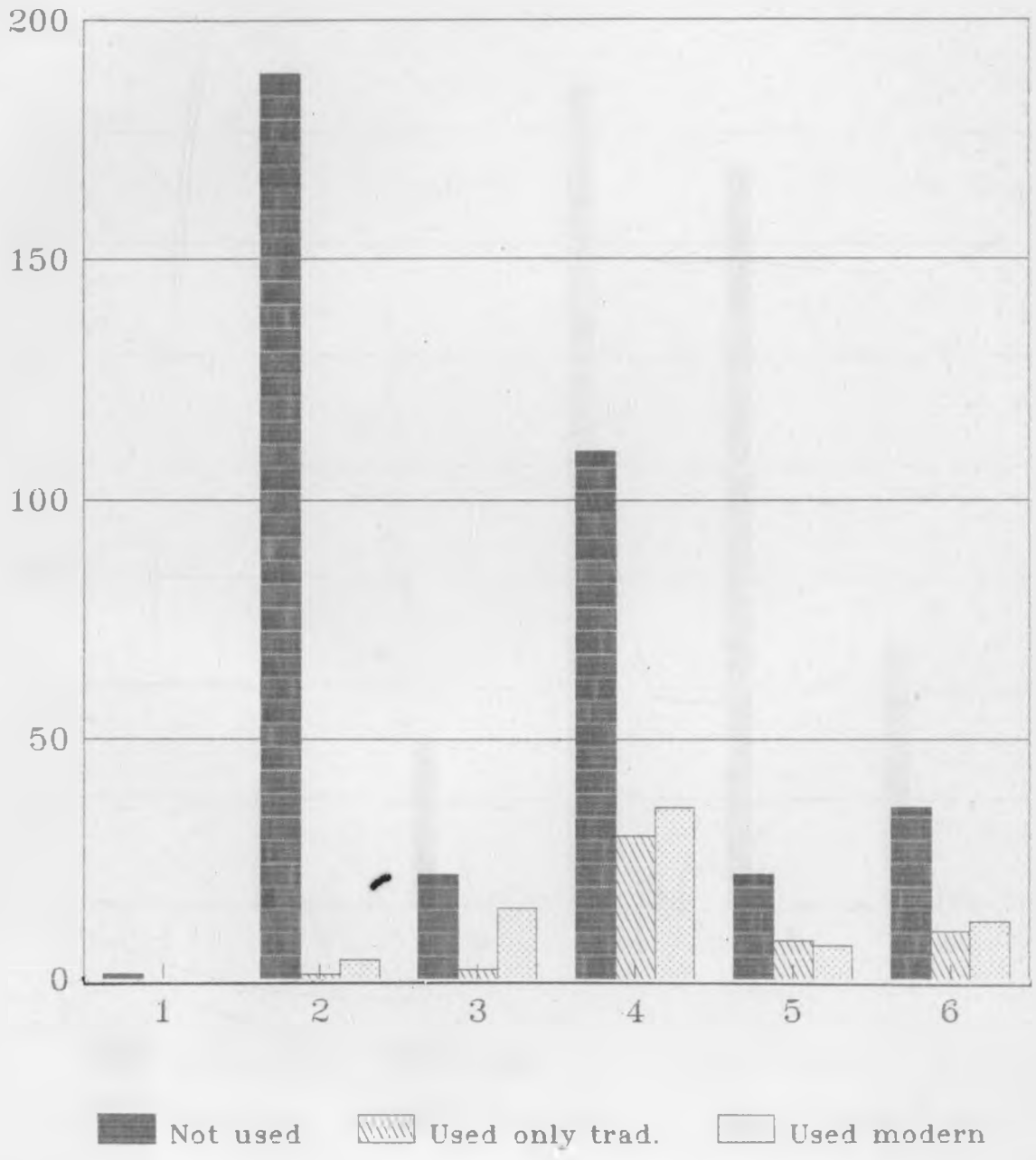
Graph9

Children dead by current contraceptive use



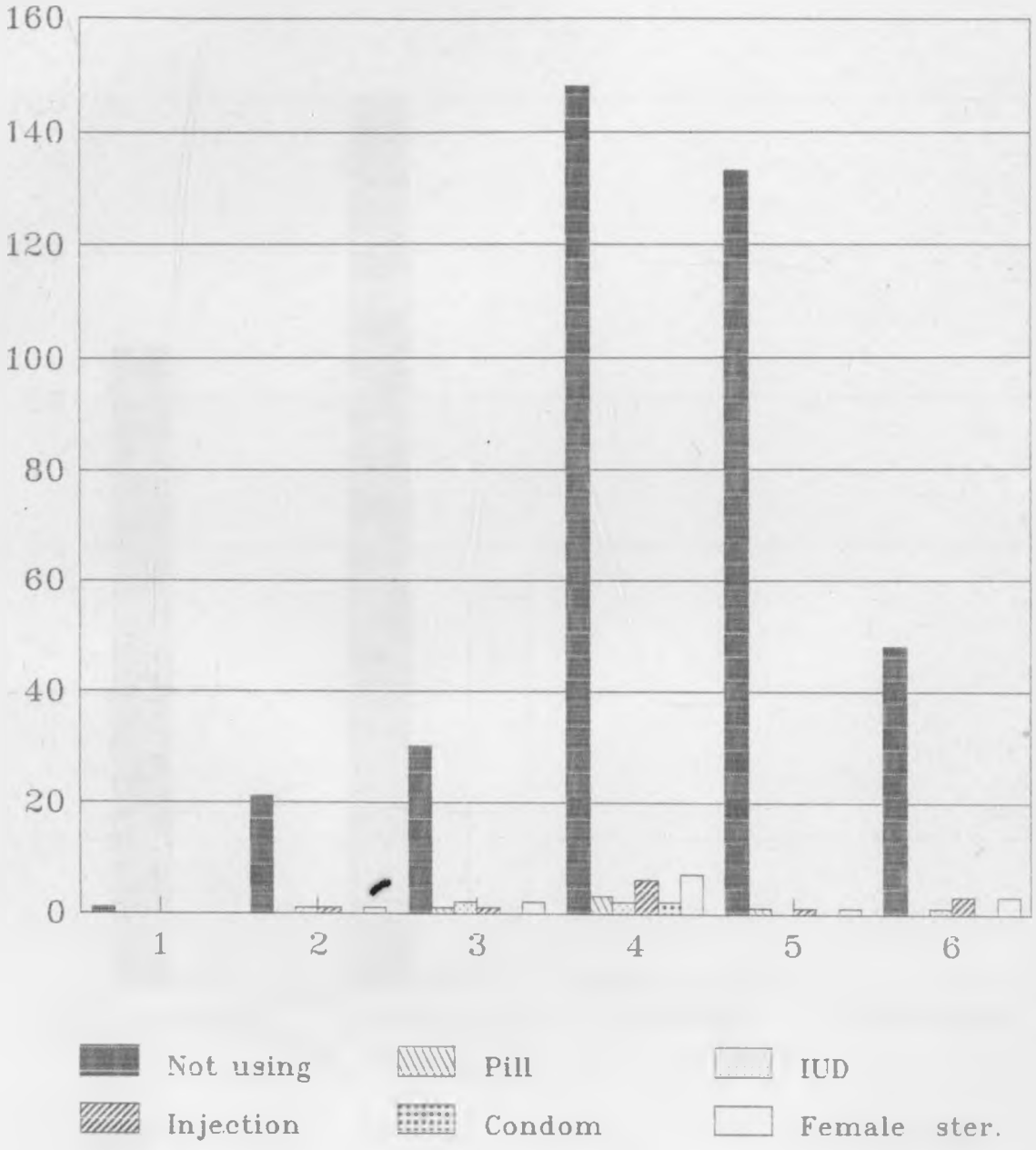
Graph10

Ideal no. of children by ever use of contraceptives



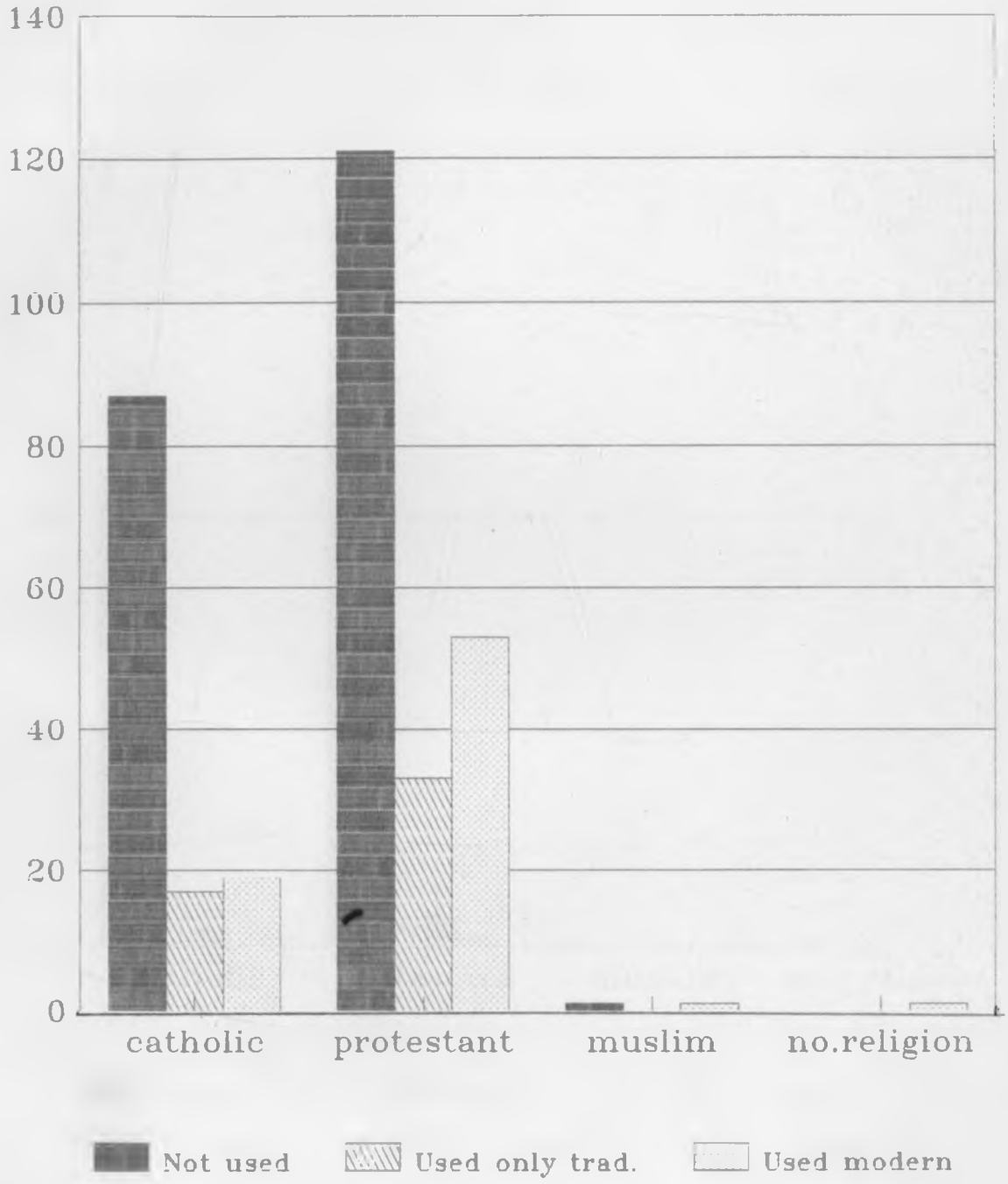
Graph11

Ideal no. of children by current contraceptive use



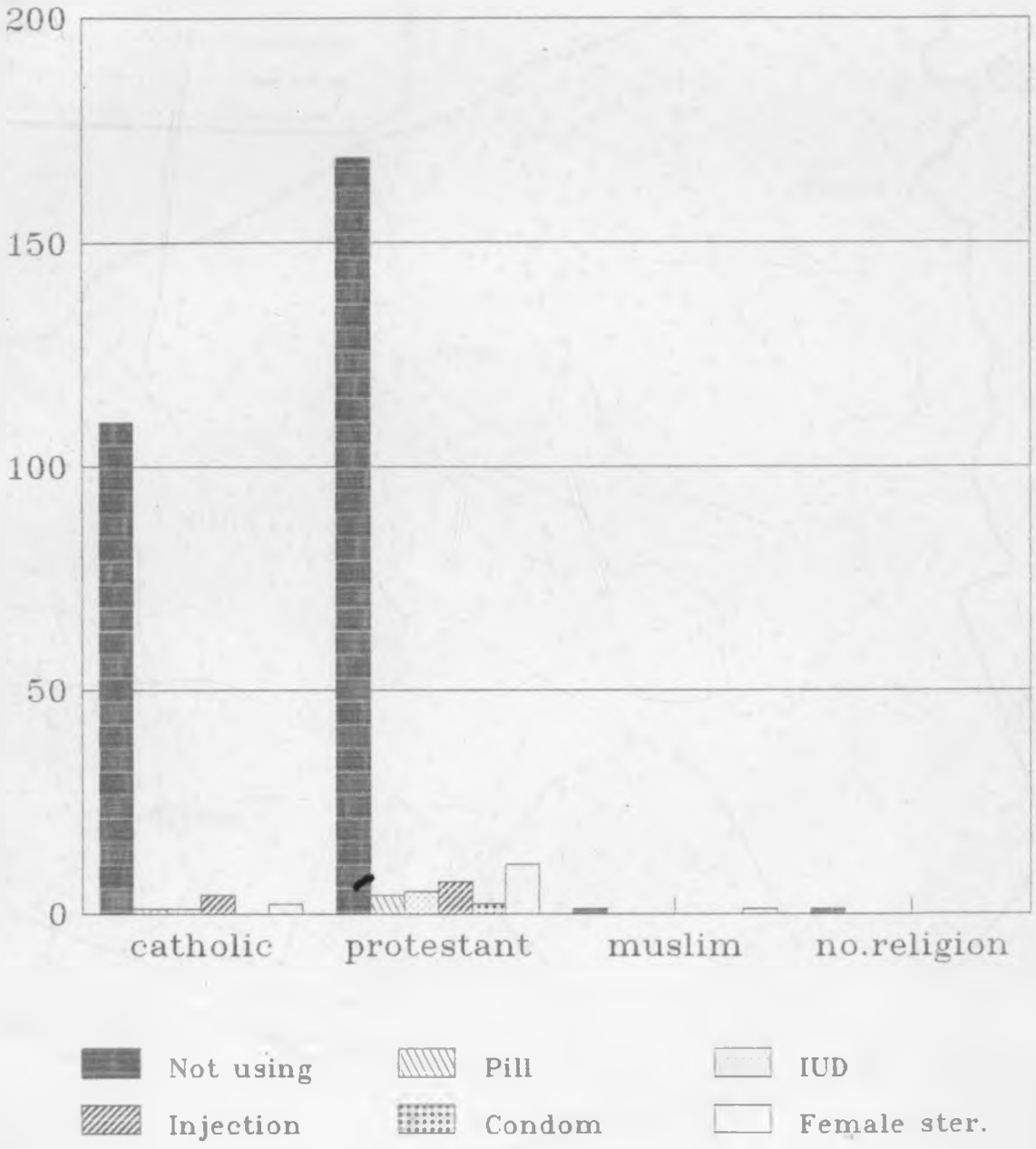
Graph12

Religion by ever use of contraceptives



Graph13

Religion by current contraceptive use



Graph14

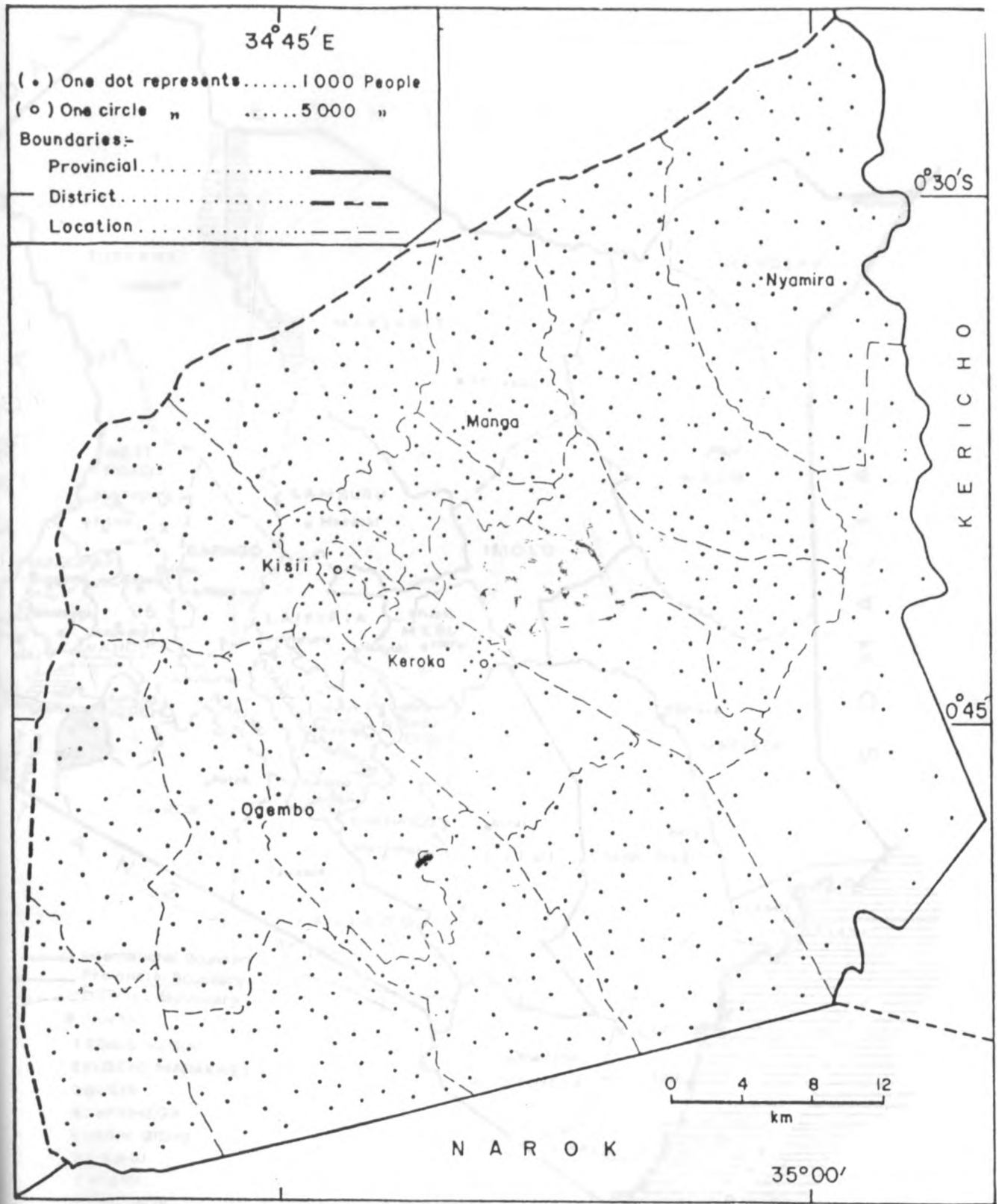


FIG.2: KISII DISTRICT - POPULATION DISTRIBUTION, 1979 CENSUS

Source: adopted from Kisii District Socio-Cultural profile (1986)

Location Of District

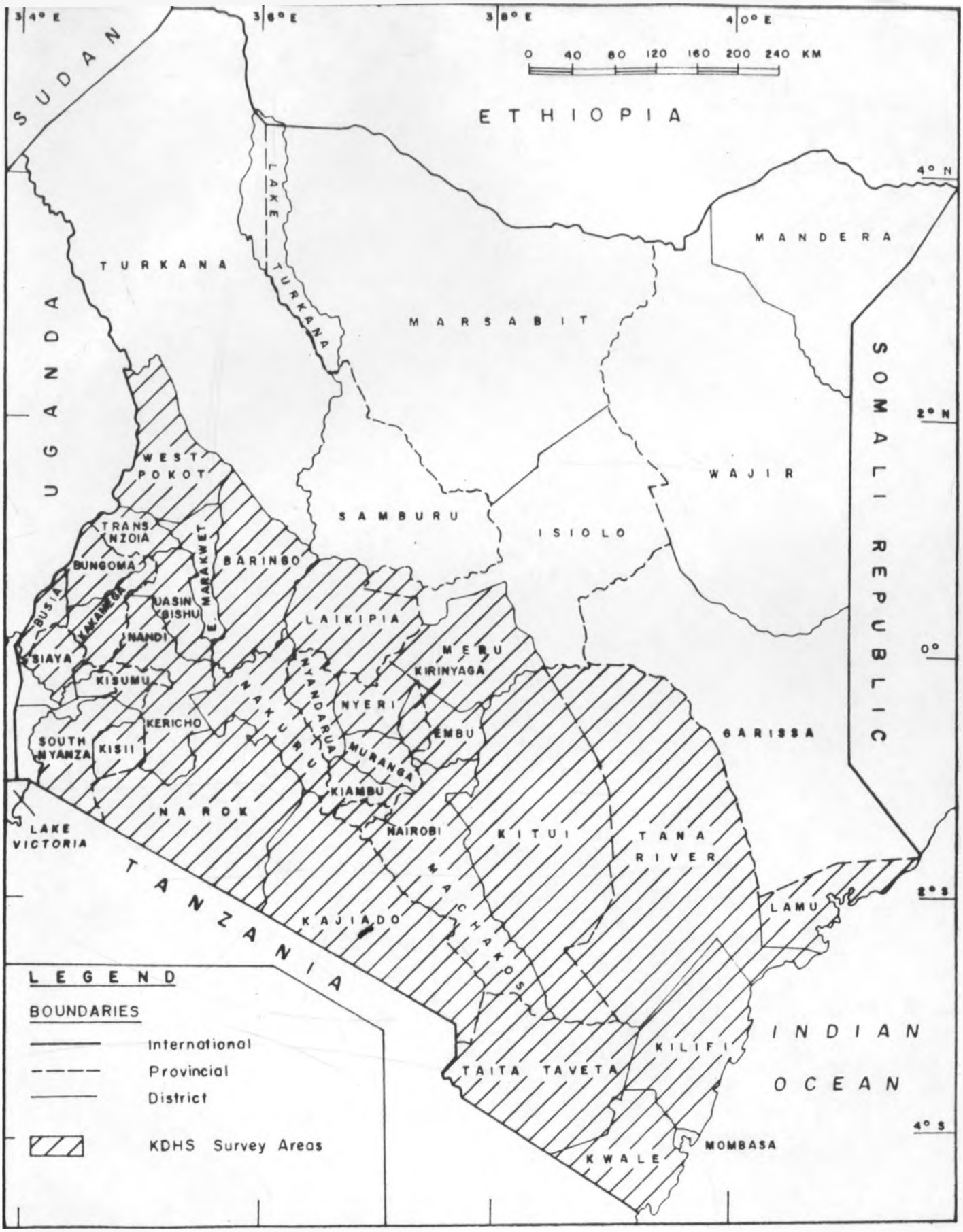


Fig 1 : MAP OF THE REPUBLIC OF KENYA SHOWING AREAS COVERED BY KENYA DEMOGRAPHIC HEALTH SURVEY